



Final country report on Community-based Worker systems in Uganda

August 2007

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Acknowledgements

Khanya-aicdd has been managing a 4-country action-research project, funded by DFID London, and involving Kenya, Lesotho, South Africa and Uganda, to see how community-based worker systems can be used **to widen access to services and empower communities in the process**. This has focused on promoting an active and dispersed network of locally accountable community-based workers who can work in a range of sectors providing services that are frequently needed, and are best delivered locally. The project also sought to address how a community-based worker (CBW) model can be made more effective and scaled-up, through modification of current models of service delivery if we are going to address poverty in a cost-effective and sustainable manner.

The National Steering Committee wishes to thank all those who were involved in ensuring that the final stages of the CBW project Uganda ran smoothly with particular mention of the consultants who undertook the cost-effectiveness and impact evaluation study: Peter Kayiira Byansi, Rebecca Ssebaganzi and Kebirungi Harriet. The Steering Committee also wishes to acknowledge all those who assisted in planning and organising the national workshop to share the findings of the evaluations, and the hosting of the 4-country workshop that was held on 10-13 April, 2007.

Special thanks to the CBW pilot projects that participated in the action -research project:

- Budongo Forest Community Development Organisation (BUCODO), Masindi.
- Bulu STI/AIDS Awareness Group- (BUSTIHA), Mpigi.
- Kamwokya Christian Caring Community (KCCC), Kampala.
- Rukungiri Functional Literacy Resource Centre (RFLRC), Rukungiri.
- Uganda Land Management Project (ULAMP) - NAADS, Mbarara.

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

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

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Glossary

aicdd	African Institute for Community Driven Development
AIDC	Adult Infectious Disease Clinic
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti retroviral treatment
ARVs	Anti Retrovirals
BMU	Beach Management Unit
BUCODO	Budongo Forest Community Development Organization
BUSITIHA	Bulo STI/AIDS Awareness Group
CAHW	Community Animal Health Worker
CBMIS	Community-based Management Information System
CBO	Community Based Organization
CBW	Community -Based Worker
CDW	Community Development Worker
CFAs	Community Forest Advisors
CHW	Community Health Worker
CIG	Community Interest Group
CLA	Communal Land Association
CSO	Civil Society Organization
DFID	Department for International Development
DOSD	Directly observed swallowing of drugs
FA	Facilitating Agent
FBO	Faith-Based organisation
GNGOP	Government-NGO partnership
HIV	Human Immune Virus
IDI	Infectious Disease Institute
KCCC	Kamwokya Christian Caring Community
LC	Local Council
LG	Local Government
MGLSD	Ministry of Gender, Labour and Social Development
NAADS	National Agricultural Advisory Services
NARO	National Agricultural Research Organisation
NGO	Non Governmental Organization
NR	Natural Resources
NRM	Natural Resource Management
NSC	National Steering Committee
OI	Opportunistic infection
OVC	Orphaned and Vulnerable Children
PCC	Parish Coordination Committees
PEAP	Poverty Eradication Action Plan
PLWA	People Living with AIDS
PMA	Plan for Modernization of Agriculture
RFLRC	Rukungiri Functional Literacy Resource Centre
SDIP	Social Development Sector Strategic Plan
SSIP	Social Sector Investment Plan
STI	Sexually Transmitted Infection
TASO	The AIDS Support Organisation
TBA	Traditional Birth Attendant
TDS	Technology development site
UAC	Uganda Aids Commission
UFFCA	Uganda Fish and Fisheries Conservation Association
ULAMP	Uganda Land Management Project
WHO	World Health Organisation

Executive Summary

1 Introduction

1.1 Khanya-African Institute for Community Driven Development (Khanya-aicdd) has been managing a 4-country action-research project on community-based worker (CBW) systems as a mechanism for pro-poor service delivery. The project is funded by the UK's Department for International Development (DFID) in London. This 3.5-year project has been implemented in four countries, namely South Africa, Lesotho, Uganda and Kenya. In Uganda, the project was launched in January 2004. Representatives from four organisations made up the national Steering Committee, namely: CARE International (lead partner and secretariat), National Agricultural Advisory Services (NAADS) Programme – (chair), Uganda AIDS Commission (UAC) and CONCERN – Uganda, participated as members. The purpose of the CBW project was that organisations in South Africa, Uganda, Lesotho and Kenya adapt and implement a community-based worker system for service provision in the NR and HIV & AIDS sectors, and policy makers and practitioners in the region have increased awareness and interest in the use of CBW models for pro-poor service delivery.

1.2 The project partnered with government and civil society organisations at national, and local government levels. The project reviewed current experiences of a range of organisations implementing service delivery using CBWs in Uganda. Regional, national and four country workshops were held to share experiences, and five projects were selected to test, through pilots, the emerging five models. These organisations were peer reviewed and also participated in a final evaluation of the process. Representatives from the four participating countries also went on a study tour to Peru to learn from a fifth country how CBW systems work.

1.3 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.

1.4 Earlier work by Khanya on Institutional Support for Sustainable Rural Livelihoods identified that if people's livelihoods are to be improved, there is a need to strengthen micro-macro linkages, both in terms of improving participatory governance and in terms of improving services. The CBW project aims to identify how services can be provided to all villages/communities in a cost-effective and sustainable way.

1.5 This report summarises the development and results of the CBW project which has been running in Uganda over the past three years from 2004 to 2007. It aims to inform organisations in Uganda of the CBW context and to highlight key lessons learnt by the partners involved in its implementation. **Part A** explains the goal of the project, **Part B** is a contextual analysis, **Part C** gives the results of the case study analyses and learnings from the pilot organisations involved, **Part D** is a summary and recommendations for the way forward.

2 Government policies, systems and structures in service delivery

2.1 Uganda has over the years consistently been characterized by strong community mobilization institutions. But during the 1970s and early 1980s, the political turmoil in Uganda led to the degeneration of many public and private institutions. Since 1997 the Poverty Eradication Action Plan (PEAP) came in and community mobilization became again a public sector priority. Currently, community-based systems are central to the design and implementation of public interventions, especially those that target the poor.

2.2 Government is implementing policies in all sectors aimed at improving the efficiency and effectiveness of the public sector through decentralization, downsizing the civil service and forging effective partnerships with the private sector in service delivery. The decentralization process involves substantial transfers of political, financial and planning responsibilities from the central government to local councils. This empowers the local governments (districts, sub-counties and urban authorities) to take increasing responsibility for the delivery of services and promotion of popular participation and empowerment of local people in decision-making. The Plan for the Modernization of Agriculture, (PMA - 1987 and 2001), is a multi-sector initiative to increase the incomes of small-holder farmers in an integrated way. The Ministry of Gender, Labour and Social Development (MGLSD), is the leading and coordinating agency for the Social Development Sector Strategic Investment Plan (SDIP), which includes community mobilization and empowerment as one of the key programme areas.

2.3 Uganda is implementing a far-reaching decentralization policy in which there is a clear separation of powers and responsibilities between the central and local governments. The central government, which comprises sectoral ministries and public sector organizations, is mainly responsible for policy. There are two levels of local government – the district and sub-county. The sub-county is responsible for ultimate service provision while the district is responsible for dissemination of guidelines, formulation of bylaws, supervision, monitoring and evaluation. Government is interested in ensuring that public resources are used in building the capacity of the private sector and civil society, in involving them in public sector activities and in contracting them as service providers in the delivery of services.

2.4 In general, Government has in the last 21 years put Uganda's economy back on track and there are many success stories in different sectors. Improvements in service delivery have been remarkable in key rural based sectors. Community-based systems, as a mechanism for taking services to the household level, have undergone tremendous growth in the last two decades and have emerged as a key service delivery mechanism in almost all sectors.

3 A review of community-based worker systems in Uganda

3.1 In the first phase of the CBW project in Uganda in 2004, five organisations using a variety of community-based worker systems were reviewed. The Forest Sector Umbrella Programme is operating in three districts – Masindi, Luweero and Nakasongola. The programme uses community forest advisors (CFAs) to support work on bee-keeping, agro-forestry, fruit trees, woodlot trees and charcoal production. The Jinja Diocesan Development Co-ordinating Organisation (JIDDECO) operates in five districts of Busoga region, Jinja District. JIDDECO facilitates and co-ordinates 12 partner implementing organisations that use community resource persons (CRPs) as CBWs. JIDDECO has integrated programmes in health, nutrition, food security and sustainable agriculture. CRPs help the community develop community action plans. The Organisation for Rural Development (ORUDE) is a micro-finance organisation. ORUDE works through 'promoters' who are in effect CBWs.

The promoters help the community to develop action plans, to save money, and to access loans. Concern Worldwide is an NGO working in five districts - Mpigi, Rakai, Kampala, Katakwi and Wakiso. It works through civil society and government partners. The Concern Mpigi HIV/AIDS Capacity Building Project operates in five sub-counties of Mpigi. Volunteers provide practical patient care services, counselling, information on HIV/AIDS, nutrition and home hygiene and carry out home visits. In addition, trained paralegals educate community members on their human and legal rights. Uganda Fish and Fisheries Conservation Association (UFFCA) is a national NGO that aims at improving

the livelihoods of poor lake- dependent communities. Two of their projects – at Lake Victoria and Lake Albert- work through Beach Management Units. These record fisheries related data, monitor illegal fishing and assist fishing communities to defend their rights and livelihoods.

4 Findings from the case studies reviewed

4.1 CBWs engage in a range of different activities and roles within communities, especially as a conduit for dissemination of information and technologies; acting as a link between the community and external bodies; mobilising the community; and attending training which they afterwards transfer to other community members.

4.2 Organisations using CBWs felt that how CBWs are chosen was an important issue. The issues in relation to selection are who selects – is it officials from facilitating organisations, is it leaders from the local community or is it the wider community that is to be served, or a mixture of these, and, secondly, the criteria used for selection. The wider community is not always involved in selecting CBWs. The consensus was that the community must be involved or they will not take ownership of the project but that other stakeholders must also be consulted and that the community must understand the nature of the project so that appropriate selection criteria are applied.

4.3 The CBW system has cost implications that must be borne and considered. Government needs to recognise that CBWs are contributing towards poverty eradication and should ensure that CBW systems are integrated into service delivery and funded in partnership with NGOs and the community. Donor money should be seen as seed money only.

CBWs are not salaried employees. A variety of incentives are used to recompense them from stipends to travel allowances, to payment in-kind to payment for completion of certain tasks such as community development plans. At this stage, there are varying views on financial compensation.

4.4 All organisations offer initial training and the consensus was that continued technical back up and updating is required. CBWs also appreciate opportunities to network with other organisations and learn from each other. Report writing by CBWs needs to be strengthened. CBW projects must ensure that any CBW worker is accountable to the community he/she serves as well as to the FA they are affiliated to or supported by.

4.5 Community involvement is deemed to be critical to the success of any CBW system. Local councils and leaders must be consulted during the initial stages of introducing the CBW system or they may boycott the project with disastrous consequences. This is particularly important in Uganda since the Local Council (LC) system is expected to provide an overall monitoring role for service delivery. Political backing is important. CBWs should be granted some autonomy in decision-making.

4.6 All the projects reported that the CBWs were having a positive effect in their communities in their respective sphere of interest and could report specific improvements in people's lives such as increased income from farming or forestry activities. The sustainability of projects was however said to be a challenge.

4.7 CBWs have been integrated and accepted in all the communities where this review exercise was undertaken. Challenges are creating an enabling environment in terms of policies, integration of CBWs into government programmes. Improved monitoring and

evaluation, improved back up for CBWs and improved engagement by communities in their own development.

4.8 The Ugandan Government has taken a bold initiative in recent years through its poverty eradication plan and the plan for modernisation of agriculture to revive community involvement and mobilisation in Uganda. However, there is a need for more work at the level of policy and legislation to support pro-poor delivery systems in all sectors. Gender issues need to be looked at within CBW programmes. It is also vital that higher levels of government recognise the benefits of implementing CBW systems and include them in the PEAP. NGOs should not set up parallel structures of delivery but rather play a technical back up role.

5 The pilot projects - implementation from January 2005 to March 2007

5.1 Five models for implementing a CBW system emerged from the first 4-country workshop:

- 4-8 hours per week, where volunteers are unpaid but travel and lunch costs at meetings/training are borne by the project/facilitating agent;
- 20 hours per week, volunteers unpaid but travel and lunch costs are met by the project/facilitating agent;
- 20-30 hours per week, volunteers are paid a stipend – most prevalent in South Africa;
- 40 hours per week, volunteers are paid either a salary or commission and mainly these are supervisors of other volunteers;
- Private Sector - volunteers are paid by service users and hours of work vary according to the nature of assignment.

The five piloting organisations in Uganda were:

- Budongo Forest Community Development Organisation (BUCODO), in Masindi District. BUCODO is part of the Forest Sector Umbrella Programme;
- Uganda Land Management Project (ULAMP) in Mbarara District. ULAMP ceased to operate during the time of the project but was taken over by the National Agricultural Advisory Services. It is concerned with sustainable farming systems;
- Bulu STI/AIDS Awareness Group - (BUSTIHA), Mpigi District. Bulu Sexually Transmitted Infections / AIDS awareness group (BUSTIHA) is a home-based HIV/AIDS care programme supported by Concern Uganda;
- Kamwokya Christian Caring Community (KCCC), Kampala City. Kamwokya Christian Caring Community, (KCCC), is also a home-based care programme;
- Rukungiri Functional Literacy Resource Centre (RFLRC), Rukungiri District. Founded in 1994, Rukungiri is a holistic community development resource centre.

5.2 KCCC piloted the 20 -30 hours per week model and CBW are paid a stipend. BUSTIHA piloted the 4-8 hours per week (village based volunteer) and the 20 hours per week (sub-county based volunteers). BUCODO, ULAMP and RFLC piloted the documentation of activities and time spent on those activities, support required and linkages established.

5.3 Guidelines for implementing a CBW system were developed and piloting partners committed to looking at issues around: flexibility, potential for scaling up, monitoring processes in place, financial viability within the organisation and agreement to participate in an evaluation process.

5.4 Representatives from the 4 countries who participated in the action research also went on a study tour to Peru where they learned about Peruvian community-based worker projects and explored comparisons with those in their own countries.

6 Impact and cost-effectiveness of CBWs

A peer review of all the pilots projects took place in 2005 followed by a final evaluation in mid 2006. This section presents the findings of the review and evaluation.

6.1 The evaluation results in the health sector showed that there is significant impact on the well-being and livelihoods of community members. Beneficiaries mentioned that CBWs have helped them with many factors such as adherence to drug treatment. In the natural resources sector, beneficiaries reported benefits such as easier adoption of new technologies and increased food production as a result of the work of CBWs. There were some criticisms in the NR sector such as CBWs not always being reliable.

6.2 CBWs in the health sector reported that being volunteers had both positive and negative effects on their lives. CBWs in the natural resources sector valued the skills they have learned, the opportunity to make a contribution to their community and the status in the community that their work brings them.

6.3 Service providers feel that through CBWs they have a much stronger connection and relationship with the communities that they serve. They see the work of CBWs as complementing their services.

6.4 Experiences from the pilots led to the realisation that CBWs, as they do not have transport, should only be expected to work within a radius of 2 km. Working hours should be flexible, monitoring and evaluation needs to be intensified. The pilots learnt that they must pay more attention to documentation so that experiences can be captured and shared in order to influence policy.

6.5 A comparison of costs and services at KCCC with a traditionally run Adult Infectious Disease Clinic (AIDC) demonstrated a lower unit cost at KCCC and also a lower proportion of patients lost to follow up. But it is difficult to carry out a strict cost-benefit analysis as the services offered are quite different and in fact should be viewed as complementary rather than competing.

6.6 The CBW project has informed and influenced service delivery systems in the natural resource sector. For instance, NAADS has fully adopted the use of CBWs (referred to as Community-based Facilitators,) in all districts.

7 Good practice emerging from the pilots

7.1 CBWs in the NR sector were found to work fewer hours than the 5-8 hours specified in the model. In the HIV/AIDS sector, KCCC CBWs spend more than the hours in the 20-30 hour model. Overall, there was increased documentation and reflection and improved linkages with stakeholders in the pilot projects which helped CBWs become catalysts of change in their communities. The evaluation of the CBW system in Uganda found that the majority of CBWs are women i.e. 65.5%.

7.2 CBWs, in whatever sector they work, act as a conduit for information and technologies between service providers and the community. They link the community with other service providers. A distinction was made between volunteers offering a small number

of hours per week and true CBWs who are working at least half the week. Some people believe that the latter should be financially recompensed. There is general agreement that CBWs by definition work in the community they live in and that they must be given training and ongoing support and supervision. All stakeholders must play a role in CBW selection. CBWs should have clear job descriptions and their good will should not be abused by overloading them with responsibilities. CBWs did not always work the hours intended.

7.3 In all CBW projects there are regular meetings between FAs and the CBWs, sometimes monthly, sometimes weekly. All CBWs receive training in generic skills such as facilitation, and in skills specific to their sector. Training is seen as a key motivator for CBWs. CBWs tend to see themselves as accountable to their FA. Mechanisms to strengthen accountability to the community are required. In the NAADS programme, this has been achieved through the CBWs being accountable to the parish coordination committees. Village Health Committees will be able to monitor health programmes in future. Good practice is when there is a thorough stakeholder analysis at the beginning with clear roles and responsibilities and an exit strategy for the FA, if an exit is intended.

7.4 CBWs need to be linked to FAs for project management, training, monitoring, compensation purposes and links to funders. Other important linkages are to government departments and technical services for technical training and support. CBWs need to be linked via some sort of committee to the community to whom they are accountable. Linkages and an exit strategy (if an exit is intended) should be clearly thought through at the initial planning stages.

7.5 The concept and importance of accountability was well understood in all projects. Pilot projects considered accountability - of both work/outputs and resources/funds - a necessary component of project work and there was significant willingness among CBWs to account both horizontally and vertically. The key challenge is how to fully involve the community in CBW work and to own and manage the process.

7.6 There were no examples in Uganda where government pays CBWs any stipends in either the HIV/AIDS or NR sectors. It was mainly NGO who provide some form of incentive – monetary or in-kind. Some communities are currently contributing towards CBWs but this is not sustainable.

7.7 Withdrawal and sustainability of the CBW system after the FA was not seen as critical issue in all the pilots partners evaluated. Many had already in-build sustainability plans in place. Income generating activities were common in all the projects as a way of continuing the services in the event of donor funding finishing.

8 Summary and recommendations

8.1 This was an action-learning process in which policy makers and practitioners shared their perspectives, experiences and practice of using community-based workers. In Uganda, the CBW project was led through four organisations; CARE International (lead partner and secretariat agency), National Agricultural Advisory Services (NAADS) Programme, Uganda AIDS Commission (UAC) and CONCERN – Uganda. The other members of the coalition were Environmental Alert and the National Forestry Authority.

Findings from the evaluation of the pilots indicate that CBWs are contributing to community development and have created greater access to different types of services for their communities. Overall, achievements in terms of empowerment and improved were documented.

8.2 Recommendations

1. *Mitigation of Gender Inequalities:* While CBWs reduce some of the financial and other pressures exerted on formal service delivery systems, the burden of care continues to be shouldered by women. Therefore, there is need for deliberate efforts to increase male involvement and/or reduce the impact of poverty, costs associated with loss of productive time, and strain placed on social relationships of female CBWs.
2. *Strengthen Monitoring, Evaluation and reporting:* Current experience shows that organizations lack effective guidelines for involving local councils (LCs) and other community structures in monitoring, evaluation and appraisal of CBWs. Efforts should be taken to develop a simple and sustainable supervision and monitoring system to guide the communities in monitoring CBW activities. Mechanisms for feedback meetings should also be well stipulated in the guidelines. Furthermore, there should be increased involvement of LCs and other administrative organs in the operationalisation of the CBW concept.
3. *Standardization and accreditation of training:* While it may prove difficult to standardize the training of CBWs due to differing contexts and environmental dynamics, efforts should be made to find middle ground and work towards standardization and accreditation of the CBW training curriculum. This should be based on the requirements and dynamics of the sector in question. Key actors involved in using CBWs need to get together to agree on the remuneration principles to avoid creating inequality, which is likely to kill the spirit of voluntarism.
4. *Mainstreaming CBW work in civil work plans and budgets:* Sustainability of the CBW system should be enhanced through integration in the mainstream service delivery system. Nonetheless, the CBW system should not be based on permanent structures but rather on dynamic system that responds to the needs and concerns of the community, and it should be able to evolve as community changes. Large-scale adoption of CBW systems will require substantial support from both the central and local governments.
5. *Policy changes/implications:* Facilitating agents should advocate for policy changes and recognition of CBWs. Participatory planning, monitoring and evaluation at all levels should be increased among the existing practitioners. Another issue is around *harmonisation of approaches, whereby, currently*, each service provider identifies people to utilise as “CBWs”. Principles and guidelines for coordination and standardization of training of CBWs should be developed. These should cover policy guidelines on remuneration, recruitment and support, advocacy, monitoring and evaluation.
6. *Inter-agency sharing of lessons and experiences:* This should focus on documentation, publication and dissemination of lessons and experiences, including further sharing/dissemination of the evaluation findings. Multi-stakeholder follow-up meetings at national and district level should be organized.
7. *Further Research:* A longitudinal study on cost-effectiveness and sustainability of CBWs should be carried out to identify and fill gaps remaining after the current evaluation study, and initiate the development of modules for replication. The study should shed more light on the magnitude of costs shifted to the community as a result of using CBWs.

PART A INTRODUCTION

1 Introduction

1.1 Background to the project

Khanya-African Institute for Community Driven Development (Khanya-aicdd) has been managing a 4-country action-research project on community-based worker (CBW) systems as a mechanism for pro-poor service delivery. The project is funded by the United Kingdom's Department for International Development (DFID) in London. The four countries involved in this action learning project are South Africa, Lesotho, Uganda and Kenya.

The project goal was to learn from good practice in the use of community-based workers as a model of pro-poor service delivery. It also aimed to see how best such systems can be scaled up in regions where there is an interest in implementing community-based service delivery. The action-research project has focused on the natural resources (NR) and HIV and AIDS sectors. However, it is intended that the findings of the research project will have implications for other sectors of service delivery.

In Uganda, the project was launched in January 2004. Representatives from four organisations made up the national Steering Committee, namely: CARE International (lead partner and secretariat agency), National Agricultural Advisory Services (NAADS) Programme (chair), Uganda AIDS Commission (UAC) and CONCERN – Uganda (members).

Five partners were tested and piloted a model of service delivery using CBW volunteers. These were:

- Budongo Forest Community Development Organisation (BUCODO), in Masindi District;
- Uganda Land Management Project (ULAMP) - NAADS, Mbarara District
- Bulo STI/AIDS Awareness Group - (BUSTIHA), Mpigi District.
- Kamwokya Christian Caring Community (KCCC), Kampala City.
- Rukungiri Functional Literacy Resource Centre (RFLRC), Rukungiri District

1.2 Overall timeline of the project in Uganda

Potential partners in Uganda were visited and a workshop meeting held during the last week of January 2004. Care Uganda was elected to provide the Secretariat with the National Agricultural Advisory Development Services (NAADS), Concern World Wide, the Forestry Department, and other NGO networks, forming the steering committee for the relevant sectors. Initial steering committee meetings discussed and agreed on the terms of reference (TOR) for the steering committee as well as the TOR for the in-country review and planning of the 1st national workshop, which was held in November 2004.

The second activity was the review of in-country experiences from organisations implementing community-based worker projects. The national workshop, held in November 2004, shared the findings from the review exercise. Over 60 participants from government, NGOs and FBOs, interested in or implementing work using CBWs participated.

Following from the in-country review and the national workshop, Uganda participated with the other partner countries at the 4-country workshop, held from 20-23 September 2004, in

Bloemfontein, South Africa. Partners shared the findings from the in-country review exercise and identified common frameworks, as well as models for implementing a CBW system. A representative group from each partner country met again in January 2005 and worked further in refining the five models, and agreed on the core elements to pilot in their countries. Guidelines for implementing each model were developed.

The following generic models emerged from the review of different CBW systems across the 4 countries:

- 4-8 hours per week, where volunteers are unpaid but travel and lunch costs at meetings are borne by the project/facilitating agent;
- 20 (with exceptions of up to 40) hours per week, volunteers unpaid but travel and lunch costs are met by the project/facilitating agent;
- 20-30 hours per week, volunteers are paid a stipend – most prevalent in South Africa
- 40 hours per week, volunteers are paid either a salary or commission; such a worker would usually be a supervisor of other volunteers
- Private Sector - volunteers are paid by service users and hours of work vary according to the nature of assignment

Testing of the models through pilots by implementing partners began in March 2005.

In Uganda, the following project partners agreed to test one or two of these models:

- Budongo Forest Community development organization (BUCODO)
- Bulu STI/AIDS Awareness Group (BUSTIHA)
- Rukungiri Functional Literacy Resource Centre (RFLRC)
- Uganda Land management Project (ULAMP)
- Kamwokya Christian Caring Community (KCCC)

From 16 – 29 October, 2005, 12 delegates participated in a study tour to Peru. Two of the delegates were from Uganda. The objectives of the visit were to gain greater understanding of how CBW systems work in Peru; to learn lessons on what works; and to debate and test emerging thinking in a 5th country.

The second 4-country workshop was held from 01-03 November, 2005 in Johannesburg, South Africa. Participants were joined by the delegation from the Peru study tour who enriched the sharing of experiences. The workshop enabled partners to share lessons, findings and challenges of current approaches they were implementing. It also allowed the partners to review and modify the models they were then piloting. Prior to the actual workshop event, partners spent a day visiting South African CBW projects in Limpopo province. The site visit was part of the peer learning process. It enabled partners to discuss and reflect on experiences from their respective countries.

In 2006 there was a peer review of the pilot projects followed by the final evaluation exercise to assess the impact and cost-effectiveness of CBWs in service delivery in Uganda based on the pilots. Then there was a national workshop in December 2006, which gave different stakeholders an opportunity to discuss the evaluation findings, identify lessons learnt, challenges and implications. Also Ugandan partners assisted with the production of the CBW DVD featuring key implementing partners - clips from two of the pilots are included.

A final 4-country workshop was held from 09-13 April 2007 in Uganda.

The CBW project was initially intended to run from March 2004 through to March 2007, but has been extended to September 2007 to allow the partners to put together guidelines for good practice and to put some thinking into how CBW systems could be delivered on a large scale. These guidelines and ideas for scaling up will be presented at a regional workshop planned for in September 2007.

1.3 The CBW system

The model below shows the key components of the system: the community/ informal institutions by which people organise to act collectively; a CBW; a facilitating agent supporting the CBW; and other service providers. Government, national institutions and the international community help to provide an enabling environment, funding and potentially strengthening capacity to address poverty. These are all key stakeholders who need to be involved at all stages in the process for the CBW system to work effectively.

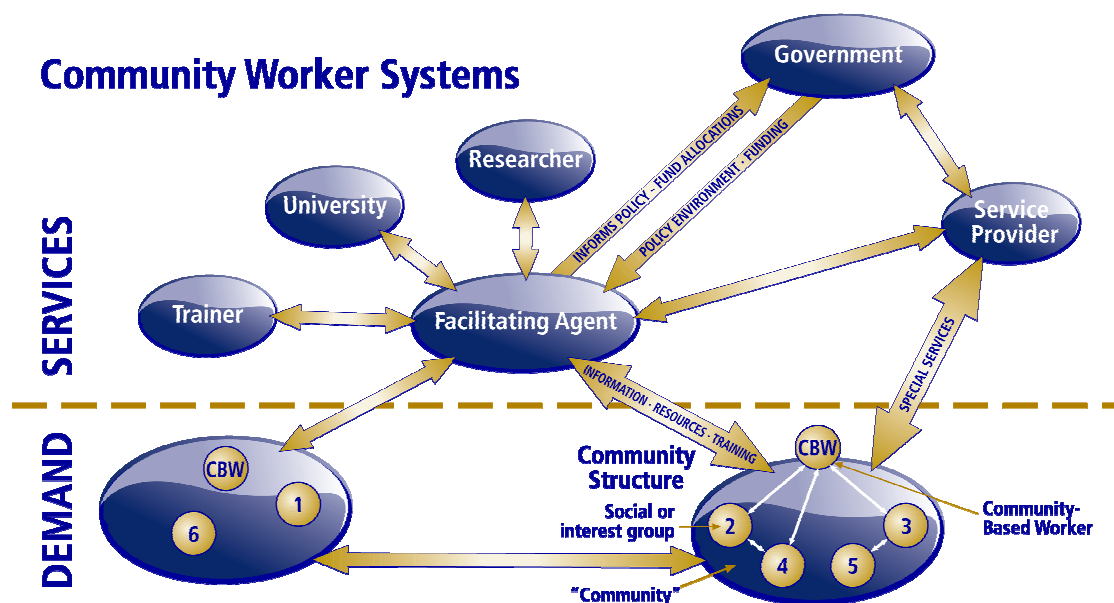
CBWs are essentially volunteers, selected from the community in which they live, trained to render a specific task which may best be delivered at community level, supported and supervised by a facilitating agent (FA) which may be either a non-governmental organisation (NGO) or government entity. CBWs are usually in some way accountable to the community or a specific group within the community they serve and the facilitating agent they are affiliated to. They usually receive some form of incentive (monetary and non-monetary). In most cases their costs are covered for items such as travel and food, and in some cases they receive a fee or a stipend for the service they render. The CBW may play some of the following roles:

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

The FA can be from government or the non-government sector, eg NGO or government department. The FA supports and mentors the CBW and other service providers (SPs). FAs might provide funding for the work undertaken by the CBW, give information, support in training and provide technical supervision. Their work may inform government policy and they may act as instigators of collective action and intermediaries between people and public service providers.

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

Figure 1.3 The CBW Model



1.4 Why interest in CBW systems?

The CBW project is informed by earlier research work undertaken by Khanya on Institutional Support for Sustainable Rural Livelihoods (SSRLs) in southern Africa. This work identified that if people's livelihoods are to be improved, there is a need to strengthen micro-macro linkages, both in terms of improving participatory governance and in terms of improving services (Khanya, 2001). Six key governance requirements were identified to address poverty. These are grouped under three themes as follows:

Empowered communities (micro)

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

Empowered local government and management of services (meso)

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

Realigning the centre (macro)

- **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 a pool of active and locally accountable community workers, who can work in a range of sectors, addressing services which are frequently 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 them. In Khanya-aicdd's experience of participatory development, most communities depend on locally provided services, e.g.

crèches, traditional birth attendants, farmer extension schools, traditional healers, home-based carers, local spaza shops, etc. There have been programmes using CBWs such as home-based care (HBC), community health workers (CHWs) and paralegals but these have remained as isolated examples and have not been scaled up.

The CBW project aims to bridge such a gap by identifying how such services can be provided to all villages/communities in a cost-effective and sustainable way. It also proposes a paradigm shift from the conventional service delivery model so that all villages/communities can be adequately served. The concept contributes to increasing the coherence and effectiveness of the many ongoing efforts by poor communities to achieve their own development in the communities where they live and work. The question is how can these be made more effective and be scaled up, and what are the requirements for doing so?

1.5 Objectives and structure of the report

This report summarises the development and results of the CBW project in Uganda over the past three years. It draws together the experiences of the Ugandan partners who have participated in the 4-country CBW systems action-research since February 2004. It aims to inform organisations in Uganda of the CBW context and to highlight key lessons learnt by the partners involved in the implementation of the project.

Part A of the report explains the goal of the study and the organisations involved as well as the structure of the report. **Part B** presents the situational analysis prior to the CBW project, the context, policies and strategies for provision of services and the role of the state in service delivery.

Part C summarises the case studies of community-based worker systems reviewed at the beginning of the project. It then goes on to discuss the five pilot organisations and the issues that emerged from the pilots. It discusses the impact of the pilots on clients, on the CBWs themselves and on the service providers. Also discussed in this section is the cost-effectiveness of the CBW pilots and the required policies and systems if a CBW system is to be effective.

Part D of the report summarises the findings, highlights the key lessons, makes recommendations and discusses the way forward.

PART B THE SITUATION PRIOR TO THE CBW PROJECT

2 Government policies, systems and structures in service delivery

2.1 Context

Uganda has over the years consistently been characterized by strong community mobilization institutions. This has resulted in the success of many community-based initiatives - in health, nutrition, environmental management, and road works (*bulungi bwansi*). The success achieved has been largely due to effective mobilization by the administration and good community response. Government provided further support by establishing Nsamizi Training Institute for Social Development to train professional social workers. Ugandan universities currently offer similar training at undergraduate and postgraduate levels.

During the 1970s and early 1980s, the political turmoil in Uganda led to the degeneration of many public and private institutions, and most community-based initiatives became non-functional. Uganda therefore had no institutional framework for community mobilization. However, since 1986, the Government has supported institution building through a recovery programme but it was not until 1997 when the Poverty Eradication Action Plan (PEAP, 2000¹) came in that community mobilization became a public sector priority. PEAP is the guiding framework for eradicating mass poverty in Uganda and adopts a multi-sectoral approach, recognizing the multi-dimensional nature of poverty and the inter-linkages between influencing factors. The PEAP has five main goals:

- Creating a framework for rapid economic growth and structural transformation;
- Ensuring good governance and security;
- Directly increasing the ability of the poor to raise incomes; and
- Directly increasing the quality of life of the poor.

Currently, community- based systems are central to the design and implementation of public interventions, especially those that target the poor. This is reflected in the number of policies and strategies that have been formulated aimed at improving rural service delivery. These include the Social Sector Investment Plan (SSIP), which emphasizes harmonized interaction of community- based services; the Government-NGO partnership that emphasizes the role of NGOs in supporting the public sector to respond to the needs of the community; and the National Agricultural Advisory Services (NAADS) which focuses on empowerment of communities to demand and control the delivery of agricultural advisory services. Table 2.1 below summarises some key policies that are relevant to CBW systems in Uganda.

NAADS was established in 2002 by an Act of Parliament² and focuses on increasing farmers' access to improved technologies and information. NAADS has been piloting projects for forest extension service delivery reform in Uganda seeking to develop a better understanding of good practice and livelihood linkages in advisory services. One key approach the pilots tested was "community-based service delivery" using community members themselves as extension workers or "link farmers". NAADS selects CBWs from the community to ensure that remote and poor farmers are represented and their needs addressed through the provision of effective delivery of agricultural services.

¹ Draft PEAP (2000)

² Bagnall, Hugh (draft 2004)

As representatives of their community, CBWs understand the local context, issues, the language and culture of the individuals they serve. They can work effectively within the local political environment, and can demonstrate leadership by example on their own farms. NAADS CBWs are involved in information design and delivery. They are accountable to Parish Coordination Committees (PCCs), comprising of representatives of farmer groups. PCCs are responsible for ensuring the accountability of CBWs and service providers. PCCs carry out monitoring and evaluation through conducting field visits where they assess the performance of farmer groups and CBWs based on their work plans.

Table 2.1 Policies relevant to CBW systems in Uganda

Policy	Assessment
Poverty Eradication and Action Plan (PEAP)	Provides for sub-county development co-ordinators but does NOT make commitment to CBWs
Uganda Food and Nutrition Policy	Recognises the importance of participatory approaches but does not refer to CBWs
Forestry Policy	Includes the involvement of communities in forestry management and the focus on innovative approaches to rural community empowerment. However, it is not explicit on the use of community workers.
Plan for Modernisation of Agriculture (PMA)	Emphasises the need for community participation in development
National Agricultural Advisory Services Programme (NAADS)	Stresses farmer demand driven services and may offer flexibility for the use of CBWs. There is need for specific inclusion and funding to promote CBW in the framework.
Health Policy	The concept of Village Health Committees (VHCs) is being integrated in the health work for the poor communities.
Education Policy	Rather silent on the CBW but recognises the need to take services nearer to the people.
National Environment Management Policy (1994)	Assigns implementation roles to all stakeholders at both national, local levels, NGOs, CBOs and local communities and private sector but does not prescribe exactly what should be done in reality.
The National Water policy (1999) (MWLE)	Water user groups manage, operate and maintain water point sources. The issue is their sustainability.
The National Community Development Policy (2000) - Ministry of Gender, Labour & Social Development (MoGLSD)	Provides a co-ordinating and monitoring framework for various stakeholders to ensure that there is improvement in the people's socio-economic life at all levels. The issue is inclusion of community members to sustainably work with the community development officers currently posted.

2.2 Policies and national strategy for service provision

Government is implementing policies in all sectors aimed at improving the efficiency and effectiveness of the public sector through decentralization, downsizing the civil service and forging effective partnerships with the private sector in service delivery. The Government's overarching development framework, the PEAP, recognizes the need for communities to be active participants in the management of their own service delivery, including co-funding of government programmes.

The main policy that targets service delivery to rural communities is the decentralization policy, officially launched in 1992 and enshrined in the 1995 Constitution, leading to the enactment of the Local Governments Act of 1997. The decentralization process involves substantial transfers of political, financial and planning responsibilities from the central government to local councils. This empowers the local governments (districts, sub-counties

and urban authorities) to take increasing responsibility for the delivery of services and promotion of popular participation and empowerment of local people in decision-making. Decentralization is based on the premise that local authorities are better placed to respond to the needs of local communities who can, in turn, easily hold them accountable for the use of public resources, resulting in a more equitable allocation of resources among districts and within sub-counties.

Following the decentralization policy, several sectoral policies have been formulated to 'take services nearer to the people'. In recognition of the multi-faceted nature of poverty in the agriculture sector, Government started the Plan for the Modernization of Agriculture (PMA - 1987 and 2001), a multi-sector initiative to increase the incomes of small- holder farmers in an integrated way with partners in the private sector and civil society. Its main objectives are to:

- Increase incomes and improve the quality of life of poor subsistence farmers through increased productivity and increased share of marketed produce;
- Improve household food security through the market rather than emphasizing self-sufficiency;
- Provide gainful employment through the secondary benefits of PMA implementation such as agro-processing factories and services;
- Promote sustainable use and management of natural resources by developing a land use and management policy and promotion of environmentally friendly technologies.

The National Agricultural Advisory Services (NAADS), one of the pillars of PMA, contains strategic goals to: (1) Shift from public to private advisory service delivery; (2) empower subsistence farmers to access private advisory services and market information; (3) develop private sector delivery capacity, professional capability and systems.

Government, through the Ministry of Gender, Labour and Social Development (MGLSD), implements a number of policies which address the needs of specific target groups within the community. The Ministry is the leading and coordinating agency for the Social Development Sector Strategic Investment Plan (SDIP), which includes community mobilization and empowerment as one of the key programme areas. The Ministry's mandate, as articulated under PEAP (volume 3), is to empower communities to harness their potential through cultural growth, skills development and labour productivity for sustainable and gender-responsive development. In the development of the SDIP, the sector's unique role in poverty eradication was defined as 'To promote the participation of vulnerable and poor people in protecting their inherent rights to growth and development, for the attainment of poverty eradication'. This will involve supporting not only interventions that mobilize the poor and vulnerable but also interventions targeting agencies involved in poverty eradication in order to promote the active participation of poor and vulnerable people.

The strategic objectives of the SDIP include:

- i. To empower communities to appreciate, access, participate in, manage and demand accountability in public and community based initiatives.
- ii. To protect vulnerable persons from deprivation and livelihood risks
- iii. To create an enabling environment for increasing employment opportunities and productivity for improved livelihoods and social security for all, especially the poor and vulnerable.
- iv. To ensure that issues of inequality and exclusion in access to services across all sectors and at all levels are addressed.

2.3 The role of the state in service delivery

Uganda is implementing a far-reaching decentralization policy in which there is a clear separation of powers and responsibilities between the central and local governments. The central government, which comprises sectoral ministries and public sector organizations, is mainly responsible for policy and performs the following functions:

- i. Formulation and review of national policies, standards and plans for the sectors.
- ii. Setting and enforcement of standards and regulations.
- iii. Provision of technical advice, support supervision, and training to local governments in areas relating to decentralized services.
- iv. Designing, developing and maintaining a national information base for the sectors.
- v. Monitoring to ensure that providers of services comply with national policies, registration and standards.
- vi. Co-ordination, facilitation, and supervision of national projects and programmes.
- vii. Mobilisation of finances and technical assistance for the development of the country.

At each government level – central and local – the Government recognizes the importance of private sector and civil society organisations (CSOs) in the delivery of basic services.

Partnership with the private sector/CSOs is intended to deliver services to as many communities as possible. Public - private sector partnerships aim to facilitate joint action in planning, implementation and funding of interventions, especially those targeting the rural poor.

Government is committed to continue supporting the empowerment of organizations - especially those targeting women, youth and local communities – and ensuring their active participation in the development process. Government is mainly interested in ensuring that public resources are used in building the capacity of the private sector and civil society, in involving them in public sector activities and in contracting them as service providers in the delivery of services.

Within this policy environment, NGOs and civil society have a key role to play as watchdogs to ensure that public resources reach the intended beneficiaries.

The Ministry of Gender, Labour and Social Development (MGLSD) leads and promotes multi-sectoral collaboration with other sectors and ministries such as water, education, agriculture, justice, law and order, health, roads and local government, to provide guidelines, set standards for implementation and M&E, build capacity for community mobilization, and provide support supervision. The community mobilization and empowerment programme includes a range of activities directed at empowering communities such as functional adult literacy initiatives; community-based management information system (CBMIS), adolescent reproductive health, farmer empowerment to demand and access advisory services and information and library services. Community Development Workers (CDWs), whose functions are being revitalized, are instrumental in this aspect. Their functions include facilitating community planning, group formation, home improvement campaigns, civic education, mobilization of functional adult literacy learners and establishment of classes, monitoring activities and information dissemination on government programmes.

Community mobilization activities at sub-county and lower levels are mainly carried out by civil society organisations, local leaders, faith-based organizations, voluntary social workers, cultural institutions, groups, organizations and practitioners as well as women and youth councils, among others. The CDWs coordinate community mobilization activities for all sectors.

2.4 Evidence of effectiveness in current service delivery systems

In general, Government has in the last 21 years put Uganda's economy back on track and there are many success stories in different sectors. Improvements in service delivery have been remarkable in key rural based sectors such as education, health, water and sanitation, infrastructure, and more recently, agriculture³.

There is increasing realisation of the need to take services to the household level but this requires a huge amount of resources in terms of personnel and transport that are not available within NGOs and government. Consequently, the various service providers are using CBWs to reach communities at the household level. Community-based systems have as a result undergone tremendous growth in the last two decades and have emerged as a key service delivery mechanism in almost all sectors. The use of CBWs has increased the frequency of contacts with target communities, such as people living with HIV and AIDS, expectant mothers and the distribution of malaria drugs. In the natural resources (NR) sector, CBWs are at the forefront of the management and conservation of forests and wetlands, such as in Budongo. In the agricultural sector, the CBW system is gradually becoming the main mechanism for delivering agricultural advisory services to farmers.

Given the great interest in using CBW systems in Uganda, it was pertinent that Uganda participated in this study to further understand and evaluate the effectiveness and cost-effectiveness of delivery systems using CBWs, to share best practice within the country and with the partnering countries and to consider what needs to be put in place for such services to be rolled out on a large scale.

The CBW project was implemented within the decentralization context in Uganda, which involves substantial transfers of political, financial and planning responsibilities from the Central Government to Local Councils. Within the decentralization policy, there is clear separation of powers and responsibilities between the central and local governments.

The initial case studies reviewed to inform the baseline of the CBW project in Uganda identified that:

1. Government is in the best position to give policy guidance (an enabling environment), supervision and monitoring to enhance the integration of CBWs into government programmes;
2. The need for CBWs to interact with professional extension workers to ensure grasp of messages and not work in isolation.
3. The role of facilitating agents (FAs) is to mentor the CBWs to ensure the delivery of correct message packages;
4. Policy guidance regarding the operationalisation of the CBWs system was lacking
5. Coordinated mechanism for continuous refining of the CBW work within the LGs was lacking. Similarly, the supply of information materials and up-dates to CBWs is still inadequate;
6. Need for continued refining of the CBW approach based on systematic documentation of lessons and best practices, sharing and dissemination of these widely.

³ The mid-term evaluation of NAADS in 2005 showed remarkable progress in service delivery in terms of farmers' access to technology and advice as well as increase in the incomes of farmers.

PART C WHAT HAPPENED DURING THE CBW PROJECT

3 A review of community-based worker systems in Uganda

3.1 Case studies in 2004

In the first phase of the CBW project in Uganda in 2004, five organisations using a variety of community-based worker systems were reviewed. This section outlines the core characteristics and approach of these organisations. The case studies were drawn from the health, natural resources (NR) and forestry sectors. The findings from the review were presented during the national workshop in 2004.

3.1.1 The Forest Sector Umbrella Programme

In response to the need for major policy and institutional reforms in the forestry sector, the Government of Uganda developed the Forest Sector Umbrella Programme (FSUP) in 1997/8 with donor support from a number of agencies including DFID, NORAD, EU, UNDP, GTZ and others. Three districts, Masindi, Luweero and Nakasongola were selected.

In Luweero District, CBWs operate in one sub-county and in all seven parishes, with some 21 groups involved. The CBWs are called Community Forest Advisors (CFAs), and there are 21 of them, one per group. The groups comprise between 10-20 people, some from the same household, amounting to a total of perhaps 200 households. CFAs support work on bee-keeping, agro-forestry/fruit trees, and woodlot trees. BUCODO, a local CBO, works in Masindi district. CBW activity includes supporting Collaborative Forest Management projects, which promotes agro forestry and tree planting. One CBW has been trained in community forestry for each of the 60 focus villages. In Nakasongola, KULIKA Charitable Trust acts as the FA, and the focus is on charcoal producers operating in Kakooge sub-county. Farmers have been supported by CBWs to create a community institution to continue the work when KULIKA exits. They have 12 groups from the six parishes and a sub-county steering committee of 12 people with 24 CBWs workers.

BUCODO – Budongo Community Development Organisation - was selected to be one of the five piloting organisations to be studied in more depth in the next phase of the CBW project so more will be said about this organisation in section 5.

3.1.2 Jinja Diocesan Development Coordinating Organisation

The Jinja Diocesan Development Co-ordinating Organisation (JIDDECO), is funded by the Catholic Organisation for Development and Aid Relief (CORDAID). JIDDECO is the development arm of the Catholic Diocese and operates in five districts of Busoga region, Jinja District. JIDDECO facilitates and co-ordinates the 12 partner implementing organisations (PIO) that use community resource persons (CRPs) as CBWs.

JIDDECO has integrated programmes in health, nutrition, food security and sustainable agriculture. The programme operates in areas where there are no government extension services and people are ready to work and cost-share through their land and time. CRPs assist with participatory rural appraisals from which they develop community action development plans (CAD) for small CBOs, especially those that want to access the Community HIV/AIDS Initiative (CHAI) grants.

Feedback from the community on the impact of the JIDDECO integrated programme and the role of CRPs is very positive: *"...we do not know the government field extension workers...we appreciate our people because there is no language barrier...we realise community cohesion from the gardens... we are more confident, and have gained self-esteem and we have been able to construct toilets, etc."*.

3.1.3 Organisation for Rural Development

The Organisation for Rural Development (ORUDE) is a micro-finance organisation funded by CORDAID and McKnight's Foundation. ORUDE started as a means of creating employment for its members. From a needs assessment that ORUDE undertook, micro-finance was identified as an important issue that ORUDE should initiate. ORUDE is the link to the rural groups who wish to access micro-finance from formal institutions such as the Uganda Women's Trust Bank. The organisation has a management committee of nine members. There are sub-committees on loans, education and training and supervision.

Due to a limited number of staff ORUDE works through 'promoters' who are in effect CBWs. ORUDE trains these promoters who in turn train their communities. ORUDE's field staff works closely with the promoters in the field. Each promoter works with seven or eight groups. This is a large number and has resulted in another layer of CBW emerging, namely Group Resource Persons (GRPs) who also receive training. Promoter activities include promoting a culture of saving within the groups. Five hundred Ugandan Shillings (Ugshs) are collected and saved at every meeting. The target is to save Ugshs 23 million /= after 3 years from the 18 groups.

Initially promoters were not expected to compromise their time commitments but to work within their groups' structure. However they are now working almost full-time with the groups and therefore have a bicycle and an allowance of Ugshs 50,000 per month. When they assist a group to develop action plans they charge the group Ugshs 15,000. With the Community HIV/AIDS Initiatives (CHAI) projects, which are implemented through the Government's HIV/AIDS programme, promoters are generating good money as smaller CBOs need assistance in developing action plans to access CHAI grants. This has provided ample paid work to ORUDE's promoters.

The Uganda Women's Trust Bank gives loans while ORUDE mobilises the communities and assists with the formal preparation of groups to be able to access loans.

3.1.4 Concern Worldwide

Concern Worldwide is an NGO working for the relief and advancement of people in less developed areas of the world. Concern operates in five districts in Uganda - Mpigi, Rakai, Kampala, Katakwi and Wakiso. Concern uses a capacity building and rights-based approach and works with and/or through partners both in civil society and government.

The Concern Mpigi HIV/AIDS Capacity Building Project operates in five sub-counties of Mpigi. The project is funded by Concern Dublin with co-financing from HIVOS (a Dutch NGO), Ireland Aid and DFID, UK. The project is implemented in conjunction with partner CBOs from the community and government leaders at sub-county and district levels. Community members, including target beneficiaries, are involved at all stages of the project implementation.

Volunteers provide practical patient care services, counselling, information on HIV/AIDS, nutrition and home hygiene and carry out home visits to their clients who are mainly people living with HIV/AIDS and their care-givers. In addition, trained paralegals educate community

members on their human and legal rights, especially widows and orphans, who are vulnerable to having their property 'grabbed' by unscrupulous relatives. Currently the project works with eight CBOs who have over 700 volunteer members.

Bustiha, which is funded by Concern Worldwide, is a CBO registered with Mpigi District local government. It was selected to be one of the implementing projects to be studied in more depth and so will be discussed in section 5.

3.1.5 Uganda Fish and Fisheries Conservation Association

Uganda Fish and Fisheries Conservation Association (UFFCA) is a national NGO that aims at improving the livelihoods of poor lake- dependent communities. Founded in 1993, UFFCA is a coalition of community-based fisheries -related organisations.

UFFCA is implementing two major projects:

- The Lake Victoria Community Development and Management Support Project, which aims at reducing poverty among lake -dependent communities in the 11 districts that border lake Victoria. The project uses CBWs through Beach Management Units (BMUs) to facilitate multi-stakeholder processes for the purpose of good governance for responsible fisheries in Uganda. The aim is to improve the livelihoods of the lake's riparian communities through improving the management of the Lake Victoria resources.
- The Conservation of Endemic Fisheries Resources of Lake Albert Project, which aims at collaborative management and conservation of the fisheries' biodiversity through enhancing local institutions. The project also supports the establishment of BMUs.

BMUs have been fundamental in recording fisheries-related data and using the information to monitor fisheries activities, which is done by groups. They also maintain and keep records of all boats that are involved in fishing including illegal fishing.

Fishing communities suffer uncalled for destruction of their property; fishing gear, boats and fish. There is also a high level of corruption in the fishing industry; increased cases of human rights violation, abuse by Government law enforcement agencies and lack of access to departmental officials. Communities have traditionally had few opportunities to participate in decisions about natural resource access rights. The aim is for BMUs to be able to support fishing communities to defend their rights and livelihoods.

4 Findings from the case studies reviewed

4.1 Focus on CBW Systems

CBWs engage in a range of different activities and roles within communities, especially as a conduit for dissemination of information and technologies; acting as a link between the community and external bodies; mobilising the community; and attending training which they afterwards transfer to other community members. CBWs have a key role in providing energy and enthusiasm and maintaining the momentum of development activities. Since CBWs live and work in the community they have an inherent understanding of their community. In the NR sector they 'practice what they preach', and demonstrate by practical example, and share results of their experimentation at little or no cost.

4.2 Selection criteria and procedures for CBWs

Organisations using CBWs felt that how CBWs are chosen is an important issue. The issues in relation to selection are who selects – is it officials from facilitating organisations, is it leaders from the local community, is it the wider community that is to be served, or all of these, and, secondly, the criteria used for selection. From the case studies reviewed, it is clear that the degree of community involvement in the CBW selection is variable. Selection of CBWs by local leaders leaves room for corruption and nepotism and is likely to reduce ownership of the project by the wider community. However, the leaders should be given due respect and recognition in the process. Guidance of the community by the facilitating or governing agencies is important in raising the community's awareness of the facilitating agent's core values and the objectives of the project e.g. in making sure that there is a gender balance and guiding the community in terms of prerequisite skills needed for the person to carry out the work effectively e.g. literacy skills or ownership of land or farming experience. In all of the cases reviewed, the selection criteria strongly emphasised personal attributes. These are examples from different organisations of criteria that were applied in the selection of CBWs:

- Good manners.
- Trustworthiness and personal integrity
- Willingness and zeal to volunteer
- Likely to respond to community needs.
- A resident of the village /constituency they serve
- Ability to read and write.
- Availability when required.
- Interest in project related activities.
- Have own land (NR projects).
- Minimum education of P7.
- Age limit 20-45yrs.
- Good relationship with the community.
- Good understanding of community problems, aspirations.
- Ability to work with others.
- Experience.
- Ability to mobilize others.
- Ability to express oneself in public.
- A role model farmer/innovative farmer (NR projects).
- Talent and skills in the field in which they wish to volunteer
- Approachable
- Self-respect and respect for others
- Understanding of local language

4.3 Financing of CBWs

The CBW system has cost implications that must be borne and considered. The donor community is a very important catalyst in the initial stages of CBW systems because of the need for appreciable start-up funding in most programmes. However, the community should be made aware to see any donor input as initial seed support that will eventually phase out. Government too needs to recognise that CBWs are contributing towards poverty eradication and therefore lobbying should be done to get resources for the CBW system. The government should also ensure that the CBW system is integrated into service delivery and fund it in partnership with NGOs and the community.

In many situations CBWs spend many hours on community work, and it is appropriate for the community to develop an incentive system for rewarding and motivating them. The incentive systems in place in current programmes in Uganda include the following:

- Payment of a monthly stipend, mainly by NGOs;
- Payment on completion of a piece of work e.g a community development plan or action plan;
- Meals, travel and allowances when attending a training event;
- Payment in kind e.g. bicycles, t shirts, uniforms, health packages – mainly by civil society organisations;
- A CBW's land being used as a demonstration plot which means that they receive free inputs and technical advice and support;
- In UFFCA, the Beach Management Units issued permits at the fish landing sites and were able to keep a percentage of the monies generated.

Some organisations believe that the idea of CBW systems is to promote co-operation and community responsibility and so paying volunteers can have a negative impact. Concern Worldwide, for example, expressed the opinion that within the Ugandan traditional system, free help is seen as a community responsibility and that fostering paid volunteers is not an effective response to the increasing challenges posed by HIV/AIDS in Ugandan communities. Others point out that CBWs often work long hours, sometimes full-time, alongside salaried government employees, which inevitably can lead to demands by CBWs for regular compensation for services they provide. There is an issue here of how many hours a person is contributing voluntarily – the range is captured in the models that emerged from the 4-country workshop – and also the issue of retaining CBWs after an organisation has invested money in training them – does paying a stipend increase the commitment and length of time a CBW remains in the project and is that in the end more cost effective?

The results of the review indicate that there is no single formula for remunerating community workers. However, where the work has direct financial benefits to the community it has been shown that they are willing to pay for the services. Service providers need to study each situation and find out what works best in each particular community.

The emerging lessons from the case studies review were identified as follows:

- Government has a crucial role to play in the support of CBW systems through development budgets within the LGs. Yet, lobbying governments to include CBW work in development budgets is still inadequate;
- The issue of providing incentives to CBWs has not been addressed adequately. Each institution is developing its own criteria for remuneration. A coordinated funding mechanism for CBWs – by government, NGOs, and private sector is needed to ensure continuity of basic CBW services in the community.

- CBWs should not be made to feel that they are part of the “formal” extension services system – this leads to false expectations regarding incentives and may negatively impact on performance and retention levels;
- It is important for the community to add their own support for any incentives to the CBWs. Non-monetary incentives like production labour, t-shirts, bicycles and training should be encouraged.

4.4 Training, support, supervision and accountability

CBWs in all the organisations who participated in the study received initial training of at least one week. The broad experience across the implementing partner pilots is that, after the initial training, continued technical back-up, back-stopping and mentoring of CBWs is necessary; it leads to improved performance and adherence to standards. Issues raised in interviews with CBWs is that training organised to take place far from home makes it difficult for women to participate and that sometimes the training is not as effective as it could be because it is too technical or complicated and not content specific.

Also a critical element of training and learning is networking of service providers; this enhances the sharing of experiences and information and promotes the advancement of knowledge and confidence among CBWs.

In terms of coordination and supervision, it is clear that poor coordination between different service providers leads to giving different training to the same CBWs, sometimes with conflicting messages. In addition, it is common to find that CBWs do not write reports; this makes accountability and sharing of lessons difficult. Accountability is about being responsible to someone or for some action but is often interpreted as being primarily upward to a superior body, but not downward to beneficiaries of services. CBW projects must ensure that any CBW worker is accountable to the community he/she serves as well as to the FA they are affiliated to or supported by.

4.5 Relationships between community structures, roles and linkages

Community involvement is critical to the success of any CBW system. Community participation will ensure that CBWs are motivated, while lack of it will make their work impossible because they will have no support system. The wider community must be involved in selecting the CBWs. However, if local councils and leaders are not consulted during the initial stages of introducing the CBW system, they may boycott the efforts of CBWs with disastrous consequences. This is particularly important in Uganda since the Local Council (LC) system is expected to provide an overall monitoring role for service delivery and the LC chairperson is an official popularly elected through adult suffrage. Also, if communities understand what the CBWs are expected to do, there is less chance that residents' expectations of a CBW will go unmet and inappropriate demands and frustrations will be reduced.

A risk to the CBW system is the remuneration of CBWs by outsiders without consensus with key local actors; this may weaken the relationship between CBWs and other community structures. It is the experience of projects that political will enhances community-based systems, while political interference weakens the systems.

With regard to decision-making, some autonomy should be granted to CBWs in decision-making as this facilitates their functioning, and openness and transparency by the service providers motivates and improves compliance on the part of the CBWs.

4.6 Impacts and sustainability of CBW systems

The community involved in the Forest Sector Umbrella Programme in Luweero district observed that while the District Forest Officer had been around for a long time he had made no impact because he is based at district level, while the Community Forest Advisor provides contact at village level. This shows that CBWs are accepted and appreciated more than district extension staff because CBWs live with and among the community they serve.

JIDDECO has observed improved gender relations, reduction in malnutrition rates because of increasing food security and reduced number of diarrhoea deaths amongst children. Community members also say that they have improved levels of income through sale of surplus products from their gardens. This has particularly assisted with payment of school fees.

ORUDE reports that their promoters are knowledgeable, are demonstrating the ability to take the initiative, and, through peer influence, are better at communicating with the communities.

UFFCA claim that the project has demonstrated a more cost-effective way of managing lake resources compared to the Government approach of law enforcement, collection of revenue and patrols. It has been significant in building functional fisheries' organisations (BMUs Establishments) that are capable of recording fisheries related data and using the information to monitor fisheries activities and enabling resource users to become increasingly involved in management and making decisions concerning their lives.

Despite all the good experiences, CBW systems have many challenges as regards impact and sustainability. For example, services reviewed did not have sustainability plans at the onset of establishing CBW systems and had not conducted baseline surveys to facilitate the measuring of impacts. Many of the projects did not have adequate systems for cost-related record keeping so as to be able to measure time and cost effectiveness of the system. The lack of a forum for CBWs in the community leads to duplication of efforts and no recognition.

4.7 Summary of lessons and areas for immediate follow-up

CBWs have been integrated and accepted in all the communities where this review exercise was undertaken. The Government and the various service providers are showing a growing interest and support for the use of CBWs in service delivery. At sector level there is support for CBWs in service delivery. The sectors that are using CBWs include health, veterinary, agriculture, micro-finance and income generating activities, and water programmes.

This review and the stakeholder workshop, which brought together practitioners and policy makers to share current experiences of CBWs in Uganda, have shown that there is a general consensus among service providers that CBWs have enhanced the performance of the formal government and NGO extension system in service delivery. The CBWs are in constant touch with the target communities thus reducing the cost of service delivery.

Some of the challenges include:

- Government needs to give policy guidance (an enabling environment), supervision and monitoring to enhance the integration of CBWs into government programmes

- There is a need for CBWs to interact with professional extension workers (in the NR sector) and not work in isolation. The FAs and extension workers need to mentor the CBWs to ensure the delivery of correct information.
- Policy guidance regarding the operationalisation of the CBW system is lacking
- Coordinated mechanisms for continuous refining of the CBW work within the LGs are lacking.
- Monitoring and evaluation within programmes needs to be improved so that the value of CBW systems can be properly judged.
- The sustainability of CBW system is dependent on a number factors: these include recognition and acceptance by the government, donors and community-based service providers, and active engagement by communities in their development at the micro-level.

4.8 How this relates to the legislative and policy environment

Many African countries are characterised by high levels of corruption, the challenge of poverty and the impact of HIV and AIDS. Development is hampered by lack of accountability, political instability, low rates of economic growth and a high peasant population with a non-industrialised agro-based economy. The legislation is often autocratic and not always responsive to community needs. Current legislation does not fit with the CBW approach which is about empowering the rural poor to influence their social, political and economic development, challenging attitudes, legislation, service delivery and resource allocation arrangements. The Ugandan Government has taken a bold initiative in recent years through its poverty eradication plan and the plan for modernisation of agriculture to revive community involvement and mobilisation in Uganda. However, there is a need for more work at the level of policy and legislation to support pro-poor delivery systems in all sectors.

CBW interventions need to recognise the gender inequalities present in Uganda. Therefore, planning and implementation of interventions should carefully consider men and women's participation, roles and responsibilities and workloads, as well as control of, and access to, resources and existing power relations that may prohibit or enhance participation. In addition, an important role for community development practitioners is to foster the household to act as a unit in which the strengths and contributions of all members are recognised.

There is a need to include explicitly the use of CBWs as a means of achieving development goals across Africa. This can be achieved through mainstreaming CBWs in the existing government systems – for example, at the sub-county level – with regard to planning and budgeting. The professionals should also be sensitised to make use of them while delivering their services. This will reduce duplication of services and roles. CBW training should empower participants with skills and knowledge. Capacity building of CBWs is vital for ensuring the delivery of quality services. Networking of service providers will enhance the sharing of experiences and information to promote the importance and sustainability of CBWs. It is vital that higher levels of government recognise the benefits of implementing CBW systems and include them in the PEAP.

It is important that there is a supportive policy for CBWs as government moves in the direction of sector-wide funding of programmes. Government is still the major source of funding for rural development programmes and therefore it is advantageous to ensure that CBW systems are rooted within ministries for purposes of accountability and funding. NGOs should try to avoid setting up parallel structures. Their roles should be more in the line of offering training to CBWs to deliver specific services.

5 The pilot projects - implementation from January 2005 to March 2007

5.1 The five models

At the 4-country workshop, held in September 2004, in South Africa, partner countries shared their findings from their in-country review. In their analysis, they grouped CBW projects into five types or models in terms of hours worked in a week and type of remuneration. The five models that emerged from the workshop were:

- 4-8 hours per week, where volunteers are unpaid but travel and lunch costs at meetings/ training are borne by the project/facilitating agent;
- 20 (with exceptions of up to 40) hours per week, volunteers unpaid but travel and lunch costs are met by the project/facilitating agent;
- 20-30 hours per week, volunteers are paid a stipend – most prevalent in South Africa;
- 40 hours per week, volunteers are paid either a salary or commission and mainly these would be a supervisor of other volunteers;
- Private Sector - volunteers are paid by service users and hours of work vary according to the nature of assignment.

A small group of representatives from each partner country met again in January 2005 and worked further to develop the guidelines for implementing each of the above models. They also identified implementing partners to test one or two of the models developed. In Uganda the following pilots were identified:

- Budongo Forest Community Development Organization (BUCODO), in Masindi District;
- Uganda Land Management Project (ULAMP) - NAADS, Mbarara District
- Bulo STI/AIDS Awareness Group - (BUSTIHA), Mpigi District.
- Kamwokya Christian Caring Community (KCCC), Kampala City.
- Rukungiri Functional Literacy Resource Centre (RFLRC), Rukungiri District

During the piloting period, each of these implementation partners committed to work within a given framework (model) to gain a deeper understanding of the CBW system, make relevant improvements, changes or adaptations to strengthen the work done by CBWs and document these experiences and the application of the CBW system in their context. In 2005, a peer review exercise of all the five pilot projects in Uganda was undertaken to assess progress on the set targets by each partner, document the key elements that the implementing partners identified as lessons for good practice, and made appropriate recommendations for strengthening future project implementation.

5.1.1 Budongo Community Development Organisation (BUCODO)

BUCODO is an NGO owned by the local community members surrounding the Budongo Forest Reserve. It was registered as an NGO in 2000. It is fully owned by the community workers and managed by a governing council and board of directors elected by the community. BUCODO uses the community-based worker model to promote sustainable rural development through provision of grassroots advisory services focusing on forest resources conservation, population development, human rights and household poverty alleviation. The project promotes sustainable natural resource management (NRM) by offering advisory services in collaboration with forest management agro-forestry. The project activities include training in tree planting, commercial cultivation of medicinal plants, wetland management, seed collection for forest conservation and creating reserve buffer zones.

BUCODO uses CBWs to implement the following interventions:

- Integrated development – population and household poverty reduction. Main services target reproductive health, adolescent reproductive health, skills and leadership development, and income generating activities;
- Forest conservation – forestry advisory services with special focus on conservation;
- Human rights – child rights and social development services targeting elimination of child labour in tobacco growing, formal education, vocational education and financial management skills.

The major tasks of the CBWs include information provision, site demonstrations, follow-up including home visits, feedback, reporting and facilitation of group discussions. Incentives for CBWs include knowledge and skills acquisition, income generation through support by clients at household level and recognition in the community.

CBWs are accountable to group members who can select and remove them depending on performance. The facilitating agent, BUCODO, in conjunction with Masindi District Local Government, is responsible for programming, establishing linkages, funding, capacity building and monitoring and evaluation.

BUCODO has established links with several organizations, including the National Agricultural Research Organization (NARO) through the Forestry Research Institute; universities (Makerere, Nairobi, Swedish University of Agricultural Sciences and Nyabeyya Forestry College); NGOs, the private sector and Masindi District Local Government.

5.1.2 Uganda Land Management Project (ULAMP)- now NAADS, Mbarara

The Uganda Land Management Project was a subsidiary of the Ministry of Agriculture, Animal Industry and Fisheries between 1999-2003, then it was integrated into the National Agricultural Advisory Services (NAADS). It was implemented in the districts of Arua, Kabarole, Kapchorwa and Mbarara. The project aimed to help farmers adopt appropriate technologies to improve production. The goal of the project was to improve the food security situation and incomes of smallholder land users through revitalizing agricultural extension services and the development of sustainable farming systems through introduction /promotion of improved land use and management practices. ULAMP best practices have now been integrated into NAADS, which has taken over the management of all ULAMP's programmes. These involve sensitization of farmer groups and coordination of committees and sub county leadership. Other outputs are training in the establishment and management of inter group associations for ex ULAMP sub county coordinators in Mbarara.

The CBWs are selected by the sub-county farmer forum members. Farmer forum members are representatives of farmers groups chosen by the fellow farmers to represent them at the forum. The names of the proposed CBWs are then submitted to the Parish Coordinating Committee (PCC) for validation. Through this process, the CBWs selected are recognised by the farmers groups and the community at large.

5.1.3 Bulu STI/AIDS Awareness Group - (BUSTIHA)

Bulu sexually transmitted infections / AIDS awareness group (BUSTIHA) is a home-based HIV/AIDS care programme involving routine home visiting to persons living with AIDS (PLWAs), practical patient care; nutritional and positive living advice, counselling, HIV/AIDS awareness, information gathering on PLWAs and sharing through structures of local government. BUSTIHA is a CBO registered with Mpigi District Local Government. It is one of the CBOs that form part of the Concern Mpigi HIV/AIDS capacity building project. Between

them, the eight [8] CBOs have over 700 volunteers. Volunteers are trained in the facts about HIV/AIDS, how to work with the infected person and the whole family who are affected, nutrition and diet issues, basic counselling skills, home hygiene/sanitation, herbal remedies for opportunistic infections and use of referral systems to health units. Volunteers are not paid but receive meals when they gather for meetings or training events. BUSTIHA's CBW selection is based on an individual capacity to pay 5,000/= (five thousand shillings) as membership to the project. An invitation is circulated and interested members register. The names are then read to the community members for selection and both the village and parish committees are involved in the appointment of the CBWs.

5.1.4 Kamwokya Christian Caring Community (KCCC), Kampala City.

Kamwokya Christian Caring Community, (KCCC), is a local faith-based organization providing the following services; support to people living with HIV/AIDS in the community, anti retroviral (ARV), support, counselling for dietary compliance, treatment of opportunistic diseases; monitoring of progress of patients, patient tracking and home visits. One way of selecting CBWs in KCCC is through a recruitment drive by Heads of Departments and Directors of the organisation, who identify a number of community members they believe are reliable, who are then trained on HIV and AIDS issues.

5.1.5 Rukungiri Functional Literacy Resource Centre (RFLRC)

Founded in 1994, Rukungiri is a holistic community development resource centre offering needs assessment and services to community members. The RFLRC supports the communities to formulate possible solution and assists them to document the process and end up with a Village-based Development Plan (VDP) which contains a participatory baseline survey as chapter A and the development plan as chapter B. They also assist/stimulate the communities to implement their plans. The community is assisted to start projects where they are beneficiaries themselves e.g. savings and credit associations. To select CBWs, the FA uses radio announcements and invites LC1 chairpersons requesting them to select two trainees (male and female) who are community residents to become CBWs. CBWs get lunch and sometimes transport refund when they attend meetings. However the biggest incentive is when their village projects/plans get support, it is the.

5.2 What the pilots implemented

This section looks at what some of these projects piloted. Three pilot partners participated in the piloting of a CBW model as detailed below.

5.2.1 Kamwokya Christian Caring Community

KCCC piloted the 20-30 hours per week CBW model. KCCC CBWs are paid a gross salary/stipend of two hundred thousand (200,000/=) Uganda Shillings with an increment of 5% per year.

5.2.2 BUSTIHA

Under the CBW project, BUSTIHA piloted two models; the 4-8 hours per week CBW model for parish and village based CBWs and 20 (with exceptions of up to 40) hours per week model for the executive members (BUSTIHA leaders) that are based at the sub-county. In both cases, volunteers are unpaid but the project/facilitating agent meets travel and lunch costs of volunteers when they are on official duty if resources permit. Official duty or activities entail representing the organization in meetings, seminars and workshops or escorting

beneficiaries to Health Centres and Hospitals for CD4 monitoring, for critical tests, admission, monthly follow-up clinics, or any emergencies/assignments as the case may be.

5.2.3 BUCODO

BUCODO piloted the documentation of the activities implemented by CBWs, time spent on those activities, support required and the linkages established.

5.3 Guidelines for implementing a CBW system

The guidelines were as follows:

Flexibility: The elements of the model on which pilot projects are based should be flexible. There are a variety of common and specific elements that may be included in any pilot project and it is up to the FA to decide which of these to implement. However, the steering committee should know what is being tested in each pilot.

Potential for scaling up: It is very important to consider issues of sustainability and potential for scaling up in the design of the pilots, so that the system that is being tested can realistically be applied at scale, and is not restricted to small-scale operations, i.e. isolated islands of excellence.

Monitoring process: For the pilots to be useful, adequate monitoring and learning must be carried out. A learning framework should be used to directly monitor each project and may include:

- CBWs logging time e.g. through the use of diaries, activity, learning and client feedback on services received and provided, etc);
- FAs logging support and supervision provided to CBWs;
- Challenges emerging from the revised practices;
- Monitoring visits by Steering Committees;
- Reporting to other structures resident in the communities eg ward committees, about the pilots.

It is very important that government and policy makers are involved in reviewing and monitoring pilots so that they are motivated to act on the lessons learnt. It is also important to make sure that DFID country offices/advisors are continuously briefed about progress.

Financing the implementation: It is assumed that partners in the projects are actively involved in implementing a community-based worker approach and have finances to support their work. Although partners are expected to contribute to the functioning of the CBW system, they may also leverage for funds within their country, either from a particular government department or from in-country or international donors.

Evaluation: Evaluation of projects should be undertaken by an independent organisation to ensure credibility and should be a formative evaluation on what elements worked, what did not, and what should be modified as a next step in improving practice.

5.4 Incorporation of learnings from the Peru study tour

Informing an understanding of the pilot projects listed above and notions surrounding CBWs was the study tour to Peru, which was intended to give participants a wider perspective on

service delivery using community-based workers. One good practice example of a community based worker system in Peru was the Local Committees for Health Administration (CLAS). This is a decentralised health service where administration and delivery of primary and preventative health care is co-shared between communities and government. The model aims to decentralise health management through the promotion of community participation, involvement of NGO expertise and governmental support. Central government, through the Ministry of Health, provides resources and subsidised technical support (doctors and nurses) while local communities administer and manage health projects through local committees using public funds. Over 35 percent of all primary health care (PHC) facilities in Peru are currently administered through this system and over six million Peruvians access primary health care through health centres managed by the CLAS Associations.

From the CBW projects visited, the delegation gained in-depth understanding of the nature of Peruvian community-based worker projects and explored comparisons with those in their own countries.

Many lessons were learnt during the trip and compiled into a report. The study tour gave participants a better opportunity to understand the nature of CBWs as “members of the community who, through own willingness, devote time to community development services in their respective communities” (Khanya-aicdd, 2006:6). The delegation found that many CBWs in Peru were rarely compensated financially and valued their training as an important incentive for their involvement. The experiences from Peru suggest that volunteer service can be sustained without financial incentives as long as those providing the service are rewarded with recognition and self-fulfilment.

The Ugandan delegates felt that what they had learnt had particular relevance and was applicable in a Ugandan context. For instance, many of the CBW activities within local government, in Uganda, had integrated plans at community, sub-county and district levels.

6 Impact and cost-effectiveness of CBWs

In 2005, the Uganda national steering committee undertook a peer review of all the pilot projects to assess progress on identified areas for strengthening, as well as the set targets by each partner, document the key elements that the implementing partners identified as lessons for good practice, and made appropriate recommendations for future project implementation.

The final evaluation of CBW pilots in Uganda was commissioned in mid-2006. The objective of the CBW pilot evaluation was 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, whether any of these derived from the CBW 'good practice' guidelines, and what additions to the guidelines are now needed;
- Assuming that overall the CBW system has proved cost-effective, what are the broader **institutional, policy and advocacy implications** for adapting and scaling up the CBW system as a mechanism for pro-poor service delivery?

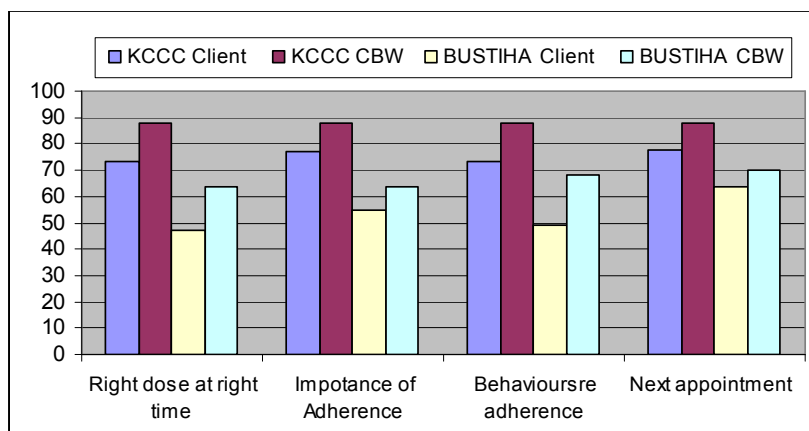
The national workshop held in December 2006 gave different stakeholders an opportunity to discuss the findings, identify lessons learnt, challenges and the implications.

6.1. Impact of the pilots on clients

HIV and AIDS Sector: Key informants, focus group discussion respondents and beneficiaries reported that, as a result of CBWs' involvement in community service, there is significant impact on the well-being and livelihoods of many community members, particularly the AIDS affected households.

Regarding adherence, the study shows that CBWs were instrumental in supporting adherence to treatment in both BUSTIHA and KCCC. For example, 73% of the KCCC beneficiaries reported that CBWs contributed to an increase in taking the right dosage, 77% reported they had been regularly educated about the importance of adherence, 73% reported that CBWs had consistently counselled them about behaviours that negatively affect adherence while 78% said CBWs had regularly reminded them about their next appointment to the health workers.

Figure 6.1.1 (a) Client adherence to treatment



Support provided to BUSTIHA beneficiaries was around reminding them of the next appointment with the health workers (64%), importance of adherence (55%) and basic counseling on the behaviours that negatively affect adherence (49%). The

adherence support provided by the CBW has yielded a significant impact on the lives of the beneficiaries as demonstrated in this quotation:

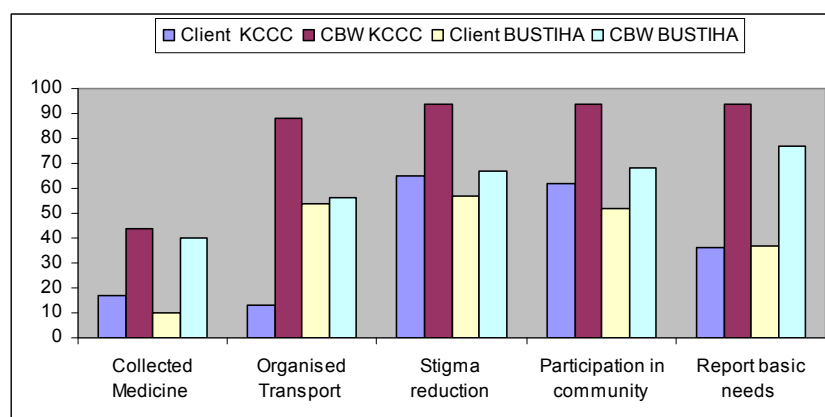
CBWs have strengthened adherence. Adherence for our HIV beneficiaries at Gombe hospital is above 95%. The drop- out rate from the clinic is almost not there and the death rate from HIV related illness has also gone down. This is because we have BUSTIHA volunteers that follow beneficiaries and ensure they take medication, return for routine check-ups. As people stabilize and live longer they are able to go back to work and take care of their families and plan better for their future and that of their children (KI, Gombe Hospital)

The study also revealed that CBWs are effective in increasing HIV beneficiaries understanding of anti-retroviral treatment (ART), and demystifying the fears and myths surrounding ART. Beneficiaries reported that they are now more aware of the importance of completing and consistently taking one's prescribed dosage even when one feels better which is evidence of strengthened adherence and enhanced behaviour change.

A number of beneficiaries attributed their change of behaviour and life style to CBW support, mainly because CBWs constantly reminded them that negative behaviour and life styles impede adherence, increase the chances of cross and re-infection, weaken them and perpetuate the spread of HIV in the community.

In terms of providing social support, CBWs in KCCC enabled clients to cope with self-initiated and community-initiated stigma (65%), and encouraged them to participate in community activities (62%). BUSTIHA beneficiaries also reported that CBWs were instrumental in enabling them to cope with stigma (57%), in organizing transport for beneficiaries to and from health centres (54%) and enhancing their participation in community activities, including returning to work (52%).

Figure 6.1.1 (b) Social support by CBWs



In both BUSTIHA and KCCC, beneficiaries said CBWs were there for them whenever they needed them. They encouraged them during their visits, which restored hope and confidence, and accelerated the recovery process among those that were bed-ridden.

The social support by CBWs was said to be instrumental in diffusing family tensions/conflicts and increasing family and community support for PLHAs. At the time of the evaluation, 92% and 93% of the KCCC and BUSTIHA beneficiaries respectively had disclosed their sero-status. Most of them had disclosed to their siblings, children, friends, other relatives and spouses.

Some CBWs were also credited with involving and building the capacity of a family member to support the HIV positive beneficiary in their (CBW) absence. This was said to increase the quality of care that beneficiaries were getting in their homes.

In terms of supporting timely referral and monitoring of beneficiaries, KCCC beneficiaries reported that CBW support was mainly in encouraging early consultation with a health worker in terms of any complication (71%), timely referral in case of opportunistic infections (OIs) (69%) and follow-up after visits to health units (HU) to assess progress (64%). BUSTIHA beneficiaries perceived CBW contributions mainly in terms of facilitating early consultation with health workers (57%) and timely referral of beneficiaries with OIs (52%).

Timely referral, follow-up and monitoring of beneficiaries was said to increase access to life-saving care, which averts premature deaths. It was also said to provide information about the importance of good nutrition, hygiene, sanitation and good rest in speeding up the recovery process and improving the general health. Since early referral enables people to access care when it is still possible to save their life, it indirectly helps to demystify the fears and myths around health centres and hospital. When those that are referred for treatment return alive, it shows to others that going to hospital is not tantamount to a death sentence.

Beneficiaries and caregivers reported that due to improved monitoring, cases of PLHAs that used to get frequently bed-ridden have reduced. It has also prevented and or /reduced dropout/default rates among beneficiaries, which has enabled many beneficiaries to recover or stabilize quickly. With improved health, it was reported that most people have gone back to work thus enabling them to pay their children's school fees and meet family basic needs.

Reduced healthcare costs in the long run. Caregivers and beneficiaries noted that health care and support costs on individual household have decreased as people's health stabilizes i.e. those on ART care and OI treatment do not fall ill as often as they used to. They attributed this to the effective monitoring and support by CBWs and medical staff. However, initial costs tend to be high at the initiation of treatment, for both institutions and households, because of the tests and journeys made to health centres for baseline CD4 counts.

It was noted that before initiation of treatment patients tend to be weak so that taking them to hospital requires hiring a taxi or motor cycle (boda boda). This costs between twenty to one hundred and fifty thousand Uganda shillings (i.e. \$12 to \$58) or even more depending on the distance to be travelled and severity of illness. This is because when the motorcycle or taxi owners sense that a patient is very sick they charge higher rates for fear that she or he might die on the way and bring bad omen to their vehicle. Others simply see it as an opportunity to make more money since those affected households would have no choice but to pay the required sum to save the life of their relative. But as patients recover, they are able to walk or go by public means to the clinics, which costs less. Improved health care, including CBW support has reduced and delayed death, which is giving individuals and families time to plan better.

Natural Resources Sector: The beneficiaries acknowledged and reported on the following benefits accruing to them as a result of CBWs' involvement:

- Adoption of new technologies, e.g. use of fireless cookers, charcoal fridges and fuel saving stoves, soil and water conservation, livestock structures, tree planting and management skills has increased among CBW clients.
- In forestry communities the beneficiaries replanted and are in charge of the community forests through the Communal Land Associations (CLAs)
- Agro forestry seedlings were accessible and the hosts earned some income from the sale of seedlings. Access to the tropical high forests for livelihood requirements was streamlined and user rights known by the beneficiaries.
- Farmers were organised into functional groups for information dissemination and learning

- Farmers who followed the CBW advice increased food production and had better hygiene in their homesteads
- Demonstration sites established at beneficiary homes have become learning points/sites for the communities
- CBW programmes had outreach programmes to schools within their areas.

On the other hand, there were some beneficiaries who were not satisfied with the services of the CBWs. Criticisms revolved around:

- CBWs coming late (partly attributed to long distances they had to walk and lack of transport or reimbursable travel costs). This can paralyse the work schedules of the clients. At times CBWs may not turn up at all. 47.6% of the CBWs had to travel between 2-4 miles and some would not follow-up with their clients regularly.
- Time dedicated to training beneficiaries is short and not satisfactory. 52.4% of respondents were visited once a month with 38% of the beneficiaries attended to for less than 1 hour and 29% for less than 2 hours.
- Intervals between trainings are long resulting in beneficiaries forgetting what was previously taught.
- Some CBWs are not armed with adequate information for training and sometimes relevant messages were not passed on.
- The community felt that they lacked some basic background information and this made difficult for people to easily understand what was being taught.
- The CBWs sometimes lacked necessary training equipment and tools for demonstrations.

6.2 Impact on the CBWs themselves

HIV and AIDS sector: As a result of being involved in health community work, CBWs noted that their knowledge about AIDS and PLHAs increased and, as a result, their attitude and even their lives have changed, as illustrated by the following examples:

- Most of the CBWs interviewed had taken an HIV test to know their HIV sero-status and sought early care in case they were infected
- KCCC CBWs that earn a stipend have been able to pay for their children's school fees and initiate income generating projects;
- Some of them have been motivated to go back to school to study social work.

Although the work can bring benefits, CBWs pointed out that their work can have the following negative effects:

- Emotional drain as a result of working with people in extreme suffering and desperation
- Financial drain - CBWs at times spend their own money to buy food or meet a pressing need of their beneficiaries. This affects the amount of money they can use for their family needs. The CBWs themselves are poor and so such decisions are hard for them.
- Compromising family time - CBW work reduces the time one spends with his or her family. Some CBWs reported that their spouses and children have complained about the amount of time they devote to their families in comparison to visiting patients, especially where the CBWs use family resources to meet the beneficiaries' needs.
- CBWs that do not earn a stipend tend to hesitate to visit beneficiaries particularly when they have no money;

- Some CBWs simply experience compassion fatigue and stop visiting beneficiaries.

Natural Resources Sector: In the natural resources sector, CBWs mentioned the following as effects that being a CBW has had on their lives:

- Valued linkages - CBWs indicated they have been linked with several agencies involved in creating awareness about AIDS, provision of safe water, local government service delivery and organic farming, as well as with colleges of further education;
- Acquisition of valued skills - CBWs had received training from several organizations in topics such as bee keeping, community forestry management, soil conservation, environmental issues, advocacy, nursery establishment and farming techniques. In some cases, the training has been backed up by continued advisory services;
- Demonstrations sites have been established as learning centres at some CBWs' homes enabling CBWs to earn some income and build confidence in the skills they are imparting and receiving;
- CBWs have been motivated by seeing their advice make a positive difference to communities and individuals that they have helped;
- Social Status – CBWs enjoy recognition, respect and the prestige of constituting the “elite” class in communities. Some are now in leadership positions. For example, four out of 14 councillors in Bugamba Sub-County started as CBWs, as did two LCs in Budongo. Others were now on Parish Coordination Committees and some have been elected onto school management committees. In the NAADS programme, contracted service providers call on CBWs to participate in technical development site management, and the organizing and conducting of training sessions.
- Monetary incentives – even the meagre allowances (lunch and travel) as well as the initial inputs for demonstrations such as seeds, tools and a market for products were said to be key motivators to CBWs;
- Gender roles – there is some suggestion that the gender roles are more balanced in the homes of CBWs, maybe because they are exposed to consciousness raising by FAs about gender roles;
- Personal development – the findings from the descriptive statistics show that 62% of the CBWs' time is spent on personal development. This is yielding better hygiene standards in their homesteads in a bid to set an example as well as practice what they preach for others to emulate.

6.3 Impact on the service providers

HIV and AIDS Sector: Working with CBWs was said to strengthen the relationship between communities and service providers. This increases the organization's ability to identify and address community needs. It also promotes community ownership, understanding, appreciation of and the sustainability of the services of the organization.

A critical analysis of the impacts of the CBW system indicates that it effectively complements the existing service providers (i.e. KCCC, Gombe hospital, Bulolo Health centre III, Concern Worldwide, other NGOs and government initiatives).

Natural Resource Sector: Again, service providers noted that CBWs create a much stronger connection between service providers and the communities they serve. An illustration of this was for example when the NAADS was formed in 2002, one of its first task was to form farmers groups. It was found that in areas where there were CBWs it was much easier to do this because the CBWs were conversant with the area and its issues. As a result, there was

more effective information flow to the communities and more acceptance of the awareness information they gave to communities.

6.4 Changes in the way the pilots work

The CBW project led to the realization that:

- There is a need for systematic documentation of CBW successes, experiences and lessons to influence policy to bring about the mainstreaming of the use of CBWs in various sectors;
- The geographical area that a CBW should be expected to work in, without transport, need to be within walking distance –a distance of less than 2 km is recommended.
- Working hours should be flexible to give CBWs time and liberty to pursue personal development initiatives.
- Monitoring and evaluation of CBWs needs to be intensified to capture lessons and experiences to inform continuous refinement of the approach
- There is a need for massive training and deployment of CBWs in the agricultural and natural resources sector, where basic services to the rural poor are still scarce. NAADS, for example has responded to this need by initiating the use of CBWs in every sub-county/parish to provide basic services in advisory services to the farmers.

As a result of implementing the CBW project, the pilots now pay greater attention to the documentation of all the processes undertaken by the CBWs – activities implemented, time spent, support required and necessary linkages and challenges.

6.5 Cost-effectiveness of the pilots

One aim of the evaluation study was to measure the cost-effectiveness of implementing work using community-based workers.

Gaps in availability of relevant information and the difficulty encountered in trying to assemble such data did not permit a cost-effectiveness analysis to be undertaken in the natural resources sector:

However, in the HIV and AIDS sector a comparative analysis of the costs involved in running one of the pilot projects with a comparable organisation run on a more conventional service delivery model was undertaken. The Infectious Disease Institute (IDI) based at the Adult Infectious Disease Clinic (AIDC) of Makerere University National Referral Hospital was selected for comparison with KCCC. AIDC provides counselling and treatment for opportunistic infections. Although AIDC attends to beneficiaries from the entire country while KCCC serves mainly those from Kampala district, it nevertheless provided some means of comparison. The Infectious Disease Institute provides excellent care for adults living with HIV and AIDS and trains health care workers.

Both AIDC and KCCC serve people living with, vulnerable to and affected by HIV and AIDS, especially women, and the majority of the beneficiaries accessing services from both institutions come from low-resourced areas and underserved communities. However, AIDC provides clinic-based services while KCCC provides similar services but using CBWs in addition to clinicians who carry out home-based care, monitoring and follow-up of beneficiaries on ART and OI treatment.

Both IDC and KCCC provide ARVs. AIDC provides ARVs to 47% of its cumulative total beneficiaries while KCCC only 12%. Since AIDC treats people from all over Uganda, it is likely that some of KCCC's beneficiaries also have access to AIDC services.

Cost-effectiveness analysis seeks to provide an estimation of costs alongside a measure of some form of outcome (for example cost per life saved) of a given intervention, which when compared with another provides indicators of where resources should be allocated to maximize benefits (Walker and Jan, 2005: p 223). The analysis includes administrative/indirect costs that support the implementation and monitoring of HIV and AIDS services in both KCCC and AIDC. In the former case, the costs also include recruitment, training, support/supervision, and transport related to CBWs.

Table 6.5.1 Comparison of cost-effectiveness indicators for KCCC and AIDC

Particulars	AIDC	KCCC
Unit cost (USD\$)	174.6	72
Cumulative number of ART beneficiaries	4,359	936
Cumulative number of beneficiaries not on ART	4,963	6,632
Total HIV Beneficiaries	9,322	7,568
Proportion of patients lost to follow-up	18.80%	2.46 %

Source: KCCC clinic and AIDC records, 2006

From the above analysis, KCCC's unit cost is substantially lower than that of AIDC. The higher unit cost for AIDC may be attributable to the differences in salary rates and the number of medical specialists serving at the clinic, which entails higher personnel costs in comparison to KCCC that employs no such specialists. There is also the cost of treatment for patients. It could also be argued that AIDC provides specialist consultations for patients who are not responding well to treatment at Mulago hospital.

KCCC's low unit cost could be attributed to the fact that some costs have been shifted to the community. It may also be attributed to the effectiveness of the CBWs in monitoring and following up beneficiaries and in providing on-going advice. It depends on how one interprets the much lower number of patients receiving ARVs in KCCC. Is this because they are healthier or are there in fact many patients needing ARVs but unable to access them, in which case unit cost is lower but at a reduced level of service. However, KCCC is providing a service that AIDC is not in that beneficiaries are treated in their homes – they do not have to travel whereas a standard clinic service does not offer this. It is clear that it is difficult to carry out a strict cost-benefit analysis as the services offered are quite different and in fact should be viewed as complementary to each other with a role for the more specialist clinic offering more sophisticated drug regimes and employing specialists and a service such as KCCC offering much-needed information and practical support in the community to AIDS patients and their carers.

One important finding from KCCC and AIDC's records is that the proportion of beneficiaries lost to follow up at KCCC by September 2006 is lower than that of AIDC. This statistic supports verbal evidence from CBWs and beneficiaries that CBWs are vigilant in monitoring and following up with their beneficiaries. However, it is also not surprising given that AIDC serves patients from all over the country whereas KCCC serves a more local-customised client base.

A true comparison of the types of service would have to rule out confounding factors such as differences in professional training, quality/type of drugs used in the treatment, the service offered (are the patients at AIDC in-patients receiving food etc) and the social demographic

characteristics of beneficiaries. Nevertheless, the above comparison suggests that the health CBW system is a valuable service offered at a low cost, through the use of CBWs..

6.6 Impact of the CBW project on policy and systems

In the natural resources sector, there is no documented policy framework as yet as a result of the CBW project but suffice it to say that the CBW project has informed and influenced service delivery systems in the natural resource sector. For instance, NAADS has fully adopted the use of CBWs (referred to as Community-Based Facilitators) in all districts. Similarly, the Luweero CBFs (not reviewed in the piloting of the CBW models), are working directly with the sub-county administration and are incorporated in the district planning and budget allocations. Accordingly, the secretariat has developed comprehensive guidelines for use by these CBWs.

In the health sector, the CBW project has provided valuable information and insights, which can be used to inform policy design and implementation. In particular, the project has identified the need for standardisation and accreditation of the CBW training that is sector specific. Also relevant to the health sector is the need for better planning, coordination and funding of the CBW system by government.

PART D LESSONS LEARNT AND RECOMMENDATIONS

7 Good practice emerging from the pilots

7.1 Revisions to the concept of the models

In the Natural Resources Sector, in order to ensure adherence to the principles, documentation of practices and continuous reporting, model concepts need to be monitored and supervised. However, due to the limited monitoring of CBWs in this sector, the model slackened. More realistic allocation of time and flexibility should be made in terms of service delivery. Experience from the piloting partners showed the time spent on CBW work is not consistent with what is stipulated in the model guidelines and or what piloting partners said they wanted to modify.

In the health sector, improvements were noted as in joint initial planning between nurses, counsellors, partner institutions and CBWs, at BUSTIHA and KCCC projects before rollout of the CBW system. In addition, a clear description of roles and responsibilities was developed, especially at KCCC, which gave all stakeholders a sense of direction. It enabled them to plan what to do, when, where and with whom to do it and this reduced conflict of interest in the project.

Issues relating to selection, accountability and community involvement in the management of CBWs are captured in the table below.

Table 7.1 (a) Selection, accountability and community involvement in the management of CBWs

	Current Practice	Improvements needed
Role of community in accountability	<ul style="list-style-type: none"> Community participates in setting criteria to be used for selection of CBW Community sometimes participates in selecting the CBWs Community participates in the planning process 	<ul style="list-style-type: none"> Community should carry out joint monitoring with the clients and FAs Community should demand accountability and periodic reports from CBWs The community should hold clients accountable for uptake of services (e.g. if there is a clinic, clients should seek such services) Should be involved in firing incompetent CBWs and in their supervision
Role of FA in accountability	<ul style="list-style-type: none"> Resource mobilization Remuneration of the CBWs Training in appropriate skills and knowledge Reports to donors and higher authorities Consults CBWs and beneficiaries on felt needs 	<ul style="list-style-type: none"> Share information on resources available with communities and CBWs Need for strategies to help CBWs deal with their own poverty, and with stigma Willingness to learn and take advice from the communities and CBWs Share reports with communities and clients Invest adequate time to consult with the CBWs and beneficiaries in developing community-driven monitoring and reporting systems

Examples of good practice from the CBW project pilots were that there was increased CBW interaction and linkage with a range of stakeholders. This helped CBWs to perform additional roles and they became catalysts of change in the communities they served. Roles and

linkages ensure that CBW work becomes more responsive and capitalises on the potential for assistance from other organisations. Such interactions have given CBWs a platform from which to strengthen their relationship with different stakeholders. Table 7.1.2 (b) below outlines experiences around the roles and linkages emerging from CBW interactions with different stakeholders in different CBW systems.

Table 7.1 (b) Experiences relating to roles and linkages emerging from CBW interactions with other stakeholders

Roles of community	Current Practices	Suggested Improvements/Changes
Demand for services	Information on services required got through periodic supervision and monitoring	<ul style="list-style-type: none"> • Institutionalize the CBW concept • Guide and empower the community to demand for services
Contribution towards CBW services	Some communities contribute towards CBW performance in both non-monetary and monetary terms.	Link with communities' responsiveness, voice and choices.
Monitor and supervise CBW Services	Communities are not formally involved in supervision and monitoring of CBWs	Design a simple and sustainable supervision and monitoring system to guide the communities in monitoring CBW activities, but based on pre-agreed criteria
Firing non performing CBWs	Done to a limited extent at KCCC but rarely practiced generally	Guidelines on authority to hire and fire should be in place and clear
Demand for feedback (meetings)	Some CBWs give feedback in LC meetings (KCCC)	Mechanisms for providing and receiving feedback to and from the community should be well stipulated in the guidelines.
Mobilization of communities to benefit from services	Done through community meetings, social gatherings, posters, places of worship and radios	<ul style="list-style-type: none"> - Increase and involve councils at all levels in the operationalisation of the CBW concept. - Train the different councils in effective mobilization strategies
Monitoring of Community based projects by LCs	Done minimally at Parish level, depending on the interest and initiative of the sitting council executive	<ul style="list-style-type: none"> - Build the capacity of the Councils to carry out effective monitoring - Encourage and support joint periodic feedback mechanisms between the councils and CBWs.

7.2 Generic good practice emerging

Who are CBWs and how are they selected?: In the HIV and AIDS sector, a CBW can be defined as a para-professional, based in the community they serve, that out of concern gives their time and energy to serve others by delivering basic health services and education. In the NR sector, CBWs are practicing farmers who have an interest in community development activities and are respected in their community. They acquire skills through specialized training in technical areas such as soil conservation, nutrition, group leadership, livestock husbandry and general hygiene. The evaluation of the CBW system in Uganda found that the majority of CBWs are women i.e. 65.5%. This indicates that the burden of caring for PLWHAs rests more in the hands of women than with men.

Participants in this action-research project submitted that in both the health and NR sectors, CBWs can be broadly categorised into three types. The first category is CBWs that undertake community service voluntarily without expectation of payment. The second includes CBWs that do the work hoping for a reward or some form of employment. The third

type of CBWs includes those who receive a stipend, commission or salary. Those who put forward this analysis were keen to draw a distinction between CBWs that are traditional volunteers offering a small amount of time per week - and true community-based workers who are trained in a skill and use it in the community for at least half the working week. Some stakeholders felt that while true CBWs can offer this more extended service for free, they do not necessarily have to provide the community service for free as is most times assumed by individuals and organizations. This outlook mirrors conceptual underpinnings of the various CBW models presented in the introductory section where a distinction was made between a 4-8 hour model and 20-30 hours paid a stipend.

Although there are variations in the definition of who are CBWs, there is consensus that a CBW must come from and live in the community they serve. Secondly, CBWs should be accountable to someone (beneficiaries, or a facilitating agent or general community or a combination of all three), and are motivated by the ideal of service. Such “insiders” ... are armed with knowledge that no professional can match, have an intimate knowledge of their own culture” (Quioness, 1999⁴). Thirdly, Khanya-aicdd and the WHO add another dimension, the notion that CBWs require and receive some training to enable them to undertake a given task(s). The WHO implies that CBW training is a one-off event while Khanya-aicdd is emphatic that training should be on-going, to keep CBWs up-to-date with the changing nature of their work and the changing AIDS epidemic and treatment options.

Experiences of CBW selection within the case studies was diverse ranging from an external body like the FA choosing the most outspoken, elite, presentable members of the community to a mixture of community and FA influences. Community involvement in the selection process is most effective when community members have been sufficiently sensitised about the programme objectives and activity. However in most of the pilots, the community did not have a central role in selecting CBWs. This lack of community involvement at the selection stage can considerably reduce sustainability of CBWs and that of the project.

The FA should be involved in the selection of the CBWs (some FAs are consulting the wider community in developing guidelines on the recruitment process); selection of the wrong person may result in adverse consequences. It is sometimes difficult to reverse the selection of the CBW as this may create cliques in the community and destroy the initiative. There is a tendency for opinion leaders/influential people to ‘grab’ the process hoping to reap quick benefits only to be disappointed later when the expected returns are not forthcoming.

The wider community, where possible, should do the selection of CBWs but with the involvement of local leaders as they can provide useful input and their support will be needed for the project to succeed but they must not be allowed to dominate the process. The community should clearly understand the objectives of the programme and it is important to include the different interest groups in the community again so that the process is not dominated by a small number of people.

Beneficiaries, CBWs and FAs suggest a range of criteria that can characterise an effective CBW. These include: an understanding of the social dynamics of the target community and ability to lead and mobilise them; an ability to innovate; basic literacy (though not always an enforceable condition); good communication skills as well as interpersonal relationships; being trustworthy; respectability; willingness to work/serve others; flexibility to adjust to changes demanded by the community and receptive to learning and sharing.

⁴ K. Bhattacharyya, P. Winch, K. LeBan, M. Tien - *Community Health Worker Incentives and Disincentives: How They Affect Motivation, Retention, and Sustainability*. Basics Support for Institutionalizing Child Survival Project (BASICS II), USAID (2001).

7.2 The work CBWs do

CBWs, in whatever sector they work, act as a conduit for information and technologies between service providers and the community, and as a link between the two. They are community animators with the job of mobilising the community to better their situation and encouraging them to take action.

In the HIV and AIDS sector, CBWs' main tasks range from: following up patients on ART to ensure that they consistently adhere to the treatment regime through a process called directly observed swallowing of drugs (DOSD); disseminating health information related to HIV and AIDS but also on other community development and health issues such as nutrition, home hygiene, cholera, mental illness, and immunization; tracing TB defaulters; providing home-based care – washing and turning bedridden patients, help with feeding; HIV and AIDS support and counselling; informing the facilitating agent and other service providers when they encounter vulnerable people in need of care; to reporting community needs to the FA.

CBWs in the NR sector similarly undertake a range of tasks including: mobilizing the community; training fellow farmers in technical skills they have acquired from technically qualified service providers and/or government staff; linking with other service providers such as inputs suppliers; being the contact persons for extension services in their communities; being information channels to and from the farmer groups; making follow-ups on the agricultural extension work; and also providing feed-back on indigenous knowledge and approaches to FAs and government services.

In addition to the above tasks, programmes tend to add tasks and duties to CBWs' main functions and duties. And although one cannot rigidly define a CBW's duties, experience from the CBW project pilots indicates that it is best to limit these. It is easier for CBWs to focus and be effectively monitored if they have a clearly delineated and manageable set of tasks. CBWs are volunteers and their good will should not be abused by professionals devolving a heavy work load on to them or communities expecting them to answer all their problems.

CBWs in the NR sector possess the following advantages over government extension workers as evidenced by beneficiary responses during the evaluation exercise:

- Proximity to the community, and easy to contact at all times as compared to government officials;
- Easy communication in local dialects;
- Commitment to appointments with the clients;
- Less demanding – CBWs will not ask for money because they are volunteers;
- CBWs tend to have better mobilizing techniques, and simplify their advice/technical stuff for the grass roots people

In terms of the hours CBW spend in carrying out their duties, the evaluation found that in the NR sector 60% of the CBWs spend between 1-2 hours while 35% spend over 2 hours with their clients. This clearly falls below the piloted model of 5-8 hours a week.

General weakness of the system can be that the CBWs suffer from inadequate training and that the voluntary nature of their work sometimes makes them unreliable.

7.3 Training, Support and Supervision

7.3.1 The role of the facilitating agent

In the health sector, some FAs such as KCCC, meet their CBWs on a weekly basis while others, such as BUSTIHA meet them monthly. These meetings enable CBWs to report on their work, and discuss issues with the FA. The meetings also provide an opportunity for the FA to provide CBWs with updates on AIDS, ARVs and psychosocial issues related to the beneficiaries they serve. The CBWs felt that such meetings were helpful in terms of providing them with feedback, support, and an opportunity to share and learn from other CBWs and from the FA staff. In addition to the above, facilitating agents also provide in-puts at these meetings such as home-care kits, transport fares, boots, raincoats and materials for facilitating activities that the CBWs may be involved. In the case of KCCC, CBWs receive their gross monthly salary of two hundred thousand Uganda shillings (\$115).

7.3.2 Training and accreditation

In the HIV and AIDS sector the study revealed that CBWs receive training before commencing the work they are expected to do. This is complemented by on-going training and refresher courses aimed at keeping them updated with accurate, relevant and timely information about HIV and AIDS.

The initial training equips CBWs with information and skills related to community mobilization, and the training course content draws from the Ministry of Health recommended guidelines for training community-based health workers. Generally, CBWs do not receive any certification for the training they undergo. It was only KCCC and ULAMP that had accreditation, from the Ministry of Health and Makerere University Faculties of Agriculture, respectively.

In the natural resources sector, the training content (both initial and on-going) varies according to the specialization of the CBWs. However, all the CBWs learn about group dynamics, facilitation and communication skills, soil and water conservation and community mobilisation skills.

Overall, CBWs value the training they receive. This has been seen as the most important single determinant of programme quality and impact (Phillips, 1999). In the Uganda pilot projects studied, CBWs mentioned training as a key motivation for their volunteering. Training provided them with specialised skills that enabled them to perform their tasks effectively. The regularity and relevance of the training was said to be critical to CBWs retention. Having skills that are valued by the community raised the CBWs status and standing in the community.

In addition to training for CBWs, for CBW systems to be effective ongoing training and capacity building is critical for local committees. Management committees, for example, will often require governance training.

7.3.3 Ongoing support and supervision and from whom

CBWs in all sectors receive on-going mentoring and supervision from the facilitating agent which is responsible for the smooth operation of the CBWs' work and for any financial or in kind incentives that they receive. However, the aim is that the CBWs should be accountable to the communities that they serve and so the system should promote accountability through functioning community structures. In the NAADS programme community-based advisors

CBAs⁵ are accountable to Parish Co-ordination Committees (PCCs), comprised of representatives of chairpersons of farmer groups. PCCs are responsible for ensuring physical accountability of CBAs and extension staff. The PCCs carry out monitoring and evaluation through conducting field visits where they assess the progress of farmer groups and CBAs' activities and their performance. PCCs are in turn accountable to the sub-county coordination committees, which are responsible for both physical and financial accountability, deployment and facilitation of CBAs, linkage with the district and facilitating the registration of farmer groups and CBAs.

In the health sector, the Ministry of Health is putting in place Village Health Committees (VHCs) to monitor health programmes at the community level.

7.4 Linkages of CBWs to other support agencies

FAs are a vital link between the Government or donor or private sector and CBWs. They are the main sources of information and training for CBWs and play a significant advocacy and lobbying role for the CBW system. They build capacity and help plan and implement the system within the target community.

CBWs need support in terms of specialised skills from government extension staff or government health departments, NGOs and the private sector.

Effective linking between stakeholders can be enhanced when a thorough stakeholder analysis happens at the outset, when there is clarity on roles and responsibilities, when co-ordination of the linkages between different stakeholder groups has been integrated into the planning process and when reviews are planned and actually implemented. It is advisable to have a clear exit strategy which is clarified with the relevant committees, right from the start.

In the NR sector, facilitating agents have attempted to create linkages especially for training purposes, but so far none are binding. The experience from the pilots is that FAs need to build in sustainability for the future time when they will withdraw by creating formal linkages with permanent community structures.

7.5 Accountability

7.5.1 In what way are CBWs accountable to communities they serve?

It has already been said, in discussing selection processes that CBWs are accountable to the communities they serve, but the latter need to be empowered to hold the CBWs and FAs accountable for their actions, which is happening in some projects. Mechanisms should also be developed to enable CBWs to share vital information with the community, e.g. during community/parish council meetings. Strengthening of CBWs and the community relationship will ensure an effective partnership.

7.5.2 Accountability

The concept and importance of accountability was well understood in all projects. Pilot projects considered accountability - of both work/outputs and resources/funds - a necessary component of project work and there was significant willingness among CBWs to account both horizontally and vertically. FAs are responsible for resource mobilisation, and

⁵ This is largely based on lessons and best practices learnt from the ULAMP programme in which CBAs are outstanding farmers who are members of farmer groups (common interest groups) trained to train fellow farmers at community level.

remuneration and training of CBWs as well as reporting to higher authorities such as the Central Government and donors. In turn, CBWs are mainly accountable to FAs and demonstrate this accountability through submitting reports of work they have carried out – verbal or written. Accountability of CBWs to other stakeholders is not binding unless there is agreement to work together. Areas for further improvement by FAs are:

- strengthen information sharing on resources available with communities and CBWs;
- willingness to learn and take advice from the communities and CBWs;
- develop guidelines for accountability;
- share reports with communities and clients;
- invest enough time to consult with the CBWs.

The community sets criteria for selection of CBWs, elects/selects the CBWs and engages them in the course of their work. Further improvements revolve around the need for joint monitoring by both the FAs and clients. The community should also be empowered to demand accountability and periodic reports, including regular consultation with the facilitating agents. On the other hand, the community (clients) should be accountable for uptake of services. For instance, CBWs may not increase uptake of services if the community is not mobilised and has a negative attitude towards service delivery agents.

The facilitating agents have the ultimate mandate to hire and fire. CBWs ought to be accountable to the community but it is common to account to FAs where some incentives are anticipated.

In general, KCCC and BUSTIHA consider accountability important. Regular reporting encourages self-examination, provides useful feedback and builds and sustains a shared understanding of the goals and responsibilities of the project and what needs to be done to fulfil the needs of the intended beneficiaries. When asked, CBWs had different perspectives on whom they were accountable to. Some thought that they were accountable to the FA, others thought were accountable to both the FA and beneficiaries while many noted that they were more accountable to the beneficiaries.

The main challenge is how to involve the community in CBW work and give it ownership of the whole CBW system and the mechanisms to manage it effectively. Without community involvement, CBWs will be left without support and the system will not be sustainable should the FA phase out.

7.6 Financing the CBW System

7.6.1 Monetary support to CBWs⁶

The interest in using a CBW system is that it may provide a way to extend services to all communities in a cost effective manner. The different components of the CBW system that have to be costed include: the CBWs themselves, the provision of training and support by the facilitating agent; management and supervision and specialist technical support by others. If this system is adding value more cheaply than other models, then government must consider financing the system.

There are no examples in Uganda where government pays CBWs any stipends in either the HIV/AIDS or NR sectors. However, NGOs that work with CBWs do provide some support

⁶ Other incentives to CBWs, financing of FAs to support CBWs and other related costs have been discussed in earlier sections of this report

and incentives such as, meals during training and reimbursement of travel costs. Useful items such as bicycles, uniforms and tools were also offered as compensation. Health workers sometimes received the benefit of preferential treatment in clinics for themselves or their close relatives. Unlike in South Africa where the Departments of Health and Social Welfare have an incentive system in place, Uganda has not implemented such a programme. In Kenya too some CBWs such as community animal health workers fund themselves by charging for drugs. A key challenge is how to finance the CBW system and implement it in a sustainable way, and also allow its expansion into other sectors?

In Uganda, some communities currently contribute monetary and non-monetary incentives towards CBWs. However, the overall position is that communities should come up with their own motivation system that is sustainable.

In addition to community support, sometimes public/donor projects provide direct incentives for the CBWs; yet in others there is an in-built private sector model, which sustains some activities through co-funding by community members. There are however problems associated with using money to finance the system. Money as incentive can become a huge divisive factor for CBWs – those who receive and those who do not. This may have unintended negative repercussions e.g. distrust and expectations that CBWs cannot meet and jealousy.

7.6.2 Learning from pilot experience for best practices

Each CBW system should have cost sharing aspects imbedded in the proposal for communities to sustain services in the post-project period. The FAs should take a lead in developing such proposals as part of the formulation of CBW interventions. Other incentives to CBWs should be imbedded in the design including recognition for CBWs, study exchange tours and in-kind incentives. The community should be involved in deciding what the incentives should be.

With sufficient monitoring and documentation to show the benefits of the system, practitioners can lobby government for mainstreaming and budgeting for the deployment of CBWs. This is a key outcome that is being advocated as a result of this action research..

7.7 Withdrawal and sustainability

7.7.1 How will the system be sustained (institutionally, financially)?

KCCC has a sustainability plan that includes client contributions of 1500/= on drugs and a training in HIV/AIDS where trainees pay a fee of Uganda Shs. 20,000/=. In addition, the local government recognizes the work of KCCC, and the Kampala City Council authorities are contributing to the costs of drugs and VCT kits from the Ministry of Health. There is evidence of government continued interest in the project. BUSTIHA's plan includes acquisition of land for the construction of permanent offices, and initiation of income generating projects. Other planned sources of income include increasing membership, and linking the facilitating agent with other NGOs and government programmes. The Mpigi District Local Government is interested in continuing support to the project.

The former ULAMP project (now NAADS) has in-built sustainability measures which include income generating activities and a saving and credit scheme. ULAMP activities have now been integrated into NAADS, thus ensuring continued funding from the central government, local governments and farmers. The distribution of continued learning manuals on leadership, needs assessment and enterprise development are meant to further enhance sustainability. For BUCODO, CBWs are perceived as appropriate mechanism to empower

the community to take control of their interests. In addition, the Masindi District Local Government is involved in the project, including overall guidance in planning and monitoring as well as promotion of eco-tourism in the forest reserve.

7.7.2 What happens to CBWs (individually, collectively)?

CBWs adopt a number of strategies to sustain their services. In ULAMP, CBWs took the following measures/innovations after their funding from SIDA ended:

- Formation of credit and savings cooperative society for CBWs;
- Formation of CBW association for continued networking and as a forum to lobby and identify opportunities for engagement with new initiatives in the area. For example, some ex-ULAMP CBWs are now employed by a new project in the water and sanitation sector.

As part of the above innovations, some CBWs have agreed on a set of principles and guidelines to continue providing services based on fees-for-service arrangements after the FA support ended. Some CBWs are hired by service provision companies to provide services in the NAADS Programme. Others have continued to offer such services for a fee as individuals.

In the HIV and AIDS Sector, what is critical is the empowerment of the caregivers (family members). Once this empowerment has enabled family members to take on the roles of CBWs, then they will continue the care to the family members. Under this arrangement, the main role of the CBWs will be to provide minimal support and supervision to the care givers.

7.7.3 What happens to the role of the FA?

The main role of FAs is financial support and management, and once they wind up, the normal practice is for them to hand over to the government. If there are good sustainability or exit strategies, the benefiting communities will devise strategies to continuing supporting the CBWs. This is best illustrated by the forestry CBWs in Butuntumula in Luweero District, where after Environmental Alert pulled out, part of the activities previously financed by Environmental Alert have been taken over by the sub-county local government.

8 Summary and recommendations

8.1 Summary

The impetus behind the development of CBW systems is the need to improve service delivery. The professional personnel currently employed in the public service and NGOs is not sufficient to meet the needs of the population, hence the idea of deploying a cadre of workers at a lower level who are less trained and receive lesser compensation but to whom some of the work of the professionals can be devolved. Apart from saving costs and reaching more people in need, the premise was that, as CBWs are drawn from and work close to the grassroots, they would also serve as the voice of their communities communicating their needs and increasing their say in how service delivery should be conceived, which should result in a more appropriate and effective service.

This study was an action-learning process in which policy makers and practitioners shared their perspectives, experiences and practice. The study carried out a preliminary review of a number of case studies in Uganda and then a more in-depth evaluation of organisations employing CBW workers to see if the aims expressed above were being met.

The evaluation of the pilots indicates that CBWs are contributing to community development and have created greater access to different types of services for communities. Overall, achievements in terms of empowerment and improved livelihoods for communities were documented. It seems therefore that CBW systems can be a key service delivery mechanism in resource poor settings..

8.2 Recommendations

This section discusses, in an integrated way, the recommendations for the way forward for the CBW approach in Uganda. Particular emphasis is placed on the emerging role of the CBW system, the role of government, NGOs and the private sector, changes in policy and legislation needed and the financing of the CBW system.

The lessons learnt from the pilots demonstrate the value of widespread adoption of the CBW approach, but scaling up requires paying attention to the following issues:

1. Recognise and mitigate gender inequalities: The majority of CBWs in the health sector are women (65.5%), therefore, while CBWs reduce some of the financial and other pressures exerted on formal service delivery systems, the burden of care continues to be shouldered by women. Yet women are already overburdened by poverty and household chores and responsibilities e.g. cooking, caring for children, fetching firewood and water. Involvement as CBWs entrenches existing gender inequalities. Therefore, efforts need to be made to increase male involvement and/or reduce the impact of poverty, costs associated with loss of productive time, and strain placed on social relationships of female CBWs.

2. Strengthen Monitoring, Evaluation and Reporting: Current experience shows that organizations lack effective guidelines for involving Local Councils and other community structures in monitoring, evaluation and appraisal of CBWs. Community participation in the CBW system was shown to be integral to an effective and sustainable system hence the need to involve the community in all aspects. Efforts should be made to develop a simple and sustainable supervision and monitoring system to guide the communities in monitoring CBW activities. Tools for monitoring and evaluating CBWs work and their performance, needs to be integrated in the system of care at the individual, family and community levels. In addition, guidelines on power and authority for hiring and firing of CBWs should be in place and clear. Mechanisms for feedback meetings should also be well stipulated in the

guidelines. There should be increased involvement of LCs in the operationalisation of the CBW concept. This will entail building their capacity to carry out effective monitoring and develop joint periodic feedback mechanisms between the councils and CBWs.

3 Standardization and accreditation of CBW Training: Principles and guidelines for coordination and standardization of training of CBWs should be developed. While it may prove difficult to standardize the training of CBWs due to differing contexts and environmental dynamics, efforts should be made to find common ground and work towards standardization and accreditation of the core CBW training curriculum. There can then be additional accredited modules based on the requirements and dynamics of the sector in question. The experience from four of the pilots evaluated shows that there are differing remuneration principles. For instance, whereas the CBWs at KCCC are paid, those at BUSTIHA are not, yet they are all performing comparable work and all struggle with poverty and transport challenges. Therefore, it is important that key actors involved in the work of CBWs get together to agree on the remuneration principles to avoid creating inequality, which could cause resentment and kill the spirit of voluntarism.

4 Mainstream CBW work in civil work plans and budgets: Sustainability of the CBW system will be further enhanced if it is integrated in the mainstream service delivery system. Nonetheless, the CBW system should not be based on permanent structures but rather on dynamic systems that respond to the needs and concerns of the community. The CBW system should be able to evolve as community needs change or as the circumstances that led to its creation evolve.

Large-scale adoption of CBW systems will require substantial increases in support for training, management, supervision, and logistics. Using the example of BUSTIHA, which has many CBWs yet 20% of the beneficiaries reported getting no support from them, it can be argued that CBW effectiveness may diminish as their numbers grow. This may mean that further adoption and scaling up needs to take into account factors that influence the effectiveness and retention of CBWs. This study has highlighted that many CBWs are struggling with their own poverty, which could be an important factor that precludes them from being as effective in their work as they could be. The quality of training, management, supervision, and logistical systems is another important factor. If there is to be the funding to address these issues, it will require organisations that are using CBWs to effectively lobby local governments to recognize their contribution and include a component for contributing to the aforementioned costs in their plans and budgets.

A community-managed CBW system is preferable to one where individual NGOs and CBOs decide who should be their CBWs and as soon as their projects phase out, the system breaks down. It is better that communities through their structures identify CBWs and let the latter be accountable to the community. There should be adequate mechanisms at the sub-county to coordinate service providers, for them to utilise the existing CBWs (where they exist) and also to motivate them to do a good job.

5 Policy implications: Facilitating agents should advocate for policy changes in recognition of the role CBWs play in service delivery. Participatory planning, monitoring and evaluation at all levels should be increased among the existing practitioners. Incorporating CBWs work in Local Councils' development plans will give them a sense of pride and ownership in local decision-making processes and with strong ties with LG structures. However, A lot of work needs to be carried out at a policy level in relation to remuneration of CBWs, recruitment and support, advocacy, monitoring and evaluation.

In particular, the following issues are noted:

- CBWs should be placed under the Ministry of Gender, Labour and Community Development;
- Training of CBWs should be standardised and strengthened;
- Support the networking of CBWs through formation of CBW associations at district and lower levels to advocate and lobby for their rights. Facilitating agents will need to adopt a multi – sectoral approach to integrate and strengthen linkages of CBWs at all levels;
- Respective training institutions under the Ministry of Education and Sports should be involved in training of the CBWs;
- Establish intra-sector coordination (central and district level) e.g. within the agriculture/ NRM sector, in the health sector, etc.

6 Inter-agency/CBW sharing of lessons and experiences: This should focus on documentation, publication and dissemination of lessons and experiences, including further sharing/dissemination of the evaluation findings. Multi-stakeholder follow-up meetings at national and district level should be organized. Further, interaction with other initiatives – both in-country and across countries can be a critical motivator for CBWs who often work with little supervision or tangible evidence of their effectiveness. CBWs will be able to exchange and learn from others doing similar work.

7 Further Research: Further research into the cost-effectiveness and sustainability of CBWs should be carried out to identify and fill gaps remaining after the current evaluation study period. A longitudinal study on the cost-effectiveness of the CBW system needs to be undertaken. This study should shed more light on the magnitude of costs shifted to the community as a result of using CBWs. It should also seek to predict the long-term financial value likely to accrue to families and communities as a result of CBW contributions e.g. what will be the long-term monetary value of reduced orphaned and vulnerable children (OVC) trauma, can purely facility-based services make the same contribution at more or less the same costs as when CBWs are involved. Outcomes of this proposed research should inform the wide-spread adoption and scaling up of the CBW system.

Annexes

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