



# **Evaluation of Community-Based Worker Systems in South Africa**

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Development  
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## Glossary

ADP	Area Development Programme
aicdd	African Institute for Community-Driven Development
AIDS	Acquired Immune Deficiency Syndrome
ARC	Agricultural Research Council
BCID	Bradford Centre for International Development
CAHW	Community Animal Health Worker
CBO	Community-based Organisation
CBP	Community-based Participation
CBW	Community-based Worker
CDS	Centre for Development Support, University of the Free State
CDW	Community Development Worker
CEA	Cost-Effectiveness Analysis
ChoiCe	Comprehensive Health Care Trust
CHW	Community Health Worker
COIDA	Workmen's Compensation (Compensation for Occupational Injuries and Diseases Act)
CPI	Consumer Price Index
DFID	Department for International Development
DSD	Department of Social Development
DoA	Provincial Department of Agriculture
DoH	Department of Health
DoHSD	Department of Health and Social Development
DOTS	Direct Observation Therapy Short Course
EPWP	Extended Public Works Programme
EU	European Union
FA	Facilitating Agent
FBO	Faith-based Organisation
GB	Golang Batcha
GTM	Greater Tzaneen Municipality
HA	HIV and AIDS sector
HBC	Home-based Care
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Plan
IMCI	Integrated Management of Childhood Illnesses
LED	Local Economic Development
MLM	Mangaung Local Municipality
NDA	National Development Agency
NGO	Non-governmental Organisation
NPO	Non-profit Organisation
NR	Natural Resources
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care
PLWA	People Living With HIV and AIDS
PMTCT	Prevention of Mother to Child Transfer
RFSA	Rapid Food Security Assessment
SANTA	South African National Tuberculosis Association
SMME	Small, Medium and Micro Enterprise
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TNFSP	Thaba 'Nchu Food Security Project
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

## Executive Summary

### 1 Introduction

1.1 The community-based worker project focuses on promoting dispersed, active and locally accountable community-based workers (CBWs), who can work in a range of sectors, addressing services which are frequently needed and best delivered at community level. The project has partners in Kenya, Lesotho, South Africa and Uganda and has now been operating for three years. To date the project has involved:

- a review of experiences in each country regarding the application of community-based worker systems in the natural resource and HIV/AIDS sectors;
- development of good practice around an emerging 5 core models (with models mainly distinguished from one another by the level of hours worked by community-based workers and the remuneration levels of the workers);
- the running of pilots by partners since March 2005 based on these models; and
- a study tour to Peru in October 2005 to learn from a fifth country that uses CBW systems.

The Centre for Development Support (CDS), at the University of the Free State, was commissioned by Khanya-African Institute for Community Driven Development (Khanya-aicdd) to evaluate five pilot projects run by the partners in South Africa (SA) to determine:

- the impact and cost-effectiveness of the SA CBW pilots (models selected), including sustainability potential;
- the lessons learnt from the pilots for mainstreaming CBW systems into service delivery, and
- if cost-effective, how to influence policy and practice in supporting such models of service delivery.

Two of the pilots selected for the study are in the Natural Resources (NR) sector, while three are in the HIV and AIDS sector.

1.2 The objectives of the evaluation were to establish:

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

## 2 Summary findings of the evaluation in the NR and HIV & AIDS sectors

### Natural Resources (NR) sector pilots

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

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

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

Refer the particular interrelationship between TNFSP and the 5 to 8 hour CBW model used, as stated below (see TNFSP summary).

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

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

Possibilities relating to upscaling into the mainstream of government service delivery were as follows:

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

NR findings and recommendations relating to both TNFSP and Ramalema are:

- Is unpaid volunteerism sustainable if CBWs are not in a position to satisfy their basic livelihood needs? We submit that it may not be sustainable without a basic level of personal livelihood support / opportunity for volunteers;
- Volunteer contracts seem to be lacking in the model, and should be provided so as to formalise the expectations on both sides.

### **Health Care pilots**

The provincial government is mandated by the National Health Bill (Section 25) to administer health services, and most health services are provincially run and managed. Municipal health services primarily cover environmental health but there are some overlaps where the municipality is involved and undertaking health related work. Communities however do not necessarily make a distinction between the different spheres of government when it comes to service provision. Health clinics, hospitals, Home-based Care and even traditional healers all fall within the same gamut of service provision. The most immediate service that communities identify with is primary health care.

Community involvement in the provision of health care for the increasing numbers of chronically ill people in Sub-Saharan Africa is essential. In general, health care systems are not prepared for dealing with the HIV & AIDS epidemic and struggle to provide the needed care in a consistent and access-for-all manner. Home-based care provided by community volunteers, community involvement in prevention and outreach campaigns, and local ownership of and identification with interventions could help the response to the epidemic substantially

In SA this is relatively well developed when compared with most other African countries, but in general primary health care services do not reach the poor and hence the role of CBWs like Golang Batcha becomes critical. Communities are mainly concerned with the manner in which the services are provided, as they find the government personnel uncaring: most of the time they do not come in time and they open the clinics late and close early. Poor treatment of patients and the general attitude of nurses to the patients make patients feel like the service is a privilege and not a right. Health personnel in turn blame the shortage of staff and drugs for the deterioration of primary health care.

The three HIV and AIDS/health pilot projects evaluated were Golang Batcha, Mangaung-Bloemfontein, in the Free State Province, ChoiCe Trust and Kodumela ADP in Tzaneen, both in the Limpopo province. All of these pilots render primary health care services in their respective communities, ranging from (but not limited to) tuberculosis palliative care to general Home-based Care, including health awareness campaigns. Whereas Golang Batcha focuses on TB palliative care and certain Home-based Care duties, Kodumela ADP and ChoiCe display more diverse primary health care activities.

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

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

The hypothesis/underlying assumptions of the pilots was that improved approaches to community-based workers (CBW) systems will increase the accessibility, sustainability, cost-effectiveness, and cultural effectiveness of the delivery of pro-poor services.<sup>1</sup>

- **Accessibility:** By deploying local people, a wider network of services can be set up and more people, especially those in remote areas, can be reached;
- **Sustainability:** Handing over responsibility to the beneficiaries might make them more involved in development planning, and thus help make development interventions and service delivery sustainable;
- **Cost-effective:** Working with volunteers is a cost-effective way of expanding services, especially in low-income areas;
- **Cultural effectiveness:** The relationship between local providers and beneficiaries might be more equitable regarding who is served, and thus reach more people otherwise overlooked. Moreover, the absence of socio-cultural misunderstandings might improve service delivery;
- **Sustainability** potential seemed positive, on condition that management of 2 of the 3 pilots is strengthened.

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

Regarding possibilities in terms of upscaling the health care CBWs' work into the mainstream of service delivery, it was discovered that the stipend-paid CBWs are already fairly entrenched in the Primary Health Care sector system. The recommendation across all three pilots is to further formalise the role of these carers, in terms of specific legislation tabled, governing, e.g. the rights and responsibilities of the CBWs inclusive of detailed employment contracts; Unemployment Insurance Fund and Workmen's Compensation registration, and institution of a governing and advocacy body for the carers - possibly creating a new type (level/tier) of Primary Health Care nurse within the Primary Health Care sector, with these carers then forming part thereof. A key issue in the future would also be the implementing and monitoring of minimum, standardised management requirements of CBW organisations such as Community-based Organisations (CBOs).

Additionally, the pilots are recommended to aim at investigating income-earning possibilities to fund their operations, and thereby significantly increase their sustainability.

**Findings and recommendations** in the health sector are:

- The non-formalisation of health care CBWs across the two provinces leads to recommendations in terms of **standardisation** of the position within the health care system through dedicated legislation, stipend-levels, service conditions, workmen's compensation insurance, etc. A key prerequisite for the formalisation, however, is to ensure that management of the CBWs is effective and efficient in managing their impact;
- Varying approaches to the **funding and management** of the CBW system were detected within the two provinces. It is important for the credibility of the stipend-paid

<sup>1</sup> Community-driven development: understanding the inter-linkages between individuals, community-based workers and institutions: CDD Working Paper Series; Working Paper No. 1: Literature Review: Community-Based Workers and Service Delivery

- health care worker system as a whole, that minimum training requirements, funding allocations (how many stipends funded per CBO), funding levels (what stipend does each carer receive) be standardised per province, and for SA as a whole. If this is not done, significant variances in terms of effectiveness will continue in the different provinces;
- Varying levels of debriefing and counselling among CBWs were observed, necessitating the recommendation of structured debriefing and counselling services to be implemented for all of these carers, including the establishment of a governing and an advocacy body;
  - Uniforms (which were lacking among certain CBW organisations) seem to be an important branding element for CBWs, particularly in the Health Care sector, where patient trust is a key element to effectiveness. Branding seems to contribute to patient trust;
  - In some health-care CBOs, certain management challenges were identified in terms of the management of impact and cost-effectiveness. Where CBWs operate within CBOs, it is extremely important to build sufficient management capacity to manage the impact and cost-effectiveness of the CBOs, as well as to cater for the sourcing of operational funding. Management should also ensure equitable distributions of workload amongst the CBWs;
  - The CBWs should link with the community-development workers (CDWs) in their communities, and establish forums for collective discussion of challenges, and lobbying for funding, etc. – this will only be to the benefit of the communities which they serve in terms of strengthening the community networks for development. The modalities for this would need to be worked out.

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

## **2 Impacts and cost-effectiveness of CBW systems – specific to the pilot partner**

### **2.1 Thaba ‘Nchu Food Security Programme (TNFSP)**

It is to be noted that a particular interrelationship exists between the CBW model (5-8 hour per week, unpaid volunteerism) used to service the project (TNFSP), and the TNFSP, as follows:

- The design of the TNFSP in terms of vegetable and small stock selection, viz. all agricultural planning and production issues, is not part of the CBW model;
- The model focuses on CBWs being trained to support 300 beneficiaries to optimise the growth of vegetables and the production of eggs for domestic consumption and selling the surplus;
- It is therefore clear that, although there are components of the TNFSP which are not related to the CBW model used, the two concepts (model and project) are dependent on each other for purposes of performance measurement.

However, the final impact (effectiveness) of the model servicing the TNFSP will largely depend on the success of the TNFSP in terms of achieving its goal of increased food security with some levels of self-sustainable commercial activities stemming from the ranks of the beneficiaries.

At the time of the study, the TNFSP had completed its first growing season for vegetables (2005/06) and roughly five months of egg production. By the end of the project (around March 2007), a second growing season would have been completed, and also an additional five months of egg production. This needs to be taken into account when considering the findings

in terms of the uncertainty of statistics regarding production and commercial income streams flowing from the TNFSP.

As previously stated, the TNFSP has aimed at providing agricultural extension services to around 300 community beneficiaries in Ward 41 of Thaba 'Nchu (20 beneficiaries per village in 15 cluster communities), regarding vegetable and small stock (hens' eggs) production. The project has a dual focus, viz. creating increased food security for the project's beneficiaries, after which it is expected that a significant component of the beneficiaries will "graduate" to self-sustainable commercial operations.

The National Development Agency (NDA) funded R800 000 of the calculated total project costs (for the 2-year project lifespan, ending early in 2007), with the provincial Department of Agriculture (DoA), Khanya-aicdd, and certain private sector entities providing a range of support - from agricultural inputs (e.g. chickens, implements, chicken feed) and training inputs, to management support.

As stated above, the most significant impact detected for the TNFSP was the potential harboured within the community network, created by the project. Impacts in terms of the project goals (specifically in terms of financial goals for beneficiaries) seemed to be below target, although the project still had roughly six months to run at the time of this study.

Cost-effectiveness was virtually impossible to prove, as the impacts detected were not well-defined, and the services rendered by the project were supplementary to existing (conventional) services. Conventional services in the NR section are agricultural extension services, with extension officers focusing, e.g., on an entire geographic area, and not being linked to specific beneficiaries, as is the case with and the key strength of the TNFSP.

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

Low upscaling possibilities were detected for the TNFSP, as its impact at the time of writing this report was low in terms of the project's original goals. The network created by the TNFSP between the community beneficiaries, CBW support services, government and the private sector (although a fairly informal network) could, however, prove to be valuable if the project's impact should increase.

#### **Key findings and recommendations on sustainability and impacts**

- Improve **performance reporting** - both design and technical analysis of production to improve the management of TNFSP's impact, cost-effectiveness and sustainability;
- **Networking** - Enter into official agreements with other service providers and governmental stakeholders;
- Performance in terms of original project criteria should be measured in tandem with the increased performance reporting design, to identify improvements in the short and medium-terms;
- Food security vs. self-sustainable commercial operations seemed flawed in that a clear expectation gap exists between certain beneficiaries, who are expecting the food security phase (with "hand-outs") to be perpetuated, and who are consequently not planning for self-sustainable commercial upscaling. This issue needs urgent strategic attention with appropriate formulation of an exit strategy for the food security phase. An associated concern is the short duration in which such a programme is expected to achieve such significant goals - given that there has only been one planting season and less than 5 months have passed since the hens started laying eggs. The key impact question is whether two years is long enough to assess impact? There is

- need to rethink the phasing of goals and outcomes expected when planning social projects;
- **Beneficiary selection** – beneficiaries were not specifically selected for entrepreneurship potential, which has proved to be a serious barrier to achieving the self-sustainable goal of the project – this needs urgent strategic attention;
  - **CBW selection** – CBW selection for most of the 15 cluster villages participating in the project did not result in CBWs with agricultural background being selected, which increased the risk of technical support services not being rendered as originally envisaged in the project design – this requires urgent strategic attention;
  - **CBW training** effectiveness seemed to be low, with very little training taking place where measurement / monitoring of training impact was performed – this may give rise to varying levels of technical expertise among CBWs, with a real risk existing that critical knowledge had not been transferred to the CBWs, and by the CBWs to the beneficiaries;
  - **Technical messages** - Crop and small stock selection did not seem to be undertaken in a technically appropriate manner to ensure maximum food security linked to optimal commercial potential – which may prove to be a barrier to achievement of the self-sustainable commercial phase of the project;
  - **Facilitating agent's relationship with CBWs, beneficiaries** and FA's **role** in general – it seemed that the relationship between the FA and the CBWs and beneficiaries could be improved to strengthen the network created by the project.

## 2.2 Golang Batcha

Golang Batcha currently comprises 21 Home-based Carers who provide Tuberculosis (TB) palliative care and Home-based Care (HBC) support to patients and community members in the Mangaung area (governed by the Mangaung Local Municipality (MLM), inclusive of health awareness activities. One of GB's carers acts as a representative for the organisation, and provides monthly impact statistics in terms of TB visits and HBC activities to the Mangaung Local Municipality's (MLM) Health department. The statistics are then passed on to the Free State Department of Health (DoH), which then pays stipends to GB's carers, if they individually meet the minimum targets of performance. GB, like the other health care pilots evaluated, provides an important service in the Primary Health Care (PHC) System in that it is performing a service which the clinics are not capable of performing because of human resource and infrastructure limitations.

Tangible impact was detected for GB, both quantitative and qualitative. Findings and recommendations for GB suggested that renewed focus on management of the organisation and improvement of statistical data integrity will increase the impact of their activities, and their sustainability thereof.

Golang Batcha revealed good comparative cost-effectiveness when compared with conventional health care services as delivered by the public health sector. Further sustainability potential seemed positive, on condition that management of Golang Batcha is strengthened.

Regarding possibilities for upscaling the health care of the CBWs into mainstream service delivery, we discovered that the stipend-paid CBWs are already fairly entrenched in the Primary Health Care sector – the recommendation here, and across all three pilots, was to further formalise the role of these carers, in terms of specific legislation tabled, governing e.g. the rights and responsibilities of the CBWs, inclusive of detailed employment contracts; Unemployment Insurance Fund and Workmen's Compensation registration; institution of a governing and advocacy body for the carers - possibly creating a new type (level / tier) of Primary Health Care nurse within the Primary Health Care sector – with GB carers then forming part thereof.

Additionally, it was recommended that GB investigate income-earning possibilities to fund its operations, and significantly increase its sustainability potential.

### Key findings and recommendations on sustainability and impacts

- **Performance reporting** design - (verification of statistics and improvement of the mathematical accuracy thereof) should improve to manage Golang Batcha's impact, cost-effectiveness and sustainability;
- Debriefing of CBWs and prevention of injury – as CBWs of GB function in very emotional (and sometimes dangerous) circumstances, it is recommended that structured debriefing and danger prevention strategies be implemented;
- **Recruitment anomaly** – Golang Batch seemed to be unable to recruit new members due to its constitution restrictions, literally experiencing a halving in numbers in the past 3 years. It is recommended that, as this anomaly is actually not real, the Dept of Health needs to be consulted in this regard;
- **Governance structure** of Golang Batcha was found to contain no external persons or formalised activities – we recommended implementation as a matter of priority;
- The role of the Manguang Local Municipality (MLM) as the **FA** is undefined in terms of support and value-adding potential to GB, etc., requiring urgent attention;
- **Effectiveness** – possible overloading of CBWs was detected due to non-management of individual workloads.

### 2.3 ChoiCe (Comprehensive Health Care) Trust

ChoiCe Trust currently comprises about 120 carers, with 15 administrative and management staff, who provide a wide range of PHC services to communities in the Greater Mopani District, including tuberculosis (TB) palliative care, health awareness activities, support to people living with HIV and AIDS (PLWA), support to orphans and vulnerable children (OVC), etc. Volunteer coordinators manage (and verify) monthly impact statistics for groups of carers, and then report these statistics to the outreach manager at ChoiCe's offices, who collates the statistics and reports to the Limpopo Department of Health and Social Development (DoHSD). The carers are paid stipends by ChoiCe (with funding received from the DoHSD), and the volunteer coordinators receive additional remuneration for their management duties. ChoiCe, like the other health care pilots evaluated, provides an important service in the Primary Health Care (PHC) System in that it performs a service which the clinics are not capable of performing due to human resource and infrastructure limitations.

Tangible impact was detected for ChoiCe, both quantitative and qualitative. The impact statistics were found to be of a high standard due to verification of statistics performed at volunteer coordinator level.

ChoiCe revealed good comparative cost-effectiveness when compared with conventional health care services as delivered by the public health sector.

ChoiCe is restructuring its operations to release the CBW component of its organisation, viz. to allow these CBWs to form their own Community-based Organisations (CBOs) (this is because of an informal government instruction). Sustainability potential of these new CBOs seemed positive, on condition that ChoiCe plays an active role in mentoring them and the initial organisational development of such organisations.

Regarding possibilities for upscaling the health care – refer to the paragraph on GB above – the same applies to ChoiCe.

**Key findings and recommendations on sustainability and impacts**

- CBW **turnover** was reported as high during recent times (possibly due to the comparatively high training and skills levels of ChoiCe CBWs and the lay counsellor positions within the PHC system, which pay 3 times the stipend of the CBW per month). It is recommended that a dedicated strategy be developed to decrease the attrition rate of CBWs. It is noteworthy that ChoiCe's quality CBW training does lead to career pathing for the individual CBWs, and it is inevitable they leave as better job opportunities arise;
- ChoiCe CBWs are regarded by some (e.g. nurses, community members) as the "elite" (possibly professional **jealousy**) – it was recommended that appropriate awareness campaigns be launched to alter this negative perception;
- **Inter-CBO communication** and CDW communication – coupled with the above recommendation, ChoiCe was encouraged to further pursue their strategy of becoming a network organisation in order to promote inter-CBO communication, as well as a formal link between the CBOs and the Community Development Workers (CDWs) within the region. Further, to enhance the mentoring and capacity strengthening of new and weaker CBOs in the Mopani District;
- Activity-based **financial reporting** was found to be lacking within ChoiCe's financial statements – this form of reporting would significantly enhance prospective donors' and other stakeholders' understanding of ChoiCe's operations and potential.

**2.4 Kodumela Area Development Programme (ADP)**

Kodumela currently comprises 26 stipend-paid carers (with an additional 35 non-paid volunteers), with 2 administrative and management staff, who provide a wide range of PHC services to communities in the Greater Tzaneen Municipality, including tuberculosis (TB) palliative care, health awareness activities, support to people living with HIV and AIDS (PLWA), support to orphans and vulnerable children (OVC), etc. The administrative personnel collate and report statistics to the Limpopo Department of Health and Social Development (DoHSD). The carers are paid stipends by Kodumela (funding received from the DoHSD). Kodumela, like the other health care pilots evaluated, provides an important service in the Primary Health Care (PHC) System in the sense that it performs a service which the clinics are not capable of performing because of human resource and infrastructure limitations.

Tangible impact was detected for Kodumela, both quantitative and qualitative. Findings and recommendations for Kodumela suggested that a renewed focus on management of the pilot and improvement of statistical data integrity will increase the impact of their activities, and their sustainability.

Kodumela revealed good comparative cost-effectiveness when compared to conventional health care services as delivered by the public sector. In additional sustainability potential was assessed as positive, on condition that management is strengthened, and operational funding secured.

Regarding possibilities for upscaling the health care duties of the CBWs into the main stream of service delivery – refer to the paragraph on this matter under Golang Batcha as it also applies to Kodumela.

**Findings and recommendations re sustainability and impact for Kodumela ADP**

- **Debriefing** of CBWs was is lacking – refer to Golang Batcha for a similar finding;
- **Governance structure** of Kodumela – minutes of meetings are not formally kept. We recommended that this receives immediate attention to formalise the activities of Kodumela;
- A collegial rapport between the **Facilitating Agent** and the CBWs was seemingly absent, pointing to reduced impact potential of the pilot; and
- Insufficient **training** of CBWs was also detected among Kodumela's carers , which could imply a substandard quality of certain services rendered.

## 2.5 Ramalema Environmental Protection Programme

Ramalema has a 4 member management team and approximately 18 volunteers (the CBWs). They were advised initially by a professional environmental inspector after numerous reported cases of contaminated needles, from a nearby hospital, were found in the river in which local children swim. The project concentrates on land, water, air and sound pollution. Ramalema organises ongoing 'clean-up' campaigns in the community.

CBWs' tasks include cleaning the environment by removing refuse from the streets, sorting waste for recycling, separation of bottles and plastic and the inspection of food provision and animal care activities in their area. Many of the community members also sort the refuse in their homes and bring glass bottles and paper to the premises where Ramalema has its base. The CBWs were selected when the project was proposed to the villages and people were asked to volunteer. Interviews were conducted by the forum and the selection of volunteers processed. The CBWs work approximately 30 hours per week, and are not financially remunerated. They have received training from the Department of Labour in management and clerical skills and the volunteers attended an IDASA workshop.

Ramalema claims their village is one of the cleanest villages around – there is no paper lying around and the water streams are not polluted anymore. Ramalema's vision is that this project should sustain people with an income in the future.

### Key findings, recommendations on sustainability and impacts for Ramalema are:

- Volunteer (CBW) **accountability** was found to be informally determined, which leads to the recommendation that volunteer contracts be instituted;
- Greater Tzaneen Municipality (GTM) **non-declaration of a landfill site** – this is the main reason for Ramalema's existence – it was recommended that the landfill site and related local authority services be implemented as soon as possible and a negotiation entered between GTM and Ramalema re: managing the landfill;
- **Non-registration** of Ramalema as an NPO – it is recommended that Ramalema register as an NPO as soon as possible to enhance its credibility, and formalise its operations further to be able to attract funding;
- **Corporate Governance** and internal control environment – fraud perpetrated – it is recommended that Ramalema refocuses on internal control and governance to prevent misappropriation of its small financial base;
- Barriers to sustainability were identified, viz. a lack of sustainable **operational funding**; lack of sustainable transport; uncertainty regarding the temporary nature of Ramalema's current premises, the lack of annual budgeting, financial reporting and management; concerns regarding management- and administrative capacity of Ramalema – Ramalema is urged to pursue these matters as a matter of urgency;
- Indications of non-cooperation from the community were detected, with Ramalema advised to raise awareness of the value they add to the community, to increase sustainability potential;
- The agreement with the Greater Tzaneen Municipality seems vague in terms of the duration of the agreement and the support and funding levels expected – this needs to be rectified and a formal Memorandum of Understanding/Agreement entered into.

# 1 Introduction

## 1.1 Background to the Community-based Worker project

The Community-based Worker (CBW) project is informed by earlier research undertaken by Khanya on Institutional Support for Sustainable Rural Livelihoods in three Southern Africa countries (Zambia, Zimbabwe and SA). This work identified that if people's livelihoods are to be improved, there is need to strengthen micro-macro linkages, both in terms of improving participatory governance and in terms of improving services (Khanya, 2000). Six key governance requirements were identified to address poverty:

### Micro level (community level)

- **Poor people** must be active and involved in managing their own development (claiming their rights and exercising their responsibilities);
- The need for a responsive, active and accessible network of **local service providers**, who could be community-based, private sector or government;

### Meso level (lower government and district levels where services are managed)

- At **district /local government level** (lower meso) services need to be facilitated, provided or promoted effectively and responsively, coordinated and held accountable.
- At **provincial level**, capacity to provide support and supervision effectively to the lower meson (upper meson)

### Macro level – realigning the Centre

- **Centre** providing holistic and strategic direction around poverty, redistribution, and oversight of development;
- **International level** – strengthening capacity in-country to address poverty.

The second of these requirements implies the need for pool of active and locally accountable community workers, who can work in a range of sectors, addressing services which are desperately needed and that can be provided locally. These need to be linked to higher levels of government and NGOs for support. This requirement recognises that service delivery is critical in improving human development, especially in Sub-Saharan Africa where poverty levels have continued to rise despite attempts by governments to curb such a trend.

It is within such context that the CBW project presents an opportunity for policy makers, practitioners and communities to actively look at other ways of responding to the rising challenges posed by poverty and now by the HIV/AIDS epidemic. Four African countries (Kenya, Lesotho, South Africa and Uganda) have been working together to see how community-based worker systems can be used **to widen access to services and empower communities in the process.**

In SA the project has involved pilots in two provinces (Free State and Limpopo) with involvement of both provincial and local governments. Two pilots in the Free State and three in Limpopo were evaluated. If cost-effective, we want to use the lessons from the pilots for mainstreaming CBW systems into service delivery, and to influence policy and practice to support such services.

CBWs are essentially volunteers, selected from the community in which they live, trained to render a specific task which may best be delivered at community-level, supported and supervised by a facilitating agent (FA) which may be either a Non-Governmental Organisation (NGO) or government entity. CBWs are usually in some way accountable to the community or a specific group within the community they serve. They usually receive some form of incentive, in most cases their costs are covered, such as travel and food, and in some cases they receive a fee or a stipend for the service rendered.

This project focuses on promoting dispersed, active and locally accountable Community-based workers (CBWs), who can work in a range of sectors, addressing services which are frequently needed and best delivered at community level. To date the project has involved:

- a **review of experiences** in each country of the application of community-based worker systems in the natural resource (NR) and HIV & AIDS sectors;
- development of a **common framework** around an emerging 5 core models;
- design and running of **pilots** by partners since March 2005, based around the 5 models; and
- a **study tour** to Peru in October 2005 to learn from a fifth country which uses CBW systems.

## 1.2 Justification and objective of the evaluation

The Centre for Development Support (CDS), at the University of the Free State was commissioned by Khanya-African Institute for Community Driven Development (Khanya-aiddd), to evaluate five pilots that the partners have been running in South Africa to determine:

- the **impact and cost-effectiveness** of the SA CBW pilots (models selected), including sustainability potential;
- the **lessons learnt** from the pilots for mainstreaming CBW systems into service delivery, and
- if cost-effective, how to **influence policy and practice** to support such models of service delivery.

The objectives of the evaluation were therefore to establish:

- whether the CBW system is **effective** and having an **impact** on people's livelihoods;
- whether the CBW system is **cost-effective** as a form of service delivery;
- what seems to have been **good practice** in the running of the CBW system, where have these derived from the CBW 'good practice' guidelines, and what additions to the guidelines are now needed; and
- assuming that overall the CBW system has proved cost-effective, what the broader **institutional, policy- and advocacy- implications** are for adapting and upscaling the CBW system as a mechanism for pro-poor service delivery.

## 1.3 Approach and Methodology

The University of the Free State's Centre for Community Development Support (CDS) was commissioned to carryout an independent evaluation of the SA pilots. As a professional institution with a reputable research background, the team collected secondary data on the pilots and undertook site visits to each of the pilots to be evaluated and to enable an inclusive evaluation. A comparison of these pilots was made with other service providers to determine the cost-effectiveness of the CBWs. Experiences from these pilots will be shared in a national workshop so that different views can be collaborated. This report will therefore be used as a formative (learning) approach to generate learning for the piloting partners as well as nationally, and form part of an assessment of the impact (summative) that these CBWs have in their communities. The evaluation also aimed at comparing experience of the different models within and across countries which will form part of a later debate in a wider stakeholder meeting at national level, and across the four countries involved in the action research.

Key elements of the methodologies used included:

- **Briefing** by the Steering Committee, including suggestions for sample pilots and locations;
- **Reading and analysis of secondary data** – including project reports, reports on pilots and financial reports;

- **Field visits** to at least 3 pilots /examples of the use of CBW systems in each country
  - **CBW Projects** - meetings with partners running projects – both facilitating and implementing, CBWs, beneficiaries, plus obtaining reports and financial data;
  - **Comparative service providers** - meetings with conventional service delivery agents (e.g. government extension, health clinics)
  - **Local stakeholders** – meetings with local leaders – government/traditional, FBOs, NGOs;
- **Meetings at national level with national stakeholders** –policy makers, donors, NGOs (including steering committee members);
- **Workshop** with Steering Committee to share findings and discuss learnings emerging from the projects;
- **Analysis** of the data, to establish impact, budgets and so cost-effectiveness and emerging good practice;
- **Writing a draft report** and sharing this with the national steering committee;
- **Testing findings** at the national stakeholder workshop;
- **Finalising reports** (evaluation and workshop).

The evaluation process followed by the research team was as follows:

- Gathering all available background information about each pilot;
- Visit to each of the pilots' main operating sites;
- Interviews with a delegation of CBWs from each pilot project via focus group discussions in their home language and therefore the respondents could express themselves and voice their opinion in the language in which they were comfortable. CBWs, CBW supervisors / -managers and Facilitating Agents (FAs) were separated throughout the focus group discussions, to facilitate and promote uninhibited feedback and to avoid any bias.
- Interviews with the Facilitating Agents at the same time but separately from the CBWs;
- Formal/informal interviews and/or focus group discussions with some of the beneficiaries of the various CBW systems in the community;
- Gathered all available documentation about the pilot on each of the site visits. Examples of these are governance documents, e.g. constitutions, board meetings' minutes, CBW meetings' minutes and operational procedures and statistics;
- Gathered, as far as was available, Financial information, from each of the pilots;
- Contacted and interviewed various other stakeholders such as government officials from the Department of Health (Free State), Department of Health and Social Development (Limpopo), Department of Agriculture (Limpopo and Free State) and municipalities (Mangaung - Free State and Tzaneen - Limpopo); and
- Assessment of comparative services through interviews, as far as was practical.

After analysis of all documentation and minutes from the visits, briefing sessions were held with the CBW project Steering Committees in both provinces, testing the main findings post-fieldwork.

The background, findings and recommendations for each of the pilots in terms of its impact, cost-effectiveness and sustainability potential are discussed in the next section of the report.

## 1.4 An Overview of the evaluated Pilot Projects

The onset of the CBW project in SA in 2004 involved a comprehensive in-country review of different models that use Community-based volunteers to deliver services in communities. A 4-country workshop followed and brought together partners from the other countries involved in the project. This workshop produced “the guidelines for implementation of CBW pilots” that will be piloted in the partner countries. Five possible models for implementing community-based worker systems using CBWs emerged.

The five models that emerged were:

- **4-8 hours per week unpaid volunteers** (e.g. interest linked - Church-linked volunteers, scouts/guides, environmental groups, befrienders, cancer support groups, professional volunteers e.g. Attorneys/Doctors helping in an Hospice; representational – school board members/ governors/PTAs, CPF members, ward committee members, etc). In this model some travel expenses and meals are usually paid;
- **20 (exceptionally up to 40) hours per week unpaid volunteers**, again some travel expenses, meals usually paid for (e.g. World Vision Lesotho, Concern Uganda, SHARP Lesotho, Family Support in the Greater Tzaneen Municipality);
- **20-30 hours per week paid a stipend** (e.g. Home-based Carers in the health sector and social welfare, Mvula Nelspruit Water and Sanitation programme; lay counsellors, teaching assistants);
- **40 hours per week paid**, either as salary or commission (e.g. WASDA Community Health Workers in Kenya, CHoiCe supervisors in Limpopo, fisheries workers by Beach Management Units in Uganda; Paralegals in Eastern Cape); and
- **Paid by user** – hours variable, (e.g. Community Animal Health Workers (CAHW) Kenya; community resource workers in agriculture, Uganda; people assisting with Community Based Planning CBP, Uganda).

Each partner country then identified examples of partners who have tried or are interested in testing some of these models during the piloting phase of the project. The CBW project in SA selected pilots in the Limpopo and Free State provinces. In the Limpopo Province four partners are involved - three are testing the model in the HIV/AIDS sector (indirectly, mainly through Tuberculosis palliative care). These are CHoiCe Trust (ChoiCe), Kodumela ADP (Kodumela ADP), and Nhlayiso Community Health and Counselling Centre (Nhlayiso). The fourth partner, Ramalema Environmental Pollution Prevention Project (Ramalema), works with volunteers on environmental health issues (broadly within the Natural Resource (NR) sector). A fifth partner, Tsogang Water and Sanitation Project in Limpopo, participated in a parallel research project on “Community-Driven Development: understanding the interlinkages between individuals, community-based workers and institutions in Tanzania and South Africa, managed by the Bradford Centre for International Development (BCID).

In the Free State, two partners are involved in this study. One is the Thaba 'Nchu Food Security Programme (managed by Phaphamang Community Development Project - TNFS), which is implementing the 5-8 hour unpaid volunteer model in the NR sector, concerned with food security through crop and animal production. The other pilot is run by the Golang Batcha Organisation (Golang Batcha), piloting the 20-30 hours (paid a stipend) model on HIV/AIDS (indirectly, mainly through Tuberculosis palliative care).

The pilots selected for this evaluation are CHoiCe Trust, Kodumela Area Development Programme (ADP), Ramalema, Thaba 'Nchu Food Security and Golang Batcha. These were selected to represent at least one of the five models identified at the beginning of the action research project. Nhlayiso and Tsogang in Limpopo were also visited by the evaluation team to gather a further understanding of the system but did not form part of the case studies evaluated.

## **2 Impacts and Cost-Effectiveness of CBW Systems**

### **2.1 Thaba 'Nchu Food Security Programme**

#### **2.1.1 Project Summary and Profile**

The Thaba 'Nchu Food Security Programme (TNFSP) is managed by Phaphamang Community Development Projects and is implementing the 5-15 hour unpaid model. Fifteen CBWs were recruited to support around 300 beneficiaries (small-scale producers). The 15 CBWs are in turn supported by two field facilitators with crop and animal specialisation (knowledge). A project manager maintains overall project management responsibility. The project is assisting small-scale (back garden) vegetable and chicken egg producers to achieve food security and additionally, it is intended that this project ultimately provides self-sustained commercial income streams for its beneficiaries.

TNFSP is funded by the National Development Agency (NDA), to support community based service delivery and help to improve the productivity of Small Scale Farmers in Ward 41 within Thaba 'Nchu. The project aims at supporting a collection of largely unemployed individuals with prior small-scale crop production experience and/or chicken egg production experience, assisting them to grow vegetables, fruit and produce eggs, primarily to enable food security but also for income generation purposes. The project was planned to span a two year period, starting early 2005. It has three employed staff members with agricultural qualifications. In 2005 (March/ April), 15 community volunteers were selected by the communities across Ward 41 as CBWs, to work 5-8 hours a week, without monetary reward. Each CBW supports a group of 15-20 members within their community through advice and guidance on how to improve their agricultural production – both crops and small-stock livestock. The CBWs form the main linkage between the beneficiaries of their services in the community groups and the facilitating agent - Phaphamang. Monthly meetings are held between the CBWs and the facilitators to discuss progress / challenges / problems and statistics submitted regarding production.

Initial training of the CBWs was provided by Khanya-aicdd who also acts as support manager for Phaphamang in terms of administration, documentation, record keeping and as grant holder for NDA. Follow-up training was conducted by the non-formal unit of the Provincial Department of Agriculture on the basics of vegetable production. Further training sessions were carried out on the management of chicken layers and broilers and on permaculture design by Food and Trees for Africa. World Vision National undertook a Rapid Food Security Assessment (RFSA) of all the communities involved in the project prior to the initiatives being introduced.

The fifteen CBWs support around 300 direct beneficiaries with small-scale (back garden) vegetable and egg production to achieve food security and, additionally, it is intended that this project ultimately provides self-sustained commercial income streams for its beneficiaries.

Vegetable seeds and/or 6 pullets and chicken feed (growing mash) per person were donated to participating beneficiaries to initiate the food security programme, with the CBWs providing technical advice and - assistance and problem solving capacity. Backstop support to the CBWs is provided by the two project facilitators. 220 beneficiaries have participated in the egg production component of the project to date. The beneficiaries and CBWs have managed, to produce vegetables for their own use and established egg production systems. Some of them are saving small amounts of money from the sale of the eggs. One group has bought a new clutch (100 1-day-old chicks) from egg sale savings.

### 2.1.2 Costing of conventional service delivery model in agricultural extension services

Some examples of conventional models of agricultural extension centre on provincial governmental agricultural extension officers and food security officials. Agricultural extension officers from the Free State Department of Agriculture (DoA) perform their services per 'ward' (which normally comprises 2 to 3 towns, depending on the size and location of these towns). Multi-disciplinary teams are already in place in all municipalities, with various specialists contained therein, viz. veterinarians, crop experts, etc. The main idea behind these governmental agricultural extension officials is to cater for all the agriculture activity within a particular geographical area.

TNFSP consults the above officials in the Free State province for assistance as and when required. It could therefore be argued that the TNFSP provides a service which is supplementary to that of the conventional agricultural extension models. We were informed by the DoA that their extension officials, being generalist in the sense of carrying responsibility for all agricultural activity in a specified area, are not comparable to TNFSP's CBWs, who focus specifically on small groups of small-scale farmers in vegetable production and / or egg production.

The Free State Government's Department of Agriculture (departmental extension officer) further stated that they do not have strategic priorities in place or resources available to serve the Thaba 'Nchu community at large (March 2006), intending only to be involved with projects which they are funding at a particular time. This clearly illustrates the need for the service rendered by TNFSP's CBWs, which is supplementing the conventional government agricultural extension services. The extension officer did, however, undertake to draft a plan to select village committees to improve food security and strengthen the linkage between the TNFSP and his department.

Agricultural extension officers are implementing food security projects throughout the Free State province, however, it appears from discussions with the department that the bulk of these projects are pre-impact- and sustainability assessment, viz. these steps have not been performed / completed – negating the possibility of drawing learnings from these projects' impact- and sustainability assessments.

The DoA's food security projects seem to have a fairly familiar first (implementation) stage, in which community beneficiaries are selected to partake in food security projects, seeds and implements are donated, and the beneficiaries are urged to generate profits from their sold produce, to be able to fund their own acquisition of replacement stock and implements.

Challenges encountered during the DoA programme may be summarised as follows:

- The selection of the appropriate beneficiaries who will be capable of taking the food security projects to the next level, viz. on the way to commercial viability;
- Formulating an appropriate exit strategy to afford beneficiaries the best possible opportunity of succeeding, without perpetuating the 'hand-out mentality'. The DoA initially provided hand-outs to project beneficiaries on a one-off basis, with no structured exit strategy, however, they are refocusing on implementing the correct exit strategy;
- Striking a balance between food security and commercial viability.

Impact indicators suggested by the DoA centre primarily on tangible evidence of food security linked with commercial profit, thus on beneficiaries feeding their families and making profits.

In terms of sustainability, the DoA feels strongly that households must be able to sustain themselves, but, by their own admission, many projects are not there yet.

The DoA is drafting policy on the levels of government support (financially) for each type of development intervention, e.g. food security, people already farming commercially on a small

scale (emerging farmers), etc., viz. up to which point the DoA will be supporting a specific type of intervention. This policy is expected to be finalised by March 2007.

### 2.1.3 Current costs of service delivery by government and other service providers

Refer to the reasoning above

### 2.1.4 Impacts of using CBWs as service providers

#### i. Impact on the beneficiaries

Estimated impact as quoted in the approved project proposal by the National Development Agency, and funding granted from February 2005:

*“At least 300 households will have contributed significantly to their food security, saving very conservatively R100 at least per month on food costs, for 9 months of the year (the growing season). Therefore the value of this could be of the order of R540 000. In addition we are estimating that 90 households would obtain an income of R250 per month for 9 months from the project. The value of this would be an additional R405 000. Therefore the benefits of the project only in financial terms are anticipated to exceed NDA’s contribution to the project in the form of an R800 000 grant. In addition, the value for the family of having full stomachs, of children going to school having eaten, cannot be underestimated. If a longer term projection is taken of future benefited (sic) derived from the project, that would also be very significant.”*

No evidence has been provided on the total food security and / or entrepreneurial financial impact of the vegetable growing or egg production. Anecdotal evidence, however, suggests that the above targets are unrealistic and will not nearly be met by December 2006 – the end date of the funded project period.

#### Possibilities before the implementation of the project commenced

ET Letshego, a Home-based Care CBW from Golang Batcha, visited four villages in Thaba ‘Nchu (Sedika, Moragu, Bufolo, Houtnek and Spitskop) on 10 & 11 August 2005. She observed good linkages between the CBWs, beneficiaries and village leadership; she commented that the TNFSP gave hope to the communities at that stage. All participants whom she interviewed were waiting for materials to start the project, all beneficiaries were excited about the income generation possibilities of the programme, and the beneficiaries seemed eager to be trained and gain experience in the NR sector. This also indicated valuable “cross-pollination” potential that a multi-sector pilot such as the TNFS project harbours.

#### Data collected by the CDS team in-project

According to the beneficiaries, they have not reaped the benefits they anticipated since becoming involved in the TNFS project. The following statements summarize the feelings and opinions of the beneficiaries:

*No, we are actually losing money because we have to pay for transport and medication  
(Beneficiary: Egg production).*

*We are struggling with water. It is difficult to ensure that our project is sustainable because of the availability of water... (Beneficiary: Vegetable production).*

*I am getting nothing from the project. I never got training on how to plant or look after my crop. The people who are sent on training do not come back and share the information with us (Beneficiary: Vegetable production).*

*I am very disappointed because we once got expired chicken feed. We also have to pay R300 to go and fetch the chicken feed at Fellwana [another village]. On top of that we also have to pay the people who assist us with the loading of the chicken feed....(Beneficiary: Egg production)*

*We started with 500 chickens, but today only 44 are left. Our CBW told us that he did not receive any training on chicken production and, therefore, can only render support to us...(Beneficiary: Egg production)* (It should be noted, however, that no single group of beneficiaries received 500 chickens – this comment may very well relate to an area which received 500 chickens in total, with a group within the area only receiving around 44 of the total).

*We are a group of 11 women, but we only got 6 chickens...(Beneficiary: Egg production).*

Very little tangible impact was detected through the impact study, in terms of sustainable food security (production).

However, we need to qualify some of the above assertions. First, it could be argued that six (6) pullets (hens ready to lay), with free chicken growing mash (feed) and/or free vegetable seeds, is better than nothing. Second, beneficiaries who do not feel that their lives have changed during the pilot period may very well be due to an expectation gap – the beneficiaries may have wanted increased quantities of tangible things, or so-called ‘hand-outs’ (e.g. chickens, seeds, or growing mash); instead the beneficiaries received training, support and self-improvement possibilities through increased skills and access (however little) to the natural resource market in Thaba ‘Nchu. The project purpose, viz. intellectual capacity building to facilitate increased livelihood- and commercial potential amongst beneficiaries, seems to have been striven after by the FA and CBWs. Thirdly, and as may be true with most poor communities, these beneficiaries may have taken advantage of our evaluation team, as outsiders, to tell us what they would not readily share with the facilitators, in the hope that we could influence the resources they receive next time.

However, in some cases a negative monetary impact was detected within the TNFSP, because certain beneficiaries had to use their own money (which they did not have available, e.g. through savings, due to high levels of unemployment in the area) for transport of chicken feed. This raises a very important concern, that of a food security programme possibly not being suitable for upscaling to a self-sustainable commercial venture, due to food security not being an approach in which participants accept the full scope of risks and responsibilities from the outset (viz. with high levels of ‘hand-outs’) – the shifting of the full burden of responsibilities to the participants may then become exceedingly difficult.

The Phaphamang Board commented during July 2006 that beneficiaries are not saving, possibly due to expecting hand-outs e.g. of seeds in the future – strengthening our point regarding the difficulty of converting a food security project to a self-sustained venture.

Certain beneficiaries complained that they did not see the CBWs often enough to enable timeous follow-up of their queries or problems. It was not clear whether this phenomenon actually led to production- or stock losses; however, this may indicate a lack of management verification and follow-up of reported visitation statistics from the CBWs by the project facilitators. We noted though that the hours that these CBWs are meant to work are 4-5 per week (8 hours maximum per week) to allow CBWs to continue with their own enterprises, etc.

We did not receive overhead management information, e.g. project production-, financial-, sustainability reporting from the project manager.

We detected a lack of critical knowledge and understanding about egg production and the standard production curve of laying hens, which is achievable when managed optimally, in one community – where the beneficiaries were under the impression that they only have to replenish their pullet stock after 104 weeks of laying. However, the correct replenishment period occurs after 52 laying weeks, on average. We did not investigate the occurrence among other beneficiary groups; this does however, raise concerns regarding the effectiveness of fundamental egg production training and support to the beneficiaries by the CBWs.

Technical errors were also committed by CBWs in terms of planting methods, in that, e.g., they did not advise the Talla village members to plant correctly, and the CBWs did not implement the advice from the facilitators that mulching (protective layer of organic or inorganic material to cover the soil between crops) be practised in the vegetable gardens, resulting in crop losses in 13 of the 15 participating beneficiary villages. We could not verify whether this was as a result of CBW refusal to implement the facilitators' advice, or whether the advice was not effectively rendered. Furthermore, no evidence was presented that the lack of mulching directly resulted in crop losses. Additionally, poor soil fertility was indicated as leading to certain crop losses, without evidence being presented of appropriate soil analyses in the minutes of the CBW meetings.

During the February 2006 CBW meeting, the CBWs wanted 'other seeds to increase their production' – however, no evidence of seed testing was presented to substantiate the perception that current seed was of an inferior quality.

Seemingly severe losses in vegetable production were reported throughout all villages for the 2005/06 growing season; however, these reports did not specify the crop types or reasons for crop losses. Water shortages, damage by animals e.g. birds, and crop disease seemed to be the main reasons provided for the losses.

A seemingly significant amount of chickens, in fact 119 (or roughly 10% of the total) died of Newcastle disease from August 2005 to January 2006, with all but 2 villages affected thereby (13 villages affected). Statistics available, however, did not afford us the ability to verify the mathematical accuracy thereof, as certain anomalies were contained therein regarding calculations. This certainly strongly suggests a lack of planning regarding disease prevention in terms of vaccination planning and hygienic set-up planning. The chicken loss report's mathematical inaccuracy is not conducive to appropriate management decisions being taken. During March 2006, 'many' (not quantified) chicken deaths were reported due to coccidiosis, which is a disease spreading very quickly under conditions of poor hygiene.

By early August 2006, 10 of the 15 villages' chickens were not laying eggs, or only a few were laying eggs and the only explanation given was that the 10 non-/low-laying villages all had new beneficiaries. It is submitted that this could not be the only reason for the non-/low-laying production of the 10 villages' chickens.

At Bufolo it was also found that none of the +/- 50 eggs produced per day are consumed by the beneficiaries, indicating varying tangible food security provided by the TNFSP, as some beneficiaries did not eat the eggs, but sold them – this fact was confirmed by the facilitators as being a variable issue throughout the beneficiary groups. It could thus be argued that the intended model in terms of food security first, and then the sale of the excess eggs to increase beneficiaries' disposable income, is not functioning as intended. Alternatively, it may be argued that the proceeds from the sale of eggs may be used to buy other foodstuff – which also ultimately provides food security to the beneficiaries.

The project manager stated that non-participating farmers also benefited from the TNFSP beneficiaries' increased agricultural expertise; however, this statement was not substantiated by tangible proof.

A real risk exists that, should the perception of beneficiaries – that little value has been added to their lives – not be tangibly improved, and if the TNFSP should not be sustainable beyond its funded 2-year lifespan, that this project might have a net negative impact, due to communities being discouraged by the continuous failure of their projects. It should, however, be noted that the vegetable production has only been implemented for one planting season (out of 2 for the project) and the egg project component has only been in production for +/- 6 months, which would not necessarily indicate a true reflection of the average production results for the remainder of the project (up to February 2007).

## ii. Impact of the project on the CBWs

The following quotations express the difficulties that the CBWs experience in rendering their duties effectively:

*Maybe the FA has benefited, but I have not benefited financially from being a CBW. However, the greatest reward is the gratitude of the beneficiaries and community members... (CBWs were selected by community members)*

*I do not see any changes. Phaphamang did ask us to complete some questionnaires some time last year, but they never provided us with feedback.*

*We still encounter problems of not receiving any feedback on our monthly reports. Moreover, we are concerned that only certain CBWs are often selected to go to the Head Office in Bloemfontein...*

CBWs were trained in various aspects of farming, received bicycles (one per CBW) to facilitate more efficient performance of their duties, and received the opportunity to be more visible in their communities through the services which they render (including community networking opportunities). The CBWs said that they gained valuable experience in dealing with community members, although it was not possible to evaluate whether this "valuable experience" led to tangible benefits for the CBWs themselves, such as increased livelihood potential, etc.

Certain cases were detected in which the CBWs experienced negative impact because they do the work voluntarily, and it often prohibits them from performing- / searching for formal work (those that are unemployed). On the other hand, employed CBWs were, in some instances, found to not be able to attend to their beneficiaries during the working week, which is also not ideal. Both these points strengthen the fact that a paid model might be better practice, or detailed, clearly understood volunteer contracts. We need to highlight, however, that the 5-8 hour model practised by the TNFS CBWs is meant to be flexible enough for them to continue providing for their own livelihoods. Indeed, the CBWs should be active members of their community already practicing one of the activities -crop or animal production - and therefore practising what they are supporting fellow community members to do, and thereby benefiting directly and indirectly.

## iii. Impact on other service providers

Anecdotal evidence (TNFSP's meeting minutes with the Free State Department of Agriculture) suggests that the TNFSP's project manager established a link between the beneficiaries of the TNFSP and the department, which had never been there before. Our meeting with the DoA on the above matter informally corroborated the above finding. We also note that links developed with Chicken Sky who donated the initial pullets as a positive one.

#### **iv. Changes in the way the pilots work**

The CBWs indicated that they have not seen any significant changes in the way in which the pilot works or in the way they operate. One should, however, bear in mind that the TNFSP pilot was conceptualised around a specific model by the CBW action-research project and the funding application for its implementation. It is therefore to be expected that the CBWs would not see major changes to the way they work, as their work has been co-conceptualised around the implementation of one of the CBW models.

It is our opinion that the pilot design (in terms of beneficiary participation) should either have been one focusing on food security (with long-term commitments in terms of donation of stock (seeds, pullets, growing mash), or one focusing on self-sustainable commercial venture creation from the outset, not a combination of the two. We argue this, as it is our view, based on a consultation with an agricultural development specialist. Interviews with the DoA confirmed the practical difficulty experienced in 'graduating' food security projects to commercial self-sustainable ventures. The TNFSP data also suggests that a 'hand-out' mentality persists among the majority of beneficiaries, which strengthens our argument.

It is interesting to note that the NDA funding proposal only made mention of 'small stock', and did not specifically relate to the production of eggs with laying hens, possibly relating to uncertainty regarding the small stock selection (also refer to the initial possibility of expansion of indigenous chickens, versus the use of commercial chickens).

#### **2.1.5 Cost-effectiveness of the pilot / model**

In order to arrive at a cost-effectiveness analysis of a pilot project, it is vitally important to identify the following, if available:

- Complete costs attributable to the establishment and operation of the project (making a clear distinction between the two);
- It is also important to decide on which model the costing will be based, e.g. a food security model's costing will differ greatly from that of a self-sustained commercial model. It was decided to work on a food security model, as we did not perceive there to be sufficient evidence that the TNFSP may be upscaled to a commercially viable venture;
- Indicators of significant impact, if available (preferably impact indicators which are likely to increase / ensure the sustainability of the project);
- Comparison data of similar service providers, preferably established or conventional models' data, to achieve as objective benchmark as possible.

The budgeted project costing, based on the NDA funding proposal, was taken as the base for costing the project – the reasoning behind this being that the project has not been completed (using actuals throughout would therefore not portray the correct picture) . Where actual expenditure exceeded the budgeted amounts, these actual amounts were used instead of the original budgeted amounts. Implied costs, e.g. donations of laying mash and day-old chicks were added to the costing to arrive at what we consider to be a total costing for this model of food security:

##### Costing of the TNFSP for 24 months, comprising:

- Director and Administrative staff
- Project manager and 2 facilitators
- 15 CBWs
- 300 Beneficiaries, functioning in 15 CBOs (Community-based Organisations of 20 persons each)
- Vegetable and egg production for food security
- Establishment of links with government and other stakeholders to increase the likelihood of sustainability of the project

**Table 2.1.5 Higher of budgeted or actual cost for the 2-year project lifespan (including costing of donated items)**

(ZAR)	Classification
126,760	Administration expenses
59,202	Establishment costs - Capital (Administrative)
311,000	Establishment costs - Hand-outs Agricultural inputs and implements (Chicken feed, day-old chickens donated, implements)
4,500	Establishment costs - Marketing / awareness
78,750	Establishment costs - Organisational Development
40,040	Marketing / awareness
98,000	Project management - Administration
456,000	Project management - Leadership
77,789	Project management - Overheads
183,750	Project management - Specialist inputs
47,300	Quality management - Overheads
127,686	Quality management - Specialist inputs
115,000	Quality management - Training inputs
<b>1,725,777</b>	<b>Grand Total – Total calculated project costs for the entire project (2 years)</b>

The above table aims to portray the likely total costs for the project over its two-year lifespan. Costing items have been classified into the categories as stipulated in the 'Classification' column.

Very few impact indicators were detected during the impact study which clearly indicates sustainability problems of the project. Neither commercial viability in terms of vegetable and / or chicken production nor sustainable food security have been demonstrated, without any evidence noted of sustained future hand-outs / grants from possible donors in this regard.

It is submitted that the most significant impact of the TNFSP to date is the networks established within the Thaba 'Nchu community (ward 41) (although still very informal at certain stages) through the project manager, facilitators, the Mangaung Local Municipality, CBWs, the CBOs, village leadership, District and Provincial department of Agriculture, and other possible stakeholders / service providers. This not only provides a supplementary service to that which the Provincial Government is able to perform, but also provides a good escalation network, particularly when technical advice is sought (e.g. State Veterinarian, Private sector NR entities, Department of Agriculture). This network may be fruitfully used to share experiences with other food security projects, source markets, and to form agricultural co-operatives etc, in the future.

The Department of Agriculture corroborated that the network created between them and TNFS has the potential to be beneficial in terms of possible integration of services, etc.

### **2.1.6 Comparative cost-effectiveness of CBW and conventional systems of service delivery**

It seems that the TNFSP CBWs are rendering services which are supplementary to those of the DoA's extension officers – as such a comparison may not add significant value to this study. Furthermore, the effectiveness (impact) of the TNFSP, at the time of the study, could not be quantified sufficiently to commence a Cost-Effectiveness Assessment calculations.

### 2.1.7 Impact of the CBW project on policy and systems

A food security officer of the DoA mentioned that the TNFSP has impressed her, in the sense that some of the chicken farmers have started to sell their eggs, realising a return.

Communities might abandon their original farming systems/methods to implement the new chicken farming and crop growing techniques, however, no comparison has e.g. been done to prove that commercial chickens are to be preferred over indigenous chickens in the TNFSP.

### 2.1.7 Good practice emerging from the models

#### Revisions to the concept of the models?

CBWs mentioned that there have been a good number of Local Economic Development (LED) projects in general, which failed to reach their objectives because of the following reasons:

- Lack of support from donors.
- It is a waste of money to fund community projects because “donors have dubious agendas.”
- Many community projects do not empower local people.
- A top-down approach is followed by many projects.

The following concern expressed by one CBW highlights the perceived perceptions of community members in respect to LED projects:

*If you look at the history of development projects in Thaba 'Nchu, it is only failure after failure. Many projects fail because there is not enough support from donors or people appointed to manage projects. It is a waste of money... It is a vicious cycle of starting a project here and after a year starting another somewhere else without evaluating the success of the previous one. Local people are not empowered in this way.*

If one analyses the TNFSP against the objections noted above, based on the data accumulated during the evaluation study, the following proposed outcomes are achieved by the project (supported by the 5-8 hour CBW model).

**Table 2.1.7(a) Analysis of the TNFSP and evaluation findings**

Objection from CBWs	TNFSP measurement
1. Lack of support from donors (assuming financial support)	It seems that donors (NDA and government / private sector) have rendered substantial financial support to the TNFSP
2. It is a waste of money to fund community projects because “donors have dubious agendas.”	The donors funded the TNFSP, which was conceived at community level, viz. the likelihood of a donor’s “dubious agenda” having a significant detrimental impact on the project, is minimal
3. Many community projects do not empower local people	The TNFSP seems very focused on empowering local people – CBWs and beneficiaries from the community (local people)
4. A top-down approach is followed by many projects	Although conceived at the top, much of the design and implementation of the TNFSP was done by the various village/community clusters participating, thus not a top-down approach

The pricing of eggs seems too low (higher prices are achieved by other projects in Thaba 'Nchu), and it seems not to be profit-sensitive, contributing to our opinion that the beneficiaries of the TNFSP may not be ready or suited to “graduate” to entrepreneurship.

The design (from the outset) of a project like TNFS, should either be aimed at food security or at creating commercial self-sustainable ventures, not both / a mixed approach – the CBWs work may be complicated by a mixed approach, as there is no consolidated focus by beneficiaries on either food security or commercial self-sustained venture creation.

The TNFSP report to the NDA for the period September 2005 to March 2006 contained a piece (including photographs) on “chickens are kept in a home-made cage so as to develop the home grown chickens for the local community market of which the community was not aware that it can be developed. These chickens are the results of the experiment on multiplying indigenous chickens quickly...”, however, when we performed the impact study, this initiative seemed to have taken a back seat to the new preferred route of rearing commercial chickens for egg production. No evidence was presented to demonstrate that this route is definitively the best route for the beneficiaries of the TNFSP. In fact technical experts assert that dual purpose chickens are more resistant to disease, have good mothering qualities, survive on lower quality feed and are adapted to heat and cold, and therefore ideal in Thaba 'Nchu conditions. The Koekoek breed was developed locally and was bred from various crosses between the White Leghorn and a Black Australorp. The breeds, New Hampshire and Rhode Island Red, have similar production characteristics and are also suitable. Pure indigenous breeds such as the Naked Neck, Ovambo and Venda, reach sexual maturity later, are slightly lighter and produce less eggs. These pure indigenous breeds have evolved in particular areas in South Africa and are well adapted to them.

Specialist practitioners (specifically regarding food security and / or commercial agricultural venture creation) should be consulted before a project such as the TNFSP is commenced to ensure it is designed for optimal success, particularly regarding viable crop types (TNFSP performed its own trials, with heavy crop losses), small stock selection, etc., and optimal project management design.

The human resources expenses of the TNFSP were structured to allocate a substantial proportion of total expenses paid to the project manager and facilitators, director, administrative personnel, with no monetary remuneration for the CBWs. A remuneration model with a detailed volunteer contract may be a solution to the problem of CBWs periodically losing focus on their dedicated CBOs. This may also be seen as a possible learning area for this specific CBW model

### **2.1.8 Generic good practice**

#### *Who are the CBWs and how were they selected?*

The CBWs consist of young, middle-aged and older men and women from the different villages in ward 41 in Thaba 'Nchu. According to the participants, most of them have been involved in voluntary work before they became CBWs. Other CBWs felt obliged to become volunteers after having seen how certain vulnerable groups in the community suffer.

*I was sick and had no one who looked after me at home. After I became healthy again, I decided to help community members who are less fortunate.*

*I used to work as a DOTS supporter in the past. I was also involved in other community projects...*

It is also evident that most of the CBWs were selected by the community during public community meetings, with seemingly sound democratic selection methods followed. Although no explicit criteria were used in the selection of the CBWs, they were told that they should possess the following characteristics:

- Reliability

- Honesty
- Respect
- Report writing skills

Minutes from community selection meetings suggest that each village had to compile its own criteria for selection, with guidelines provided by Phaphamang. A concern here would be the lack of evidence that each village's criteria conformed to minimum criteria set by the TNFSP, a further risk being that unnecessary criteria could have been compiled by villages, or too few criteria – leading to the selection of inappropriate persons to act as CBWs. Our recommendation would be to set fundamental criteria for the project (surrounding a competency profile), leaving scope for villages to add to the criteria, but not to remove any of the minimum criteria.

Risks identified from the selection process for the TNFSP are mainly that it was not ensured that CBWs must have prior agricultural experience in both vegetables and egg production (preferably successful experience), as conceptualised in the 'guidelines for the implementation of CBW pilots'. We scrutinised 13 of the 15 CBOs' CBW selection meeting minutes, and found only 5 to contain any reference to Food security or Agriculture in the criteria set by the communities, 3 of which referred to 'must have passion for agriculture', and 2 talked about 'Experience in the Food Security issues particularly the two areas (we assume vegetable production and egg production)'. This phenomenon may be detrimental to the sustainability of the CBW system, when attempting to build agricultural capacity of persons with little or no proven experience.

Certain villages determined that the CBW must be unemployed to service them adequately, viz. not considering the livelihood or well-being of that CBW or the added risk that people naturally would opt for a paid job opportunity, when it arose, than continue volunteering.

According to the beneficiaries, the CBWs they selected would be community members who had demonstrated over a long period that they had the interests of the community at heart. The beneficiaries corroborated the information stated above, viz. that they selected the CBWs at community meetings which were also attended by the village chiefs. The community was expected to provide a list of people who they thought would be the best CBWs. They ultimately selected the CBWs from this list. On the positive side, the caring nature of the aspiring CBWs is listed; however, refer to the selection shortcomings identified above.

#### The work of CBWs

The CBWs indicated that they are supposed to work between five (5) to eight (8) hours a week, as per original model. However, many reported that it is difficult for them to adhere to these stipulated times as they are also expected to provide advice and assist community members in activities that are outside the scope of their brief. As the time spent by the CBWs was not adequately monitored and reported, no accurate estimate regarding the actual hours that CBWs spent. However we know that CBWs were provided with diaries so as to be able to monitor specifically the actual hours they spent in their respective communities and activities.

The work of the CBWs is to support a group of between 15-20 members (per CBW) within the community through advice and guidance on how to improve their crops and poultry production. CBWs were also supposed to provide technical assistance regarding small-scale agriculture (for food security) to the beneficiaries on a cyclical and ad-hoc basis (when required), and certain testimonies were received of very trustworthy and reliable CBWs in the system.

*I also see to it that people do not go to bed hungry. I do not see myself as a CBW who supports the agricultural needs of people only. I am here to serve my community on anything that I am capable of...*

*I act as a liaison between the community and the municipality...*

According to the CBWs, they do not hold meetings on their own without the FA. However, meetings with the FA are held on a monthly basis. During such meetings they submit their reports and get the opportunity to share their experiences with fellow CBWs. A major concern raised by the CBWs in respect of the monthly reports is that they do not get any feedback from the facilitators or the project manager.

The duties of the CBWs, according to the beneficiaries, are to provide support and technical advice on crop and egg production. However, “*of late, community members are free to consult the CBWs on any matter,*” indicated one beneficiary.

*The CBW in my village sees us [group] on a daily basis. He will sometimes visit us in the evening just to ensure that everything is OK. We really appreciate his passion and dedication.*

*Our CBW visits us at our homes. She is approachable and normally works the rest of the day...*

The 5-8 hours per week required of CBWs seemed insufficient to service 20 beneficiaries on a sufficiently regular basis, which could lead to less impact (refer to the impact on beneficiaries above).

Some CBWs devoted more hours than the required minimum, working week-ends and late at night, which is not sustainable, given the low level of employment amongst CBWs.

#### What is the sectoral focus of CBWs?

With the high unemployment, resulting poverty, and associated malnutrition, being fairly prevalent in Thaba 'Nchu, the selection of the NR sector seems appropriate, as the need for nutrition and basic financial means seems quite high within the wider community.

#### How they work (group meetings, individual visits, etc)

Monthly CBW meetings (with the facilitators), and weekly group meetings (each CBW with his / her CBO) meetings seem to be well-designed to feed-back important information through the system.

The CBWs do not have a particular schedule, but see the community members in their own time – after work or during the weekends, it seems as if all meeting occur on a one-on-one basis with the beneficiaries. The model was conceptualised around a peer learning structure by which clusters of 5 members could meet in a member's yard for support by the CBW through experimentation.

*Ethical concerns re: exploitation, non-supervisory matters*

An apparent expectation gap exists in terms of beneficiaries seemingly demanding more hand-outs, and the designers and implementers (FA and staff) of the TNFSP focusing on capacity building and opportunity creation. This might be an ethical concern, possibly requiring designing an appropriate exit strategy, which should be addressed as soon as possible

*Training, support and supervision*

Training was obtained on how to interact with members of the community (Lindi from Khanya-aicdd) and on food security (from the Director from Khanya). Three of the CBWs indicated that they did not get any training because they had replaced others who left the group.

Of greater concern is the allegation by CBWs that they did not receive any training in terms of chicken production. Evidence, however, suggests that the Department of Agriculture did deliver training on egg production.

Permaculture training was provided to the CBWs by Progreen at a cost of R85 000 (17 trainees at R5 000 each), which exceeded the budgeted amount for training by R35 000. No objective evidence was obtained to indicate that the training had any significant impact on the CBWs, e.g. pre-and post assessment to gauge knowledge gained, suitability of the CBWs for the level of learning (in terms of prior learning requirements), and suitability of the course in terms of the TNFSP's original intention. The risk exists that the course might have been presented at too high a level, and that it contained non-essential study material when compared with the TNFSP's objectives. In a letter from the TNFSP to the Department of Agriculture, it was indicated that there are "less literate" attendees of training among the CBWs. Additionally, due to the fact that only 2 of the villages tangibly required 'experience regarding food security issues' in terms of CBW selection, it is submitted that the training may not have had sufficient impact on the CBWs and the beneficiaries thereof.

It was evident that vegetable production training (done by the Department of Agriculture) was unsuccessful due to "other" (personal) reasons (July 2005). This may indicate an inadequacy in the impact of the training on the CBWs.

There were mixed reactions about the support mechanisms that are in place for a CBW and the manner in which quality of service and ethos have been maintained:

*It is difficult to say whether support mechanisms are in place. We only meet on a monthly basis with the FA. Other than that, there is no support, whatsoever, we receive....*

*Well they do visit us from time to time....*

*They only visited me once in the village...The other day they were just passing.*

*They only visit when there are problems.*

The above statements may indicate a varying degree of support from the FA, as perceived / experienced by the CBWs – possibly corroborating our finding that the FA needs to be more "hands-on" in its approach.

The beneficiaries mentioned that they were asked to complete an evaluation form by Phaphamang, but never got feedback.

### Facilitating agent (FA) and role

We found that mostly 'good news' was obtained from the FA, in terms of successes and possibilities of the project – we perceived the 'bad news' not to be focused on sufficiently by FA in discussions with us.

The FA staff could be more hands-on with beneficiaries (a lack of rapport detected in the focus group discussions). Additionally, the FAs seem to lack practical agricultural experience (based on information relating to FAs possessing mainly theoretical agricultural knowledge and experience) and communication skills (mainly based on the possible lack of rapport detected between the FAs and beneficiaries).

It is submitted that the role of the FA cannot be limited to an administrative/management function as he/she needs to be working in the field as well, to facilitate a more hands-on approach, render technical guidance and create rapport with the CBWs and ultimately, with the beneficiaries.

Quoting from a Phaphamang Board meeting's minutes: "Facilitators need to not be afraid to get their hands dirty and need to provide more support and supervision to CBWs."

### Ongoing support and supervision and from whom

The network established by the FA support seems well-designed (provides fairly easy escalation channel) for problem identification and support interventions, etc.

The lack of remuneration or CBW volunteer contracts may complicate supervision efficiency in terms of a lack of formal accountability (contracted and / or remunerated) structure.

The facilitators meet with the CBW on a monthly basis to gather statistics, lessons learnt, problems encountered, and are also available when advice is needed as needs arise. However, the evaluation team detected that the facilitators do not seem to have a good relationship with the community - both CBWs and beneficiaries – they seem to lack rapport and are unconnected with the community.

### CBW linkages with other support agencies

From the discussions held it was determined that the Agricultural Research Council (ARC), based at Glen College, is one of the major external support agencies in Ward 41. The ARC managed the Rainwater Harvesting Project and provided people with fertilizers. They also motivated the CBWs to continue supporting their respective communities.

*My major concern about being a CBW is the promises made by local leaders. They just talk and talk. Unfortunately, community members take such promises seriously. In the end, if such promises are not fulfilled, we as CBWs have to account. One community member told me that I am in cahoots with the local leader...This makes our work difficult when leaders use our names to further their own agendas...*

As far as it could be determined, the beneficiaries were not aware of any linkages between CBWs and other support services. However, there were mixed reactions from the beneficiaries about the support they receive from the FA. Some beneficiaries reported that the FA visits them once a month, but others indicated that they are visited less frequently. This is, however, expected given the vast areas facilitators are expected to cover without any transport other than the public transport services. Hence the concept of a CBW – someone who is constantly available in the community with outreach links – needing a rethink.

The network of links established through the FA to 1<sup>st</sup> economy egg producers, the State Veterinarian, the Free State Department of Agriculture, the Mangaung Local Municipality, and specialist agencies, seems positive and is considered the major impact of this project (see

cost-effectiveness discussion above); however, the lack of official agreements might be problematic when considering the sustainability potential of the project.

There are various specialist agencies in and around Bloemfontein which may add significant value to the TNFSP, however, not all of these entities have been consulted in the project design or implementation.

#### Accountability

The CBWs mentioned that they are accountable to the communities they serve because they were selected by the community, and therefore have a duty to serve it:

*I am a servant of the community first. The community expects us to serve them with distinction. The community has the right to demand that we be dismissed...*

*The nature of our job is such that we cannot think about ourselves first. I have placed the interests of the community above mine and those of my family.*

*What else can we do, we are helping out our government....*

According to the CBWs, the FA does have the power to hire and fire them, but they might encounter challenges from the community who selected them. This is especially the case when they want to fire a CBW who is a hard worker. It is therefore the community which hires and fires a CBWs in conjunction with the FA (evidence from focus group discussions).

The beneficiaries were uncertain about the accountability channels. They expressed strong feelings about not understanding the link between the CBWs and the FA.

#### CBWs accountability- community, FA and others

Accountability without remuneration or appropriate volunteer contracts may not be adequate or sustainable in the long run, and potentially dilutes accountability effectiveness potential. CBWs are accountable to their community CBO but without financial remuneration or contractual arrangement, this channel of accountability may not hold the individual CBW liable.

If a CBW is not performing his duties appropriately, the community calls a meeting with the TNFSP and the CBW is dismissed or spoken to.

The CBWs generate work reports every month on the production of their community/group's (20 beneficiaries per CBW) vegetables and / or eggs or whether the community is making money. The FA collects the records at the monthly CBW meetings and makes summaries of the findings. The CBWs are therefore indirectly accountable to the NDA who receives periodic collated reports from TNFS regarding expenditure patterns, project progress, etc.

A major concern for the CBWs is that they have not signed any contract – corroborating our finding surrounding the lack of volunteer contracts. This poses a serious challenge to the FA – how can they instigate and implement disciplinary measures for accountability when there are no delineated agreements with the CBWs?

#### Financing of the CBW system

National Development Agency (NDA): The main part of the Thaba 'Nchu Food Security budget is funded by NDA. The funding of 800 000 ZAR is mainly used for staff salaries, office costs, training and follow-up of CBWs.

Khanya-aicdd: Khanya-aicdd provides the Thaba 'Nchu Food Security project with specialist input (organisational development, management, administration support, and training of CBWs).

Department of Agriculture: The Free State Department of Agriculture donated chicken feed to the project worth roughly R250 000.

First National Bank and Sky Country: These two entities donated day-old chicks to the project (1000 each) valued at R7,000 each.

Food and Trees for Africa: Specialist input on Permaculture training and technical advice (training).

World Vision: Specialist input – Rapid Food Security Assessment, a needs analysis before the project.

Thaba 'Nchu Municipality: Free use of municipal office premises, inclusive of electricity and water usage.

Thaba 'Nchu Community: Free employment of a part-time secretary

As noted earlier, CBWs do not receive any monetary rewards for their time. They however are reimbursed money for transportation and a small lunch allowance when they attend the monthly CBW meetings. The CBWs strongly emphasised that they are actually losing money because of their duty. For example, they mentioned that they sometimes contribute money for transportation of chicken feed. The frustration of CBWs is expressed in the following quotations:

*We once asked the FA about the funding they received, but they told us they do not handle any money. I understand that we are volunteers, but surely, we need to be compensated after being in the project for more than a year... We are suffering financially...*

*I lost R108 at one stage because I had to buy medication for chickens. I was not refunded. It is difficult because the beneficiaries expect us to help them when they approach us for assistance. I am unemployed, where do I get this kind of money from?*

Monetary support to CBWs: There may very well be too little monetary support to CBWs (particularly since unemployment among the CBWs is high) to achieve a sustainable CBW workforce.

Other incentives to CBWs: CBWs received bicycles, networking opportunities within the community, and small-scale agricultural management opportunities have been created (although the latter may seem less tangible to the individual in the short-term when compared with monetary remuneration). Travel and meal costs are reimbursed during training sessions and monthly meetings with facilitators. CBWs too benefit from the inputs awarded to the rest of the community beneficiaries such as chickens and seeds for vegetable growing. It is also worth noting that the initial intention of the project was that CBW will become a model of 'good practice' for the 20 members in his/her group to learn from. This would be both an indirect and direct benefit for the CBW because they would be used as 'demonstration' site by the rest of the members.

Financing of FAs to support CBWs: Very structured financing of TNFS was detected through the NDA (R800 000), Khanya-aicdd and other agencies, which is positive in design; however,

more funds could have been passed down to CBW level (in terms of remuneration) for the pilot trial.

Other costs: Donations of seeds, day-old chicks and chicken feed were received from the Department of Agriculture and other institutions. Some transport costs of the feed, etc., for the chickens had to be borne by the community members (expectation gap in terms of food security mentality confused with self-sustained intentions). In discussion with the Project Manager, the latter was premised around moving people out of the hand-out/dependency syndrome to a focus towards sustainability through community members actively participating and being involved in managing and running their own development – this involves bearing some of the costs for their own development.

Withdrawal and sustainability - How will the system be sustained (institutionally, financially)?

The following paragraph was taken from the NDA funding proposal.

**(a) Financial sustainability** - How will the activities be financed after the NDA funding ends?: “In terms of the first point above, the groups are being supported by Phaphamang in managing their own affairs. The community-based extension workers will be volunteers, selected from people who are active and interested already in the particular field (e.g. vegetable growing or/and animal production). While each group will get an initial stock of tools and seeds, further replenishment will come from the group’s own operations, and so they will be forced to be self-reliant from the outset. Some groups will develop significantly, e.g. to become marketing co-ops which can fund their own activities in major ways; others are likely to remain small, but the benefits should nevertheless be significant. As all the participating households will become capacitated, they may well not continue to operate in groups, but will be able to operate as individuals. Thus activities should be sustainable.”

In terms of the CBW as a model for service delivery, these types of community-based worker models are now common in HIV support, for example, in Home-based Care. The Free State Dept of Agriculture, which is a partner in the 4 Country CBW Project, may well consider whether it could be providing mainstream support for these community-based extension workers, and this will be investigated as part of the way forward beyond the current 3 year action-research project period.

**Table 2.1.8(a) Measurement of outcomes against the set objectives of the project**

Objective	Measurement/observation
CBOs managing their own affairs;	No tangible evidence that the CBOs can operate independently from FAs at this point;
Selected CBWs active in the vegetable growing and/or egg production fields;	Only 2 CBWs (of 13 reviewed) selected using these criteria, with no tangible evidence provided that these 2 CBWs actually did meet the set criteria;
Further replenishment of stock and tools from beneficiaries’ own operations;	No evidence to date that this is possible at present, significant indications that hand-out-mentality still persists. However, in one group where 6 members received 30 chickens, they have saved enough money from the sale of eggs and have indeed purchased 100 (1-day-old ) chicks;
Marketing co-ops formed;	No evidence of this occurring but small groupings are forming to further their initiatives;
Free State Department of Agriculture upscaling into their strategic priorities.	No official evidence obtained, however, significant collaboration possibilities exist regarding service integration, collaboration, tender awards (e.g. possible Bufolo chicken hatchery with Motheo District DoA) for “self-assessing, forward-thinking NGOs”.

**(b) Institutional sustainability** - How will the organisational structure ensure that the activities continue after the funding period? Will there be local “ownership” of project outcomes? The overall objective of the TNFSP and four specific objectives (as per the NDA application form), were the following:

The overall objective (purpose) of the project is that, by 1 December 2006, communities in Thaba ‘Nchu will be managing their own projects addressing food security and income generation through agriculture, and we have demonstrated a replicable community-based system for supporting this, which can be extended more widely through the Free State and SA.

**Table 2.1.8(b) Measurement in terms of the impact study**

Objective	Measurement/observation
Communities managing own projects;	No tangible evidence of this occurring on a sustainably large scale;
Addressing food security and income generation;	Same as above;
Replicable community-based system.	Networking was found to be healthy in terms of sustainability potential (major impact of the project), however, many improvements are required with any proposed replication <sup>2</sup> of the model drawing on lessons learnt by TNFS.
At least 15 CBOs are operating and managing community-based extension workers as well as linkages with external support;	The 15 CBOs are operating but there is no evidence as yet that the CBOs can function effectively without the FA. Also CBOs do not have external support linkages themselves as these exist at FA level;
At least 300 households have enhanced food security and 90 are obtaining an income of at least R250/month from sales;	Most beneficiaries will have achieved enhanced food security (however minimal – thus very soft impact). The R250 is assumed to be income, thus not profits. Few beneficiaries may be close to or exceeding this target, but it is with donated chickens and donated feed, thus not sustainable or a true reflection of the actual profits;
At least 100 stakeholders in the province and SA are aware of the lessons from the project;	Although there is no tangible evidence proving that this target has been achieved, a stakeholder meeting involving key departments and practitioners was held in May 2006;
The community-based extension system is working in a sustainable manner, with support linkages established with key stakeholders, including the DoA, and there are plans to extend the system to other parts of the Free State/SA.	The CBW system as implemented by TNFS does not seem sustainable. No official evidence obtained of DoA policy intentions, however, significant collaboration possibilities exist regarding service integration, collaboration, tender awards (e.g. possible Bufolo chicken hatchery) for “self-assessing, forward-thinking NGOs”. Learnings from the 4-country pilot project may shed more light on the issue of sustainability as experienced by other pilots in other countries.

<sup>2</sup> In the time of writing this report, we understand that Khanya-aicdd had submitted another proposal to NDA to replicate such a model in the Gauteng Province, drawing heavily on the TNFS programme.

The preceding paragraph corroborates the above findings in terms of negative sustainability potential of the TNFSP. In its September 2005-March 2006 progress report to the NDA TNFSP notes that “Hand-outs of seeds, fertilizers, chickens, etc., by donors (including governmental departments, Phaphamang, ARC, etc) seem to cause a dependency syndrome as people offered hand-outs (inputs etc.) expect them from any other organisation that comes into the area regardless of the project’s objectives. Phaphamang is re-thinking a new strategy of circumventing this problem. There is also a general lack of zeal shown by the community members themselves as a result of the type of aftercare and evaluation by the previous stakeholders.

A further negative impact was found at Bufolo village where a mud house (with electricity) was sacrificed by its inhabitants to house the group chickens, this does not seem to be acceptable- or sustainable practice, given the perpetual housing needs in the area. Hygiene condition at Bufolo was found wanting – the current house is too dark and hot inside - and with chickens walking over the unused chicken feed bags.

What happens to the CBWs (as individuals, collectively)?: Volunteerism without monetary remuneration or appropriate volunteer contracts may not be sustainable. The concept of a CBW as a volunteer needs to be re-evaluated and debated further.

The CBWs will most probably seek formal / paid employment when the NDA funding dries up, and the FA is no longer in the equation. Given the high likelihood of low impact of training to CBWs, coupled with the sub-standard selection criteria, it is doubted whether CBWs will be able to market themselves in terms of employment in the NR sector.

What happens to the role of the FA?: Without sustainable funding, the role of the FA will most probably become one of volunteerism, or the FA will cease to play a role (seeking alternative employment).

The FA is currently busy training the community in marketing strategies and savings plans, which, if effective, could capacitate CBOs to have a greater likelihood of becoming sustainable. This is part of the 2<sup>nd</sup> phase strategy of the TNFSP to develop the operations of the CBOs towards marketing of the produce e.g. eggs and vegetables.

The FA will most likely still play a networking role, which has been done fairly successfully in the first year of this pilot up to this point.

How is the local CBW system linked to community structures?: Community structures are involved in the selection of CBWs, and CBWs report to the various CBOs, which may be beneficial for sustainability; however, the seemingly contradictory design of the TNFSP as both a food security and commercial venture will possibly be a major barrier to entry into the commercial markets for beneficiaries.

Turnover of CBWs/cost of retraining/impact on the organization on replacing CBWs: No significant turnover was detected; however, those CBWs who did leave were replaced by individuals who have not received the same level of training as the original group, which may further dilute the effectiveness of the CBW group in its support function in future. This is a broad problem of anticipated turnover of any such initiative and a challenge to the whole CBW model.

#### Positive spin-offs of CBW turnover

No positive spin-offs were noted, however, it may be argued that there will most likely be positive spin-offs, as individuals leaving have been capacitated with knowledge and skills – leading to greater individual potential for each CBW.

### 2.1.9 Specific issues for the 5-8 hour per week unpaid model in South Africa

The core to this concept is that ‘these are volunteers who provide community support 5-8 hours a week after which they continue to provide for their own livelihoods. There is no monetary support from their volunteer activities. They are resident and permanent members of the community and selected by the community they serve. This is the level of activity which many or all community members can participate without jeopardizing their livelihoods.’ The evaluation team however, questions whether volunteerism (unpaid) – is sustainable if CBWs are not in a position to satisfy their basic needs? We submit that it may not be sustainable without a basic level of personal livelihood support for volunteers. Additionally, the lack of volunteer contracts seems to be a detrimental element of the model.

The following was taken from the Khanya publication “Guidelines (revised) for implementation of CBW pilots, 9 November 2005”: The knowledge gained (as identified below) was then benchmarked to our findings in-project, and cross-referenced to recommendations etc.

**Table 2.1.9 5-8 Hour Volunteer model (unpaid)**

	Applied by the pilot?	Recommendation generated?	Revision to guidelines generated?
<b>Selection Criteria</b> Professional volunteers, e.g. doctors – even though these are highly qualified people it is still important to use criteria, cv’s, checking of qualifications/registration/references. Hospice has job descriptions, a signed formal contract, and a formal selection process.	×	✓	×
<b>Support, Training and Supervision:</b> In the case of a School Governor it is unclear whether the school is an FA or a client of the CBW. In such cases, is the Dept of Education not the FA (with its roles to train, support and supervise the volunteers)?	N/A	N/A	N/A
<b>What training do CBWs receive?</b> Even if not working for many hours CBWs need training and should be professionally organized so that this profits both parties;	✓	✓	×
Training could cover issues around understanding how the FA is structured and run.	×	✓	×
<b>What ongoing support and supervision do CBWs get and from whom?</b> Issues concerning freelance CBWs, e.g. TBAs or counsellors, as to who ensures and monitors standards and good practice	N/A	N/A	N/A

### 2.1.10 Key findings about the way the project evolved and recommendations

- i) **Comparison with CBW Pilot guidelines:** The following was taken from the Khanya publication “Guidelines (revised) for implementation of CBW pilots, 9 November 2005”: The knowledge gained (as identified below) was then benchmarked to our findings in-project, and cross-referenced to recommendations, etc.

**Table 2.1.10 Generic guidelines applicable to all models (learning from experience towards best practice):**

	Applied / considered by the pilot?	Recommendation generated?	Revision to guidelines generated?
<b>Selection criteria:</b> Formalising and documenting selection criteria with the community (where possible);	✗	✓	Yes, minimum criteria must be obligatory throughout
Consider specific CBW attributes required to perform the service e.g. physical strength / agricultural experience;	✓	✓	✗
Note sensitivity concerning HIV, i.t.o. both the demand of the task and legislation of inclusion, community is not victims and the FA not rescuers.	N/A		
<b>Selection process:</b> Written selection guidelines for the process, and should be discussed with the wider community;	✓	✓	✓
Facilitators (staff) should be familiar with the community prior to the selection process;	✗	✓	✗
Staff members should allow villagers to use their own election process that they feel comfortable with;	✓	✓	Yes, refer to minimum criteria above
To what extent should the FA be involved in the selection process? How can the FA manage the complexities of communities given the time limit of their projects?;	✓	✓	✗
Caution → some communities elect some individuals as a way of exposing the incompetence of that individual.	N/A	N/A	N/A
<b>What work do CBWs do?</b> Is it better to have specialist or generalist CBWs?	✗	✗	✗
It is important to assess what the CBW can and cannot do and achieve within the time available;	✗	✓	✗
Critical need for CBWs to be well linked with relevant authorities and service providers, public and private. Check whether they have the right set of linkages, which of these are critical and which need to be strengthened.	✓	✓	✗
<b>What hours do they work?</b> It is therefore important to consider the sustainability of such an arrangement (hours vs. incentives);	✗	✓	✗
Flexitime seems a good solution to consider to enable CBWs to harmonise the voluntary activities with their household needs (e.g. Hospice);	✓	✗	✗
Important to monitor the time devoted, to have some feeling of the quantity of work involved and how it is delivered;	✗	✓	✗
If too many hours spent can lead to demotivation. The expectations should be indicated in a contract and job description so the CBWs have some control.	✗	✓	✗
<b>Who is the FA, and role they play?:</b> Try and combine both models, government and NGO, to link government with communities, as well as the private sector where relevant;	✓	✓	✗
The support to the CBW should not only concern the short-lived projects but rather be associated with relevant/ partnering government department that will	✓	✓	✗

	Applied / considered by the pilot?	Recommendation generated?	Revision to guidelines generated?
ensure continuity, ideally within a system in which training would further volunteers' careers with accredited training, etc.			
<b>What training do CBWs receive?:</b> FA needs to carry out training needs assessment similar to a performance appraisal with formal staff – this also needs to be budgeted for;	✓	✓	✗
Some content areas which seem to be standard are Participatory methods, Technical or subject matter and organisational and management;	✓	✓	✗
Other topics which are more general could also be incorporated, e.g. Conflict Management, Note Taking, Public Speaking, Drawing up of Action Plans, etc;	✗	✓	✗
Need for training of supervisors as well, otherwise FAs can be vulnerable with individuals. Training should not only be predetermined packages by the FA. CBWs should be allowed to raise issues and the FA to offer training opportunities that would address such needs. Training is not necessarily formal training but can be experiential learning, viz. learning by doing;	✗	✓	✗
Training needs to be empowering so CBWs can manage their own affairs;	✓	✓	✗
There is a need to standardise training and for enforcement of that standardised training. We should be looking to develop clear ideas on what should be standardised in the pilots;	✗	✗	✗
Issue of standardised curriculum and accreditation needs to link with quality assurance – training and product;	✗	✓	✗
How often is refresher or top-up training provided?	✓	✓	✗
<b>What ongoing support and supervision do CBWs get and from whom?:</b> Need for good communication and regular contact so CBWs feel part of what is going on, and also that referral is effective and leads to delivery of professional support. Important particularly with HIV affected persons and regarding bereavement issues;	✓	✓	✗
Job descriptions should form part of the piloting methodology;	✗	✓	✗
Importance of having a good M&E system for quality control. The system needs to be formalised;	✓	✓	✗
The support provided to the CBW should be long-term – with FA's role linking programme to relevant government department that will ensure continuity.	✓	✓	✗
It is very important for health systems (human and animal) where there is a possibility of legal challenge, that the system is formalised with protocols, to ensure adequate supervision and referral, and a regulatory body to monitor service quality assurance;		N/A	
It is important that all stakeholders clearly understand their roles in M&E and that resources for M&E are ensured before embarking on establishment of the CBW system;	✓	✓	✗
There is a threat to quality, with freelance CBWs, as		N/A	

	Applied / considered by the pilot?	Recommendation generated?	Revision to guidelines generated?
to who ensures standards compliance.			
<b>CBWs accountability - the powers of hiring and firing of CBWs:</b> If topic is of general community interest e.g. health, it may be best to have a general representative structure; however, if very narrow interest then it might be better to be accountable to the group that has a very real interest in the issues. Community should monitor who is accessing services or not, overall quality of services, back-up support, etc;	✓	✓	✗
Consider strengthening community accountability either through legal or informal structures but with real powers;	✓	✗	✗
It is important to carefully consider linkages between CBW, FA and community;	✓	✓	✗
If a specific client gets a service from a CBW, that CBW must be accountable to that client for that specific task;	✓	✗	✗
Mutual accountability needs to be strengthened through clear policy guidelines showing demarcation areas of responsibility – accountable, viz. for what responsible for.	✓	✗	✗
<b>Incentives:</b> Decide on a sustainable incentive system appropriate for the model you are using;	✓	✓	✗
Follow up details of any incentives actually provided, whether in cash, kind or other;	✓	✗	✗
Even when people are receiving a stipend or fee we should consider providing other incentives, e.g. equipment and kits;	✗	✓	✗
There may be a justification for piloting with stipends to demonstrate efficiency and effectiveness, but then there must be some confidence it would be possible to replace these funds from the system or from donors, if sustainability is to be ensured;	✗	✓	✗
We need to monitor how we balance the purely volunteer motivation and how this is affected by payments. How fair is it to expect poor people to give even more of their time without some reward? When does community solidarity become exploitation?;	✗	✗	✗
Consider whether SMME projects are advantageous for volunteers to maintain involvement in the projects.	✓	✗	✗
<b>Withdrawal / sustainability:</b> It is important to conceptualise how sustainability is seen from the outset. For example if the option considered likely is that of government support, it must be involved from the outset;	✓	✓	✗
Where CBW systems are well-established, the FA and Steering Committee should advocate for legislation that protects and recognizes them as an entity, which could lead to government's commitment to offering decent incentives;		N/A	
Formation of consortia/forums would protect the rights of the volunteers and the community.		N/A	

**ii) Performance reporting design**

**Finding:** Although specific performance targets were set e.g. in the NDA funding proposal, no performance management and/or -reporting systems were designed for the TNFSP from the outset of the project to continuously monitor and evaluate the performance per beneficiary, and for the project as a whole in terms of agricultural production and related financial information (incorporating profits for sustainability assessment purposes). Certain project-level reports' mathematical accuracy was also lacking, which weakens the ability to take appropriate management decisions. CBWs expressed their frustration by telling us that they have not received feedback on their monthly reports (a bottle-neck seems to exist regarding the timeous processing of these reports by facilitators).

**Recommendation:** A continuous performance reporting system should be implemented and maintained as soon as possible, specifically dealing with all strategic goals initially set by the project. Immediate action should be taken where the current project performance is significantly short of initial intentions / projections. In terms of record keeping, minimum records for such a project should be a calendar-based and include the daily bird count, feed given in grams, eggs collected and any medication / vaccination given. This should be converted to a weekly rate of lay, expressed as a percentage, feed given calculated and compared against the norm of 115 g per bird per day (depending on breed) and depletion from mortality which should not exceed 7% at week 76.

Beneficiaries should also have a simple enterprise budget worked with them, calculated weekly and monitored regularly, with projections over the length of the production period of the chickens in order that they can prepare themselves for egg production, income and feed expenses on a weekly basis. Since this is their first batch beneficiaries need to experience things first hand to learn, however, they should be forearmed with as much knowledge as possible, to make the learning experience an enjoyable discovery and not be too nervous about what is going to happen. The economics and financial expectations of keeping 5, 50 or 100 chickens will prepare them for sustainability

**iii) Performance in terms of original project criteria**

**Finding:** Certain elements of the original performance criteria of the project are addressed below, with reference to the likely measurement currently in terms of current project effectiveness:

**Table 2.1.10 (b) comparative assessment of set objectives against outcomes realised**

<b>Set Objective</b>	<b>Measurement</b>
CBOs managing their own affairs;	No tangible evidence that the CBOs operate independently from FA at this point;
Selected CBWs active in the vegetable growing and/or egg production fields;	Only 2 CBWs (of 13 reviewed) selected using this criteria, with no tangible evidence provided that these 2 CBWs actually did meet these laid-down criteria;
Further replenishment of stock and tools from beneficiaries' own operations;	No evidence that this is possible at present, significant indications that hand-out-mentality still persists. However, some group members have saved money from sale of eggs and purchased additional chicks and others are implementing recommendations of hatching more chicks from their local breeds;
Marketing co-ops formed;	No evidence of this occurring
Free State Department of Agriculture (DoA) incorporating / adopting the project model into their strategic priorities.	No official evidence obtained, however, significant collaboration possibilities exist with the DoA regarding possible service integration, collaboration, tender awards (e.g. possible Bufolo chicken hatchery) for "self-assessing, forward-thinking NGO's".
Communities managing own projects;	No tangible evidence of this occurring on a sustainable scale;
Addressing food security and income generation;	Same as above, refer also the contradictory nature of such a hybrid (mixed) project on food security and income generation, dealt with below;
Replicable community-based system.	Networking (informal) was found to be healthy in terms of sustainability potential (major impact of the project), however, many improvements required before the system becomes replicable.
At least 15 CBOs are operating and managing community-based extension workers as well as linkages with external support;	The 15 CBOs are operating but no evidence exists that they can function effectively without the FAs. The CBOs do not have external support linkages, with these existing at FA level;
At least 300 households have enhanced food security and 90 are obtaining an income of at least R250/month from sales;	Most beneficiaries will have achieved some level of enhanced food security (however minimal – thus fairly "soft" impact). The R250 /month income target is assumed to be income, not profit. Few beneficiaries may be close to or exceeding this target, but it is with donated chickens, donated feed, donated seeds, thus neither sustainable nor a true reflection of the actual profit in a hypothetical commercial situation;
At least 100 stakeholders in the province and SA are aware of the lessons from the project;	No tangible evidence provided that this target has been achieved. Stakeholder meeting organised in Thaba 'Nchu brought relevant practitioners and policy makers to discuss collaboration and support of such initiatives. The TNFSP also participates actively in the 4 country action-research CBW project;
The community-based extension system is working in a sustainable manner, with support linkages established with key stakeholders including the DoA, and there are plans to extend the system to other parts of the Free State / SA.	The CBW system as observed within the TNFSP, does not seem to be sustainable. No official evidence obtained of DoA policy intentions, however, (see above comment on "significant collaboration possibilities exist...".

Refer also to the finding on performance reporting of the project above, which has not been optimally designed. It seems that the impact of the project is, at present, not sufficiently close to the targets initially set. It needs to be borne in mind, however, that a significant component of the targets above had been set for achievement by 1 December 2006, with the study being conducted during September-October 2006 period. . Further, these targets were set during

the proposal conceptualisation, and in fact the project end in March/April 2007 due to late approval of the NDA grant.

**Recommendation:** In combination with finding 1 above, the performance in terms of the project, to date, should be compared with the original criteria set, with appropriate action plans devised and implemented.

#### **iv) Collaboration with the Department of Agriculture**

**Finding:** Clear possibilities for collaboration (“integration of services”) exist within the Department of Agriculture (DoA), where it was made clear to us that self-assessing, forward-thinking NGOs may approach the DoA with collaboration ideas, e.g. proposing to erect, manage and sustain a chicken hatchery at Bufolo (specifically mentioned in the meeting we had with the DoA). Possibilities such as allocating land for agricultural purposes to beneficiaries, who have demonstrated the ability to sustain agricultural production commercially, are not excluded from such collaboration possibilities.

**Recommendation:** Second phase funding proposals should be submitted to the DoA as soon as possible, to facilitate sustainability potential of the project as the 1st phase was testing a CBW model.

#### **v) Food security vs. self-sustainable commercial operations**

**Finding:** The TNFSP was designed as a food security project (viz. providing nutrition to the beneficiaries of the project), with the aim to “graduate” beneficiaries to self-sustainable commercial operations. Due to the virtually insurmountable gap between food security and self-sustainable commercial operations (e.g. no input costs borne by beneficiaries vs. all input costs borne a season later), this hybrid (mixed)-type project may not be optimally designed to achieve either objective. Additionally, we did not detect an appropriate exit strategy from the food security-stage to the commercial stage.

**Recommendation:** The pilot design (in terms of beneficiary participation) should either have been one focusing on food security (with long-term commitments in terms of donation of stock (seeds, pullets, growing mash, vaccinations)), or one focusing on self-sustainable commercial venture creation from the outset, not a combination of the two. It is recommended that this key decision, in terms of possible strategic re-positioning, be taken sooner rather than later.

#### **vi) Beneficiary selection criteria**

**Finding:** Beneficiaries seem not to have been selected for entrepreneurship potential at the commencement of the project, which creates a barrier to commercial venture “graduation” of beneficiaries. Several indications were found to indicate that a so-called “hand-out mentality” persists among beneficiaries.

**Recommendation:** Also refer to finding 5; a strategic decision regarding the above phenomenon needs to be taken as soon as possible.

#### **vii) CBW selection criteria**

**Finding:** The 15 clustered villages participating in the project were allowed to set their own criteria for selecting a CBW from their own community – this led to varying criteria being used in the different villages. In this way, it was not ensured that certain fundamental requirements of CBWs, e.g. experience in egg and vegetable production, featured in all villages’ criteria. In fact, only 2 villages’ selection criteria that was used, out of 13 observed, were found to contain specific reference to food security experience, with no evidence provided in terms of these 2

CBWs' expertise in the egg- and vegetable production areas. This phenomenon could be detrimental to the sustainability of the CBW system, when attempting to extend / enhance the agricultural training / mentoring capacity of a person with no proven industry-experience.

**Recommendation:** Regarding future projects that intend to implement a CBW system, fundamental (non-negotiable) selection criteria should be set for each project (surrounding a competency profile), leaving room for villages to add to the criteria, but not remove elements of the criteria. Proof needs to be obtained of candidates' suitability as a CBW, in terms of the fundamental criteria – a simple cv, checking of qualifications/registration/references, etc. CBWs should also have a job description and a signed formal contract with the FA, which is binding.

In terms of the current TNFS project we recommend that CBWs' are assessed on their agricultural mentoring expertise. This can be identified through a SWOT analysis exercise carried with potential volunteers, and then further training applied where necessary.

#### viii) CBW training effectiveness

**Finding:** Substantial amounts of money were spent on the training of CBWs in terms of permaculture, egg – and vegetable production training. The shortcomings in CBW selection, coupled with the low impact of the training received (no pre – and/or post-assessment of knowledge gained was performed regarding any of the training; training only resulted in attendance certificates obtained by CBWs), points to potential low impact of the training / mentoring delivered by the CBWs to beneficiaries. The CBWs were also not assessed for suitability for the level of training delivered (in terms of prior learning requirements). Certain critical training information shortages were detected amongst certain beneficiaries (e.g. lacking knowledge regarding the maximum viable egg-production period of a laying hen, as well as incorrect planting methods).

CBWs replacing those who had left the project, seemed not to be trained at the same level as the initial CBWs.

**Recommendations:** Regarding future projects, it would be worthwhile to identify training programmes for appropriately selected CBWs with high impact potential and with rigorous pre- and post-assessment. Even though the 5-8 model implies that these CBWs are not working for many hours, CBWs nevertheless need training and should be professionally organized so that this profits them and the beneficiaries. Training should also cover issues around understanding how the FA is structured and run so that future CBOs can manage their own affairs.

In terms of the current TNFS project, we recommend the assessment of CBWs' agricultural mentoring expertise, identify weaknesses, and apply further training where necessary.

#### ix) Expectation gap

**Finding:** Beneficiaries displayed expectations contrary to the original project intention, e.g. resistance against self-replenishment of inputs, viz. seeds, tools, chickens, growing mash ("we are losing money due to us having to pay for transport, vaccinations" (own wording)), lack of saving money for replenishment, "hand-out mentality" persisting.

**Recommendation:** In combination with finding 4 above, appropriately selected beneficiaries should be properly informed of the available resources for the project, contracted on the expected involvement including financial and material contribution to the project and clearly communicated to about the intended impact of the project, thereby clarifying the expectations of the project.

**x) Crop and small stock selection**

**Finding:** The project design (as per the National Development Agency funding application), did not contain specifics regarding vegetable and small stock selection, specifically in terms of:

- Which vegetables and small stock species are suited to the Thaba 'Nchu area for food security;
- Which crop and small stock species are both suited to the Thaba 'Nchu area, and optimal profit potential for commercial purposes.

However, one observes a pastoral system of cattle and sheep roaming unfenced rangeland, albeit poorly managed, which seems to be the most popular and lucrative animal husbandry enterprise practiced around the rural developing areas of the Free State. Second to this are indigenous scratch hens, which were part of the early stage of the project, viz. expanding existing indigenous chicken stocks, which already adapted to the conditions in the area. However, these seem to have been abandoned in favour of commercial chickens without pursuing optimum production potential.

The above points to weaknesses in project design, when considering the project goals (food security and commercial upscaling). Additionally, no evidence was observed that the commercial chickens, and crops selected, are definitely the best for the project area, and the potential market of increased production.

**Recommendation:** Specialist practitioners (specifically regarding food security and / or commercial agricultural venture creation) should be consulted before a project such as the TNFSP is commenced to ensure it is designed for optimal success, particularly regarding viable crop types (the TNFSP performed its own trials, with heavy crop losses), small stock selection, etc., and optimal project management design. The Agricultural Research Council (ARC) Institute for Soil Climate and Water (ISCW), based at the Glen campus, has also been carrying crop experiments in the project area. However, there is no tangible evidence that beneficiaries have incorporated any of lessons from such an institution in their back yard gardens to improve crop production.

The Free State Premier's Economic Advisory Study commissioned a group of agriculturalists to design comprehensive Agricultural GIS information systems to be used at the local level in terms of the suitability conditions for crop and livestock production. This is available for Motheo and perhaps could assist the TNFSP in the future.

**xi) Facilitating agents' relationships with CBWs and beneficiaries, and role in general**

**Finding:** We perceived the following concerning the Facilitating agents' general role and relationships in terms of the project:

- We found that mostly 'good news' was obtained from the FA, in terms of successes and possibilities of the project – we perceived the 'bad news' not to be focused or reflected on sufficiently by the FA in discussions with us;
- The FA staff could be more hands-on with beneficiaries (a lack of rapport was detected in the focus group discussions);
- Additionally, the FAs seem to lack practical agricultural experience and communication skills.

**Recommendation:** Phaphamang's central role in the project should focus more on the weaknesses of and threats to the project, to ensure that these items are timeously addressed and ultimately increasing the sustainability potential of the project, and the impact on the community.

A strong relationship (rapport) should be forged between Phaphamang's staff, the CBWs, beneficiaries and the community, coupled with a hands-on approach in terms of the agricultural processes of the project.

Quoting from a Phaphamang Board meeting's minutes: "Facilitators need not be afraid to get their hands dirty and need more support and supervision in relation to their role as facilitators – to guide the CBWs in the right direction."

## xii) Technical analysis of production

**Finding:** Technical production issues raised in the implementation of the project, with reasons supplied by the CBWs and facilitators for these issues, centered on:

**Table 2.1.10 (c) Issues on production**

Production issue	Reasons
Vegetable production losses and / or lack of germination of seeds;	"Incorrect planting methods applied by beneficiaries, lack of application of mulching, inferior seeds planted, water shortages, animal damage, crop disease, poor soil fertility, and natural disaster e.g. drought and too much rain;
Hens not laying, thus unsatisfactory production, and hens / chicks dying.	Incorrect feed used by beneficiaries, "new" beneficiaries in certain villages, Newcastle disease, coccidiosis, day-old chicks dying due to excessive heat while being transported.

No evidence (or an in-depth analysis of each significant problem case) was presented to support the following reasons supplied, viz. inferior seeds, poor soil fertility, and "new beneficiaries" in certain villages. In addition, the implementation of corrective strategies per significant problem case, and the results thereof, were seemingly not documented in detail for future learning.

**Recommendation:** In combination with findings 1 and 2, once a significant challenge / problem is identified, a documented action plan with after-care monitoring and evaluation should be devised to address the challenge / problem and generate strategies for future prevention of similar challenges / problems. Where required, a scientific analysis of the problem / challenge needs to be performed by agricultural specialists, e.g. soil analysis, seed germination testing, etc.

## xiii) Impact of possible failure of the project

**Finding:** A real risk exists, that should the perception of beneficiaries, that little value has been added to their lives regarding tangible improvements, and if the TNFSP should not be sustainable beyond its initial 2-year project lifespan, that this project might have a net negative impact, due to communities being discouraged by the continuous failure of their projects. The core to the project should be suitable agricultural enterprises, which beneficiary participants find both enjoyable, easy to run and manage, aesthetically pleasing and rewarding to invest more time and money in. Ultimately peer competition or one family's success should naturally lead to a passion by others to "emulate (a healthy jealousy)", developing to a cascade model that is replicable in other regions of SA.

**Recommendation:** Linking to all other findings, corrective strategies should be implemented as soon as possible, to ensure that the project becomes sustainable. The project approach should be to identify suitable individual agricultural enterprises taking into account resources, individual previous experiences and personal preferences in these enterprises.

**xiv) Sustainability – Volunteerism vs paid/contracting CBWs**

**Finding:** This evaluation detected some cases in which the CBWs experienced negative impact because they work voluntarily, and this often prohibits them from performing / searching for formal work (those that are unemployed). On the other hand, employed CBWs were in some instances found to be unable to attend to their beneficiaries' needs during the working week, which is also not ideal. In general, participants in community projects are often the poor. It could therefore be argued that asking them further to provide for their time for free, overburdens them.

Additionally, certain CBWs indicated that 5-8 hours per week is not enough to adequately service their beneficiaries. Non-remuneration or non-contracting with beneficiaries may lead to lack of effective supervision. All of these findings could lead to the decreased impact potential of the project.

**Recommendation:** Both these points strengthen the fact that a CBW-paid model might be better practice, and detailed, clearly understood volunteer contracts might be the answer to providing clarity regarding the duties and responsibilities of CBWs. Further, an income generating component in the project should be incorporated to assist CBWs to secure their livelihoods.

Regarding the "overtime" worked by certain CBWs, it is recommended that CBWs organise more group meetings of their beneficiaries, where practical, to reduce time spent with individual beneficiaries, focusing more on beneficiaries 'peer' learning and from 'good practice' examples and sharing challenges / problems together. Thus, while CBWs might be largely dependent on their communities' moral support to carry out their tasks, some form of remuneration is advisable to make up for their time and to guarantee their returns, and therefore, their effectiveness as CBWs.

**xv) Networking, agreements with other service providers**

**Finding:** Informal (subjective) evidence suggests that informal links have been established by Phaphamang, the FA, with the provincial- and local governments, commercial producers, etc. while these networks are significant impacts, they contain significant elements of informality, which could be a barrier to future sustainability. There is no evidence that such networks have been developed with the CBWs to follow-up themselves in the event of the programme not continuing.

**Recommendation:** Formal, documented agreements should be reached between the FA and strategically appropriate role-players to ensure the project's sustainability. Improved institutional 'enabling environment' such as links with relevant institutions – traditional, NGOs, local municipality and provincial government, and relevant government departments, should be fostered if sustainability of such systems is envisaged without the role of the FA.

## 2.2 Golang Batcha

### 2.2.1 Project profile and summary

Golang Batcha, which means “growing youth” or “growing from inside”, renders a comprehensive health service around seven primary health care clinics within the Bloemfontein area. The services offered are not confined to HIV-positive people only as this would exacerbate stigma by singling out people served on their HIV status. The CBWs’ aim was not to compete with the public health provided services but to bring alive the concept of community development through active involvement and working directly with community members at their homes. Golang Batcha is legally established as an NPO and receives guidance from the health division of the Mangaung Local Municipality. They are also supported by the Free State Department of Health. The CBWs provide support to professional nurses through a range of activities including basic health education to clients, visiting clinics and health education institutions, and outreach work in the communities served by a particular clinic. The CBWs also assist in doing follow-ups on members of the community who are bedridden and unable to attend clinics, as well as providing home-based palliative care for patients identified by professional nurses. In some instances they are also involved in case assessment e.g. identification of patients who are eligible for grants and referring them to the relevant government departments for support.

Golang Batcha was established in 1998 by ten young people who had just completed high school and had no employment opportunities. Their main focus was to address the deficiency of health care services in the fight against HIV & AIDS and other related diseases, such as Sexually Transmitted Infections (STIs) and Tuberculosis (TB). Once the group was established they found that other young people were also interested in replicating what the initial members had started, in their own local clinics.

Golang Batcha currently has 21 CBWs residing within the Mangaung Local Municipality (MLM) region. There were 42 CBWs when the CBW project process started in January 2004. Some CBWs have died of HIV & AIDS related diseases and others have been absorbed by the government Community Development Workers’ programme. The group forms part of a consortium of Home-based Care NGOs in the Free State province.

The group has attended the following courses: Home-based Care – a 59-day comprehensive course which is now standard across South Africa; Direct Observation Therapy Short-course (DOTS) support; first aid; integrated management of childhood illnesses (IMCI); HIV/AIDS and counselling; anti-retroviral treatment counselling and administration, and refresher courses as needs arise, or as certain training extensions become available. The CBWs have received debriefing sessions from students studying Psychology at the University of the Free State who meet the CBWs on a monthly basis.

According to Golang Batcha’s constitution, the CBWs are expected to work a minimum of twenty hours per week, four days a week. In reality though, some of these CBWs work five days a week, almost eight hours a day. CBWs hold health education groups/talks every month and attend to an average of 4-5 TB patients every day, performing Direct Observation Therapy Short-course support (DOTS).

In 2006 Golang Batcha made a breakthrough when it wrote a letter of concern to the Provincial Premier, Mrs. Beatrice Marshoff, and the MEC (Member of the Executive Council) for Health, Mr. Belot. Through discussions with both key policy makers, there was a public promise that CBWs will get a stipend of R1 000 from June 2006 – this did in fact materialise and it may be argued this initiative by Golang Batcha has led to the implementation of increased stipends in the whole province.

Golang Batcha's carers are accountable to a range of stakeholders: the clinic group leaders in the respective clinics to which CBWs are attached, TB clinical nurses in terms of patients referred, the head of the health directorate in the municipality for data collection and monthly monitoring, and also to the Free State Department of Health – by whom their stipends are paid (or withheld if non-/underperformance is detected).

### 2.2.2 Costing of conventional service delivery model in the HIV & AIDS sector

Conventional models of HIV and AIDS care, support, prevention and counselling, e.g. clinic-based primary health-care (PHC), have been all but replaced by the CBWs using a Home-based Care (HBC) approach. This is largely due to the magnitude and scale of the problems that HIV/AIDS poses in Sub-Saharan Africa. It is argued that HBC provided by community-based volunteers, community involvement in prevention and outreach campaigns, and local ownership of and identification with the interventions could substantially reduce the response to the epidemic. Another argument is that HBC reduces the financial burden on government for hospital care, and provides relief from emotional strain placed on nurses. As will be demonstrated in this part of the report, HBC has been seen as providing both emotional and psychosocial support to patients, especially HIV & AIDS related cases. The report argues that HBC CBWs render supplementary services to those provided by clinic TB nurses.

The focus, therefore, should not be on upscaling the HBC CBWs into government policy, but on how to influence consolidation of existing government policy.

CBOs of the size of Golang Batcha are limited in their scope and resources to scale-up their operations. This is also compounded by their limitations to garnering resources outside their funding dependency on the local authorities.

Refer to the cost-effectiveness calculations for comparisons to conventional models of HIV & AIDS support.

### 2.2.3 Current costs of delivering services by government and other service providers

**Table 2.2.3 Annual and Monthly Salaries for nurses**

Level	Annual Salaries	Monthly salary
Professional Nurse	117 110	9,759
Staff Nurse	63 240	5,270
Clinic Assistant	55 340	4,612

Table 2.2.3 above is used in the cost-effectiveness calculations below. The cost of training was not used as a factor, as the training of the CBWs is of an establishment nature, and no new CBWs are taken in by Golang Batcha at present. Furthermore, the activities of the CBWs are largely supplementary to those of the Clinic staff – which implies that the nature of the training differs significantly between the CBWs and the clinic staff.

### 2.2.4 Impacts of using CBW model for service delivery

#### i) Impact on the beneficiaries

The most significant impact of the pilot, according to the CBWs (and supported by their activity statistics), has been in the field of tuberculosis palliative care. The CBWs have managed to improve the treatment outcome (cure, adherence rate, etc.) rate of TB patients in the operating areas; although no statistical proof could be obtained to prove that it has been the CBWs work leading to such improvement. No Dept of Health correlation statistics could be

obtained to corroborate the CBWs' statement above. However, CBWs certainly are one of the major changes in the health system in South Africa, post 2004, particularly in terms of bringing the PHC system to the homes of patients.

An added advantage is that the community has been empowered because of the continuous information and support it receives from the CBWs. The following are examples of the perceived impact of the pilot:

*We are quite visible in our respective areas. The people know us and respect us. They know they can approach us with any matter...*

*Although it was difficult in the beginning, we are slowly winning the battle. The community has gained a lot from us as we always provide them with information about the latest developments in health... Child abuse used to be a serious problem in my area over the weekends. After several campaigns through which we encouraged children and parents to speak out, there has been a dramatic change... (CBWs)*

Feedback from an interview with a patient (after the necessary consent was obtained) revealed the following significant impacts of the CBW system on his life as a TB patient:

- *The knowledge that someone is caring for you.*
- *The advantage of not having to go to the clinic on a daily basis (avoiding long queues).*
- *Individual attention which allays apprehension, reduces anxiety, and counters the effects of stigma.*
- *Continued education about illness and prognosis, and provision of information about preventive health behaviours.*

It is evident that the CBWs do not only have a positive impact on the lives of patients, but also on the patients' families. The following statement summarizes the patient's feelings about the CBW:

*I would have defaulted again if it was not for my treatment supporter...She sometimes buys me bread and even cleans my house. I really appreciate what she has done for me. I also believe that my children have also learned a lot. For example, my little daughter will always remind us that we have to wash our hands before we eat. This is something she was taught by my "nurse."*

The buying of bread and cleaning of the house stated above may be upsetting to policymakers – however, it could be argued that these are value-added services. With appropriate management this should not be a problem – the CBWs may either empower families to perform these tasks or, if a patient is alone, it may very well be that the CBW has no option but to perform these tasks.

No evidence was presented that Golang Batcha receives more / fewer referrals from clinics than other NGOs operating in Free State province.

CBWs are indispensable to the primary health care system, according to the Free State department of Health (DoH), patients we interviewed, and other interviewees, as they provide human contact (caring / 'hand-holding'), health awareness, enhancing adherence to critical medicinal dosages, reporting new cases to clinics, following up, e.g. TB defaulters, and taking referrals of new patients from clinics, and performing health education activities – they truly are the link between the clinics and the people.

Our interview with clinic staff in the Mangaung area revealed the following information from a TB nurse:

The respondent indicated that she believed that patients are benefiting from CBWs. She indicated that the CBWs are adding "genuine value to society" by improving the health status of communities. Through their efforts, patients now have better access to services and proper use of services.

*"From my informal chats with home-based TB patients, I get the impression that patients are satisfied with the work done by CBWs. The CBWs are driven by a sense of community spirit and this places them head and shoulders above other service deliverers. We have seen a steady decrease in the number of patients who default and, generally, this means the community benefits because fewer patients are out there to spread the disease... this is made possible by the regular visits made by the volunteers".*

Contact statistics submitted to the DoH on a monthly basis, are not verified / validated by a supervisor, with erratic, inexplicable statistics reported at times – refer to the ten months' statistics below, which were selected from readily available statistics from the Margaung Local Municipality (MLM) Health officials, who also act as the Facilitating Agent (FA) to Golang Batcha. Since October 2005, patients have had to sign a register in acknowledgement of the CBWs' visits.

**Table 2.2.4 Statistics submitted by Golang Batcha to DoH**

Month	Aug06	Jul	Jun	Apr	March	Feb	Jan	Oct05	Sept	Aug
DOTS	128	176	95	149	158	170	129	159	175	180
HBC	42	54	14	35	25	46	41	122	72	-

DOTS = Direct Observation Therapy Short-Course (TB treatment) treatment points (one patient) (DOTS average 7,2 per CBW for this period (21 CBWs).

HBC = Home-based Care visits (any non-TB medical visit to a home, e.g. wound dressing, health talk, immunisation campaigns, etc.).

No reconciliation is performed between the opening number of patients at the commencement of a month to the closing number of patients at the end of a month. Our perception is that one of the significant contributors to the varying monthly statistics may be the incomplete submission of individual CBWs' statistics during some months, and or a lack by the provincial personnel to consolidate such data into a comprehensive record.

Although the statistics are not designed for qualitative impact measurement – which is overwhelmingly quantitative – we did detect significant qualitative evidence from a few patient interviews, and the perusal of diaries kept by CBWs and a research assistant employed by the parallel programme - "understanding the interlinkages between individuals, community-based workers and institutions" - coordinated between the Bradford Centre for International Development (BCID) and Khanya-aicdd. Furthermore, three CBWs completed monthly activity "spider-diagrams" regarding the logistics and circumstances surrounding their monthly duties – these were also scrutinised for evidence. The diaries of a sample of 5 CBWs contained interviews with 9 patients, interviews, focus group discussions, home visitations (accompanying a CBW), and general public interviews. Evidence from the diaries and the spider diagrams include the following findings;

- A tangible increase noted in the health of a patient by a CBW, however, no increase in quality of life demonstrated (e.g. being able to work again, etc.);
- Health talks (including specific health advice) and ensuing awareness raising seems to be happening (even on street corners);

- Community members interviewed were grateful and appreciative of CBWs' perseverance (rain or shine) allowing them access to Primary Health Care, as many of them only manage to get to a clinic with great difficulty;
- The community regularly asks for CBWs' houses to get health advice;
- The TB cure rate has improved since CBWs started their work (anecdotal evidence);
- Patients' interviews recorded in the diaries indicated that patients will suffer if the CBW system is terminated, as they bring the clinics to the people;
- 20-year old patient, treated from September 2004 to April 2005, is now able to do a part-time job again; this demonstrates increased quality of life;
- A 31 year-old patient stated that it is because of the CBWs' regular services that he managed to recover from TB;
- "The CBW takes my (patient's) life very seriously, I will resume the DOTS course again (patient previously defaulted);
- A spirit of togetherness is displayed by CBWs when dressing wounds together or performing health talks;
- CBWs even bring food to certain patients who have nothing to eat (notably the so-called 'E-pap' from the clinics' feeding programme);
- CBWs in serious debates with would-be defaulters in terms of the DOTS course – roughly 75% success rate noted amongst the diary entries checked – this may demonstrate the levels of care CBWs show for their patients, but also the level of stress that CBWs must endure on a regular basis.

Certain community members were said to have become negligent in their duties of caring for their close relatives, being of the opinion that this is the CBWs' duty (CBW focus group). A serious weakness of the programme is the poor management structure - not at all defined, thus our conclusion that GB management is weak and require serious rethinking.

No attendance registers were kept regarding CBWs' health talks done.

#### ii) Impact of the project on the CBWs

From the diaries kept and "spider diagrams" created by CBWs, the following was extracted:

- High levels of CBWs' personal grief, stress, frustration (powerlessness) detected with patients dying and defaulting on DOTS treatment at fairly regular intervals, with no structured support available in terms of counselling or debriefing (clinic nurses did not seem helpful in this regard, at times);
- CBWs daily tasks involve a fair amount of personal risks/danger including abuse by community members, being bitten by patients' aggressive dogs, the possibility of assault or rape by patients or members of the public – a further indication of the stress CBWs endure in performing their duties;
- Other risks faced by CBWs include possibility of contracting HIV/AIDS, crime and sexual violence. *"because we deal with people who suffer from TB another risk is hand to mouth infection due to poor protection and because we do not have gloves to protect ourselves (CBW)*
- CBWs want to be employed by MLM (want to 'belong'), and lack of Workmen's Compensation and Unemployment Insurance Fund benefits, and the lack of permanency are prevalent problems. This raises serious questions around the ethos of volunteering and the question is how long can CBWs commit to volunteerism? It is submitted that even where CBWs operate as paid volunteers, there may be questions regarding exploitation (viz. not formally employing these CBWs, but keeping them at arm's length);
- CBWs feel valued ("great") about helping patients and the community;
- Various capacity building workshops have been attended by CBWs, e.g. women and child abuse, but we question how these have capacitated the GB CBWs, in that no tangible evidence was observed to suggest increased capacity beyond that of their peers (other NGOs' workers performing HBC / TB palliative care);

- Late or non-submission of statistics to MLM Health results in stipends not being paid or withheld by the DoH (conditional upon reports being received);
- Certain CBWs have to walk much further than others to perform their daily visits, and the workload distribution in terms of patients is not equal among all CBWs (although there is a government minimum number of DOTS patients to qualify for the stipend (five patients), and certain carers go well beyond the minimum, while others are much closer to the minimum);
- The CBWs seem to have earned the respect and trust of the community – making them valued, empowered, trusted community members;
- Many CBWs interviewed do not see their volunteering as a permanent occupation, and many of those we interviewed are looking for alternative employment (although they did not indicate whether it would be in health care, specifically);
- CBWs mentioned that they cannot afford to stay home when they are sick, as their patients may suffer the consequences of their absence and the CBWs not tending to them;
- CBWs stated that patients sometimes prefer their services to that of the primary health care nurses;
- It was evident that CBWs receive opportunities for training and personal capacity-building
- Indemnity forms had to be signed by Golang Batcha CBWs to indemnify the MLM from the risks associated with CBWs' work;
- Golang Batcha CBWs were exposed to other CBWs – they participated and were involved in Limpopo, as well as in the Phaphamang (TNFS) programme, thus cross-sector visits to share lessons with other in-country pilots in Limpopo and Thaba 'Nchu. Here the need was shared for governmental health departments to create a new nursing tier within the primary health care system, solidifying the position of the HBC CBW (this recommendation is strengthened by, e.g., the preceding paragraph (regarding the indemnity forms);
- Research training was received by Golang Batcha CBWs in terms of focus groups, interviews, etc., on the parallel BCID project and members found this very empowering;
- All patients interviewed felt that the CBWs are being underpaid, at that stage the stipend was R500 – raised to R1000 half-way through 2006 (we are not certain whether the patients would now consider this to be sufficient);
- A CBW mentioned that the CBW pilot has made a difference in terms of revealing to the CBWs where their weaknesses regarding effective management and functioning, and what they can strive for (sharing learning from other pilot NGOs / CBOs).

### iii) Impact on other service providers

A clinic TB nurse indicated that the CBWs establish vital links between health providers and community members. The ability of the CBWs to tackle complicated and sensitive issues such as sexuality and proper contraceptive use, domestic violence and substance abuse, is an added advantage not only for health-related services, but for other service providers. More specifically, the following are examples of the perceived impacts of CBWs on service delivery:

- Involvement in health case (e.g. patients) findings and case management in the community;
- Decreased TB patient load (“*pay more attention to other important issues which were previously neglected.*”);
- Conduct education sessions on virtually any subject ranging from proper hygiene, nutrition, reproductive health, HIV & AIDS, TB (more community members are reached through health campaigns);
- Changed the attitude and behaviour of some patients, particularly regarding adherence to DOTS dosages.

From certain CBWs' diaries, the following emerged:

- Conflict between certain nurses and certain CBWs was detected, with some nurses being very antagonistic towards CBWs, causing high stress levels. Issues ranged from “bossing

- around” of CBWs by nurses and perceived misunderstanding of CBWs’ duties. Conversely, good co-operation between nurses and CBWs was detected in some clinics;
- A focus group was staged with nurses: they generally experienced CBWs as very helpful, however, they stated that the government policies concerning CBWs and job descriptions for CBWs are necessary to provide certainty regarding CBWs’ roles in PHC. Lastly, the nurses commented that the DOTS (TB) PHC staff should be increased to cope with the supervisory workload of dealing with the CBW system;
  - Various patients stated that the CBWs perform duties which the nurses are not able to perform.

The focus group sessions we held with CBWs informed us that other CBOs with CBWs are envious of Golang Batcha because the community accept the Golang Batcha CBWs to a greater extent. This seems to be an indicator of competition amongst the CBOs, which links up with the finding regarding too many carers in the Mangaung area.

#### **iv) Changes in the way the pilots work**

It is very clear to us that the possibilities brought to the CBWs to share experiences and lessons with similar CBWs in Limpopo, and cross-sector (Natural Resources) in Thaba ‘Nchu, created an enabling environment for CBWs to strive for better practice. Linkages with other communities – in the 4-countries – also enabled GB CBWs to widen their perspectives on care and support to clients. Furthermore, individual CBWs were capacitated through research and interview training by Khanya-aicdd through the BCID project.

#### **2.2.5 Cost-effectiveness of the pilot / model**

As stated previously, the main impact of the Golang Batcha CBWs seemed to concern TB. As no statistical link could be made to improvements in the cure rate and interruption rate, it was decided that the significant impact indicator for Golang Batcha would be the DOTS visits (viz. the number of DOTS support points for CBWs).

On the costing side, we found that, although there is a bank account for Golang Batcha within the Mangaung Local Municipality, no additional operational expenses are covered from this account. The CBWs operate within the PHC clinic infrastructure (daily reporting and monthly meetings), and all indications are that they will continue to do so, which renders costing of premises irrelevant. CBWs receive the standard PHC training (59-days) through the health system, as well as ad-hoc training from the MLM – no costing data was available regarding training.

The R1 000 stipend received is thus the main costing component, the cost per significant impact thus being  $R1\ 000 \div 7,2 = R139$ .

#### **2.2.6 Comparative cost-effectiveness of CBW system with conventional models of service delivery**

The CBW significant impact average of 7,2 DOTS support points per CBW, on average, per working day, for ten months selected, indicates that it costs R1 000 per volunteer (stipend) to support 7,2 TB patients daily. Applying this ratio to the salaries of the PHC Professional staff below (halving their days, to compare with the CBWs 4-hour workload), the number of patients that the professionals below would have to see to justify their salaries, if their duties were equal to those of CBWs (for comparison purposes only, as it seems clear that CBWs duties cannot be compared with any professional PHC official), are as follows:

**Table 2.2.6 (i) Ratio to the salaries of the PHC Professional staff**

Level	Annual Salaries	Monthly	Patients implied/ day using 7,2 per R1000	Minutes / patient (4-hour day)
Professional Nurse	117 110	9,759	70	3.4
Staff Nurse	63 240	5,270	38	6.3
Clinic Assistant	55 340	4,612	33	7.2

It should be borne in mind that this only compares DOTS support to TB patients visits in clinics. Considering CBWs' significant travel time (averaging from 26 minutes up to 45 minutes per patient), HBC visits, health care talks in clinics, and TB report-back activities in clinics, paying R1 000 for 7,2 DOTS daily (assumed) visits it could be argued that GB CBWs represent value for money (good cost-effectiveness in terms of their services rendered). The comparison with salaried nurses to stipends of GB CBWs is also considered to be a fairly good like-for-like comparison.

The World Health Organisation statistics, as analysed below, do not provide out-patient or in-patient duration of stay in hospitals, but does work on a 20 minute per Health Centre visit standard. The comparison of this standard to the above minutes per day seems to corroborate our finding regarding good comparative cost-effectiveness.

The above was compared with cost statistics obtained from the World Health Organisation (WHO) (specifically for SA). As available information was only for 2000, the SA Consumer Price Index (CPI) (headline inflation rate) was used to adjust these costs to September 2006 (CPI from 2000 to September 2006 = 136.3 compared with 2000 = 100). It should be noted that the 2000 costs were converted from International dollars in 2000 (US dollar converted at purchasing power parity (PPP) for South Africa, providing a more valid measure to compare standards of living) – thus the impact of currency and PPP fluctuations since 2000 between the South African Rand and US dollar was not fully taken into account for the amounts stated:

**Table 2.2.6 (ii) Cost per bed day by hospital level & Cost per out-patient visit by hospital level**

	RAND September 2006
<b>Primary</b>	55.08
<b>Secondary</b>	78.12
<b>Tertiary</b>	115.57

The duration per out-patient visit is not available from the WHO statistics. However, if the Golang Batcha cost per visit of R6.94 is used (for time comparative purposes only, as Golang Batcha CBWs are performing supplementary services to the PHC hospitals and clinics), a Golang Batcha CBW visit costs 12.5% of the cost per out-patient visit to hospital level.

The most interesting dataset includes data on the cost of out-patient visit to hospital level. A hospital out-patient visit is an ideal benchmark for the CBW-work as both provide basically the same service, i.e home-based medical care. The average cost of an out-patient visit from a primary health care hospital is estimated at R55.08. The cost of 144 out-patient visits will thus total R7,931.52 (refer to table below).

**Table 2.2.6 (iii) Comparison of GB CBW and PHC**

	<b>GB CBW</b>	<b>Public Hospital</b>
	ZAR	ZAR
Estimated cost per DOTS home visit: Overhead costs not included	R6.94	
Estimated cost per DOTS home visit: All costs included		R55.08
Number of DOTS home visits per Month (per CBW)	144	144
Total cost per month for 144 DOTS home visits	R1,000	R7,931.52
<b>Maximum overhead cost per CBW to be comparatively cost-effective (per CBW per Month)</b>	<b>R6,931.52</b>	

The maximum overhead cost per CBW above suggests that the GB CBWs are significantly comparatively cost-effective when compared with the PHC system, assuming the same quality of service.

Unit costs are specific to public hospitals, with an occupancy rate of 80% and representing the "hotel" component of hospital costs, viz., excluding drugs and diagnostic tests and including other costs such as personnel, capital and food costs.

**Table 2.2.6 (iv) Hospital Costs - per bed day by hospital level**

	<b>RAND</b>
<b>Health care sector</b>	<b>September 2006</b>
<b>Primary</b>	168.26
<b>Secondary</b>	219.51
<b>Tertiary</b>	299.83

In comparing the above to Golang Batcha's costs, it is clear that the focus on HBC and TB DOTS support of the CBWs largely seems to prevent hospital admission of patients. The Primary Health Care sector's cost of R168.26 per day for hospitalisation may be compared with the cost of the time that a CBW spends with a patient. If one divides the total hours per day per CBW by the number of visits per day by (4 / 7.2), the average time per CBW visit per day is 0.55 hours, costing R6.94. This seems to compare very favourably with the R168.26 cost per day for hospitalisation, if one argues that it costs R6.94 per day to prevent hospitalisation, viz. spending R6.94 to prevent a cost of R168.26. It may also be argued, however, that this section is not a comparison, as hospital care (24 hours) cannot be compared with GB CBWs' patient visits – the one thus excludes the other: "hospital costs" include food, drinks and 24-hour specialised care with dressing, washing, eating etc., which cannot be compared with a simple CBW-visit. It is, however, significant to compare the amount spent on CBW-care, to prevent the cost of hospitalisation.

Cost per visit for (public) primary care facilities, viz. health centres, at different levels of population coverage is provided in the next table. This includes all cost components including depreciated capital items, but excludes drugs and diagnostics.

**Table 2.2.6 (v) Costs per visit to health centre by population coverage for a 20 minute consultation**

<b>Population coverage levels</b>	<b>RAND</b>
	<b>September 2006</b>
50%	29.25
80%	29.25
95%	31.80

Population coverage refers to the percentage of the population with physical access to primary health facilities, defined as living within 5 kilometers or 1 hour away from the facility.

Using the most conservative coverage level of 50%, the health centre costs R36.76 per 20-minute consultation – spending this amount on a Golang Batcha CBW would allow for a 2.9 hour visit to a patient's home (compared with the standard TB DOTS visit of 0.55 hours), which seems to be a favourable comparison.

### 2.2.7 Impact of the CBW project on policy and systems

The DoH stated that the CBWs are indispensable to the PHC system, corroborating the findings of all other interviewees during this study, from patients to TB nurses. The challenge is whether the DoH feels that the CBWs are sufficiently indispensable to upscale their status into a newly-formed nursing tier with appropriate employment benefits and support.

### 2.2.8 Good practice emerging from the models

#### i. Revisions to the concept of the models

The Golang Batcha CBW model needs to be revised in the following ways:

- Building the capacity of the current supervisor to become a strong, strategically-minded leader, able to sustain the CBO, and the tangible impact it is providing to the 7 clinics;
- Strengthening the governance structure of the CBO in terms of attracting external stakeholders to their "Board" to increase sustainability potential, and enhance the accountability of the CBWs;
- Recruiting of new members as the attrition rate is alarming - 21 at the time of the evaluation compared with 42 at the time when the CBW project began.

#### ii. Generic good practice

*Who are the CBWs and how are they selected?*

All the CBWs are young and middle-aged women. Generally, the majority of CBWs M have been doing community work for more than five years (on average between 5 and 10 years). Some indicated that they started to do volunteer work at a young age. They also indicated that they were not selected using any criteria.

*I already had started doing volunteer work while I was in my final school year. I always liked to do volunteer work in the community. I started in 1999 to assist TB patients.*

*We first started in 1999 when Mrs. Senne was in charge of Mmabana clinic. The idea was to assist the poorest of the poor...*

*When we started at our clinic, we were 62 volunteers. We are now only left with seven (7) CBWs at the clinic I coordinate ...People get tired of volunteering and begin looking for paid work elsewhere ...*

A recruiting anomaly exists for Golang Batcha: as a CBW leaves the organisation, it seems 'impossible' for them to replace with a new member, as the DoH will determine which applicant in the Free State is next on the list in terms of HBC CBW admission, and this may not necessarily be in the areas where Golang Batcha operates, making it impossible for them to attract new staff. There is a perception that the GB constitution prevents recruitment, however, this was found to be an incorrect perception.

Additional to the DoH's "next-in-line" admission criteria in the volunteer system, the DoH confirmed that they have placed a restriction on new entrants to the system as a whole, due to certain CBOs / NGOs being double-funded, both by the DoH and the Department of Social Development. The DoH also mentioned that there is, at present, an oversupply of volunteers in the MLM area.

This implies that their numbers will steadily decrease (as it has done for quite a few years), resulting in the "disappearance" of the organisation in the near future. This anomaly needs to be addressed urgently to ensure sustainability of the organisation.

#### *The work CBWs do*

The CBWs' work is essentially in the primary health sector. Although the CBWs are supposed to work 4 hours per day at their assigned clinics, they indicated that they work more than 12 hours a day, which makes them full-time workers, and without being paid a salary. For example, one CBW stated: "*Patients already start knocking at our doors at 4:45 in the morning. We cannot chase them away...*" Their main tasks include the following:

- DOTS (supervise and observe the administration of TB medication)
- Home-based Care, e.g.:
  - Preventive, supportive and follow-up care;
  - Simple first aid;
  - Immunisation, e.g. flu vaccine;
  - Palliative care, personal care, hygiene;
  - Provision of essential medicine;
  - Health promotion / education.
- Other health-related duties:
  - Defaulter tracing;
  - Dressing of wounds;
  - IMCI;
  - Counselling pregnant women;
  - Voluntary Counselling;
  - Weighing children;
  - Taking blood pressure of patients;
  - Health education at clinics and the community;
  - Handling child abuse matters – There is no formal referral system as such but when there are home visits and there is a suspicion of child abuse the volunteer writes an affidavit so as to be a witness to the case. The volunteer suggests that the parents and the child report this case to the police station. Usually the clinic sister also knows about the case and then also writes a statement to explain her "medical" side of the problem;
  - Assisting with the application of IDs and birth certificates - This is an initiative on the part of Golang Batcha. They started building up a list of names with addresses of the people that do not have IDs etc. This list they used to hand in at Social Development so that the social workers could know which people to visit. But Social Development said they must not do their core work and now Social Development comes to them when they are in the area and asks them to take them to people that they know do not have the necessary documents. GB CBWs then accompany Social Development representatives to these clients.
- Identification of vulnerable and poverty stricken households.
- Giving moral support to bereaved families.
- Crime prevention campaigns - Golang Batcha only accompanies the people that arrange these campaigns, like the police.

Evidence from the focus groups suggests that the CBWs do much more than was initially expected of them. The following examples illustrate this:

*We have turned into social workers because the community consults us on any issue. It ranges from child abuse, IDs, birth certificates, in fact anything related to community life...*

*I am from an informal settlement and mostly encounter situations where patients are hungry, but cannot afford to buy food. I often hear patients say 'sorry mom, I am hungry, how do you expect me to take medication on an empty stomach?' I do not have any choice, but to buy food for these patients. Maybe this is part of our duty... However, we question how often a CBW may be expected to provide for such needs.*

*We also assist people with their applications for pension grants..... There is a critical need for CBWs to be well linked with the relevant authorities and service providers, public and private – also knowing when to refer clients to relevant bodies.*

*Our patients have become part of our families. If they pass away, we would wash the body before it is taken to the mortuary. We would also attend their funerals and console the bereaved family...*

*The community regards us as nurses.... This may relate to 'double jeopardy' – (see below) on the one hand improved status for the CBW, but ethical concerns re: where does the responsibility of an HBC stop? When is it appropriate to extend roles, e.g. combining care and assessing for grants' eligibility?*

The CBWs also indicated that they would prefer to be appointed on a permanent basis and receive payslips. They also pointed out that they encounter numerous problems when on duty. The following are examples:

- Danger of being raped
- Armed robbery
- Verbal and physical harassment

*I was almost raped by one of my patients. When I arrived at the patient's home on that particular day, the door was slightly open. This was unusual as I know the patient was bedridden. As I entered someone closed the door and to my surprise, it was the patient. He told me that he is going to rape me. I just screamed until someone came to my rescue....*

Some of the CBWs indicated that they encounter transport difficulties when they are supposed to visit patients in the periphery of Mangaung. They further indicated that their task is made difficult by the emergency services which do not respond in time when called. For example, one CBW said: "When people die as a result of the late or non-arrival of emergency personnel, we get the condemnation from the community."

#### *Sectoral focus of CBWs*

The work of CBWs is essential to the primary health care system – their sectoral focus is therefore very appropriate. They perform Home-based Care but the Golang Batcha volunteers are able to do a lot more and they are used by the clinics to perform more than their HBC role. Golang Batcha volunteers are not only DOTS supporters and Home-based Carers, but are able to deliver services in IMCI, AIDS counselling and health talks. Caution: we need to be careful about taking someone with one set of skills and then keep adding additional tasks, rather than using someone else. For example, people with skills for HBC may not have counselling skills/aptitude; some responsibilities can be too much for CBWs who also have to provide for their households. It is important to assess what the CBWs can and cannot do and achieve within the time available, leaving ample time for them to continue with other livelihood ventures.

*Tasks they perform*

There is a stipulated minimum quantity of tasks required before the stipend is paid to CBWs (which is good), however, there is no focus on quality management of tasks – statistics are only quantitative. Furthermore, the activities the CBWs report are not verified by independent supervisor follow-ups with patients (as there is no provision for supervisor capacity).

CBWs render a comprehensive health service and work directly with community members at their homes, providing DOTS support, HBC, counselling and health awareness communications (e.g. polio awareness and immunisation campaigns).

Uniforms are lacking at the moment, however, they seem important regarding issues such as communities recognising CBWs, and obviously, the CBWs 'branding'.

CBWs are supposed to capacitate relatives and friends of patients to wash and perform routine non-CBW tasks; however, there is no evidence that this awareness has been translated into action. Evidence gathered suggests quite the opposite is happening, with CBWs performing these non-core tasks and undermining the role of the family in caring for their own relatives. This decreases CBWs' outreach impact. The same is true for periods of leave absence of CBWs, where relatives / friends should take care of the patients – uncertainty exists regarding the extent to which it is the responsibility of family members to take care of the patient. This also raises a secondary question as to whether service delivery using CBWs is the right model for upscaling service delivery or whether the focus should not be capacitating family members to deal with the day to day care of their own.

As only quantitative monitoring is performed (largely without verification) – it cannot be ensured that appropriate levels of care actually takes place, a distinct risk exists that caring could be compromised by time and other pressures.

The workload of CBWs is not evenly distributed, as referrals are received from clinics – this does create ethical concerns around exploitation, and is something which may very well be investigated at GB management level. Simply put, there are no managerial procedures from the GB management committee to ensure that the individual CBWs have a fair distribution of tasks.

*Hours CBWs work*

CBWs are supposed to work a 20-hour week. In practice most of them exceed this limit, but no proof of this was obtained. It was observed from 3 CBWs' diaries that travel time per day could be anything from 3 to 5 hours and more (if all DOTS patients have been visited), leaving little time for caring (core time). It is, however, not clear how accurate these time measurements were, or how representative of the CBW group the time spent was.

*How they work (group meetings, individual visits, etc)*

Clinic meetings take place every month, with MLM nurses giving training and other guidance. The meetings seem well-structured, although no minutes are taken (meetings seem to be verbal) which is certainly not conducive to effective management or sustainability of GB, as it becomes difficult to ensure that actions discussed, and challenges identified are followed up or implemented.

No meetings take place among CBWs on their own – however, this was not indicated as a problem by any CBW. Additionally, all CBWs have regular contact with TB nurses within the clinics.

Everything beyond the CBWs' scope of expertise has to be referred to clinics – no evidence was presented to us regarding the effectiveness and how this duty is performed.

*Ethical concerns re: exploitation, non-supervisory matters*

Clinic nurses sometimes exploit CBWs by exerting pressure on them to perform non-core tasks; in fact, in some clinics nurses and CBWs have not achieved the necessary rapport for optimal functioning.

No 'employment benefits' are available to CBWs, such as maternity leave, sick leave, UIF, Workmen's' Compensation benefits, which also leans towards exploitation. This raises the concern of quality and accountability if CBWs do not feel their long-term future is assured.

Safety of CBWs is a major concern, with certain CBWs being physically threatened / almost assaulted (raped) recently. Aggressive dogs of patients were also raised as concerns for CBW safety. Also CBWs visit patients individually, which also increases the risk of attack, etc.

No counselling is available to CBWs in dealing with death / patient morbidity / patient defaulting on medication, stress/depression or trauma

The boundaries between the nurses' and CBWs' roles and responsibilities are sometimes unclear in terms of job descriptions, and DoH policy. There is conflict here in terms of CBWs and nurses not always working towards one desired outcome. This needs to be addressed at both municipal and provincial levels.

*Training, support and supervision*

The CBWs received the following training:

- Counselling
- DOTS (SANTA)
- Home-based Care (Naledi Hospice – 2 months)
- HIV & AIDS
- IMMTC
- Care educating
- Research methods on understanding linkages and institutions through the BCID project.

A general concern exists as to whether the gained knowledge is being translated positively into improved provision of services to the community served.

However, the CBWs expressed the following strong sentiments concerning their position:

*We have got the training, but where do we go from here? This training should translate into us getting preference when it comes to jobs, especially in cases in which we meet the minimum requirements.*

The CBWs do not conduct any meetings on their own. They only get the opportunity to meet other CBWs during their monthly meetings with the FA. During such meetings each CBW is expected to submit a monthly narrative and statistical report. The coordinator then announces any latest administrative campaigns and health campaigns, which are discussed. The CBWs are also given the opportunity to share their experiences. These monthly meetings serve an important role *"it provides us with the opportunity to reflect on work and motivate those whose morale is low because of bad experiences,"* one CBW stated. These meetings also act as forums for sharing and cross referencing of successes and challenges faced.

It is also clear that the CBWs are supported and motivated by clinic supervisors and nurses. However, some CBWs indicated that their working relationship with nurses are not good – which may need intervention of higher authority to resolve.

Theresa Davids acts as the spokesperson for the organisation – acting as a project manager, receiving the same payment as the rest of the CBWs and doing the work they do for her

payment. She also represents the organisation in most other meetings in the municipality and province fora.

*Facilitating agent and role*

Golang Batcha is a non-core function of the FA – Mangaung Local Municipality health sub-directorate - so it might not always be prioritised due to time constraints and the requirements of the FA's core function.

The FA provides technical support (monthly training, although verbal) to GB, thus enhancing its impact potential. FAs are the intermediary between the provincial Dept of Health and the health centres.

*Training CBWs receive (initial, ongoing)*

A strong-point of GB seems to be training in the 59-days training and various other certificates were observed for a number of CBWs interviewed – though no evidence was provided that Golang Batcha's CBWs are actually significantly better trained than those of other similar CBOs/NGOs in the province.

Courses offered include HBC, HIV and AIDS counselling, TB courses, family planning, chronic diseases, first aid, Integrated Management of Childhood Illnesses (IMCI), monthly in-service training. Only 6 CBWs passed ATTIC's pre-and post counselling course in the recent past.

Monthly training is delivered by the FA and ad-hoc DoH training is attended, as well as the BCID/Khanya-aicdd action research project, etc.

*Ongoing support and supervision and from whom*

Primary Health Care (PHC) nurses in the seven clinics provide support, but this amounts to minimum support due to nurses own workloads. As indicated above, dedicated supervision and self-management is lacking in Golang Batcha. The clinical professional nurse should provide GB with support.

A concern raised by CBWs is that they receive no feedback on their monthly reports, submitted to MLM health division, suggesting a break in the supervision cycle, and are therefore unable to improve.

Despite the comprehensive training programme, support to trained workers in the field poses a serious challenge; a shortage of clinical staff has resulted in a lack of sufficient support after training has been completed.

A Free State health situational analysis was performed which found supervision of NGOs to be problematic (a challenge shared by Golang Batcha), with duplicate (incorrect / fraudulent) CBW stipend applications (not detected during our impact study pertaining to GB), and CBW disappearance without notification (this was not detected during our impact study).

Questions were raised about how 'hands-on' clinic sisters really are in supporting GB CBWs – without their clinical care levels going down? e.g. a condition like depression might be missed by CBWs.

*CBWs' linkages with other support agencies*

Various linkages exist between the CBWs and other support agencies. The main linkage is with the Department of Health through the local clinics which the CBWs have been assigned to, and the training provided by the Department. Other linkages are with the Department of Social Development (social welfare services); the police (crime), and MLM.

Golang Batcha forms part of the Ngenani Emxholweni Consortium of Home-based Carers in Bloemfontein. The health division of the Mangaung Municipality acts as facilitating agent and is represented on several community based worker forums – however, this consortium seems to be no longer operational. This has been included in our finding regarding the necessity of a governing / advocacy body for the CBWs.

#### *Accountability*

CBWs' accountability to the community is only through the services they render. They reported that the community does not have the right to hire or fire them. They further indicated that they are accountable to the FA (MLM) when it comes to the submission of monthly reports and taking instructions. They also report to the nurse in charge of the clinic to which they are attached. All the CBWs believed that the FA has the right to hire and fire them. As one CBW highlighted: *"We have been informed that an absence from work without any explanation for 14 consecutive days, means an automatic dismissal."* This raises a big question as to whether GB CBWs are accountable to the communities that supposedly 'selected' them. Our opinion is that GB is not accountable to the community, but to the FA (MLM and the clinic nurse) if their stipend is to be paid. Within the communities they serve, there is no regulatory body (even the Executive Committee of GB is no longer functional), therefore the notion of a community-driven structure is not supported by this case.

There also seems to be confusion among the CBWs about the role of the local municipality and their accountability to it. Two of the CBWs summarized this confusion as follows:

*We are constantly told that we are not under the control of the municipality. Sometimes we are even told that the municipality has nothing to do with us. What surprises us is that the Co-ordinator uses the municipality's letterhead in her correspondence. Moreover, we have to submit reports to the professional nurse for our stipends to be paid.*

*It is easy for the municipality to take a backseat when it suits them, but whenever there are campaigns we are the first ones to be approached to assist....*

#### *In what way are CBWs accountable to communities?*

No certainty was obtained that GB is accountable to its communities at all, as it is accountable to the DoH and clinic committees, and the FA.

The GB board ("management committee") only comprises GB members, which is unhealthy from a governance perspective (no external governance representation) – the constitution only deals with the internal management committee.

The CBWs are accountable to GB, but receive stipends from the DoH, thus they are unclear about accountability, which could have a negative effect on impact.

#### *In what way accountable to FA and others?*

The CBWs are accountable to the Department of Health – provincial and MLM, through the FA (FA collates and submits statistics and delivers monthly training). The CBWs are accountable to the DoH for stipend payments and to the clinics for TB support.

#### *Who hires and fires?*

GB cannot hire, but can fire, in collaboration with the FA – see comments on their governance structure above. The CBWs have no signed performance contracts (volunteer contracts) which we raise later as a major concern, especially since this may lead to uncertainty regarding minimum performance required of the CBWs.

*Financing of the CBW system*

As indicated earlier, most of the CBWs started as volunteers in 1999. However, they only began to receive a stipend of R500 per month since October 2005 and R1 000 since June 2006.

The CBWs do not receive any other incentives, other than refreshments at meetings (paid for by the DoH), and ad hoc incentives, like jackets and diaries. According to some of the CBWs, most of the stipend is spent on transport to attend to patients. All of them expressed a feeling of gratitude for the stipend. It is questionable whether the continuity of stipends is assured.

Very little activity takes place within the GB bank account, which is held within the MLM financial system. In addition, DoH training is delivered free of charge.

*Monetary support and other incentives to CBWs*

CBWs receive a stipend of R1 000 per month from the DoH. CBWs sometime receive uniforms from private donors, enhancing the status of the CBWs in the communities they serve.

*Financing of FAs to support CBWs*

The FA is employed by MLM health, however, GB is an add-on responsibility of the FA, thus GB's affairs may not always be adequately prioritised or supported.

*Withdrawal and sustainability of the systems*

Refer to the recruitment anomaly noted above, whereby GB is not able to recruit new members – the NGO will most likely experience a decline in numbers until no-one is left: 42 members in 2003 – 21 in 2006.

*I have been in this field for more than six years now and I thought that by now I would be an Assistant Nurse so that other people can see that volunteerism is a beneficial act...*

The lack of strategically-minded supervision implies that GB may not survive financially without sustainable operational funding. Currently there is no fund-raising strategy in place and GB is heavily reliant only on the stipends individuals get.

The DoH is focusing on generic carers (not just DOTS support) → thus they have a plan for sustainability of the HBC system, of which GB forms part. Roughly 3,100 stipend-paid carers are currently active within the Free State province (2200 paid by the DoH, 900 paid by the Department of Social Development).

The CBWs clearly supplement professional nurses' capacity shortages, and have been described as indispensable by the DoH, patients, community members and the CBWs themselves. This endorsement needs to be translated into positive involvement of CBWs in the delivery of needed services at community level.

MLM funding might be available in the near future to capacitate CBWs regarding transport, uniforms, stationery; however, no tangible evidence was received of the timeframe for implementation, nor for the level of monetary support allocated.

No advocacy body exists for HBC CBWs, which is a negative element in terms of sustainability.

There is a need to identify **income generation or saving (loan) schemes** for CBWs to develop SMMEs if the organisation hopes to continue. This would also be a way of empowering and strengthening the group to be more sustainable in future as they continue to provide this essential service.

*What happens to the CBWs (as individuals, collectively)?*

Individually the experience HBC affords the CBWs to follow a career path, e.g. being recruited as lay counsellors, is also one of the main contributors in terms of the decline in numbers of GB's carers. Collectively – as GB is not strongly managed and its activities are not well-documented, coupled with its recruitment inability – GB may disappear in the next few years.

*What happens to the role of the FA?*

It is submitted that the FA will retain GB as an add-on responsibility but this is not strategically planned.

*How is the local CBW system linked to community structures?*

The CBWs are linked to the various clinics to whom they report to - TB support (and where monthly CBW meetings are held). This link is promising in design; however, it is to be noted that there are varying levels of professionalism between the clinics and CBWs.

*Turnover of CBWs/cost of retraining/impact on the organization re: replacing*

Replacement of CBWs who have left the organisation seems virtually impossible. As stated above, the numbers of CBWs decreased from 42 in 2003 to 21 in 2006. Should this rate of attrition continue, GB may well cease to exist by 2009. Institutionally GB is weak and requires a rethink if it will continue to function. Theresa Davids' charismatic and enthusiastic outlook is encouraging but could be seen as a weakness for continuity of GB – if she was to leave. The management structure of GB needs reviewing – they continue to lose members and no strategy is in place for replacing them as the government will only use people currently in the waiting list database.

*Positive spin-offs of CBW turnover*

There are personal career-pathing opportunities for ex-Golang Batcha members as their skills enable them to be more in demand, e.g. lay counselling and recruitment into the CDW programme. A specific case was noted during the study where a CBW had been appointed to a new job due to skills acquired as a CBW.

**2.2.9 Specific issues for the 20 hour/week paid a stipend model**

- Specifically to the Health sector (HIV and AIDS), the non-formalisation of the community workers in Home-based Care is an issue to be discussed with government – it is argued that these CBWs be formally incorporated into the primary health care system (e.g. a new nursing tier), with employment benefits, workmen's compensation, an advocacy body (governing body), etc. A key prerequisite for the formalisation, however, is to ensure that management of the CBWs is effective and efficient in managing their impact.
- Uniforms seem to be an important branding element for CBWs, particularly in the Health Care sector, where patient trust is a key element of effectiveness. Branding seems to contribute to patient trust and CBW identification.
- Where CBWs operate within a CBO structure, it is of extreme importance to build sufficient management capacity to manage the impact and cost-effectiveness of the CBO, as well as to cater for the sourcing of operational funding. Management should also ensure equitable distribution of workload amongst the CBWs operating within the CBO.

The following was taken from the Khanya publication "Guidelines (revised) for implementation of CBW pilots, 9 November 2005": The knowledge gained (as identified below) was then benchmarked to our findings in-project, and cross-referenced to recommendations, etc.

**Table 2.2.9 The 20-30 hours a week paid a stipend model (revised)**

	Applied by the pilot?	Recommendation generated?	Revision to guidelines generated?
There is a need for standardisation as some HBCs get paid, others do not, for example there is an M&E tool in place for submission of monthly reports and holding quarterly meetings;	✓	✗	✗
Social Development also provides support by giving food parcels for orphans and the critically ill through the local NGOs;	✓	✗	✗
If people are sacrificing 20-30 hours of their time, and providing a significant service, should government not be considering some real income support?	✓	✓	✗
<b>The Community Based Worker</b>			
With payment, the issue of selection becomes very important, and so criteria and a formalised selection process must be used	✓	✓	✗
What hours do they work?			
This is a considerable time that people are devoting and they should either be compensated or have other livelihoods;	✓	✓	✗
Carers are attached to clinics, assisting nurses in giving health talks in the mornings;	✓	✗	✗
Flexitime seems a good solution (e.g.Hospice).	✗	✗	✗
<b>Monetary</b>			
What is an appropriate monetary incentive for stipend? R500 is now a benchmark for the 20-30 hours a week but this only covers costs;	✓	✓	✗
Even though paid we should be providing the other incentives, e.g. equipment and kits;	✓	✓	✗
Development of an over-arching curriculum for CBWs on overarching issues such as bookkeeping, project and financial management skills, is important;	✓	✓	✗
Career pathing opportunities e.g. upgrading carers through proper training;	✓	✗	✗
Refresher courses should be given to strengthen their skills and keeping them up to date with the latest developments;	✓	✗	✗
To improve accountability of CBWs to the community, there have to be systems in place in which communities provide feedback to the CBWs and the FA on services they are receiving and how they can be improved.	✓	✗	✗

### 2.2.10 How the project evolved - Key findings

#### **Comparison with the CBW Pilot guidelines**

The following was taken from the Khanya publication "Guidelines (revised) for implementation of CBW pilots, 9 November 2005": The knowledge gained (as identified below) was then benchmarked to our findings in-project, and cross-referenced to recommendations, etc.

**Table 2.2.10 Generic guidelines applicable to all models (learning from experience towards best practice)**

	Applied / considered by the pilot?	Recommendation generated?	Revision to guidelines generated?
<b>Selection criteria</b> Formalising and documenting selection criteria with the community (where possible);	×	✓	×
Consider specific CBW attributes required to perform the service e.g. physical strength / agricultural experience;	✓	×	×
Note sensitivity around HIV i.t.o. both the demand of the task and legislation of inclusion, community is not victims and the FA not rescuers.	✓	×	×
<b>Selection process</b> Written selection guidelines for the process, which should be discussed with the wider community;	×	✓	×
Facilitators (staff) should be familiar with the community prior to the selection process;	×	✓	×
Staff members should allow villagers to use their own election process that they feel comfortable with;	×	✓	×
To what extent should the FA be involved in the selection process? How can the FA manage the complexities of communities given the time limit of their projects?;	×	✓	×
Caution → some communities elect some individuals as a way of exposing the incompetence of a particular individual.	N/A	N/A	N/A
<b>What work do CBWs do?</b> Better to have specialist or generalist CBWs?	×	✓	×
It is important to assess what the CBW can and cannot do and achieve within the time available;	×	✓	×
Critical need for CBWs to be well linked with relevant authorities and service providers, public and private. Check whether they have the right set of linkages, which of these are critical and what needs to be strengthened.	✓	✓	×
<b>What hours do they work?</b> It is therefore important to consider the sustainability of such an arrangement (hours vs. incentives);	×	✓	×
Flexitime seems a good solution to consider to enable CBWs to harmonise the voluntary activities with their household needs (e.g.Hospice);	×	✓	×
Important to monitor the time devoted, to have some feeling of the quantity of work involved and how it is delivered;	× <sup>3</sup>	✓	×
If too many hours are involved it can become demotivating. The expectations should be indicated in a contract and job description so the CBWs have some control.	×	✓	×
<b>Who is the FA, and role they play?</b> Try and combine both models, government and NGO, to link government with communities, as well as with the private sector where relevant;	×	✓	×
The support to the CBW should not only be via short-lived projects but rather associated with a relevant/partnering government department that will ensure	×	✓	×

<sup>3</sup> But BCID project and diary use was precisely to monitor this?

	Applied / considered by the pilot?	Recommendation generated?	Revision to guidelines generated?
continuity. Ideally, within a system in which training would further volunteers' careers with accredited training, etc.			
<b>What training do CBWs receive?</b> FA needs to carry out training needs assessment similar to a performance appraisal with formal staff – this also needs also to be budgeted for;	✓	✗	✗
Some content areas which seem to be standard are Participatory methods, Technical or subject matter and organisational and management?;	✓	✗	✗
Other topics which are more general could also be incorporated, e.g. Conflict Management, Note Taking, Public Speaking, Drawing up of Action Plans, etc;	✓	✗	✗
Need for training of supervisors as well, otherwise FAs can be vulnerable with individuals. Training should not only be predetermined packages by the FA. CBW should be allowed to raise their issues and the FA to offer training opportunities that would address such needs. Training is not necessarily formal training but can be experiential learning, viz. learning by doing;	✗	✓	✗
Training needs to be empowering so CBWs can manage their own affairs;	✗	✓	✗
There is a need to standardise training and enforcement of that standardised training. We should be looking to develop clear ideas on what should be standardised in the pilots;	✗	✓	✗
Issue of standardised curriculum and accreditation need to link with quality assurance – training and product;	✓	✗	✗
How often is refresher or top-up training provided?	✓	✗	✗
<b>What ongoing support and supervision do CBWs get and from whom?:</b> Need for good communication and regular contact so CBWs feel part of what is going on, and also that referral is effective and leads to delivery of professional support. Important particularly with HIV affected persons and bereavement issues;	✗	✓	✗
Job descriptions should form part of the piloting methodology;	✗	✓	✗
Importance of having a good M&E system for quality control. The system needs to be formalised;	✗	✓	✗
The support provided to the CBW should be long-term – with FA's role linking programme to relevant government department that will ensure continuity;	✗	✓	✗
It is very important for health systems (human and animal), where there is a possibility of legal challenge that the system is formalised with protocols, to ensure adequate supervision and referral, and a regulatory body to monitor service quality assurance;	✗	✓	✗
It is important that all stakeholders clearly understand their roles in M&E and that resources for M&E are ensured before embarking on establishment of the CBW system;	✗	✓	✗
There is a challenge facing freelance CBWs as to who ensures standards compliance.	N/A	N/A	N/A

	Applied / considered by the pilot?	Recommendation generated?	Revision to guidelines generated?
<b>Who are CBWs accountable to, who has power to hire and fire them?</b> If topic is of general community interest, e.g. health, it may be best to have a general representative structure, However, if very narrow interest then it might be better to be accountable to the group that has a very real interest in the issues. Community should monitor who is accessing services or not, overall quality of services, back-up support, etc;	×	✓	Yes, governing body should have internal and external representation
Consider strengthening community accountability either through legal or informal structures but with real powers;	×	✓	×
It is important to carefully consider linkages between CBW, FA and community;	×	✓	×
If a specific client gets a service from a CBW that CBW must be accountable to that client for that specific task;	✓	×	×
Mutual accountability needs to be strengthened through clear policy guidelines showing demarcation areas of responsibility – accountable, viz. what responsible for.	×	✓	×
<b>Incentives</b> Decide on a sustainable incentive system appropriate for the model you are using;	×	✓	×
Follow up details of any incentives actually provided, whether in cash, kind or other;	×	✓	×
Even when people are receiving a stipend or fee we should consider providing other incentives, e.g. equipment and kits;	×	✓	×
There may be a justification for piloting with stipends to demonstrate efficiency and effectiveness but then there must be some confidence that it would be possible to replace these funds from the system or from donors, if sustainability is to be ensured;	N/A	N/A	N/A
We need to monitor how we balance the purely volunteer motivation and how this is affected by payments. How fair is it to expect poor people to give even more of their time without some reward? When does community solidarity become exploitation?;	N/A	N/A	N/A
Consider whether SMME projects are helpful for volunteers to maintain involvement in the projects.	×	✓	×
<b>Withdrawal / sustainability</b> It is important to conceptualise how sustainability is seen from the outset. For example, if the option considered likely is that of government support, they must be involved from the outset;	×	✓	×
Where CBW systems are well-established, the FA and Steering Committee should advocate legislation that protects and recognizes them as an entity, which could lead to government's commitment to offering decent incentives;	×	✓	×
Formation of consortia/forums would protect the rights of the volunteers and the community.	×	✓	×

### 2.2.11 Recommendations on Sustainability and formalisation of CBWs

**Finding:** It is clear that CBWs are indispensable to the Primary Health Care Sector, both in the Free State and Limpopo provinces. It is anomalous, however, that the CBWs are being paid a stipend, without formalising their position in terms of the Primary Health Care Sector. The stipend-paid carers of Golang Batcha (CBWs) receive stipends as a conditional grant from the provincial DoH (on condition that they perform to certain minimum standards). CBWs are therefore not employees.

CBWs do not sign employment contracts; do not have uniform job descriptions; do not receive employment benefits (Unemployment Insurance Fund Benefits, Workmen's Compensation (COIDA) benefits); and have to sign indemnity forms in terms of their duties, indemnifying the Municipality of the risks associated with their activities.

The above gives rise to uncertainty amongst clinic professionals, patients, community members and CBWs about the role of the CBWs, which leads to conflict, and non-core activities of CBWs (e.g. activities which relatives should actually do, viz. cooking, washing/cleaning) in certain instances.

Risks exist that CBWs will perform duties which they are not qualified for, or that they may be underutilised at the clinics. Certain CBWs virtually become social workers, as they are consulted on any issue by community members.

Coupled with the aforementioned, most CBWs see their stipend-paid activities as temporary, as they want to be permanently employed, viz. the CBWs are ready to leave Golang Batcha should virtually any permanent offer present itself to them.

The above poses serious sustainability risks to Golang Batcha, as well as to the CBW (HBC) stipend initiative in the entire country.

**Recommendations:** The provincial departments of Health and Social Development should investigate possibilities in terms of formalising the positions of the CBWs, after conducting a provincial needs analysis, affording these workers more security (permanence) in terms of, amongst others:

- Formulating sufficiently detailed CBW contracts to be signed by the CBWs, with detailed job descriptions;
- Registering the carers for Unemployment Insurance, and taking Workmen's Compensation cover on the activities of the carers;
- Possibly creating a new type (level / tier) of Primary Health Care nurse within the Primary Health Care sector, with these carers then forming part thereof;
- Implementing minimum, standardised management requirements of CBW organisations.
- Alternatively, GB should investigate income-earning possibilities to fund its own operations, and increase its sustainability significantly.

**Finding - Management expertise:** Management capacity seemed to require significant enhancement within Golang Batcha as follows:

- There is no formal management definition within the constitution;
- No verification of carer-reported contact statistics is done, no reconciliation of patient numbers (opening vs. closing) is performed, workload distribution is not equal between all carers, and not all activities of carers are captured as part of the monthly statistics sheets.

This leads to significant, non-explained variances in overall Golang Batcha statistics from month to month, and possible exploitation of some members (overloading certain members). A further risk is the non-detection of incorrect (or fraudulent) reporting of patient visits and HBC activities.

**Recommendations:** Management of Golang Batcha should be enhanced through the following:

- Design and implementation of a formal management definition, and allocation of the appropriate human resource to this position;
- Verification of contact statistics on a regular, surprise-basis;
- Reconciliation of statistics from month to month;
- Defining a workload distribution system, ensuring equity between the carers of Golang Batcha, whenever practical;
- Capturing all activities of CBWs, to enable an accurate and complete portrayal of the entire activity-span of Golang Batcha;
- Health talks and awareness campaign activities should be monitored and documented, e.g., attendance registers and reports of such activities.

**Finding - implementation of GB uniforms:** Uniforms seemed to work effectively at other similar NGOs studied as part of this assignment. At present, Golang Batcha's workers do not have a truly distinguishable uniform.

**Recommendation:** Clearly recognisable uniforms should be designed and acquired for these carers, to enable enhanced building of the Golang Batcha "brand" and identity.

**Finding - Debriefing of CBWs and prevention of injury:** CBWs are continually exposed to physical violence e.g attempted rape, aggressive dogs), frustrations (unwilling / defaulting patients), grief/trauma (dying patients, defaulting patients), etc., however, no dedicated debriefing structure has been implemented in terms of how Golang Batcha operates (including dedicated counselling for CBWs).

**Recommendation:** Criminal cases should be escalated to the authorities immediately, and an appropriate debriefing and counselling system for the carers should be implemented as soon as possible. Additionally, preventive measures need to be implemented as soon as possible to mitigate the risk of injury to the CBWs whilst at work.

**Finding - Governing body and specific legislation for CBWs:** No professional body (regulatory or advocacy) and specific legislation exists for the regulation and advocacy of CBWs, markedly increasing the risk that CBWs may be exploited and / or unsure of their rights and responsibilities, etc.

**Recommendation:** The departments of Health and Social Development should investigate the possibility of founding a governing body, and introducing specific legislation governing CBWs, and incorporating the other findings in this report, where applicable.

**Finding - Recruitment anomaly:** The provincial departments of Health and Social development have found that:

- Certain Home-based Care (HBC) NGOs have been funded by both departments;
- There are too many HBC NGOs in the Mangaung area, "stepping on each other's toes" by competing for patients and meager resources (to obtain the minimum of 5 patients per carer, maximum 10), thus that there are too many carers in the Mangaung area at present (although a needs analysis has not been performed to ascertain this).

Therefore, the recruitment of new CBWs by an NGO is made more difficult than under normal circumstances. Nothing, however, prevents an NGO from approaching the Department of Health with a request for an additional CBW to be funded in terms of the stipends.

Golang Batcha has experienced a severe decline in its numbers due in part to a perception that it cannot recruit, which doesn't seem to be entirely correct. A risk exists that Golang Batcha will cease to exist in 2-4 years time, if the current trend continues, losing all the institutional goodwill and expertise built over many years, and breaking the carer-patient-family bonds which have been established since Golang Batcha's inception.

Additionally, if this perception is present in similar NGOs (there are about 30 in the Mangaung area at present), it may lead to many high-potential, caring CBWs being lost to the Primary Health Care System (if they cannot recruit or replace to who drop out of the system).

**Recommendation:** The recruitment anomaly as stated above should be rectified as soon as possible, and official guidelines on the matter should be sought from the relevant government departments.

**Finding - governance structure:** The current management committee consists only of internal members. Furthermore, meetings are not minuted, which reduces the effectiveness of follow-up (monitoring and evaluation) of challenges identified, etc.

The risk exists that Golang Batcha is not effectively managed, due to only internal members being present on the committee, and non-representation of external members on the management committee is not conducive to sound corporate governance.

**Recommendation:** The timeous identification of suitable external management committee members is of paramount importance, including formalisation of meetings (agendas and minutes) to strategically position Golang Batcha appropriately to strive optimally towards sustainability.

**Finding - role of the Mangaung Local Municipality:** Uncertainty exists regarding the role of the MLM in the running of the Golang CBW process. It could be argued that the current municipal officials (MLM health) dealing with Golang Batcha inherited the CBO from its founder (previously within MLM Health), with no clear, documented indication of the role of the Municipality. Coupled with various other findings on leadership challenges of Golang Batcha, this may very well be another barrier to sustainability.

**Recommendation:** Documented clarity is needed on the specific role of MLM in the Golang Batcha operational setup and how this relationship should be structured and strengthened to support Golang Batcha and not hinder its growth.

**Finding – lack of operational funding:** Very little, if any, funding seems to be available for the operations of Golang Batcha as an NGO (e.g. in terms of administrative capacity, uniforms, stationery, etc.), decreasing the sustainability potential of the NGO. It also points to Golang Batcha not truly being run as an independent NGO, but as one dependent largely on existing clinic infrastructure.

**Recommendation:** Combined with the management capacity building finding above, resource funding should be sought from appropriate donors / investors, to increase the likelihood of Golang Batcha's survival.

**Finding – effectiveness and possible overloading of CBWs:** CBWs perform Home-based Care but the Golang Batcha volunteers are able to do a lot more than that. They are used by the clinics to perform more than their HBC role. Golang Batcha volunteers are not only DOTS

supporters and Home-based Carers but are able to deliver services in IMCI, AIDS counselling and health talks. We need to be careful about giving additional tasks to someone with one set of skills, rather than using someone else. For example, people with skills for HBC may not have counselling skills/aptitude; some responsibilities can be too much for CBWs, who also have to provide for their own households.

**Recommendation:** It is important to assess what the CBWs can and cannot do and achieve within the time available, leaving ample time for them to continue with their other livelihood ventures.

## **2.3 ChoiCe (Comprehensive Health Care) Trust**

### **2.3.1 Project profile and summary**

CHoiCe (Comprehensive Health Care Trust – HIV/AIDS) was established in 1997 as a non-governmental organisation (NGO) in response to the identified health problems in the rural areas around the Greater Tzaneen Municipality. ChoiCe is now an umbrella facilitating agent for the provision of health care services to rural communities in the Mopani District in Limpopo. CHoiCe is an accredited health care training provider, and has an agreement with the Department of Health to offer mentoring support to other organisations working with Home-based caregivers. The CBWs, which CHoiCe refers to as Community Health Workers, provide Home-based Care to community members in the rural areas.

During 2004, 232 volunteers were trained in aspects of Home-based Care. In 2005 CHoiCe had 228 active volunteers working in 119 villages within the Greater Tzaneen Municipality and performed in excess of 147,000 visits to healthy homes giving health talks and supporting families socially, spiritually and emotionally. With funding and partnership with the Department of Health and Social Development, CHoiCe provided 120 volunteers with stipends for 1 year. This required the introduction of stringent monitoring and evaluation controls.

Caregivers work 20-30 hours per week. Another cadre of CBWs is the volunteer coordinators who work 30-40 hours per week. This has been a challenge because both volunteers and coordinators work flexi hours depending on the needs of clients. ChoiCe has contact with the volunteer coordinators once every month to follow up on activities and support needed. CHoiCe coordinates the monthly payment systems for CBW – stipends and other payments. The CBWs are accountable to the volunteer coordinators. Coordinators, in turn, report to CHoiCe's project manager. They are also accountable to their local clinics where they meet with the nurse in charge on a monthly basis.

### **2.3.2 Costing of conventional service delivery model in the HIV & AIDS sector (e.g. clinic based PHC)**

Refer to the discussion on Golang Batcha above as this is also applicable to ChoiCe.

### **2.3.3 Current costs of delivering services by government and other service providers**

Refer to the discussions on Golang Batcha above as this is also applicable to ChoiCe.

### **2.3.4 Impacts of using CBWs as service providers**

#### **i) Impact of the pilot on the beneficiaries**

Definite impacts were found regarding the activities of the ChoiCe CBWs: detecting health issues in the communities around Tzaneen; raising health awareness; performing contact visits with patients; ensuring adherence to medication dosages; TB cross-referencing to

clinics; following up on defaulters, perceived good visibility and recognition as a quality institution – refer to the table on impact statistics below.

The impact quantities of ChoiCe CBWs are monitored and verified through e.g. surprise visits to CBWs patients (quantitatively and qualitatively), by volunteer coordinators, who receive additional financial reward for performing this important management task, however, qualitative measurements are not recorded in the reporting structure expected of the CBWs.

**Table 2.3.4 Detailed overview of services rendered by ChoiCe's CBWs**

<b>Core Activity statistics Jan – August 2006</b>	
<b>CBW numbers (active volunteers)</b>	
Highest number - Feb 2006	138
Lowest number - Aug 2006	120
Average	131
Clients Served - Sick People	23,091
Families Reached - Healthy Homes	114,929
<b>Total families / households</b>	<b>138,020</b>
<b>Included in the households</b>	
Child-headed families (included in OVC)	620
Grandparent headed households	2,523
<b>Activities within the households</b>	
PLWAs supported	1,062
Total no. of TB follow-up visits	25,858
Visits Conducted - Seriously Ill	7,277
Food parcels distributed	1,243
Visits with volunteer coordinator	879
OVCs Served	10,787
No. of OVCs referred (Social 837), Medical (843)	1,680
Condoms distributed (Male and Female)	103,235
Hours spent HBC	102,989
Hours spent otherwise	8,299
<b>Referrals total</b>	<b>11,773</b>
- Medical	9,394
- Social Welfare	1,220
- VCT	559
- TB	600
PLWA Monthly Support Groups	39
PLWA reached	622
Treatment Kits Refilled by DoH (incl. ChoiCe 54)	1,602
Number of patients treated from treatment kits	1,511
<b>Community-wide activities</b>	
HIV & AIDS Awareness Total Attendance	44,325
TB Awareness Total Attendance	72,626
Total Cub and Scout attendance	4,112
Children's Group Therapy attendance	326
Granny Groups attendance	739
Deaths reported in the communities	455

**ii) Impact of the project on the CBWs**

The CBWs are empowered, very well-trained (ChoiCe offers health-, organisational development-, and managerial training in-house), and CBWs are proud to be ChoiCe-affiliated.

CBWs receive employment-like benefits from ChoiCe, such as maternity leave, which is very positive in terms of creating a caring work atmosphere. It is noteworthy that, even with these seemingly attractive incentives, ChoiCe is experiencing real problems with CBW retention, and this will certainly serve as a recommendation in terms of counter-strategies for staff retention. By September 2006, only around 120 carers remained, performing community-based services.

Distribution of CBWs throughout the villages where ChoiCe's CBWs operate, closely reflect the spread of patients and OVC in the areas, demonstrating sensitivity towards equity in terms of "work-load" description.

### **iii) Impact on other service providers**

As with Golang Batcha, unmistakable support to clinics was detected (a Department of Health and Social Development (DoHSD) official remarked that the PHC system cannot function without these workers).

The relationship ChoiCe CBWs have with the clinic sisters is usually good but often the clinic sisters are perceived as being lazy and not attending to the clients properly. Our perception is that the clinic-CBW relationship is generally constructive. We did not pursue this issue further. A backup TB register is maintained by ChoiCe workers in every clinic (backup to clinic's/DoHSD register).

Kodumela ADP, an NGO which also participated in the impact study, cites ChoiCe as the leading organisation in primary health care training in Limpopo, indicating the scale-up potential of ChoiCe as a networking organisation (one of ChoiCe's main current strategic priorities is to pursue the possibility of becoming a more effective network organisation).

### **iv) Changes in the way the pilots work**

NGOs who are participating in the pilot study have been afforded opportunities, through Khanya-aicdd, to travel to the other provinces' pilot sites to share experiences. CBWs from Golang Batcha paid a visit to the ChoiCe site in 2005, and exchanged / shared lessons with their ChoiCe counterparts. This was seen as very positive by ChoiCe and other organisations in the action-research

### **2.3.5 Cost-effectiveness of the pilots/model**

When comparing the "core business" of ChoiCe CBWs to that of, e.g., Golang Batcha, it is evident that where Golang Batcha has a fairly consolidated focus on TB (and a certain amount of HBC activities), the ChoiCe CBWs have a substantially wider array of activities (not focusing on TB palliative care as much as GB). Kodumela ADP focus is wider, similar to ChoiCe, however, not quite as diversified when one considers all core activities which ChoiCe CBWs complete on a monthly basis.

Audited financial statements for ChoiCe were obtained for the financial year ending 31 December 2005, comprising a balance sheet, and 15 income statements (1 general, and 14 'per-donor' income statements). No consolidated income statement was included in the financial statements, nor an activity statement summarising the main activity costs of ChoiCe for the financial year.

The 15 income statements were combined, and categorised according to appropriate activities, with the costs summarised per activity, in terms of CBW- and non-CBW activity.

v) **Table 2.3.5 (a) Summarised income and expenditure for FY ending 31 December 2005**

Activity classification	(1) CBW Expense	(2) Non-CBW expense	(1) CBW Expense	(2) Non-CBW expense	Total Amount
	Apportionment basis		Amounts		
Administration	80%	20%	136,797	34,199	170,996
Caring materials purchased	100%		17,058	0	17,058
CBO Mentorship		100%	0	253,050	253,050
CBW expenditure - incentives	100%		78,820	0	78,820
CBW expenditure - stipends	100%		593,505	0	593,505
Community outreach expenses	100%		528,585	0	528,585
Income-generating Expenditure - Subcontracting		100%	0	28,330	28,330
Infrastructure	80%	20%	102,270	25,567	127,837
Management - meeting expenses	80%	20%	77,230	19,308	96,538
Management and Operations - Salaries	80%	20%	754,962	188,741	943,703
Marketing and promotions	80%	20%	30,806	7,701	38,507
Training	60%	40%	688,597	459,065	1,147,662
Travelling	80%	20%	16,992	4,248	21,240
<b>Grand Total</b>			<b>3,025,622</b>	<b>1,020,209</b>	<b>4,045,831</b>

Notes:

- CBW Expense - Attributed to the caregivers and their day-to-day activities, including training
- **Non-CBW Expense** - Attributed to other activities of ChoiCe, e.g. strategic activities, networking, non-CBW training, etc.

It may therefore be argued that ChoiCe achieves its impact with a total expenditure of R3 million per year (from a CBW point-of view). The cost of impact for 8 months, assuming a similar impact as for the 2006-year, would then be R2 million.

**Table 2.3.5 (b) significant impact indicators for all CBW activities**

PLWAs supported	1,062
Total no. of TB follow-up visits	25,858
Visits Conducted - Seriously Ill	7,277
Food parcels distribution	1,243
OVCs Served	10,787
No. of OVCs referred (Social 837), Medical (843)	1,680
Hours spent on HBC activities	102,989
Hours spent otherwise – non-core time	8,299
<b>Referrals</b>	
- Medical	9,394
- Social Welfare	1,220
- VCT	559
- TB	600
<b>Total Referrals</b>	<b>11,773</b>

It was decided not to attempt to express the costs per significant impact indicator, as we do not have sufficient data to break the costs down as such.

The impact indicator which defines the most of the above indicators, is the time spent on Home-based Care (HBC), viz. 102,989 for the 8-month period. The total cost divided by the HBC hours gives us a cost per HBC hour of R19.58.

The above was compared with cost statistics obtained from the World Health Organisation (WHO) specifically for SA. As this information was only available for 2000, the SA Consumer Price Index (CPI) (headline inflation rate) was used to adjust these costs to September 2006 (CPI from 2000 to September 2006 = 136.3 compared with 2000 = 100). It should be noted that the 2000 costs were converted from International dollars in 2000 (US dollar converted at purchasing power parity (PPP) for South Africa, providing a more valid measure to compare standards of living) – thus the impact of currency and PPP fluctuations since 2000 between the South African Rand and US dollar were not fully taken into account for the amounts stated:

### 2.3.6 Cost per bed day by hospital level & Cost per out-patient visit by hospital level

Unit costs are specific to public hospitals, with occupancy rate of 80% and representing the "hotel" component of hospital costs, viz., excluding drugs and diagnostic tests, and including other costs such as personnel, capital and food costs.

**Table 2.3.6 (a) Cost per bed day by hospital level**

Health care sector	RAND Sept 2006
Primary	168.26
Secondary	219.51
Tertiary	299.83

When comparing the above with ChoiCe's costs – from the information gathered during the study, it becomes clear that the focus on HBC of the CBWs largely negates the hospital admission of patients. The Primary Health Care sector's cost of R168.26 per day for hospitalisation may be compared with the cost of the time that a CBW spends with a patient. If one divides the total number of HBC hours for the 8-month period analysed above, by the total number of visits in terms of TB follow-up and seriously ill patients, one arrives at a time of 3.1 hours per visit, and at a cost of R60.80 per visit. This compares very favourably with the R168.26 cost per day for hospitalisation. It may also be argued, however, that this section is not a comparison, as hospital care (24 hours) cannot be compared with ChoiCe CBWs' patient visits – the one thus excludes the other: "hospital costs" include food, drinks and 24-hour specialised care including dressing, washing, eating, etc., which cannot be compared with a simple CBW-visit. However, it is significant to compare the amount of time spent on CBW-care, to avoid the cost of hospitalisation.

**Table 2.3.6 (b) Cost per out-patient visit by hospital level**

Health care sector	RAND Sept 2006
Primary	55.08
Secondary	78.12
Tertiary	115.57

The duration per out-patient visit is not available from the WHO statistics. However, if the ChoiCe costs per hour of R19.58 is used (for time comparative purposes only, as ChoiCe CBWs are performing supplementary services to the PHC Hospitals and clinics), an out-patient may be seen / treated for 3.5 hours – which seems to be an extremely long visit, when compared with the 20 minute-standard per visit to health centres below.

### 2.3.7 Cost per visit to health centre by population coverage for a 20 minute consultation

The table below gives the cost per visit to public primary care facilities, viz. health centres, at different levels of population coverage. It includes all cost components, including depreciated capital items, but excludes drugs and diagnostics.

**Table 2.3.7 Health Centre costs by population coverage for a 20 minute consultation visit**

Population coverage levels	RAND Sept 2006
50%	29.25
80%	29.25
95%	31.80

Population coverage refers to the percentage of the population with physical access to primary health facilities, defined as living within 5 kilometers or 1 hour away from the health facility.

Using the most conservative coverage level of 50%, the health centre costs R36.76 per 20-minute-consultation – spending this amount on a ChoiCe CBW would allow for a 1.9 hour visit to a patient's home, which seems to be a favourable comparison. As ChoiCe seems to be focussing on bedridden patients, this may not be a very good comparison, as their patients may not be able to get to health care facilities themselves.

### 2.3.8 Comparative cost-effectiveness of CBW and conventional systems of service delivery

Refer to Cost-Effectiveness Assessment performed above.

### 2.3.9 Impact of the CBW project on policy and systems

Refer to the discussion regarding CBWs at GB. The Limpopo DoHSD also indicated that the HBC CBW system is "here to stay", with the question remaining whether the CBWs will be up-scaled into a new nursing tier within PHC, with appropriate employment benefits. Functions will then shift from volunteers to workers.

### 2.3.10 Good practice emerging from the models

#### i. Revisions to the concept of the models?

No required revisions were detected for the ChoiCe model (method of managing CBWs in HBC), as ChoiCe has in many ways been the quality benchmark for many HBC CBOs in the Limpopo province and beyond.

It is unfortunate that the ChoiCe model, effective and strategically sensitive as it is, is now being forced to change by the DoHSD (unofficially): the 120-odd CBWs have to form their own CBOs of no more than 30 members, which will then liaise directly with the DoHSD regarding payment of stipends, submission of reports and other linkages.

#### ii. Generic good practice

##### *Who are the CBWs and how are they selected?*

The majority of ChoiCE CBWs are women between the ages of 30 to 50 years. According to the CBWs, the Department of Health announced at community meetings that they are looking for people who want to work as volunteers. They also made it clear that people will not be paid.

*During that time, some of us were already working as volunteers in the community. For example, I was actively involved in local youth structures...*

*I always wanted to combat poverty in my community and saw the call as an opportunity to make a contribution.*

*TB is rife in our community and I believe my small contribution towards fighting the disease is motivating me to continue....*

According to the CBWs, no selection criteria were followed in their recruitment. Anyone who wanted to volunteer was accepted. The provincial government has set standard 6 (primary education) as a minimum selection criterion for the carers.

*When we started, many people were prepared to become volunteers, but when they did not receive any financial benefit after three months, they quit.*

All volunteers have been formally contracted to ChoiCe, minimising the risk of uncertainty in terms of their duties and responsibilities.

#### *The work CBWs do*

CBWs have encountered problems with some community members' irrational fears and judgements, misinformation and traditional beliefs that fuel stigma against people living with HIV and/or AIDS. *Wherever we entered in the past, community members thought that there might be an HIV positive individual.*

Similar stigma and discrimination were corroborated by both GB and Kodumela during this study. Strongly held taboos and traditions by family members of patients have compromised many responses and stifled others. Some are very abusive, especially in the case of bedridden patients. *"I had one case where a patient was chased away by his family. The patient died. It was sad because one family member yelled at me: "Your dog has died!" I had to wash the corpse as none of the family members wanted to do it according to our culture..."*

The new selection criteria requires potential CBWs to have at least a Grade 8 (Standard 6) also bother the CBW. According to a CBW, *"educated people do not necessarily become the best CBWs."*

The CBWs indicated that they received diaries from the BCID project although they did not know much about the project (organisation). They further mentioned that ChoiCe management took a long time to respond to their queries in the past, but this has improved during the implementation of the project.

According to the CBWs, their tasks include the following:

- TB DOTS
- Encourage TB patients to undergo VCT, and if they are positive, then encourage them to disclose their status;
- Trace defaulters;
- Home-based Care (bedridden patients, wash, turn patients in bed, cook);
- Vulnerable children/ orphans;
- Mentally disturbed – referral to the appropriate professionals;
- Applications for birth certificates and IDs;
- HIV & AIDS support;
- Food parcel distribution, being in a very good position to know where there food shortages in the communities.

Also refer to impact statistics regarding the complete scope of services rendered by ChoiCe CBWs in table 2.3.4 above.

#### *Sectoral focus of CBWs*

As with GB and Kodumela, ChoiCe CBWs' health focus is essential; as the PHC system will not function without them (CBWs are indispensable).

#### *Hours they work*

Officially, the CBWs have to work between 5-8 hours from Monday to Friday. However, they also work in the evenings and over weekends. Community members contact CBWs anytime they wish, but this is certainly not unique to the health sector but across many community initiatives.

The CBWs' declarations regarding time spent, amounting to between 25-40 hours per week may be compared with the statistics reported through the ChoiCe management system: Taking the total hours reported by an average of 131 CBWs for the 8 months, one arrives at 4,8 hours worked per CBW per day if a 22-day work-month is assumed (5.3 hours worked if a 20-day work-month assumed). This implies that most CBWs keep to within the timeframe of around 25 hours per week.

#### *How they work (group meetings, individual visits, etc)*

A very well-developed and documented meeting and reporting structure was observed within ChoiCe: Volunteer coordinators are appointed over groups of CBWs (per area) to verify their reports through, e.g., surprise visits to beneficiaries (these coordinators are paid an additional amount to manage each CBW group). The coordinators then report on statistics and monthly challenges and successes to the project manager: outreach, at ChoiCe. Meetings were found to be well-documented throughout.

The local district TB manager's office (co-coordinator) has initiated its own statistics input form, which will ultimately lead to extra paperwork which could, in turn, decrease ChoiCe CBWs' effectiveness.

The CBWs' clearly distinguishable uniforms (black skirt with red shirt) seems to play a prominent role in securing recognition from the communities (branding seems to be good).

#### *Ethical concerns re: exploitation, non-supervisory matters*

Although the CBWs are clearly indispensable to the PHC system, the CBWs are not yet sufficiently recognised by the DoHSD to employ them as government employees with appropriate employment benefits, e.g. in a new nursing tier (refer to GB's situation, which is the same). We believe that the CBWs should become a new nursing tier, with appropriate management of performance. ChoiCe is pressing for the rights of these workers to be recognised in relevant government departments. In addition, it is lobbying for some funding for incentives for their hard work.

#### *Training, support and supervision*

The CBWs obtained training in the following:

- DOTS (ChoiCe)
- PMTT (Department of Health)
- Trauma (Department of Health)
- Mental Health (Department of Health)
- OVC
- Conflict management

The CBWs reported that they have their own meetings every Friday [only CBWs with volunteer coordinator]. The purpose of these weekly meetings is to share experiences and perform debriefings on weekly activities. They also meet on a monthly basis with the Department of Health and the ChoiCe Co-coordinator. The CBWs submit their monthly reports during meetings with the ChoiCe Co-coordinator. However, meetings with the FA are scheduled at any time there is a need to meet. The following quotations make it clear that the CBWs appreciate the support they receive from the FA:

*We get a lot of support from ChoiCe. The CBW Co-ordinator usually does spot checks [visits patients to verify information supplied]. What is good about this is that the ChoiCe representatives also visit sick patients with us. They really have time for us...*

*We are also provided with uniforms and writing material. I never struggle to complete my work....*

#### *Facilitating agent and role*

ChoiCe is the Facilitating Agent and has a very strong managerial and strategically-minded focus, which is transferred to the CBWs through capacity- and relationship building with the volunteer coordinators (organisational development- and managerial skills), viz. non-retention of managerial skills by the FA; regular capacity building is done with volunteer-coordinators. In practice this increases the likelihood of the CBWs being sustainable once they operate in their newly-formed CBO structures.

We observed a continuous effort by the FA to create a positive work environment for CBWs: benefits such as shoes, bibles, calculators, splash-proof jackets, skirts, shirts are supplied to the CBWs on a rotational basis, and a dedicated counsellor is available to the CBWs.

There is a threat to the sustainability of ChoiCe CBWs, in that the DoHSD instructed ChoiCe to form new CBOs of no more than 30 CBWs (separate from ChoiCe), or the stipends paid to ChoiCe (for on-payment to the CBWs) would be ceased (the reasoning behind this is unclear) and this has led to appropriate strategies being put in place by the FA to facilitate transition of ChoiCe CBWs into 30-strong CBOs with organisational development training and ongoing FA support until newly formed CBOs have procured sufficient operational funding.

ChoiCe funds the support group sessions (led by the volunteer coordinators), with budgets allocated to volunteer coordinators for travelling, cellphone airtime, stationery and refreshments.

Various other organisations want to be associated with ChoiCe – a renewed strategic focus of the FA seems to be that of becoming a network organisation providing mentorship to new organisations.

#### *Training CBWs receive (initial, ongoing)*

59-days training has been completed by all CBWs and ChoiCe does ongoing technical training and updates / also wider skills transfer (financial-, managerial-, scouts and cubs, human rights, etc.).

#### *Ongoing support and supervision and from whom*

Supervision is vested in volunteer co-coordinators, and ultimately also in the FA. Support, as described above, is received from the FA (particularly the project manager: outreach). "Individuals from ChoiCe sometimes accompany us on our house visits – they really have time for us."

Monthly meetings take place between ChoiCe and the DoHSD (supervision and feedback meetings). From a psychological support perspective, debriefings are performed weekly at

volunteer coordinator level (with a dedicated counsellor available), and annually at the volunteer conference day.

#### *CBWs' linkages with other support agencies*

The CBWs have linkages with the clinics, other NGOs and local ward committees.

*We usually meet with CBWs from other organisations when the Department of Health, for example, calls for a meeting. However, there is a lot of red tape. We as CBWs from different organisations cannot meet as we wish because of politics.*

*Many NGOs operate here. This creates confusion as we are duplicating services. We as CBWs of ChoiCe are sometimes sidelined by the Department of Health. They often refer to us as the elite group of CBWs...*

*There are too many NGOs. Nurses usually tell us that we [ChoiCe] think that we are the best...*

*We are part of the ward committees. We usually give feedback at ward committee meetings about the following issues:*

- Infrastructure
- Service delivery
- Food security projects
- Crime

When asked about their relationship with clinic staff, the following aspects were emphasized:

*Nurses used to look down on us in the beginning. But they are now rejoicing with us. They are happy for us and for the R500 stipend we currently receive.*

*Another problem is that patients sometimes lie to nurses about our work. We are very strict when it comes to the administering of treatment. Patients will then go to the clinic and tell the nurses that we are not treating them well. Instead of discussing this with us, nurses will usually throw tantrums about us getting R500 and then ill-treating patients...*

*We currently do annual checkups for TB to determine whether we are infected. I am worried because we have been informed that we are not covered [insured] in case of any harm to us. I am a suspected TB case...*

#### *Accountability*

The CBWs have signed contracts with the FA; however, the FA is exempted from any indemnity. The contracts included a code of conduct which indicates how the CBWs are expected to behave when interacting with the community. The code of conduct plays a significant role in that CBWs know exactly what is expected of them :

*If I know I will be out of town for a day or more, I will approach another CBW, to cover for me during my absence. I cannot leave my patients without treatment...*

Also refer to the well-developed accountability structure as described previously.

#### *In what way accountable to communities?*

The statistical reports are periodically printed out and presented at the community forums so that the community is aware of the volunteers and realise how hard they work (realise the impact of the CBWs).

*In what way accountable to FA and others?*

Reporting of activities to FA, answering to FA regarding non-performance through volunteer co-coordinators. Cows are also accountable to nurses in the clinics, and to Community Development Workers (CDWs).

There is however confusion between CDWs and CBWs - the municipality would like the CBWs also to report on the issues that they are experiencing in the village/community that they work in to the Ward CDW so that the CDW could take this further - the CDW has more authority to "make things happen." Presently there is no communication between the CBWs and the CDWs. There was a volunteer day for all the CBOs operating in Limpopo. There is an initiative to start a CBO forum in each district which then acts as a committee to report to the province.

*Who hires and fires?*

ChoiCe hires and fires, in collaboration with the volunteer co-coordinators. Simple disciplinary measures are in place: the CBW's stipend is stopped, the CBW is then called in to see the project manager: outreach with her volunteer coordinator at which time the disciplinary issue is discussed. This system seems to be functioning well (as very little disciplinary action has had to be taken against CBWs in recent times).

*Financing of CBW system*

The CBW participants started as volunteers in 1999 and the latest group joined in 2005. The CBWs have been receiving a stipend of R500 per month since May 2005. Some of the concerns of the CBWs in respect of their financial situations are captured in the following statements:

*Some of us have not been paid; maybe the reason is that we have too many volunteers...*

*We heard on the radio that the stipends of CBWs will be increased to R800 per month. We have never been informed about this, and tell me, why do CBWs in the Western Cape receive more than R1 000?*

*We help patients out financially. For example, if I arrive at one of my patients and find there is no soap, I would go and buy some. It is part of my duty to wash patients, but I cannot do this without soap. I therefore end up using my stipend to help my clients.*

*We usually have to pay for transport when we take orphans or vulnerable children to social workers. Social workers are at times not very supportive...*

*I once found a two-year old girl who has been abused. I decided there and then to open a crèche with my own money. It is difficult because some kids' parents cannot afford the crèche fees...*

Refer to cost-effectiveness analysis for detailed financing of CBWs.

*Monetary support and other incentives to CBWs*

CBWs receive stipends, while coordinators receive an additional amount in recognition of the additional tasks they have taken on/. Incentives like shoes, bags, uniforms, jackets, umbrellas, diaries, jeans on a rotational basis are given to all CBWs. The volunteer co-coordinators and ChoiCe have a brainstorming session every year and decide "this year we will give them..." Furthermore, employment-like benefits such as paid maternity leave and annual leave is on offer to CBWs.

*Financing of FAs to support CBWs and other costs*

Choice is sufficiently funded to operate on a 6-month operational expense 'buffer'  
Refer to cost-effectiveness analysis for detailed financing of the FA.

*Withdrawal and sustainability: How will the system be sustained (institutionally, financially)?*

The government-instructed (informal) splitting of ChoiCe CBWs into maximum 30-strong CBWs is a serious challenge to sustainability of the ChoiCe-level of quality CBWs, as there are no guarantees that all of the new CBWs will engage in the support on offer from ChoiCe to facilitate the transition to organisational sustainability. ChoiCe seems to have adequately positioned itself to facilitate transition into the above organisational split through the above support and, e.g., organisational development training. However, once again there are no guarantees that the new CBWs will sufficiently "lean on ChoiCe" sufficiently until an acceptable level of sustainability is reached.

The Non-Profit applications for the above CBOs have been completed and sent to the national Department of Social Development by CHoiCe on behalf of the CBOs (as their mentor) to get funding for next year. CHoiCe is acting as a mentor for these CBOs because the DoHSD only funds organisations that have been running successfully for a year or more.

High levels of stigma complicate the work of the CBWs, but we do not consider this as a serious barrier to sustainability – it seems that disease will be stigmatised wherever caring services are rendered (the stigma was detected at all the HIV & AIDS pilots).

Successful volunteer coordinators are building the capacity of other CBWs to be able to graduate to volunteer coordinators as well, thus facilitating succession planning.

A multi-NGO forum established in Limpopo will advise the DoHSD in future on "fly-by-night" CBOs, so as to leave only true and caring organisations with the potential of impact in the communities. If this initiative is not effective, the mushrooming of CBOs could be a threat to ChoiCe carers in terms of "competition" on the ground, viz. at the clinics (for TB referrals).

Even though the ChoiCe CBWs seem to be displaying a high level of loyalty to ChoiCe, the CBW component of choice has experienced significant CBW turnover – to the tune of 25% of the total staff complement (due mainly to well-trained CBWs moving into lay counsellor positions which are better paid). Recruitment of new CBWs is, however, an ongoing priority for ChoiCe. The turnover may very well be far less if the stipends for CBWs are increased to match the level of the lay counsellors.

*What happens to the CBWs (as individuals, collectively)?*

The overwhelming majority of the current CBWs should continue in their new CBO format to care for the communities, as they have done for many years, and we predict that they will most probably still be associated with ChoiCe for support and organisational development.

Individually, there is no clear career path within the CBW system (could become a volunteer coordinator, or in their new NGOs managerial positions may be attractive). The higher paid lay counselling positions (remain a threat in terms of putting pressure on the resources of NGOs / DoHSD in terms of recruitment and training of new Cows).

High levels of professional competition among CBOs was detected – aimed at ChoiCe by concurrent organisations (as being "elite") – people feel "threatened by ChoiCe". This could be a sustainability threat, both from communities (a risk exists that CBWs may not be accepted by communities) and policy-makers (a risk exists that ChoiCe may be perceived as professional competition) alike.

*What happens to the role of the FA?*

The FA will continue to position itself strategically in order to achieve maximum impact in health care. ChoiCe's role will most likely change to that of mentor and network partner, if the newly formed CBOs choose to be associated with it.

*How is the local CBW system linked to community structures?*

CBW involvement in other community structures, such as schools and churches, is monitored by ChoiCe, and statistics are kept on the prevalence of this, for future comparison. Link with clinics stands out as an important one, as the carers receive referrals from the clinics, and refer certain medical issues back to the clinics.

*Turnover of CBWs/cost of retraining/impact on the organization re: replacing*

Lack of DoHSD stipend funding has recently led to a significant decrease in ChoiCe CBW numbers particularly in 2005/06 (25% turnover). There seems to be an oversupply of CBW-type stipend workers in Limpopo, and while the overhead position is being consolidated, there will not be a marked increase in new CBW recruits at ChoiCe. It has been estimated that training a CBW from entry to an acceptable competence level costs+/- R10 000. Lay counsellors are paid R1 500 pm, thus three times as much as HBC CBWs – this logically lures many CBWs away.

*Positive spin-offs of CBW turnover*

A career path is clearly presented to the CBWs, and the high turnover suggests either internal malfunctions within ChoiCe, or the fact that ChoiCe's CBWs are of high quality. Our opinion is that it is the latter. If a new stipend-level is introduced to compensate CBWs, it may decrease the turnover significantly.

### **2.3.11 Specific issues for the 20 – 30 hour/week paid a stipend-paid model**

In addition to the issues identified elsewhere for the 20 hour model (specifically formalisation of the health care CBWs), the following issues were identified for the 20 – 30 hour per week stipend-paid model:

- Specific legislation may be required to regulate CBWs, in addition to the formalisation of their duties;
- It is important for the credibility of the stipend-paid health care worker system as a whole, that minimum training requirements, funding allocations (how many stipends funded per CBO), funding levels (what stipend does each carer receive), be standardised per province, and for SA as a whole. If this is not done, significant variances in terms of effectiveness may arise in the different provinces;
- The CBWs should link with the CDWs in their communities, as well as establish forums for collective discussion of challenges, etc. – this will only be to the benefit of the communities which they serve.

The following was taken from the Khanya publication "Guidelines (revised) for implementation of CBW pilots, 9 November 2005":

The knowledge gained (as identified below) was then benchmarked to our findings in-project, and cross-referenced to recommendations etc.

**Table 2.3.11 The 20-30 hours a week paid model (revised)**

	Applied by the pilot?	Recommendation generated?	Revision to guidelines generated?
There is a need for standardisation as some HBCs get paid, others do not; for example there is an M&E tool in place for submission of monthly reports and holding quarterly meetings;	✓	×	×
Social Development also provides support by giving food parcels to orphans and the critically ill through the local NGOs;	✓	×	×
If people are sacrificing 20-30 hours of their time, and providing a significant service, should government not be considering some real income support?	✓	✓	×
<b>The Community Based Worker:</b> With payment, the issue of selection becomes very important, and so criteria must be used and a formalised selection process	✓	×	×
<b>What hours do they work?</b> This is a considerable time that people are devoting and they should either be compensated or have other livelihoods;	✓	×	×
Carers are attached to clinics, assisting nurses in giving health talks in the mornings;	✓	×	×
Flexitime seems a good solution (e.g.Hospice).	×	×	×
<b>Monetary: What is an appropriate stipend?</b> E.g. R500 is now a benchmark for the 20-30 hours a week but this only covers costs;	✓	✓	×
Even though paid we should be providing other incentives, e.g. equipment and kits;	✓	×	×
How do we balance the purely volunteer approach and motivation against the paid CBW approach?	✓	×	×
Development of an overarching curriculum for CBWs on issues such as bookkeeping, project and financial management skills are important;	✓	×	×
Career pathing opportunities, e.g. upgrading carers through proper training;	✓	×	×
Refresher courses as to strengthen their skills and keeping them up to date with the latest developments;	✓	×	×
To improve accountability of CBWs to the community, there have to be systems in place through which communities provide feedback to the CBWs and the FA on services they are receiving and how they can be improved.	✓	×	×

### 2.3.12 Key findings about the way the project evolved and recommendations

**Comparison with CBW Pilot guidelines:** The following was taken from the Khanya publication "Guidelines (revised) for implementation of CBW pilots, 9 November 2005": The knowledge gained (as identified below) was then benchmarked to our findings in-project, and cross-referenced to recommendations, etc.

**Table 2.3.12 Generic guidelines applicable to all models (learning from experience towards best practice):**

	Applied / considered by the pilot?	Recommendation generated?	Revision to guidelines generated?
<b>Selection criteria:</b> Formalising and documenting selection criteria with the community (where possible);	×	×	×
Consider specific CBW attributes required to perform the service, e.g. physical strength / agricultural experience;	✓	×	×
Note sensitivity around HIV i.t.o. both the demand of the task and legislation of inclusion; community are not victims and the FA not rescuers.	✓	×	×
<b>Selection process:</b> Written selection guidelines for the process, and should be discussed with the wider community;	×	×	×
Facilitators (staff) should be familiar with the community prior to the selection process;	✓	×	×
Staff members should allow villagers to use their own election process that they feel comfortable with;	×	×	×
To what extent should the FA be involved in the selection process? How can the FA manage the complexities of communities given the time limit of their projects?;	×	×	×
Caution → some communities elect individuals to expose the incompetence of that individual.	N/A	N/A	N/A
<b>What work do CBWs do?</b> Better to have specialist or generalist CBWs?;	✓	×	×
It is important to assess what the CBW can and cannot do and achieve within the time available;	✓	×	×
Critical need for CBWs to be well linked with relevant authorities and service providers, public and private. Check whether they have the right set of linkages, which of these are critical and what needs to be strengthened.	✓	×	×
<b>What hours do they work?</b> It is therefore important to consider the sustainability of such an arrangement (hours vs. incentives);	✓	✓	×
Flexitime seems a good solution to consider to enable CBWs to harmonise the voluntary activities with their household needs (e.g.Hospice);	✓	×	×
Important to monitor the time devoted, to have some feeling of the quantity of work involved and how it is delivered;	✓	×	×
If too many hours are devoted it can become demotivating. The expectations should be indicated in a contract and job description so the CBWs have some control.	✓	×	×
<b>Who is the FA, and role they play?</b> Try and combine both models, government and NGO, to link government with communities, as well as with the private sector where relevant;	✓	×	×
The support to the CBW should not only be via the short-lived projects but should rather be associated with relevant/ partnering government department that will ensure continuity; ideally within a system where training would further volunteers' careers with accredited training, etc.	✓	×	×

	Applied / considered by the pilot?	Recommendation generated?	Revision to guidelines generated?
<b>What training do CBWs receive?</b> FA need to carry out training needs assessment similar to a performance appraisal with formal staff – this also needs to be budgeted for;	✓	×	×
Some content areas which seem to be standard are Participatory methods, Technical or subject matter and organisational and management;	✓	×	×
Other topics which are more general could also be incorporated, e.g. Conflict Management, Note Taking, Public Speaking, Drawing up of Action Plans, etc;	✓	×	×
Need for training of supervisors as well, otherwise FAs can be vulnerable with individuals. Training should not only be predetermined packages by the FA. CBW should be allowed to raise their challenges and the FA to offer training opportunities that would address such needs. Training is not necessarily formal training but can be experiential learning, viz. learning by doing;	✓	×	×
Training needs to be empowering so CBWs can manage their own affairs;	✓	×	×
There is a need to standardise training and enforcement of that standardised training. We should be looking to develop clear ideas on what should be standardised in the pilots;	✓	×	×
Issue of standardised curriculum and accreditation needs to link with quality assurance – training and product;	✓	×	×
How often is refresher or top-up training provided?	✓	×	×
<b>What ongoing support and supervision do CBWs get and from whom?</b> Need for good communication and regular contact so CBWs feel part of what is going on, and also so that referral is effective and leads to delivery of professional support. Important particularly with HIV affected persons and bereavement issues;	✓	×	×
Job descriptions should form part of the piloting methodology;	✓	×	×
Importance of having a good M&E system for quality control. The system needs to be formalised;	✓	×	×
The support provided to the CBW should be long-term – with FA's role linking programme to relevant government department that will ensure continuity.	✓	×	×
It is very important for health systems (human and animal), where there is a possibility of legal challenge, that the system is formalised with protocols, to ensure adequate supervision and referral, and a regulatory body to monitor service quality assurance;	✓	✓	×
It is important that all stakeholders clearly understand their roles in M&E and that resources for M&E are ensured before embarking on establishment of the CBW system;	✓	×	×
There is a challenge regarding freelance CBWs as to who ensures standards compliance.	N/A	N/A	N/A
<b>CBW accountability mechanisms - Who has the powers of hiring and firing of CBWs?</b> It is	✓	×	×

	Applied / considered by the pilot?	Recommendation generated?	Revision to guidelines generated?
important to carefully consider linkages between CBW, FA and community;			
If a specific client gets a service from a CBW, that CBW must be accountable to that client for that specific task;	✗	✗	✗
Mutual accountability needs to be strengthened through clear policy guidelines showing demarcation areas of responsibility – i.e. for what accountable.	✓	✗	✗
<b>Incentives:</b> Decide on a sustainable incentive system appropriate to the model you are using;	✓	✗	✗
Follow up in detail on any incentives actually provided, whether in cash, kind or other;	✓	✗	✗
Even when people are receiving a stipend or fee we should consider providing other incentives, e.g. equipment and kits;	✓	✗	✗
There may be a justification for piloting with stipends to demonstrate efficiency and effectiveness but then there must be some confidence it would be possible to replace these funds from the system or from donors, if sustainability is to be ensured;	✓	✗	✗
We need to monitor how we balance the purely volunteer motivation and how this is affected by payments? How fair is it to expect poor people to give even more of their time without some reward? When does community solidarity become exploitation?;	✓	✓	✗
Consider whether SMME projects are helpful for volunteers to maintain the involvement in the projects.	✓	✗	✗
<b>Withdrawal / sustainability:</b> It is important to conceptualise how sustainability is seen from the outset. For example, if the option considered likely is that of government support, they must be involved from the outset;	✓	✗	✗
Where CBW systems are well-established, the FA and Steering Committee should advocate legislation that protects and recognizes them as an entity, which could lead to government's commitment to offering decent incentives;	✓	✓	✗
Formation of consortia/forums would protect the rights of the volunteers and the community;	✓	✗	✗

### 2.3.13 Recommendations on Sustainability and formalisation of CBWs

**Finding:** It is clear that CBWs are indispensable to the Primary Health Care Sectors in both the Free State and Limpopo provinces. It is anomalous, however, that the CBWs are being paid a stipend, without their position being formalised in terms of the Primary Health Care Sector. CBWs are therefore not employees. The current monthly stipend in the Limpopo province is R500, as opposed to the R1 000 in the Free State.

CBWs do not sign employment contracts (with the Government, although they do with the FA - ChoiCe), do not have uniform job descriptions, and do not receive employment benefits (Unemployment Insurance Fund Benefits, Workmen's Compensation (COIDA) benefits).

See also preceding paragraphs in Golang Batcha section 2.2.11 – same for Choice

**Recommendation:** The provincial department of Health and Social Development should investigate possibilities in terms of formalising the positions of the CBWs, after conducting a provincial needs analysis, affording these workers more security (permanence) in terms of, amongst others:

Same recommendations as those in provided for Golang Batcha except last one -

- Standardising practices with the other provinces in SA.

**Finding - Governing body and specific legislation for CBWs:** No professional body (regulatory and advocacy) and specific legislation exists for the regulation and advocacy of CBWs, increasing the risk many times over that CBWs may be exploited and / or unsure of their rights and responsibilities, etc.

**Recommendation -** The department of Health and Social Development should investigate the possibility of founding a governing body, and introducing specific legislation governing CBWs, incorporating the other findings in this report, where applicable.

**Finding - CBW turnover:** Despite comparatively good “employment-like” benefits which ChoiCe’s CBWs receive, a very significant turnover of CBWs has occurred, for instance in the last 12 months (roughly 25% / 40 CBWs). This seems to be placing great strain on ChoiCe’s retraining capacity, as well as the sustainability potential of the CBWs and ChoiCe as an organisation.

**Recommendation -** ChoiCe should formulate a retention strategy to ensure that turnover of CBWs is minimised, decreasing the strain placed on retraining and sustainability. An investigation should be initiated into the reasons for the high turnover, and the retention strategy adapted accordingly.

**Finding - Formation of smaller non-ChoiCe CBOs:** It seems unfortunate that the ChoiCe model, effective and strategically sensitive as it is, is now being forced to change by the Department of Health and Social Development (unofficially): the 120-odd CBWs have to form their own NGOs of no more than 30 members, which NGOs will then be liaising directly with the DoHSD regarding payment of stipends, submission of reports and other linkages. ChoiCe seems to have significantly repositioned itself to build the management capacity of the new CBOs, assist with Non-Profit Organisation (NPO) applications for the new CBOs, funding support, etc.

The risk does, however, exist that not all of the newly-formed CBOs will submit to the ChoiCe support, leading to decreased sustainability potential.

**Recommendation -** ChoiCe should strategically endeavour to ensure that all of the newly created CBOs maintains linkage until such time as the CBOs are truly self-sustainable, ensuring continued high effectiveness in the beneficiary communities they serve.

**Finding - ChoiCe CBWs regarded as the “elite” (professional jealousy):** It appears that high levels of professional jealousy exists between ChoiCe’s CBWs and “competitor” CBOs, and other institutions / organisations. This may lead to non-cooperation between ChoiCe’s CBWs and similar organisations, decreasing collaboration, impact and sustainability potential.

**Recommendation -** ChoiCe management should consider purposeful branding initiatives which reinforce ChoiCe core values, viz. that of being a caring organisation, squarely focused on serving the poorest of the poor and nurturing emerging new organisations.

**Finding - non-verification of CBWs' numbers or training by the DHSD:** It appears that, in some cases, the Department transfers stipend funding to CBW organisations without verification of the number of CBWs actively involved in such organisations, or their levels of Primary Health Care training. This could imply wastage of resources in terms of transferring too much funding to certain CBOs, who do not have the human resources (both in number; and / or capacity) to effectively serve beneficiary communities.

**Recommendation:** The Department should implement a pre-payment verification system to verify that CBOs have the number of carers for which they are funded, and that these carers comply with minimum training standards.

**Finding – inter-CBO communication and CDW communication**

It seems as if there is confusion between Community Development Workers (CDWs) and CBWs - the municipality would like the CBWs also to report the issues that they are experiencing in the village/community that they work in to the Ward CDW, so that the CDW can pursue them further - the CDW has more authority to "make things happen." Presently there is no communication between the CBWs and the CDWs.

**Recommendation:** The initiative to start a CBO forum in each district which then acts as a committee to report to the province should be strongly pursued. This should include a formal reporting structure to the CDWs.

**Finding – Activity-based financial reporting:** ChoiCe's Audited Annual Financial Statements (AFS) (for the financial year ended 31December 2005) comprise a balance sheet and 15 income statements (1 general income statement, and 14 donor-specific income statements). The multitude of income statements contribute significantly to transparency and accountability in respect of ChoiCe's donors.

The AFS may be significantly enhanced, however, should the income statements be combined to reflect an activity-based income and expense statement (additional to the existing per-donor and general income statements). Examples of the proposed activity classifications are (not an exhaustive list):

- Training (internal), training (external)
- Community outreach
- Management and strategy
- Infrastructure, etc.

Such addition to the AFS (which may also be used to great effect during the financial year for financial reporting) will significantly enhance ChoiCe's ability to portray a very accurate picture of the activities of ChoiCe as a whole, and the associated costs thereof.

## **2.4 Kodumela Area Development Programme (ADP)**

### **2.4.1 Project summary and profile**

Kodumela (meaning “work hard”) ADP was founded in 2001 with funding from World Vision. It concentrates on working with children and therefore receives sponsorships for caring for the children from World Vision International. Kodumela ADP is operating in the development field assisting 5 different villages in its immediate vicinity with a communal garden, assisting schools in building classrooms and fences and purchasing computers. Kodumela had started working with clients that are HIV infected and bed-ridden clients in the community; however, its services have been expanded in terms of each carer serving an area of roughly 250 households on general health issues. There are approximately 30 carers, mostly women. All CBWs work 40 hours a week and their work involves providing information and counselling to community members and patients either going for HIV testing or seeking treatment, and supporting the elderly and children in accessing grants, obtaining documents, nutrition, etc.

World Vision Kodumela ADP seeks to procure continuous funding to ensure sustainability of the programme, recruit new carers, and update CBWs on policies and changes from the government and roles of the caregiver. The CBWs are accountable to Kodumela; their allocated local clinic, where they report to the nurses on a regular basis; their communities during mass meetings, and their ward councillors and tribal authorities on an ad hoc basis.

These CBWs also perform the following duties: home nursing, running health campaigns, raising awareness, counselling, building relationships with project stakeholders, referrals to clinics and hospitals, supporting the elderly and children in accessing grants, and identifying orphans and vulnerable children (OVCs) and providing follow-up support. The CBWs have received part of the 59-days Home-based Care training but very few have completed the course. Referrals are done to the clinic and the hospital and vice versa. Some of the villages only have a mobile clinic and the carers have to talk to the people while they are waiting.

A HBC coordinator supports 56 carers whom he visited during the reporting year. He held 26 meetings over this reporting period.

### **2.4.2 Costing of conventional service delivery model in the HIV & AIDS sector**

Refer to Golang Batcha and ChoiCe above, as well as the detailed Cost-Effectiveness Analysis work performed later on.

### **2.4.3 Current costs of delivering services by government and other providers**

Refer to Golang Batcha and ChoiCe, as well as the detailed Cost-Effectiveness Analysis work performed later on.

### **2.4.4 Impacts of using CBW model for service delivery**

#### **i. Impact on the beneficiaries**

The CBWs believe that they have made significant impacts on the lives of their respective communities. More specifically this includes the following (these statements have not been substantiated by tangible evidence):

- Being a conduit for information;
- Being a link person between the community and service providers/facilitating agent;
- Mobilising the community for learning campaigns;
- Training community members;
- Improving the health-seeking behaviour of the community;

- Reducing the numbers of TB defaulters.

The CBWs also mentioned that they do not know much about the action-learning programme, although it was evident that GB CBWs visited Kodumela ADP to share experiences during 2005.

Due to CBWs, people are no longer admitted to hospitals and do not have to visit clinics as often (if at all) as before the CBW system's introduction.

As with ChoiCe and GB, clear impact was evident, although no verification is performed of CBW statistics by coordinators (see ChoiCe as an example of verification of statistics). It seems clear that, without CBWs, patients and many of the less fortunate community members will have to endure more suffering – the DoHSD has confirmed that the HBC stipend-paying system is here to stay, and that these carers are indispensable.

Apart from general health care tasks performed by CBWs, food parcels from the Greater Tzaneen Municipality (GTM) are distributed by CBWs on an ad hoc basis (as they know where the nutritional needs are the highest), they obtain documents for bedridden patients (id's, certified copies, etc.), and raise medical awareness through plays, dramas, etc., at schools and community halls.

There is no minimum number of activities to be performed or households to be visited to qualify for the stipend (R500 per month) because each CBW has his / her area and the carer has to cover approximately 250 households per month, and is responsible for the families in these areas. This certainly leads to varying workloads for CBWs, which seems to be inequitable. An additional 35 non-stipendiary carers are also involved in CBW activities beyond those shown in table 2.4.4(a) below.

**Table 2.4.4(i) Community HBC programme annual financial report 2005/06**

Village	No. of carers (stipend-paid)	No. of patients in programme	No. of OVC in programme	No. of Child-Headed families	No. of Non-Child-headed families
Turkey	9	678	245	18	2232
Makgaung	5	240	58	21	880
Madeira	5	55	75	7	950
Sofaya	5	1500	250	12	2500
Moshate	5	244	157	12	1250
<b>Total</b>	<b>29</b>	<b>2717</b>	<b>785</b>	<b>70</b>	<b>7812</b>

The above statistics indicate a significant variation in patients, OVCs, Child-headed and Non-child-headed households, without a reallocation of CBW resources, immediately pointing to a significant lack of equity in the "work-loads" of individual CBWs.

#### **2.4.4(ii) Services provided by CBWs for the year**

Indicators	Annual
Clients served (all services)	103,082
OVCs served	808
Visits conducted	12,774
Families visited	11,765
Child-headed families	85

The above indicates serious discrepancies once the statistics reach the DoHSD, which leads to inferior data integrity at departmental level. It is absolutely imperative that uniform statistics reach the DoHSD. It is recommended that a meeting is held with DoHSD to acquire the

correct statistical classification and a uniform reporting format developed. It might also be worthwhile to network with ChoiCe in this regard, to mutually share mutual expertise regarding the statistics.

**Table 2.4.4 (iii) Comparison of services provided by Kodumela to ChoiCe's**

<b>Kodumela ADP</b>	<b>ChoiCe</b>
Clients served (all services)	Clients Served - Sick People
OVCs served	OVCs Served
Visits conducted	Visits Conducted - Seriously Ill
Families visited	Families Reached - Healthy Homes
Child-headed families	Child-headed families

ChoiCe's statistics are classified as Medical, Social Welfare, VCT and TB. This once again points to a discrepancy when the statistics reach provincial government level for a uniform classifications. The same recommendation serves as above.

#### 2.4.4 (iv) Clients served by age groups

	<b>Age group</b>	<b>Total</b>
HIV & aids	15-35	45
Tuberculosis	6-65	31
Cancer	40-70	1
Stroke	60-90	9
Others		29
<b>Total</b>		<b>115</b>

The above summary seems to be incorrect, as it needs to be balanced with the total number of patients per the programme. A consultation with the DoHSD is recommended to acquire the correct information about the statistics.

#### 2.4.4(v) Referrals made by type

<b>Number of referrals</b>	<b>Referral reason</b>	<b>Referral resource</b>	<b>Feedback received</b>
29	Social worker	Social grant	20 recovered, 9 waiting
1	Disabled	Occupational Therapy	Still waiting
24	VCT	Clinic	14 tested
5	cancer	hospital	waiting
<b>59</b>			

In addition, 575 Food parcels were distributed, with an additional 45 emergency food parcels distributed.

#### 2.4.4 (vi) Child and youth care

<b>Care category</b>	<b>No. orphaned by HIV&amp;AIDS</b>	<b>No. orphaned &amp; infected</b>	<b>No. orphaned not infected</b>	<b>No. infected not orphaned</b>	<b>No. of child/ youth h/ household</b>	<b>Total no. of beneficiaries</b>
Child	22	3	80	2	5	112
youth	12		25		15	52

The above table should be balanced with the Child-Headed households in the top part of the report. A further anomaly is the first 3 number columns – it is unclear how the first column could not be absorbed by one of the second or third columns.

PLWHA support groups were present in 3 of Kodumela's 5 CBW-serviced villages → no indication was given of CBW involvement in these groups. In addition, clothes and groceries were given to OVCs for June and July 2006, sponsored by ABSA, although no mention was made of the value or quantities of the donations. A garden was established at Kodumela for patients; however, no indication was given as to the production results, value of donations / input costs, sustainability plans for the garden, etc.

The ADP assisted in the formation of a children's choir which was formed in July 2005, and the CBWs taught children indigenous games, which points to psychosocial support rendered to the children.

## ii. Impact of the project on the CBWs - training

**Table 2.4.4 (g) Training conducted for Community HBC programme and caregivers extract from 2005/06 annual report**

No. of trainees	Type of training
22	DOTS
27	Home nursing
26	Wellness
13	Counselling
9	Hope
4	Making beds
2	Oral care

The above was confirmed by CBWs who stated that they felt empowered and became more skilled as a result of the CBW project. Additionally, the CBWs feel valued by the community especially around their work.

## iii. Impact on other service providers

As with ChoiCe and Golang Batcha, considerable support is rendered to clinics (CBW system indispensable to the PHC system). Kodumela ADP is a Faith-Based Organisation (FBO), and therefore works closely with churches to raise awareness around AIDS; to care for groups with people living with HIV and AIDS, and to take care of the orphans.

Other stakeholders that Kodumela works with are the municipality (GTM) and the local ward committees, when the identification and collection of food parcels are necessary, so that these parcels are distributed to the appropriate people.

Caregivers also recommend new families for housing to the relevant department. For example, the Department of Education is involved with the carers because it does do health talks (plays, dramas etc.) at the schools and identifies orphans for follow-up.

## iv. Changes in the way the pilots work

An official from the DoHSD mentioned that the pilots are "doing well" (without quantifying why she is of that opinion), but require more knowledge of government departments in Limpopo.

**Table 2.4.4 (h) Cost-effectiveness of the pilots/ model**

2005 Budget and Actual	Budget 2005	Actual 2005	Variance (B – A)
Stipends (Funded by DoHSD, and Kodumela own funding)	180,000	180,000	0
Salaries - coordinator and administrator	36,000	38,884	(2,884)
Travel	25,200	30,581	(5,381)
Catering & Groceries		28,108	(28,108)
Office costs (incl. furniture & equipment budget R20 000)	40,400	39,452	948
Health promotion	6,000		6,000
Audit	6,000	2,687	3,313
Service delivery requirements	65,217	39,625	
Wheelchairs	6,900	5,746	1,154
Bicycles	7,350	4,632	2,718
Magnetic name tags	3,150		3,150
HBC kits	21,000	14,603	6,397
Uniforms	18,225	14,644	3,581
Household material	3,600		3,600
Emergency food parcels	4,992		4,992
Administration	26,400	25,752	648
<b>Subtotal</b>	<b>205,217</b>	<b>205,088</b>	
<b>Total costs 2005/06</b>	<b>385,217</b>	<b>385,088</b>	<b>129</b>

Impact indicators – we did not detect significant impact indicators, therefore the following two indicators were selected for comparison.

- Number of patients in the programme 2,717
- Clients served (all services), thus individual service actions 103,082
- Total calculated annual time spent to achieve the service actions stated above with 30 CBWs, working 20 days per month and 4 hours per day) 28,800 hrs
- Cost per patient for a year's support (Rand) 142
- Cost per service incident (Rand) 3.74

The above was compared with cost statistics obtained from the World Health Organisation (WHO) (specifically for SA). As this information was only available as at 2000, the SA Consumer Price Index (CPI) (headline inflation rate) was used to adjust these costs to September 2006 (CPI from 2000 to September 2006 = 136.3 compared with 2000 = 100). It should be noted that the 2000 costs were converted from International dollars in 2000 (US dollar converted at purchasing power parity (PPP) for South Africa, providing a more valid measure to compare standards of living) – thus the impact of currency and PPP fluctuations since 2000 between the South African Rand and US dollar were not fully taken into account for the amounts stated:

**Table 2.4.4 (i) Hospital costs - per bed day by hospital level & Cost per out-patient visit by hospital level:**

Health care sector	RAND September 2006
Primary	168.26
Secondary	219.51
Tertiary	299.83

Unit costs are specific to public hospitals, with an occupancy rate of 80%, and representing the "hotel" component of hospital costs, viz., excluding drugs and diagnostic tests and including other costs such as personnel, capital and food costs.

Comparing the above with Kodumela's costs, from the information gathered during the study, it becomes clear that the focus on HBC of the CBWs largely negates the hospital admission of patients. The Primary Health Care sector's cost of R168.26 per day for hospitalisation may be compared with the cost of the time that a CBW spends with a patient (in Kodumela's case – all visits – patients and healthy community members). The Kodumela cost per visit is R3.74 – this includes visits which may well prevent hospitalisation (e.g. DOTS support). This compares very favourably with the R168.26 cost per day for hospitalisation. The lack of comprehensive statistics on the breakdown of services rendered by Kodumela is, however, problematic in achieving a more comparable benchmark. It may also be argued that this section is not a comparison, as hospital care (24 hours) cannot be compared with Kodumela CBWs' patient visits – the one thus excludes the other: "hospital costs" include food, drinks & 24-hour specialised care, with dressing, washing, eating, etc., which cannot be compared with a simple CBW-visit. It is, however, significant to compare the amount spent on CBW-care, to prevent the cost of hospitalisation.

**Table 2.4.4 (j) Cost per out-patient visit by hospital level**

	<b>RAND September 2006</b>
<b>Primary</b>	55.08
<b>Secondary</b>	78.12
<b>Tertiary</b>	115.57

The duration per out-patient visit is not available from the WHO statistics. However, if the Kodumela cost per service incident of R3.74 is used (for time comparative purposes only, as Kodumela CBWs are performing supplementary services to the PHC Hospitals and clinics), an out-patient may be seen / treated 18 times by a Kodumela CBW compared to conventional clinic.

The cost per visit to (public) primary care facilities, viz. health centres, at different levels of population coverage is provided in the next table. This includes all cost components including depreciated capital items but excludes drugs and diagnostics.

**Table 2.4.4 (k) Cost per visit to health centre by population coverage for a 20 minute consultation**

Population coverage levels	<b>RAND September 2006</b>
50%	29.25
80%	29.25
95%	31.80

Population coverage refers to the percentage of the population with physical access to primary health facilities, defined as living within 5 kilometers or 1 hour away from the facility.

Using the most conservative coverage level of 50%, and the health centre costs per 20-minute visit of R36.76: spending this amount on a Kodumela CBW would allow for 9.8 service incidents, which seems to be a favourable comparison.

### 2.4.5 Impact of the CBW project on policy and systems

Refer also to Golang Batcha and ChoiCe for discussion of the policy impact.

Lay counsellors are getting a larger stipend (R1,500) than CBWs, and therefore the caregivers are moving into the counselling programme where they can get more money.

DoHSD pays bulk stipends to NGOs, who then pay individual CBWs – a real risk exists of overpayment by the DoHSD (as opposed to relatively tighter payment internal controls detected in the Free State, although there seems to be “excessive” funding issues in that province as well).

### 2.4.6 Good practice emerging from the models

#### i. Revisions to the concept of the models

Supervision, and specifically verification of statistics presented by the CBWs is an area for improvement of the CBW-model used by Kodumela ADP

#### ii. Generic good practice

*Who are the CBWs and how are they selected?*

The CBWS are all women – dispersed, active and locally accountable community members who have already worked in a range of sectors, addressing services which are needed very frequently and so are best delivered locally. Although the CBWs indicated that no selection criteria was used when they became volunteers, they mentioned that they understand that a CBW should at least possess some of the following characteristics:

- An ability to uphold confidentiality;
- Be based in and drawn from the community he/she serves;
- Understand the local context;
- Be accountable to the community and to a facilitating agent;
- Be able to maintain and ensure quality service delivery.

*I looked at the community and saw how people are suffering. People were dying on a daily basis because of infectious diseases such as TB. This really affected me. I then decided to become a volunteer..*

*I have always been doing volunteer work: cleaning schools, praying for sick people. When it was announced that volunteers are needed, I jumped at the opportunity...*

*We were selected at a community meeting. There were no selection criteria. We were also told that we are not going to receive any money. Many people joined, but after a few weeks or months, decided to quit...*

*My ward councillor informed me that they are looking for volunteers. He also told me that those who are interested would have to pay for their own transportation to the workshop. Many people wanted to become volunteers, but did not have the money to attend the two-week workshop...*

*Look, many villages around here do not have clinics. We have at least closed that gap...*

As these comments from CBWs show – whereas there was no criteria, a selection process was followed – mainly through word of mouth and personal connections. It can also be shown that

Kodumela ADP strives to select true carers, but has found it more difficult since the introduction of the stipends (some CBWs seem to be 'in it for the money').

#### *The work CBWs do*

The following summarizes the tasks performed by Kodumela ADP CBWs:

- TB: DOTS, inclusive of referrals to and from clinics;
- Assist patients/community members to apply for grants;
- Assist with the distribution of food parcels;
- Look after vulnerable community members (abused children, orphans and the elderly);
- Disorganised families;
- Health campaigns (nutrition, HIV & AIDS, etc.);
- Referrals to social workers, government departments, etc.

#### *Sectoral focus of CBWs*

Refer to Golang Batcha and ChoiCe – same application.

#### *Tasks they perform*

Refer also to the work that CBWs do above

The DoHSD statistics books, which all CBWs have to complete monthly, contain exhaustive detail: HBC, TB, Health promotion activities, IMCI (Integrated Management of childhood illnesses), PMTCT (Prevention of Mother to Child Transfer), VCT (voluntary counselling and testing), mental health care – [we have particular concern re mental health care]. With the CBWs not being very strong on training, the identification of all of the above conditions and activities, including the mental health identification, may be just too much for them.

Roughly 250 households are supposed to be in each CBWs area; however, if one looks at the statistics, the distribution of households per area seems to be inequitable.

The DoHSD said in the past that Kodumela's data was overstated (this was apparently also the reason for the stipend decrease from the department). Although we did not detect overstatement as such, certain significant anomalies were identified within the statistics in the 2005/06 annual report – which requires Kodumela's urgent attention. It was acknowledged by management that the interpretation of the statistics has been a problem within the organisation. CBWs have to visit all families in their area inclusive of patients (once again, the statistics indicate gross inequities in workload distribution), and their clinic has to be visited once per week.

#### *Hours they work*

CBWs stated that some of them have to work more than the required hours to be able to complete the target of 250 households. We perceive the time worked by CBWs as a challenge, given the non-equitable distribution amongst them.

#### *How they work (group meetings, individual visits, etc)*

We did not detect formal minutes of meetings, which will serve as a recommendation for the immediate future.

#### *Ethical concerns re: exploitation, non-supervisory matters*

See discussions on Golang Batch and also ChoiCe in terms of the fact that government should upscale the CBWs to a formal nursing tier. Additionally, no debriefing or counselling takes place with CBWs to mitigate the stress, anxiety, grief and frustration which certainly accompany their heavy workload.

*Training, support and supervision*

The CBWs indicated that they received the following training:

- Caregiving;
- Personal hygiene;
- DOTS (1 week);
- Breastfeeding training workshop;
- HIV & AIDS and VCT (20 days);
- Home-based Care;
- Child care.

CBWs seemed not to be sufficiently trained: Six [6] have completed the 59-days (non-accredited) training from a total of 13 who attempted the course (Level 1 ancillary health care which is accredited) This implies that at Kodumela (and other HBC NGOs), certain CBWs may receive stipends without any training, which decreases the impact of the CBW system as a whole.

The CBWs also receive on-the-job training in terms of HIV&AIDS from the FA, however, there is a distinct shortage in accredited training, as was noted above.

*Facilitating agent and role*

The CBWs indicated that they have their own meetings once a month. They share information, provide solutions and support one another during such meetings. They also meet the FA on a monthly basis. The CBWs submit their monthly reports and also have to give an oral presentation. There are instances “*where the FA will go out and buy groceries for a family which we as CBWs feel need urgent support,*” indicated one CBW. However, another CBW indicated that the FA does not give them a chance to air their grievances during meetings.

The FA also visits patients at their homes and at clinics to assess whether the CBWs do their work properly. To our understanding, this happens on a minimal scale at present, and may be increased in the future.

*Ongoing support and supervision and from whom*

Kodumela ADP (the FA) supports and supervises the CBWs on an ongoing basis, the support base has recently been increased, as a coordinator has been appointed to manage these CBWs.

We also detected support and networking with churches in the area through the so-called ‘pastor’s forum’, comprising 10 churches.

*CBWs’ linkages with other support agencies*

The CBWs have seemingly strong linkages with the local ward councils, clinics, the DoHSD, churches and the FA.

*Accountability*

The CBWs indicated that they are accountable to the community, the FA and the clinics where they are based. A major concern arose concerning the CBWs’ accountability to the FA related to the signing of contracts:

*We signed contracts, but we never had the chance to read the contracts. We were forced to sign the contracts immediately...*

*We were also informed that there is no maternity leave here. We are supposed to educate the community about human rights, yet the FA does not respect our rights...*

The CBWs believe that the FA has the power to hire and fire.

*In what way accountable to communities*

There seems to be uncertainty regarding CBWs' accountability to their communities – it was stated that they are accountable to the village chiefs i.t.o. informing them of their activities, however, the CBWs are not accountable to the community i.t.o. hiring and firing.

*In what way accountable to FA and others?*

The FA hires and fires CBWs and monitors their performance. The verification of tally sheets' (HBC statistics per CBW) data is not done – it was stated that this is to be done in the near future. A coordinator's meeting is staged once per month, where the tally sheets with DoHSD statistics are submitted to the FA. The CBWs are supposed to plot their patients on a map of the 5 operational villages they work in, but this system is not operational yet.

As stated previously, the CBWs are accountable to the clinics, and the DoHSD concerning the tally sheet submission for statistical purposes. The CBWs are indirectly accountable to the European Union (EU) - donor of this programme in terms of the monthly tallies they have to submit.

*Who hires and fires?*

The FA hires and fires, in collaboration with the clinics, and communities.

*Financing of CBW system*

The CBWs indicated that they receive or have received the following:

- R500 monthly stipend (since July 2000)
- Stationery
- Diaries
- Uniforms

CBWs however raised major concerns about the fact that, from the end of September 2006, only 11 of them will receive a stipend (from the provincial government's funding, with the shortfall funded by Kodumela, until the end of 2006). For example, one CBW stated: "*We do not know what criteria will be used to select the 11 CBWs. When we ask, we are being told to leave the project if we are not happy...*" The FA later commented that the shortfall in terms of funded CBWs will be made good from Kodumela's own funds, but these will only available until the end of December 2006.

Refer to the cost-effective analysis performed above for detail on the financing of the CBW system. The Kodumela ADP HBC component was funded in 2005/06 through a European Union (EU) grant. It appears that this grant will not be sustained beyond 2006.

*Monetary support and other incentives to CBWs*

Stipends are only funded by the DoHSD to the level of 11 of 26 CBWs (15 internally funded only up to September 2006) and this poses a serious sustainability challenge – the ruling from the DoHSD is peculiar in that only 11 would be funded, as we understand the "rule-of-thumb" to be that NGOs up to 30 in number will be funded through stipends. Other incentives include uniforms, training, stationery, travel and network opportunities (Free State pilot projects and 4 country workshop).

*Financing of FAs to support CBWs*

Kodumela ADP has been able to support the CBW program with grant funding from the EU. It appears that this grant will not be sustained beyond 2006.

*Withdrawal and sustainability: How will the system be sustained (institutionally, financially)?*

World Vision typically only works in an area for 15 years, and then withdraws (aiming to leave self-sustainable operations behind), thus they will leave Kodumela in 2016.

Financially there is a massive sustainability challenge regarding stipends (only 11 of 26 CBW receive the DoHSD stipends from September 2006), and the EU (grant) funding will cease at the end of 2006.

DoHSD interviewed Kodumela's HBC clients and the results were very positive – the PMTCT seemed effective, children and parents seemed healthy (although the department could not say whether this was a direct consequence of the HBC activities), even after-hour calls are answered by the CBWs (this could however, also point to exploitation).

The DoHSD mentioned that the CBW system is here to stay, as part of the Expanded Public Works Programme. The HBC programme will be rolled out even further (already around 2 500 stipend-paid carers in Limpopo, just on the part of the department of Social Development's side). Further, the CBW pilot project has broadened the awareness of Kodumela and its operations, with e.g., the department of Public Works having contacted Kodumela for purposes of learning more about the operation.

The Home-based Care section of Kodumela has also been registered as a CBO, but still falls under Kodumela ADP for assistance in terms of administrative and financial expertise.

*What happens to the CBWs (as individuals, collectively)?*

There are relatively low employment opportunities in the area, thus turnover is likely to be fairly low – yet the work seems to be personally empowering for these CBWs. Collectively – the CBWs will continue, however, possibly on a smaller scale due to funding challenges. The group has been relatively stable, although about 20% have left from 2005 to 2006.

*What happens to the role of the FA?*

The FA will most probably maintain its supportive role until 2016 when the current ADP arrangement finishes. In addition, the FA has good linkages with community structures eg clinics, village chiefs, churches, schools.

*Turnover of CBWs/cost of retraining/impact on the organization re: replacing*

Turnover is low in numbers. 6 people have left since 2005 and although representing only 20% of the total, cost of replacement in term of retraining, seems to be insignificant, as training seems not to be a DoHSD prerequisite.

*Positive spin-offs of CBW turnover*

The skills acquired in CBW work have afforded a certain level of career-pathing to these CBWs, as they may be appointed as lay counsellors, and paid three times the CBW stipend.

#### **2.4.7 Specific issues for the 20 – 30 hour/week, paid a stipend-paid model**

In addition to those issues identified for Golang Batcha and ChoiCe (particularly regarding the formalisation of the health-care CBWs into possibly a formal nursing tier), debriefing services for health care volunteers is of the utmost importance in addressing the emotionally charged environment in which the CBWs operate.

The following was taken from the Khanya publication "Guidelines (revised) for implementation of CBW pilots, 9 November 2005":

The knowledge gained (as identified below) was then benchmarked to our findings in-project, and cross-referenced to recommendations etc.

**Table 2.4.9 The 20-30 hours a week paid model (revised)**

	Applied by the pilot?	Recommendation generated?	Revision to guidelines generated?
There is a need for standardisation as some HBCs get paid, others do not, for example there is an M&E tool in place for submission of monthly reports and holding quarterly meetings;	×	✓	×
Social Development also provides support by giving food parcels to orphans and the critically ill through the local NGOs;	✓	×	×
If people are sacrificing 20-30 hours of their time, and providing a significant service, should government not be considering some real income support?;	✓	✓	×
<b>The Community Based Worker:</b> With payment, the issue of selection becomes very important, and so criteria must be used as well as a formalised selection process.	✓	×	×
<b>The work that CBWs do, What hours do they work?</b> Considerable time is being devoting and people should either be compensated or have other livelihoods;	✓	✓	×
Carers are attached to clinics, assisting nurses in giving health talks in the mornings;	✓	×	×
Flexitime seems a good solution (e.g.Hospice).	×	×	×
<b>Monetary: What is an appropriate stipend?</b> , e.g. R500 is now a benchmark for the 20-30 hours a week but this only covers costs;	✓	✓	×
Even though CBWs are paid, we should be providing the other incentives, e.g. equipment and kits;	×	✓	×
How do we balance the purely volunteer approach and motivation against the paid approach?;	×	×	×
Development of a overarching curriculum for CBWs on issues such as bookkeeping, project and financial management skills are important;	×	×	×
Career pathing opportunities, e.g. upgrading carers through proper training;	×	✓	×
Refresher courses as a way of strengthening their skills and keeping them up to date with the latest developments;	×	✓	×
To improve accountability of CBWs to the community, there have to be systems in place through which communities provide feedback to the CBWs and the FA on services they are receiving and how they can be improved.	✓	×	×

#### 2.4.7 Key findings about the way the project evolved and recommendations

**Comparison with CBW Pilot guidelines:** The following was taken from the Khanya publication “Guidelines (revised) for implementation of CBW pilots, 9 November 2005”:  
The knowledge gained (as identified below) was then benchmarked to our findings in-project, and cross-referenced to recommendations etc.

**Table 2.4.7 Generic guidelines applicable to all models (learning from experience towards best practice)**

	Applied / considered by the pilot?	Recommendation generated?	Revision to guidelines generated?
<b>Selection criteria:</b> Formalising and documenting selection criteria with the community (where possible);	×	×	×
Consider specific CBW attributes required to perform the service e.g. physical strength / agricultural experience;	✓	×	×
Note sensitivity around HIV i.t.o. both the demand of the task and legislation of inclusion, community are not victims and the FA not rescuers.	✓	×	×
<b>Selection process:</b> Written selection guidelines for the process, and should be discussed with the wider community;	×	×	×
Facilitators (staff) should be familiar with the community prior to the selection process;	✓	×	×
Staff members should allow villagers to use their own election process that they feel comfortable with;	✓	×	×
To what extent should the FA be involved in the selection process? How can the FA manage the complexities of communities given the time limit of their projects?;	✓	×	×
Caution → some communities elect individuals to expose the incompetence of that individual.	×	×	×
<b>What work do CBWs do?</b> Better to have specialist or generalist CBWs?;	✓	×	×
It is important to assess what the CBW can and cannot do and achieve within the time available;	✓	✓	×
Critical need for CBWs to be well linked with relevant authorities and service providers, public and private. Check whether they have the right set of linkages, which of these are critical and what needs to be strengthened.	✓	×	×
<b>What hours do they work?</b> It is therefore important to consider the sustainability of such arrangement (hours vs. incentives);	×	✓	×
Flexitime seems a good solution to consider to enable CBWs to harmonise the voluntary activities with their household needs (e.g.Hospice);	×	×	×
Important to monitor the time devoted, to have some feeling of the quantity of work involved and how it is delivered;	×	✓	×
If too many hours are devoted it can become demotivating. The expectations should be indicated in a contract and job description so the CBWs have some control.	×	✓	×
<b>Who is the FA, and role they play?</b> Try and combine both models, government and NGO, to link government with communities, as well as to the private sector where relevant;	✓	×	×
The support to the CBW should not only be by the short-lived projects but rather associated with relevant/partnering government department that will ensure continuity. Ideally within a system in which training would further volunteers' careers with accredited training, etc.	✓	×	×
<b>What training do CBWs receive?</b> FA need to carry	×	✓	×

out training needs assessment similar to a performance appraisal with formal staff – this also needs to be budgeted for;			
Some content areas which seem to be standard are Participatory methods, Technical or subject matter and organisational and management;	X	✓	X
Other topics which are more general could also be incorporated, e.g. Conflict Management, Note Taking, Public Speaking, Drawing up of Action Plans, etc;	X	✓	X
Need for training of supervisors as well, otherwise FAs can be vulnerable with individuals. Training should not only consist of predetermined packages by the FA. CBW should be allowed to raise their issues and the FA should offer training opportunities that would address such needs. Training is not necessarily formal training but can be experiential learning, viz. learning by doing;	✓	X	X
Training needs to be empowering so CBWs can manage their own affairs;	X	✓	X
There is a need to standardise training and enforcement of that standardised training. We should be looking to develop clear ideas on what should be standardised in the pilots;	X	✓	X
Issue of standardised curriculum and accreditation needs to link with quality assurance – training and product;	X	✓	X
How often is refresher or top-up training provided?	X	✓	X
<b>What ongoing support and supervision do CBWs get and from whom?</b> Need for good communication and regular contact so CBWs feel part of what is going on, and also that referral is effective and leads to delivery of professional support. Important particularly with HIV affected persons and bereavement issues;	X	✓	X
Job descriptions should form part of the piloting methodology;	X	✓	X
Importance of having a good M&E system for quality control. The system needs to be formalised;	X	✓	X
The support provided to the CBW should be long-term – with FA's role linking programme to relevant government department that will ensure continuity;	✓	X	X
It is very important for health systems (human and animal), where there is a possibility of legal challenge, that the system is formalised with protocols, to ensure adequate supervision and referral, and a regulatory body to monitor service quality assurance;	X	✓	X
It is important that all stakeholders clearly understand their roles in M&E and that resources for M&E are ensured before embarking on establishment of the CBW system;	X	✓	X
There is a threat to quality with freelance CBWs as to who ensures standards compliance.	N/A	N/A	N/A
<b>Accountability mechanisms of Cows: The powers of hiring and firing of CBWs:</b> If topic is of general community interest e.g. health, it may be best to have a general representative structure, However, if very narrow interest then it might be better to be accountable to the group that has a very real interest in the issues. Community should monitor who is accessing services or not, overall quality of services, back-up support, etc;	✓	X	X

Consider strengthening community accountability, either through legal or informal structures, but with real powers;	×	×	×
It is important to carefully consider linkages between CBW, FA and community;	✓	×	×
If a specific client gets a service from a CBW, that CBW must be accountable to that client for that specific task;	✓	×	×
Mutual accountability needs to be strengthened through clear policy guidelines showing demarcation areas of responsibility – viz. for what accountable.	×	✓	×
<b>Incentives:</b> Decide on a sustainable incentive system appropriate for the model you are using;	×	✓	×
Follow up in detail on any incentives actually provided, whether in cash, kind or other;	×	✓	×
Even when people are receiving a stipend or fee we should consider providing other incentives, e.g. equipment and kits;	✓	✓	×
There may be a justification for piloting with stipends to demonstrate efficiency and effectiveness, but then there must be some confidence it would be possible to replace these funds from the system or from donors, if sustainability is to be ensured;	✓	✓	×
We need to monitor how we balance the purely volunteer motivation and how this is affected by payments. How fair is it to expect poor people to give even more of their time without some reward? When does community solidarity become exploitation?;	✓	✓	×
Consider whether SMME projects are helpful for volunteers to maintain their involvement in the projects.	✓	×	×
<b>Withdrawal / sustainability:</b> It is important to conceptualise how sustainability is seen from the outset. For example, if the option considered likely is that of government support, they must be involved from the outset;	×	✓	×
Where CBW systems are well-established, the FA and Steering Committee should advocate legislation that protects and recognizes them as an entity, which could lead to government's commitment to offering decent incentives;	×	✓	×
Formation of consortia/forums would protect the rights of the volunteers and the community;	✓	×	×

#### 2.4.8 Recommendations on Sustainability and formalisation of CBWs

Refer too to ChoiCe and Golang Batcha for similar finding and recommendation. Specific ones for Kodumela ADP CBWs include:

**Finding:** The statistics input sheets (“books”) required by the Department of Health and Social Development, seem to be excessive, e.g. they contain a section on the Mental Health of patients, which certainly raises an impact concern – the CBWs do not seem to have been trained in Mental Health assessment, yet it seems as if they have to perform tasks concerning this component of health, due to the generic input sheets which they have to complete.

**Recommendation:** Linked with the formalisation of CBW HBC duties in terms of legislation and contracts, CBWs should not be presented with statistics input forms which do not relate to their required performance, removing uncertainty from the process.

**Finding - Management expertise:** Management capacity seemed to require enhancement within Kodumela

- No verification of carer-reported contact statistics is performed; no reconciliation of patient numbers (opening vs. closing) is performed, workload distribution is not equal between all carers who are members of the CBO and not all activities of carers are captured as part of the monthly statistics sheets;
- Certain activities seem to be incorrectly captured, viz. not classified correctly as per the Department of Health and Social Development's standards.

This leads to a decrease in the usefulness of monthly and annual statistics to demonstrate impact, possible exploitation of members (overloading certain members), ultimately leading to the absence of data integrity on the macro-level, viz. when the province compiles its statistics. Further risks include non-detection of incorrect (or fraudulent) reporting of patient visits and HBC activities

**Recommendation:** Management of the Kodumela carers should be enhanced through:

- Design and implementation of a formal management definition, and allocation of the appropriate human resource to this position;
- Verification of contact statistics on a regular, surprise-basis;
- Reconciliation of statistics from month to month;
- Defining a workload distribution system, ensuring equity between the carers of Kodumela, wherever practicable;
- Accurately and completely capturing all activities of CBWs, to enable an accurate and complete portrayal of the entire activity-span of Kodumela. These statistics should be captured as per the Department of Health and Social Development's standards. It may be necessary to consult with the department and / or other similar organisations to standardise the capturing of statistics.

**Finding – Debriefing of CBWs:** CBWs are continuously exposed to dangers (attempted rape, aggressive dogs), frustrations (unwilling / defaulting patients), grief (dying patients, defaulting patients) etc., however, no dedicated debriefing structure has been instituted in terms of how Kodumela operates (including lacking dedicated counselling).

**Recommendation:** Criminal cases should be reported to the authorities immediately, and an appropriate debriefing and counselling system implemented for the carers as soon as possible.

**Finding – Governing body and specific legislation for CBWs**

Refer to similar finding for Golang Batcha and ChoiCe

**Finding – governance structure of Kodumela – minutes of meetings:** The study did not detect formal minutes of meetings, which may decrease the impact of the organisation's carers, in terms of not affording timeous, documented follow-up of challenges and problems for the organisation.

**Recommendation:** All Kodumela carer meetings should be minuted and properly filed.

**Finding – rapport between the Facilitating Agent and the CBWs:** Indications were detected that a lack of rapport may exist between the Facilitating Agent and the CBWs, which may decrease the effectiveness of Kodumela's carers, in that challenges and problems might not be implemented effectively at FA level.

**Recommendation:** The relationship between the FA and the CBWs should be analysed independently, with shortcomings addressed as a matter of urgency. The FA should create a working atmosphere in which CBWs can be free to raise their grievances.

**Finding – lack of operational funding beyond 2006:** Kodumela ADP was funded recently in terms of a European Union grant, however, this grant will not extend beyond 2006, implying serious financial sustainability risk in 2007 and beyond.

**Recommendation:** A concerted attempt should be initiated to attract sufficient funding for the sustainability of Kodumela's CBW component from 2007 onwards. A discussion with the Department of Health and Social Development may be worthwhile, as we understand that CBOs will be funded by them up to a level of 30 carers per CBO.

**Finding – seemingly insufficient training:** CBWs seemed not to be sufficiently trained as none have completed the 59-days (non-accredited) training, and regarding Level 1 ancillary health care (accredited) only 6 CBWs have completed (passed the assessment component) this training – this implies that at Kodumela ADP, certain carers' may not possess the minimum level of required competence to practice as HBCs.

**Recommendation:** Kodumela should devise and implement an enhanced training strategy, to ensure that its carers are adequately trained as soon as possible.

## **2.5 Ramalema Environmental Pollution Prevention Project**

### **2.5.1 Project summary**

Ramalema was founded in 1998 as an NGO, with a constitution. Ramalema's management team consists of 4 members and approximately 18 volunteers (the CBWs). They were advised initially by a professional environmental inspector because there were hypodermic needles found in the river where local children swam. The project concentrates on land, water, air and sound pollution. There are ongoing 'clean-up' campaigns in the community organised by Ramalema.

CBWs tasks include cleaning the environment by picking up refuse from the streets, sorting waste to recycle, e.g. separation of bottles and plastic, and the inspection of food and animal care in their area. Many of the community members also sort the refuse in their homes and bring the glass bottles and paper to the premises where Ramalema has its base for recycling. The CBWs were selected when the project was proposed to the villages and people were asked to volunteer. Interviews were conducted by the forum and the selection of the volunteers processed. The CBWs work approximately 30 hours a week, and are not remunerated. They have received training from the Department of Labour in terms of management and clerical skills and the volunteers attended an IDASA workshop.

Ramalema claims that their village is one of the cleanest in the Greater Tzaneen Municipality – there is less litter lying around and the water streams are no longer polluted. Ramalema's vision is that this project should sustain the livelihoods of the local residents with an income in the future.

### **2.5.2 Costing of conventional service delivery models in the natural resource extension /sector**

Ramalema functions due to the Greater Tzaneen Municipality's (GTM) non-declaration of a local refuse site with the necessary vehicles, employees allocated to service the area, etc. Ramalema does not fall within the agricultural sector, but does fall within the Community-based Natural Resources Management sector (CBNRM).

### 2.5.3 Current costs of delivering services by government and other providers using conventional models

As Ramalema functions due to the GTM's non-declaration of a land-fill site (and providing the services associated with it), comparison to conventional models will not add value to this study.

### 2.5.4 Impacts of using CBWs as service providers

#### i) Impact of the pilot on the beneficiaries

One of the major impacts of the pilot is that the area in which it operates is cleaner (stated by the CBWs, FA, stakeholder forum and the board), although no tangible evidence was provided to support this statement. The pilot project has also succeeded in teaching the youth and other community members in 5 villages, about the benefits of a clean and unpolluted environment. The community has also been provided with evidence on the health effects of air pollution. As one volunteer remarked *"We see ourselves as offering solutions to improve our air quality that will benefit us all socially and economically. We encourage the public to speak out on these issues."*

The community is encouraged to dump waste into Ramalema's system of refuse collection, to earn money for the area (through recycling) and possibly create jobs in the future. In addition, local schools have been taught to recycle rather than to burn refuse.

The DoHSD said that even though Ramalema is not funded, it seems to be working effectively in cleaning the villages in which it operates; however, we could not gather any tangible evidence to support this statement.

Ramalema produced an operational report for the period 1 March to 30 June 2005, containing general information on its organisation. No specific performance targets, compared with actual results, were stated in this report. No similar report has been released since the stated report. Challenges mentioned (which all translate to current performance barriers, in our opinion) focused on:

- Poor beneficiary (CBW) and management performance regarding planning, maintenance of the programme;
- Registration as a CBO (assuming also the registration as Non-Profit Organisation (NPO));
- The issue of corporate governance;
- The "transformation of powers amongst other member of the organisation" – assuming that this pertains to duties and responsibilities of Ramalema's officials;
- Networking and partnership facilitation;
- Purchasing of necessary resources;
- The allocation of a permanent site for waste storage and sorting;
- Formulation of marketing strategies for waste collected;
- Setting appropriate service conditions for beneficiaries (CBWs' "working hours"), and instituting a remuneration structure for the CBWs.

#### ii) Impact of the project on the CBWs

CBWs raised the following regarding the impact of the project on their lives:

##### a) Positive impact:

- Networking possibilities created with other CBW NGOs (referring to the Free State CBW NGOs visiting Limpopo in 2005 and those within their community), affording the CBWs the opportunity to network and increase their visibility throughout their communities, increasing their employment potential in the process;

- Personal empowerment and pride – they were without a purpose in life before, now they are engaged in a project with tangible impact potential, rendering an important service in their community;
- Earning funds for Ramalema through recycling, which could sustain the organisation and create employment in the long run, if recycling increases sufficiently.

**b) Negative impact:**

- Inability to buy food. It is difficult to be productive when hungry, and this points to the possible non-sustainability of non-remunerated volunteerism in this area;
- The community not being supportive during cleaning campaigns. *“The community tells us to go and do our work on our own as we are being paid for what we do.”*;
- The facility that we use might be taken over by another government department. *“We do not know what is going to happen to us”*;
- Not receiving a stipends;
- Lack of uniforms and / or protective clothing;
- Not being provided with transport during cleaning campaigns. The volunteers have to walk long distances in extreme weather conditions.

**iii) Impact on other service providers**

The refuse removal burden of GTM seems to have been alleviated somewhat, although this presents a short term response, as one would expect the municipality to render these services.

**iv) Changes in the way the pilots work**

The CBW pilot project has brought networking possibilities to the pilot FAs and CBWs, as was illustrated with the Limpopo CBWs visiting those of the Free State, and also representation at the national and 4 country workshops.

### **2.5.5 Cost-effectiveness of the pilots**

As no significant impact indicators could be identified surrounding Ramalema activities, one might argue that the network established between the community in the 5 villages, the stakeholder forum of Ramalema, the board of Ramalema, the FA, and the CBWs, is Ramalema’s greatest impact. A cost-effectiveness calculation would therefore not seem appropriate.

### **2.5.6 Comparative cost-effectiveness of CBW and conventional systems of service delivery**

As Ramalema functions due to the GTM’s non-declaration of a land-fill site and providing the services associated with it, comparison to conventional models will not add value to this study.

### **2.5.7 Impact of the CBW project on policy and systems**

It may be argued that it is good for job-creation to establish a recycling and environmental education NGO in every rural village in the country; however, it is submitted that such an NGO should not be responsible for / replace the local municipality’s responsibilities in terms of basic service delivery.

### 2.5.8 Good practice emerging from the models

#### i) Revisions to the concept of the models?

The model should be revised in the sense that CBWs should be remunerated by the municipality for the environmental cleaning services rendered. Furthermore, volunteer contracts should be signed to clarify the expectations and responsibilities of volunteers.

#### ii) Generic good practice

##### *Who are the CBWs and how are they selected?*

The majority of the CBWs are women between the ages of 28 to 52 years. According to the CBWs, the Department of Health hosted a community seminar which mainly highlighted the impact of air pollution on infectious diseases such as tuberculosis (TB). The women in attendance then asked themselves what could be done as their families were severely affected. The women then decided to become volunteers. Anyone was free to join the group.

##### *The work CBWs do*

The volunteers work from 8:00 to 16:00 daily. Their main tasks include:

- Recycling paper and glass;
- Cleaning campaigns: streets, taxi rank, and other public places;
- Indications are that the CBWs refer certain occupational health and hygiene matters to the government environmental health practitioners for investigation (e.g. suspected poor hygienic practices by a food services provider) – this seems to have created tension between Ramalema and certain community entities / individuals.

The weekly programme of the volunteers follows the following schedule:

**Mondays:** collect bottles at bottle stores and taverns

**Tuesdays:** clean streets, and other public places

**Wednesdays – Fridays:** work on site

##### *Sectoral focus of CBWs*

Environmental cleaning is essential in the area, however, it is actually the municipality's responsibility. Regarding the focus of Ramalema on water-, air-, land- and sound pollution – we are uncertain as to the necessity of this wide scope – it may be appropriate for Ramalema to focus more narrowly on, e.g., land pollution for their clean-up duties, with all four being focused on when the educational side of Ramalema's strategy has been addressed.

##### *How they work (group meetings, individual visits, etc)*

CBW meetings take place with management weekly, i.e. every Thursday. The CBWs' project manager has discretionary access to GTM administrative facilities – the CBWs have no administrative infrastructure of their own. The Department of Public Works allows Ramalema to use its land, with storage facilities for their activities. All forms of pollution are combated by Ramalema through educational campaigns in the villages. Sound pollution is addressed with the help of the police services, e.g. if high-volume in recreational activities these are carried on by village members. Air pollution is addressed by primarily reminding and educating schools not to burn refuse, but to recycle it. Land- and water pollution is combated through education campaigns, and by the CBWs' physical cleaning activities.

##### *Ethical concerns re: exploitation, non-supervisory matters*

Not paying the CBWs for services which the GTM should be rendering, may very well amount to exploitation. Further, certain CBWs felt that the current management of Ramalema does not have the necessary skills to manage the project.

*Training, support and supervision*

The volunteers obtained training in Business Management (2 weeks) from Nketo Network and the Department of Labour. They also received training in Marketing (1 Month).

Training of CBWs is irregular – only if Departments of Labour and Environmental Affairs have training, thus very ad hoc.

There are very little formal administrative activities (ad hoc use of GTM offices), however, there is seemingly good support from the stakeholder forum (GTM LED Official, Limpopo Safety and Security representative, ward councillors, local businesses, and environmental health practitioner) and the board.

The volunteers do not hold meetings on their own, but meet every Thursday with management. Proposals and strategic plans are discussed, and the volunteers give feedback about campaigns conducted during these meetings.

*Facilitating agent and role*

The FA does not play a major role, as these CBWs are all volunteers and fairly self-managed, however FA plays an important networking role in terms of informing the stakeholder forum, the board, CBWs, the CBW pilot project, GTM, etc.

*CBWs' linkages with other support agencies*

The volunteers were not aware of any linkages that Ramalema has with other support agencies other than those stated above.

*Accountability: In what way are CBWs accountable to communities?*

The volunteers are accountable to the management of Ramalema, with seemingly sound accountability to the board, and indirectly to the stakeholder forum, but not to the community.

Monthly stake-holder meetings are held, however, progress with Ramalema's objectives is seriously hampered by lack of funding (for e.g. transport, marketing, remuneration).

*In what way accountable to FA and to others?*

The FA plays more of a linking role, CBWs are not really accountable to the FA. No other accountability was detected. The board has the power to hire and fire a CBW.

*Financing of CBW system*

The volunteers do not receive any incentives. The following responses were provided by volunteers when asked what keeps them motivated despite the lack of financial benefits:

*We were informed about the financial situation of the project during a meeting. We understand the precarious situation of the project, but the municipality can at least contribute between R100 and R200 per month for us....*

*We survive on social grants, especially child grants. My husband is not working, it is difficult...*

*I keep going on because I hope that our community's health status will improve and, on a personal note, that my living circumstances will improve.*

*We are just hoping for the best....*

*I keep going because ever since I became a volunteer, I have gained experience that no school would have ever provided me... When I see a paper, I already know the benefit of recycling it. I see the financial value of the paper, unlike in the past.*

**Table 2.5.8 Financial report March to June 2005**

<b>Costs</b>	
Stationery	560
Uniform	2,840
Refuse bags	680
Transport	2,414
Catering	140
Communication	410
CBW remuneration	1,320
Typing& copies	55
Petty Cash	600
<b>Total</b>	<b>9,019</b>

The above figures were the only financial information that we obtained from Ramalema – no financial information was available after June 2005. However, we were informed of a fraud incidence that occurred due to lack of transparency with the little funding Ramalema had. Indeed, former board members misappropriated funds, and have since been jailed. There seems to be around R20 000 in their bank account at the moment (September 2006).

#### *Monetary support to CBWs*

Ad hoc compensation received, refer to previous information, seems to be insufficient.

#### *Other incentives to CBWs*

Uniforms initially supplied to CBWs, e.g. overalls, gloves, masks and boots.

#### *Financing of FAs to support CBWs*

The FA is not financed in this role, based on the information we have received.

#### *Withdrawal and sustainability: How will the system be sustained (institutionally, financially)?*

The CBW system here will only be sustained with great difficulty – as the cleaning service is largely a service which the GTM should provide.

The project has also been chosen as a pilot village by the Department of Environmental Affairs, although no tangible evidence was presented as to how this would contribute to Ramalema's sustainability. Further, Ramalema's work is part of the area's Integrated Development Plan (IDP) priorities, which could indicate sustainability potential. The board's vision is to upgrade Ramalema to a commercial venture, and stakeholders were very adamant that Ramalema will still exist in 2011.

Many members have been lost to the program, and a general lack of business knowledge amongst the CBWs and FA is certainly a barrier to sustainability. A strong partnership has been formed with Ramalema's businesses – they now have a place to "dump" their refuse. Another barrier to sustainability of the project is the lack of sustainable transport for refuse removal. Further, No GTM has not yet identified a landfill site, which could be interpreted as a short-term positive impact indicator, i.e. Ramalema's services will be needed for the foreseeable future.

Ramalema is the last of 9 villages' clean-up projects still standing (Ramalema was part of a business plan in 2001 which was drafted for the 9 villages), due to good stakeholder support. The question though is whether Ramalema will not follow suit soon?

Ramalema's vision is to upgrade its operations to a commercial venture, leading to the creation of paid jobs, thus volunteerism seems not to be sustainable in the long-term.

For Ramalema to continue its operations, community training and awareness needs to be stepped up to ensure sustainability. Ramalema also needs long-term financial assistance. A grant agreement was signed between Ramalema and the GTM on 8 February 2005, (to which the financial report, listed above, refers), however, no amounts are mentioned in the agreement (“An amount determined by Council”), and the agreement does not seem to have a “sunset-clause”, viz. when it ends (it does however, speak of termination possibilities).

Ramalema’s officials are very concerned that they are not yet registered as an NPO. Without the NPO number, the government and other prospective donors will be less likely to donate money or render any form of assistance. Due to the fraud with regards to Ramalema’s finances there was a delay in preparing documentation to be registered. We submit, however, that such incident (fraud) should not be a barrier to NPO registration.

*What happens to the CBWs (as individuals, collectively)?*: The CBWs will try to find other employment, as volunteers (unpaid) is not sustainable with a large proportion of the CBWs being jobless.

*What happens to the role of the FA?* Ramalema will most probably continue to play a linking role between stakeholders – community, hospital and GTM

*How is the local CBW system linked to community structures?*: The CBW system is well-linked, see details elsewhere.

*Turnover of CBWs/cost of retraining/impact on the organization re: replacing*: There is a consistent loss of members – they are replaced with great difficulty due to the non-paid nature of the work.

*Positive spin-offs of CBW turnover*: The CBW turnover might indicate that the networking opportunities afforded to the CBWs by the project, are providing paid employment to them.

### **2.5.9 Specific issues for the 20 -hour unpaid volunteer model**

In addition to the issues identified for the 5 – 8 hours unpaid model (TNFSP), and particularly regarding the proposed non-sustainability of the model in the absence of a minimum livelihood capability for the CBWs personally), the following issues were identified:

- Where CBWs operate within formal structures, such as CBOs, it may be worthwhile in terms of their own formalisation, to register as Non-Profit Organisations with the National Department of Social Development – this may then afford these CBOs slightly more credibility when applying for donor funding etc.;
- Internal controls and corporate governance remain an important catalyst for sustainability of any organisation where finances are involved – the same applies to CBW CBOs.

The following was taken from the Khanya publication “Guidelines (revised) for implementation of CBW pilots, 9 November 2005”:

The knowledge gained (as identified below) was then benchmarked to our findings in-project, and cross-referenced to recommendations, etc.

**20 Hour Unpaid Volunteer model (revised)**

	Applied by the pilot?	Recommendation generated?	Revision to guidelines generated?
Comments for pilots:			
Explore the relevance of SMMEs/income generation projects for volunteers to maintain them in the projects – it is critical to work out how to assist/support the poor to help others.	✓	✓	✗
General Comments:			
Logistical support, e.g. to ensure volunteers get to clients, should be built into the CBWs work by FAs	✓	✓	✗
Beneficiaries of CBWs services should make contributions in appreciation of the services they get	✗	✗	✗

**2.5.10 Key findings about the way the project evolved and recommendations****i) Comparison with CBW Pilot guidelines**

The following was taken from the Khanya publication “Guidelines (revised) for implementation of CBW pilots, 9 November 2005”: The knowledge gained (as identified below) was then benchmarked to our findings in-project, and cross-referenced to recommendations etc.

**Table 2.5.10 Generic guidelines applicable to all models (learning from experience towards best practice):**

	Applied / considered by the pilot?	Recomdts generated?	Revision to guidelines generated?
<b>Selection criteria:</b> Formalising and documenting selection criteria with the community (where possible);	✗	✗	✗
Consider specific CBW attributes required to perform the service, e.g. physical strength / agricultural experience;	✓	✗	✗
Note sensitivity around HIV i.t.o. both the demand of the task and legislation of inclusion, community are not victims and the FA not rescuers.	N/A	N/A	N/A
<b>Selection process:</b> Written selection guidelines for the process, and should be discussed with the wider community;	✗	✗	✗
Facilitators (staff) should be familiar with the community prior to the selection process;	✓	✗	✗
Staff members should allow villagers to use their own election process that they feel comfortable with;	✗	✗	✗
To what extent should the FA be involved in the selection process? How can the FA manage the complexities of communities given the time limit of their projects?;	✗	✗	✗
Caution → some communities elect individuals as a way of exposing the incompetence of that individual.	N/A	N/A	N/A
<b>What work do CBWs do?</b> Better to have specialist or generalist CBWs?;	✗	✗	✗
It is important to assess what the CBW can and cannot do and achieve within the time available;	✗	✓	✗
Critical need for CBWs to be well linked with relevant	✓	✗	✗

	Applied / considered by the pilot?	Recomdts generated?	Revision to guidelines generated?
authorities and service providers, public and private. Check whether they have the right set of linkages, which of these are critical and what needs to be strengthened.			
<b>What hours do they work?</b> It is therefore important to consider the sustainability of such an arrangement (hours vs. incentives);	X	✓	X
Flexitime seems a good solution to consider to enable CBWs to harmonise the voluntary activities with their household needs (e.g. Hospice);	X	X	X
Important to monitor the time devoted, to have some feeling of the quantity of work involved and how it is delivered;	X	✓	X
If too many hours are involved it can become demotivating. The expectations should be indicated in a contract and job description so the CBWs have some control.	X	✓	X
<b>Who is the FA, and role they play?</b> Try and combine both models, government and NGO, to link government with communities, as well as with the private sector where relevant;	X	✓	X
The support to the CBW should not only be via short-lived projects but should rather be associated with relevant/ partnering government department that will ensure continuity. Ideally within a system where training would further volunteers' careers with accredited training, etc.	X	✓	X
<b>What training do CBWs receive?</b> FA needs to carry out training needs assessment similar to a performance appraisal with formal staff – this also needs to be budgeted for;	X	X	X
Some content areas which seem to be standard are Participatory methods, Technical or subject matter and organisational and management?;	X	X	X
Other topics which are more general could also be incorporated, e.g. Conflict Management, Note Taking, Public Speaking, Drawing up of Action Plans, etc;	X	X	X
Need for training of supervisors as well, otherwise FAs can be vulnerable with individuals. Training should not only be predetermined packages by the FA. CBW should be allowed to raise their issues and the FA to offer training opportunities that would address such needs. Training is not necessarily formal training but can be experiential learning, viz. learning by doing;	X	X	X
Training needs to be empowering so CBWs can manage their own affairs;	X	X	X
There is a need to standardise training and enforcement of that standardised training. We should be looking to develop clear ideas on what should be standardised in the pilots;	X	X	X
Issue of standardised curriculum and accreditation needs to link with quality assurance – training and product;	X	X	X
How often is refresher or top-up training provided?	X	X	X
<b>What ongoing support and supervision do CBWs get and from whom?</b> Need for good communication and regular contact so CBWs feel part of what is going	X	✓	X

	Applied / considered by the pilot?	Recomdts generated?	Revision to guidelines generated?
on, and also so that referral is effective and leads to delivery of professional support. Important particularly with HIV affected persons and bereavement issues;			
Job descriptions should form part of the piloting methodology;	×	✓	×
Importance of having a good M&E system for quality control. The system needs to be formalised;	×	✓	×
The support provided to the CBW should be long-term – with FA's role linking programme to relevant government department that will ensure continuity;	×	✓	×
It is very important for health systems (human and animal) where there is a possibility of legal dispute that the system is formalised with protocols, to ensure adequate supervision and referral, and a regulatory body to monitor service quality assurance;	×	×	×
It is important that all stakeholders clearly understand their roles in M&E and that resources for M&E are ensured before embarking on establishment of the CBW system;	×	×	×
There is a threat to quality with freelance CBWs as to who ensures standards compliance.	N/A	N/A	N/A
<b>Accountable and powers of hiring and firing of CBWs:</b> It is important to carefully consider linkages between CBW, FA and community;	✓	×	×
If a specific client gets a service from a CBW that CBW must be accountable to that client for that specific task;	×	×	×
Mutual accountability needs to be strengthened through clear policy guidelines showing demarcation areas of responsibility – accountable, viz. for what responsible.	✓	×	×
<b>Incentives:</b> Decide on a sustainable incentive system appropriate for the model you are using;	×	×	×
Follow up in detail on any incentives actually provided, whether in cash, kind or other;	×	✓	×
Even when people are receiving a stipend or fee we should consider providing other incentives, e.g. equipment and kits;	×	✓	×
There may be a justification for piloting with stipends to demonstrate efficiency and effectiveness but then there must be some assurance that it would be possible to replace these funds from the system or from donors, if sustainability is to be ensured;	×	✓	×
We need to monitor how we balance the purely volunteer motivation and how this is affected by payments. How fair is it to expect poor people to give even more of their time without some reward? When does community solidarity become exploitation?;	×	✓	×
Consider whether SMME projects are helpful for volunteers to maintain involvement in the projects.	×	✓	×
<b>Withdrawal / sustainability:</b> It is important to conceptualise how sustainability is seen from the outset. For example, if the option considered is that of government support, they must be involved from the outset;	×	✓	×
Where CBW systems are well-established, the FA and Steering Committee should advocate for legislation	✓	✓	×

	Applied / considered by the pilot?	Recomdts generated?	Revision to guidelines generated?
that protects and recognizes them as an entity, which could lead to government's commitment to offering decent incentives;			
Formation of consortia/forums would protect the rights of the volunteers and the community;	✓	✓	×

### 2.5.11 Recommendations on Sustainability and formalisation of CBWs

**Finding - volunteer (CBW) accountability:** No volunteer contracts (with service conditions) and / or stipend payment agreements were in place for Ramalema's CBWs. This could point to a lack of accountability of CBWs, and may indicate a barrier to sustainability.

**Recommendation:** Volunteer contracts (at a minimum) and / or stipend payments (upon sourcing of sustainable funding) should be instituted to formalise the duties of CBWs, raising sustainability potential.

**Finding – Greater Tzaneen Municipality (GTM) non-declaration of a landfill site:** Ramalema functions, in part, due to the GTM's non-declaration of a landfill site in the area. The declaration of a landfill site may enhance the sustainability of Ramalema.

**Recommendation:** The GTM should endeavour to declare a landfill site as soon as possible, to formalise refuse removal in the area.

**Finding - Non-registration as an NPO:** Ramalema has not registered as a Non-Profit Organisation (NPO) with the national department of Social Development, which may act as a barrier to the obtaining of operational funding, thereby decreasing sustainability potential.

**Recommendation:** Ramalema should register as an NPO as soon as possible, to enhance the sustainability of the organisation.

**Finding – Corporate Governance and internal control environment, fraud perpetrated:** Weaknesses were identified in the corporate governance and internal control mechanisms – examples of fraud perpetrated by former management members by misappropriating Ramalema's already meager funding. The internal controls and corporate governance setup of Ramalema did not prevent the fraud from occurring.

**Recommendation:** Financial reporting should be done regularly to the Board and stakeholder forum of Ramalema, with appropriate financial detail being scrutinised by these bodies; internal control setup regarding authorisation of payments should be tightened and / or formalised, and corporate governance design should be enhanced to include payment controls.

**Finding – Barriers to sustainability identified:** Ramalema's sustainability is threatened by the following:

- Lack of sustainable operational funding;
- Lack of sustainable transport, both for CBWs in the execution of their duties, and the removal of refuse and recyclable materials;
- Uncertainty regarding the temporary nature of Ramalema's current site (which belongs to the Department of Public Works);
- Lack of annual budgeting, financial reporting and –management;
- Concerns regarding management- and administrative capacity of Ramalema.

**Recommendation:** The above issues should be pursued and implemented as soon as possible, in conjunction with the NPO registration, and corporate governance enhancements identified.

**Finding - Indications of non-cooperation from the community:** The above indications were noted during the focus group session with the CBWs, possibly indicating a threat to the sustainability and optimal functioning of Ramalema.

**Recommendation:** Ramalema should implement an increased strategy on continuous community education and awareness of the benefits of refuse removal and pollution prevention.

**Finding - Agreement with the GTM:** An agreement was signed between the Greater Tzaneen Municipality and Ramalema during February 2005, however, no amounts or a “sunset clause” (indicating the period of the agreement) had been stipulated in the agreement. This may indicate varying support from the GTM over time, pointing to a barrier to the sustainability of Ramalema.

**Recommendation:** The agreement with the GTM should be revisited in attempt to establish a monetary level of support on an annual basis from the GTM, including an agreement period, which is critical to the sustainability of Ramalema.

## Annexes

### Annex 1 People met and contacted at Pilot Level

Free State	Limpopo
<p><b>1. Xolile Mbi</b> Phaphamang Community development project 1643 M Section, Botshabelo Tel/Fax: 051 873 3577 Cell: 082 854 8248/073 198 0844 Email: <a href="mailto:phaphamang@telkomsa.net">phaphamang@telkomsa.net</a></p>	<p><b>1. Fiona McDonald</b> ChoiCe, Comprehensive Health Care Trust (HIV &amp; AIDS) PO Box 2181 Tzaneen, 0850 Telephone: 015 307 6329 Cell: 083 626 4608 Email: <a href="mailto:ChoiCetz@mweb.co.za">ChoiCetz@mweb.co.za</a> Also spoke to: Louise Barry and Angelina 0732742080</p>
<p><b>2. Theresa Davids</b> Golang Batcha 6080 Ramatsoele st Bloemfontien Cell: 084 807 8065</p>	<p><b>3. Sogo Matlala</b> World Vision Kodumela ADP Postnet suite 404 Private bag x 4019 Tzaneen 0850 Telephone: 015 383 0118 Cell: 084 696 7705 Email: <a href="mailto:sogo_matlala@wvi.org">sogo_matlala@wvi.org</a></p>
	<p><b>4. Kgatle Samuel</b> Ramalema Environmental Protection Box 436 Lenyenye, 0857 Cell: 083 349 4627 See names of total forum</p>
<b>Other pilots/key stakeholders scheduled to be interviewed</b>	
<p><b>Silas Thakanyane [Unable to get hold of]</b> World Vision, Khauhelo ADP P.O Box 5403 Botshabelo, 978 Telephone: 051 532 3492 Cell: 072 895 4909 Email: <a href="mailto:Silas_thakanyane@wvi.org">Silas_thakanyane@wvi.org</a></p>	<p><b>Ramaru M Joe</b> LDA BASED RSA P/Bag X9481 Polokwane Tel: 015 295 7090 Cell: 082 449 8025 Emails: <a href="mailto:ramarujm@agricho.norprov.gov.za">ramarujm@agricho.norprov.gov.za</a>; <a href="mailto:mjramaru@yahoo.com">mjramaru@yahoo.com</a></p>
<p><b>Ms. M. Mosoahle</b> FS Health P.O. BOX 277 Bloemfontein, 9300 Tel. 051 409 8469 Fax 051 409 8484 Cell: 82 997 7853 <a href="mailto:mosoahlm@fshealth.gov.za">mosoahlm@fshealth.gov.za</a></p>	<p><b>Chauke Muvhangeri Yvonne</b> Dept of Health &amp; Soc Development Private Bag X628; Giyani; 0826 Tel: 015 811 6520 Fax 015 812 0159 Cell: 083 527 6882 Email: <a href="mailto:chaukemy@dhw.norprov.gov.za">chaukemy@dhw.norprov.gov.za</a></p>
<p><b>Letitia Nomtshongwana</b> FS Health - Care &amp; Support Tel: 051 408 1425 Fax: 051 408 1959 Cell: 082 469 7083 Email: <a href="mailto:nomtshl@fshealth.gov.za">nomtshl@fshealth.gov.za</a></p>	<p><b>Lenny Ndlovu</b> Nhlayiso CHEC P.O Box 3983 Letaba 0870 Tel: 015 303 1273 Cell: 082 789 5168 Email: <a href="mailto:nhlayiso@telkomsa.net">nhlayiso@telkomsa.net</a></p>
<p><b>Joan Marston</b> Hospice Palliate Care Association (SA) Tel: 051 448 3812 Cell: 082 2964367</p>	<p><b>Khathu Muthala</b> Manager: Agriculture Specialist Services Email: <a href="mailto:MuthalaKS@agricho.norprov.gov.za">MuthalaKS@agricho.norprov.gov.za</a> Tel: 015 963 1260 /or 2005</p>

Free State	Limpopo
Email: <a href="mailto:advocacy@palliativecare.co.za">advocacy@palliativecare.co.za</a>	Fax: 015 963 3047 Cell: 072 416 4102/0828825114
<b>Marianne Reid</b> Tel. 051 4012496 Fax 051 401 9139 /40 Cell:084 461 4634 E-mail <a href="mailto:reidm.md@mail.uovs.ac.za">reidm.md@mail.uovs.ac.za</a>	<b>Mbhalati Morongoa [Missed interview]</b> Community Development Facilitator Greater Tzaneen Municipality 015 307 8409 076 931 6177 <a href="mailto:morongoa.mbhalati@tzaneen.gov.za">morongoa.mbhalati@tzaneen.gov.za</a>
<b>Dr. TJ Masiteng</b> Director: Land reform, farmer support and development FS Department of Agriculture 082 568 2447 <a href="mailto:masiteng@agric.fs.gov.za">masiteng@agric.fs.gov.za</a>	<b>Fuma Ndwalane [no longer working there]</b> <b>Dept of Public Works (EPWP)</b> <b>Coordinator EPWP</b> Email: <a href="mailto:ndwalanef@worptb.norprov.gov.za">ndwalanef@worptb.norprov.gov.za</a> 015 293 9575 083 554 3272
<b>Makolane Mofokeng</b> Food Security Officer FS Department of Agriculture 051 - 506 1569	
<b>Sonja van der Merwe [Did not interview but got details for statistics]</b> Department of Health: Director of TB 082 531 5749	<b>Charles Chuene</b> <b>Dept of Social Development</b> <b>Manager: Social worker</b> 015 307 7733 082 674 2425
<b>Vusi Mabisela, Marietta Janse van Rensburg</b> <b>ATTIC [Interview refusal]</b> Tel: 051 406 6336 Email: <a href="mailto:aticc7@civic.mangaung.co.za">aticc7@civic.mangaung.co.za</a> Cell: 084 654 1987	<b>Colleen Jackson or Johanna Rapakwana</b> Provincial NGO funding unit 051 290 9000 <a href="mailto:colleen.b@intekom.co.za">colleen.b@intekom.co.za</a>
<b>Lucy Mahloma [Did not interview but got details]</b> Department of Social Development : HBC 051 403 2293	
<b>Mr Lehlolo</b> <b>Department of Agriculture – Thaba ‘Nchu</b> 051 875 1160	
<b>Free State Care in Action</b> <b>Santa Oosthuizen</b>	
<b>Lengau Agricultural Centre</b> <b>Dr. Lean van der Westhuizen</b> 051-4438859 083 453 9364	

## Annex 2 – References consulted

### 1 Phaphamang

#### General reports

- CBWs of Phaphamang development project
- Comprehensive layout of launch plan
- Efficiency elements to consider when running Thaba 'Nchu Food Security
- Employment contract John Nkabiti
- Facilitation of the project
- Facilitators shortlisting
- Food security achievements
- Food security projects headed by Department of Agriculture
- Interview guide – Phaphamang facilities
- Important issues to make new CBWs aware of
- Issues to take care of when CBW selection
- List of CBWs
- List and names of the group members
- List and names with details of group members
- Model 5-8 hours
- Phaphamang Free State Province launch report
- Phaphamang impact issues for development
- Phaphamang rapid food security assessment report
- Piloting 5-8 hour model
- Project managers progress update to the board
- Project summary sheet 2004
- Procedures November 2005
- Rating sheet Phaphamang Free State facilitator
- Report for pre-launch
- Review of CBW pilot
- Roles played by bodies within the Thaba 'Nchu Food Security
- Reimbursements of participants at the launch
- Suggestion on enhanced efficiency
- Summarised updates on project
- System of internal control
- Tasks to take care of after board meeting on 18 March 2005
- Free State 3 month report
- Report for work completed
- Report for the selection of the CBW – Rooibult & Tala
- Report for the selection of the CBW – Middeldeel
- Report for the selection of the CBW – Spitskop
- Report for the selection of the CBW – Kgalala & Modutung
- Report for the selection of the CBW – Merina
- Report for the selection of the CBW – Bofulo
- Report for the selection of the CBW – Monogo
- Report for the selection of the CBW – Motonto
- Report for the selection of the CBW – Rakhoi
- Report for the selection of the CBW – Ratabane & Tiger River
- Report for the selection of the CBW – Feloane
- Report for the selection of the CBW – Sediba
- Report for the selection of the CBW – Thubisi
- Ward 41 CBW selection programme
- Report form for household visits – Bofulo
- Report form for household visits – Kgalala
- Report form for household visits – Loanridge, Maraisdaal
- Report form for household visits – Merino
- Report form for household visits – Morago
- Report form for household visits – Moronto
- Report form for household visits – Parady & Middeldeel
- Report form for household visits - Potsane & Feloane
- Report form for household visits – Rakhoi
- Report form for household visits – Rooibult
- Report form for household visits – Sediba
- Report form for household visits – Spitskop & Houtnek
- Report form for household visits – Taala
- Report form for household visits – Thubisi & Zone 1
- Report form for household visits – Tiger River & Ratabane
- Table of summary report on on-going food security

#### Minutes of meetings

- Ward 41 Committee meetings with Phaphamang: Civic Thaba 'Nchu 2 March 2005
- 21 February 2005  
Mr Radebe at Glen  
CBW meeting with facilitator for the plan and the implementation of permaculture
- Board meetings: 15 March 2005
- 31 May 2005
- 10 September 2005
- 12 November 2005
- 22 July 2006

- Steering Committee meeting: 11 August 2005  
8 March 2005
- Phaphamang staff meetings: 31 August 2005  
5 September 2006  
CBW meetings: 18 January 2006  
17 February 2006  
20 April 2006  
17 May 2006  
4 August 2006

### **Forms**

- Agreement form between Phaphamang and group members for chicken feed
- Attendance register
- CBW reimbursement form
- CBW training contract
- Food security project description
- Formal reimbursement form
- Icon
- Job description of facilitator
- Letter to chief
- NDA application form
- Pilot for the models
- Plans and movements for each week in 2005 & 2006
- Proposal structure
- Phaphamang letter head
- Phaphamang questionnaire for survey
- Rapid food security assessment report format
- Employment contract

### **Letters**

- Department of Agriculture July 2006
- Interview request with Mosupatsela
- Invitation letter to launch
- Lengolo la kgosana Morago – March 2005
- Lengolo la kgosana Tiger River – March 2005
- Lengolo la dikgosana tsa metse Ward 41 March 2005
- NDA – request for the changing of budget allocations
- Request for training of CBWs
- Spitskop & Houtnek
- Thubisi & Zone 1
- Translated village councillors

### **Letters for fundraising**

- Business plan for Phaphamang community Development vegetable production
- Cash build letter to donate chicken cages
- Country bird letter for the donation of chicken cages
- Funds that make up total of R83 232 will not be allocated

- Interstate letter for acknowledging request
- Kgotsotaleng build for donation of chicken cages
- Facilitator funding
- Vehicle sponsorship
- Mr Kegakilme – Department of Agriculture
- Request space for chicken food storage
- List of approached possible funders
- List of poultry farmers to Makolame
- Municipal letter to donate chicken cages
- NDA letter for redistribution of funds
- Phaphamang Business Plan for Poultry Product Production 2006
- Reply letter to interstate bus lines
- Request for transport sponsorship
- Short budget for funding facilitators and unfunded items on the budget
- Short business plan for chicken cages
- Short business plan for issues to the municipality of chicken cages
- Short business plan on costs needed for the construction site
- Sky country letter to inform that we are still waiting for the cages
- Sky country letter to request funding for pullets

### **Finances**

- Claim food security budget (July 2005)
- Food Security budget
- Motivation to purchase computer July 2005
- NDA budget to actual July 2005
- Request for financial advancement to cover CBW transport & catering
- Russels agreement to manufacture bicycles
- Saveable funds July 2005

### **Training**

- Facilitation training
- List of Phaphamang permaculture training participation
- Names of the trainees Phaphamang community development
- Phaphamang letter to Department of Agriculture for follow up training
- Phaphamang letter to thank Department of Agriculture for poultry training
- Plan for implementing the learning of permaculture design course

### **ASGISA documents**

- Missed shot (lost question)
- Action plan for establishment of self help group
- Asgisa business plan
- How Asgisa will be facilitated in our communities

- National programmes for creation of small enterprises
- Phaphamang community development

### **Chickens**

- Chickens dying of Newcastle disease since August 2005
- Distribution of chickens
- Distribution of feed
- List of Phaphamang beneficiaries within Thaba 'Nchu Ward 41
- Number of people with chickens

### **Vegetable reports**

- Bofulo
- Feloane & potsane
- Kgalala & Modutung members
- Longridge & Maraisdaal
- Merino
- Morago
- Moroto
- Paradys & Middeldeel
- Rakhoi
- Rooibult
- Sediba
- Spitskop & Houtnek
- Talla
- Thubisi & Zone 1
- Tiger River & Ratabane
- Report on vegetable production last season
- Losses in vegetable production Sipho
- Losses in vegetable production Tshepo
- Losses in vegetable production in Ward 41

## **2 Golang Batcha**

- Constitution
- Case study: Golang Batcha CBWs in Mangaung Local Municipality – August 2006
- Progress on the BCID research implementation phase January – April 2005

## **3 ChoiCe**

### **General**

- 2005 Area input statistics
- 2005 Home-based Care statistics report
- 2005 Monthly area summary
- 2006 Area input statistics
- 2006 Home-based Care statistics report
- 2006 Home and community based care report
- 2006 Monthly area summary
- 2005 and 2006 Home-based Care statistics
- 1<sup>st</sup> quarter outreach report 2006
- 2<sup>nd</sup> quarter outreach report 2006
- 2<sup>nd</sup> quarter operations plan 2006
- Annual Report 2004
- Annual Report 2005

- ChoiCe pilot project – elements to be piloted
- ChoiCe volunteer database
- Presentation – Administration and management
- Presentation – ChoiCe pictures
- Presentation – GTM OVC programme
- Presentation – Home-based Care overview
- Presentation – Networking and mentoring programme
- Presentation – Outreach
- Presentation – Programme managers programme
- Presentation – Training and development programme
- Police volunteer counsellors
- Volunteer committee involvement
- Volunteer working demographics

### **Forms**

- Area input sheet
- Caregiver monthly reports
- Caregiver monthly register
- ChoiCe certificate
- ChoiCe Brochure
- ChoiCe Volunteer IGA opportunity
- Church survey
- Co-ordinator and caregiver monthly summary
- ChoiCe for children
- Department of Education OVC Report
- Department of Health female condom report
- Female condom distribution list
- Female condoms
- Granny groups
- Mentor report form
- Orphans initial contact form
- Outstanding villages which require volunteers
- Patricia's monthly report
- Personal SWOT
- PLWA session report
- Project managers monthly appraisal
- School survey
- Staff meeting minutes master
- Time sheet
- Volunteer activities monthly summary
- Volunteer activities outside of ChoiCe
- Volunteer assessment form 2006
- Volunteer co-ordinator agenda
- Volunteer co-ordinator monthly report
- Volunteer co-ordinator monthly appraisal
- Vulnerable children initial contact form
- What NGO operates in your area
- Zabes PEDFAR monthly report

Policy Issues

- Awareness campaign procedures
- Car prospective policy
- Caregiver
- Criteria for ChoiCe food parcel distribution
- Disciplinary process for volunteer co-ordinators
- Ethical guidelines for research with children
- Volunteer co-ordinator
- Foster care grant volunteer process
- Incentives vs. stipend policy
- Process for initial contact with OVCs
- Stipend policy

Group Therapy

- Attendance registrar
- Consent form for caregivers
- Group therapy intro letter to school
- GT referral form
- Performance appraisal form
- Pledge of confidentiality
- Strength and difficulties questionnaire

Project Managers Meetings

- 2005
  - April
  - May
  - June
  - July
  - August
  - September
- 2006
  - January
  - February
  - March
  - April
  - May
  - July
  - Agenda- staff project managers meeting
  - November
  - End November
  - Generic project manager's report

Volunteer Co-ordinator Meetings

- 2004
  - February
  - March
  - May
  - June
  - July
  - August
  - September
  - October
  - November
- 2005
  - January
  - February
  - March
  - May

June  
July  
August  
September  
October

- 2006
  - January
  - February
  - April
  - May
  - June
  - July

**4 Kodumela ADP**

Kodumela ADP – CBW pilot – elements to be piloted  
Financial Funding Report 2006

**5 Ramalema**

Constitution  
Ramalema Environmental Protection CBW pilot – elements to be piloted

**INTERVIEWS**

- Almari Burger: Mangaung Local Municipality - Health (Golang Batcha)
- Charles Chuene, Department of Social Welfare, Limpopo Province (Social Work)
- Louise Barry and Angelina: Programme Manager and Co-ordinator (ChoiCe)
- Santa Oosthuisen, Free State Care in Action
- Joan Marston: Naledi Hospice
- Lean van der Westhuisen: Lengau Agriculture Centre
- Lenny Ndlovu: Nyaliso
- Letitia Nomtshongwana: Free State Department of Health – Care and Support
- Marianne Reid: University of the Free State (Golang Batcha)
- Marinda van Tonder: Free State Care in Action, Bloemfontein vegetable garden
- Mrs M. Mosoahle: Free State Health, TB
- Ramalema forum
- Sam Chimbuya: Khanya, CEO & Chairperson of the Board of Phaphamang
- Sogo Matlala: Project manager World Vision Kodumela ADP
- Theresa Davids: Speaker (Golang Batcha)
- Xolile, Tshepo and Johnny (Phaphamang)
- Yvonne Chauke: HIV and AIDS Programme – Social Development, Limpopo Province

**Focus Groups**

- Golang Batcha: with CBWs at Batho Clinic
- TNFSP: with beneficiaries and CBWs (separately) at Thaba 'Nchu municipality
- ChoiCe: with CBWs accompanied by Louise Batty (project manager: outreach)
- Kodumela ADP: with CBWs at the head quarters of Kodumela Tzaneen
- Ramalema Environmental Protection: with CBWs at Ramalema's premises
- Nhlayiso: with CBWs at Nhlayiso's premises

**Financial and cost-effective analysis**

- Annual financial reports, budgets: TNFSP, ChoiCe, Kodumela ADP
- Partial financial information: Ramalema
- SA cost per hospital bed-day, outpatient visit, health care centre: [www.who.org](http://www.who.org)
- SA inflation indices: [www.ssa.org.za](http://www.ssa.org.za)