Service delivery on the cheap? Community based workers in development interventions

Jelke Boesten and Anna Mdee

Jelke Boesten

School of Politics and International Studies
University of Leeds
Leeds, LS2 9JT
j.Boesten@leeds.ac.uk

Anna Mdee

Department of Development and Economic Studies
University of Bradford
Richmond Road
Bradford BD7 1DP

a.l.mdee@bradford.ac.uk

Frances Cleaver

Department of Development and Economic Studies
University of Bradford
Richmond Road
Bradford BD7 1DP

Abstract

Abiding to current neoliberal approaches to development, models of community-driven development assume that community-based workers are key actors in improved and accessible service delivery. We argue that use of community-based workers in service delivery is under-theorised and seems to be based largely on untested assumptions about community participation and responsibility. Drawing on case studies with regard to drinking water management and home-based care for HIV/AIDS patients in Tanzania and South Africa, the paper explores issues of accountability, professionalism, and personal motivations in community-based worker systems, and argues that many assumptions in relation to the effectiveness of CBW programmes require re-visiting.

Keywords: community-driven development, participation, community-based service delivery, community-based workers

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Introduction

The deployment of low-paid or voluntary community-based workers (CBW) in service delivery projects is a widespread strategy to increase access to services to underserved populations in a cost-effective way. Such strategies abide by a contemporary neoliberal logic that seeks to keep state spending on social services low through decentralisation and privatisation. The persistence among international development agents of the idea that participation of the target population – the poor and underserved- is not only essential to cost-effectiveness, but also to inclusion, ownership, and sustainability of the interventions in question, further underpins the widespread reliance on community volunteers. However, there is very little evidence that community participation for a myriad of interventions increases access to services for the poorest. In this paper, we argue that the use of community-based workers in service delivery is under-theorised and seems to be based largely on untested assumptions about community participation and responsibility. We examine the functioning of different community-based systems of drinking water provision and home-based care for HIV/AIDS patients in Sub-Saharan Africa. We identify and analyse the factors that contribute to the efficacy of the workers in providing services and explore the influence of their relationships with the beneficiaries, the wider community, and the facilitating institutions. We recognise that community-based services that engage the locally available human resources are vital for poor and underserved areas but are concerned with implementation strategies that lead to patchy and ineffective 'service delivery on the cheap' rather than sustainable and effective systems.

The data is based on research carried out between 2004 and 2006(1), followed by continuing field visits throughout 2007-2009, whereby a research team of international and local researchers studied CBW systems through extensive semi-structured and in-depth interviewing at community level, participatory action research methods, participant observation, and institutional tracking. We used comparative case studies in Tanzania and South Africa, looking at water provision systems and HIV/AIDS care. The individual case studies were published online as working papers(2). Throughout this paper we use these case studies to explore the comparative and theoretical outcomes of the study. However, we rely most heavily on the case studies in Tanzania, which we have personally continued to track through ongoing field visits.

In Tanzania, we studied three community-based water systems in the Kilimanjaro region. All three systems were based on different governance and management arrangements and operated at a range of scales from a scheme operating in one village to a large intervention covering an entire district. In implementation all three depended, however, on CBW systems in the form of local water committees and tap attendants. At the village level, Uchira Water Users' Association (UWUA) was established in 2000 by GTZ and manages drinking water supply through a system of self employed tap attendants. They employ professional staff but are managed by community representatives. The water system in Kirua operates the 'standard' Tanzanian model of drinking water management whereby the District Council is responsible for maintenance but day to day operation is overseen by the Village Council (all volunteers). Water from public taps is free but supply is intermittent. The Hai District Water Supply project was based on long-term funding and technical assistance from KfW (German Development Bank) in partnership with the District Council. The project operated through the creation of water supply trusts which supplied the technical infrastructure to a number of villages, and utilised community volunteers as self-employed tap attendants. Community volunteers were also present on the boards of the water supply trusts.. In the same region (but different districts), we studied three community-based systems for home-based care for HIV/AIDS patients. Again, the three CBW systems were facilitated by different entities. First, a women's NGO, Wanawake, was set up by urban women in the early 1990s and mushroomed into local CBOs throughout the region; they are partly self-financed and partly financed through national and international grants (see figure 1). Second, a Village Health Workers programme (VHWs) was set up by the state in collaboration with an international NGO (World Vision). Third, Kikumi is a self-organised group of people living with HIV/AIDS, dependent on external grants and member's contributions. All three groups are supposed or intend to provide a myriad of homebased or community based services to households affected by HIV. Through the comparison of these different approaches to the use of CBWs in CDD service delivery, continuities and differences in functioning were identified.

In South Africa, we studied one community-based water management system in rural Limpopo, and one community-based home-based care system in urban Bloemfontein. These studies were carried out as comparison to the Tanzanian cases in order to raise issues otherwise perhaps neglected. Tables 1 and 2 give an overview of the CBW systems studied in relation to the areas for exploration outlined above: the duties, selection and training of CBWs, systems of accountability and governance, personal motivations and the effectiveness and sustainability of each system.

Insert table 1 &2

The value of approaching the subject in such an in-depth and comparative manner –instead of the more common short-term appraisals and evaluations commonly financed by funding agencies- is to provide an intensive qualitative analysis of the local challenges in the implementation of community-managed services. We aimed to scrutinize the interaction of agency, process, and structure in community-based interventions. In particular we were interested in how local level inequalities (in households, between neighbours, in villages), are reproduced or challenged on a daily basis, and how development interventions aimed at inclusion and participation might challenge or perpetuate such inequalities. We were particularly keen to understand how the heterogeneity of communities is expressed by externally driven systems of service delivery through community-based workers.

This paper begins with a brief consideration of the theoretical basis of CBW systems and then examines several critical issues in relation to this, namely the selection, professionalisation and training, accountability and governance, personal motivation and reward, and sustainability and effectiveness of CBW.

Community-based workers systems: assumptions and practices

Community workers have become central to participatory processes often defined as 'community-driven development'. Community-Driven Development (CDD) is part of a set of development approaches championed by the World Bank that seek to decentralise power and resources to the local level, in order to make them more responsive, equitable and efficient in serving the needs of the poor (Mansuri & Rao 2004,Binswanger-Mkhize et al 2009). Community-based workers, voluntary or low paid villagers encouraged to shape and assume tasks in service delivery, are central to community-driven development. The operation and outcomes of CDD interventions may therefore depend on how the agency of CBWs is constructed and enacted. Recognising human agency in CDD –as opposed to technocratic interpretations- some critics argue that the vigorous promotion of community-based approaches overlooks the complexity of relational power and cultural dynamics which are present in villages, just as they are present in global institutions (Bebbington et al 2004; Mdee 2008; Labonne & Chase 2009). The homogeneous 'community' is often more an idea than a reality.

CBWs are generally seen as volunteer workers who live in the community they serve, are selected by that community, are accountable to the community they work in, receive a short, defined training, and may or may not be attached to any formal institution (Swider 2002). A review

of the literature suggests that in current development practice CBWs are local volunteers who form part of the community and who carry out basic tasks such as HIV/AIDS education, nutritional education and support, primary healthcare provision related to particular diseases, environmental care, agricultural development, and even legal mediation (Boesten 2005). Community workers often work at the regional level, covering several communities. They may be provided with transport, sometimes with medicines, and, depending on projects, with a monthly basic stipend. They are often recruited, selected and trained by local NGOs, the 'facilitating agents', who are, in turn, likely to be financed by international co-operation. Others operate directly under the auspices of international NGOs. Large-scale, governmental primary healthcare systems have deployed CBWs to expand services in remote and underserved areas. Thus, in line with the African Institute for Community-Driven Development (AICDD 2005), a CBW can be defined as a 'volunteer selected from the community they live in, trained to cover a specific task, supported and supervised by a Facilitating Agent (FA), who can be from government or NGO, and in some way accountable to the community or a specific/ defined group within that community'.(3)

The concept 'volunteer' can be interpreted widely to include low paid (often expenses plus a basic stipend) staff who volunteer to be involved. Unpaid local government officials (such as Village Councillors) or religious leaders are perceived as community-based workers in our definition. Their roles are linked to long-standing political and/or religious structures at micro, meso and macro levels (Toner 2008). The tasks such leaders perform and the expectations attached to these are, of course, distinct from the rather defined and circumscribed service delivery objectives of CBWs working on particular service delivery programmes. Motivations and returns are therefore also different and maybe more related to authority within the community and power relations stretching beyond the community they serve. Nevertheless, at community-level the relationship between unpaid government and religious representatives and CBWs is not always clear and can create confusion over expectations of community participation (Marsland 2006). CBWs are usually referred to according to the issue they are intended to address and their function: health educators, healthcare workers, nutritional educators, paravets, community captains, technical assistants, paralegals, home-based care workers, tutor farmers, pump attendants, research assistants, peer educators, social workers, traditional birth attendants, development agents, or outreach workers. AICDD (2005) further suggests that CBWs' role might include 'being a conduit for information and technologies, a bridge/link between the community and service providers/facilitating agents, mobilising communities for learning, training, demonstration, and follow-up activities'. Despite the variety in tasks and working conditions, the idea behind deploying CBWs is enough to group them and to aim at defining a set of collective possibilities and constraints encountered in case studies.

Institutional literature with regard to CDD and CBW systems suggests that the following central assumptions guide the deployment of local volunteers in order to deliver services (Boesten 2005):

- *Increase Access to Services* By deploying local volunteers, a wider network of services can be set up and more people, especially those in remote areas, can be reached.
- *Sustainable and Cost-effective*: Handing over responsibility to the beneficiaries might make them more involved in development planning, and thus, help make development interventions and service delivery sustainable. Working with volunteers is a cost effective way of expanding services, especially in low-income areas.
- *Accountable and close to the poor:* The relationship between local providers and beneficiaries might be less imbued with inequality, and thus reach more people otherwise overlooked. The absence of socio-cultural misunderstandings might improve service delivery.

Whilst there is considerable literature on participatory processes in general, there is little specific literature on CBWs as agents of change. Assessments of the effectiveness of CBWs are available and are discussed in Boesten (2005). These studies rarely consider the underlying factors that contribute to successes or failures. It is necessary that some understanding of how such workers are defined, selected and trained is developed. In addition, accountability and governance arrangements, as well as the personal motivations of workers themselves may impact on the performance of the CBWs. This research sought to explore some of these questions through an intensive exploration of case studies of CBW systems. In particular the issues of selection and definition of CBWs, their accountability and personal motivations appeared to be key factors underpinning their effectiveness and inclusiveness

Volunteers or professionals?

Tables 1 and 2 highlight that there is a lack of clarity and considerable variation in definitions of a community based worker ranging from part-time volunteers to salaried employees of government or NGOs based in the community. A very basic definition is that the CBW is a community member who delivers a service to other community members at a micro level. The selection and recruitment of such workers is also complex, the AICDD definition of a CBW being selected by the community masks the interaction of individual and structural factors that influence who is able to occupy such positions. This will be discussed later in relation to personal motivations of CBWs.

One of the emerging tensions from all case studies in this research was between being an ‘untrained’ volunteer and becoming a professional. Obtaining training as part of the CBW

programme is one of the interests most prospective CBWs seek. As a solid and inclusive educational system, or access to independent forms of learning, is largely absent in Tanzania, and inaccessible to large parts of the South African population, a 'seminar culture' has developed to train people for specific tasks. Seminars are often organised by national and international NGOs and are very popular among the population. Having access to seminars is more than having access to training and knowledge; it also signifies being part of and/or gaining access to professional networks, implying a possibility for future activities and access to resources. In addition, attending seminars often means financial support, as in Tanzania, seminars often include generous sitting fees, which provide a powerful economic incentive for attendance but may not ensure the full engagement of participants.

Nevertheless, our study showed that there are also ambiguous feelings about the training offered and capacity expected to carry out certain tasks. In Tanzania, two of the three studied CBOs in HIV/AIDS home-based care complained of lack of training (Wanawake and VHWs). The third CBO, Kikumi, the group of people living with HIV, did not feel training was the problem, but community cooperation and testing facilities staffed by professionals was the real lack. Their main concerns were that training was often only offered to the leadership of a CBO, in the expectation that these would transmit their acquired knowledge to peers. However, such a set-up overlooks the skills one needs to teach others (a profession in itself) and the time and resources needed to do so. The result was often short briefings without actually cascading learning to others. Similarly, in the community water management project in Limpopo, South Africa, valuable required skills such as bookkeeping stayed among the leading CBWs, who did not transmit any knowledge to other potential CBWs.

An additional issue with regard to CBWs, HIV/AIDS, and training in Tanzania was the fact that many of the CBWs of the women's organisation Wanawake and of the Village Health Workers programme had received similar training courses over a long period of time (in some individual cases twenty years), but did not seem to accumulate knowledge –or at least, did not show solid basic knowledge and felt unsure about what they did know. Throughout the years, training came from different organisations (from Caritas, Marie Stopes, World Vision, to locally organised EU funded seminars), with different perceptions of health care and community participation, strategies, and priorities. This could mean that the training received from different institutions did not complement each other but either overlapped or even contradicted each other. The lack of continuity in supervising agents and institutions did not contribute to the efficiency of the volunteers either. The different expectations embedded in the programmes further blurred the coherence of training acquired over time. The ideological, normative notions embedded in

capacity building interventions impede the effectiveness of offered training. Notions of equality, access and good local governance held by international agents change over time, and not necessarily in the same manner as such notions evolve at local level.

The case of Bloemfontein showed a far more structured, coherent, and longterm home-based care project than the Tanzanian cases. In Bloemfontein, CBWs who worked to care for the chronically ill sought support from the community clinic and from the municipality. They received a comprehensive, two-month training in HBC, TB Direct Observation Therapy, and HIV counselling, and received monthly updates as required. This is the most solid training system for CBWs that we encountered in the studied cases. Nevertheless, the CBWs also felt they were short of supervision and received too little feedback from their clinic. The system is also jeopardised by the one-off nature of the training course: no new CBWs can be taken in because no more training courses will be available. With attrition increasing among under-funded volunteers, this means that if changes are not made, the system will collapse.

Evidence from both the Tanzanian and South African HIV case studies revealed that those volunteers who had considerable professional expertise (either pre-existing or developed through training) were unhappy that they were not recognised as professionals. One volunteer in the South African project argued that giving uniforms to the volunteers would increase their status and show recognition and appreciation of their skills. Getting the right balance between volunteers and professionals also appeared problematic. In the water case studies similar issues with regard to professionalism emerged. A comparison of the three Tanzanian water cases shows that a successful and sustainable drinking water supply required professional expertise that was often unavailable locally in the forms of water engineers and accountants. This was also a condition of donor support in both externally-funded projects. In the water users association, it was perceived as necessary to employ a professional water manager as it became evident that the community management board did not have the expertise or experience to operate the system.

There are thus unresolved tensions in the relationships between paid professionalism, volunteering professionalism, and unskilled community work. The discussion in this section shows the need to consider the training and professional support required for CBWs to carry out their duties effectively, but also the need to recognise the increasing professionalism of CBWs as they gain experience in order to maintain their motivation and to retain and develop their skills.

Accountability and governance

One assumption held by champions of CDD and CBWs is that the selected volunteer/worker will be held accountable by the community (Mansuri & Rao 2004). However, evidence from the literature suggests that many CBWs are dependent on exogenous institutions which make them less accountable to their community, and more to these (often absent) institutions. In addition, the assumption that (unregulated and undefined) community involvement would naturally lead to more accountability, and thus to equitable and sustainable service delivery, seems questionable. The case studies in this research certainly indicate that improved inclusion is not brought about 'automatically' through involving community members in delivering the services. Cornwall already observed that inequalities, preferences, and alliances also exist within communities and should be addressed accordingly (2003). Hierarchies based on education, wealth, seniority, and gender may prevent a transparent and inclusive way of 'doing things'. Leadership is often invested in the same persons, a small group of women and men who rotate community responsibilities amongst themselves. Green (2006) observes that these hierarchies are highly politicised as, in Tanzania, access to resources can only be achieved through access to political leadership. To be able to access resources at a local level, inclusion in local political leadership is thus essential. According to Bujra (2000: 129-130), the resulting unquestioned leadership can lead more easily to corruption as accountability is not expected. On the contrary, existing hierarchies are often re-produced within and through the CBW and CBO systems. Whereas in some cases such hierarchy might include forms of charity to the poorest, this can easily turn into systems of patronage and clientelism, as was observed in the studied women's organisation working on HIV issues in Tanzania. In that particular case, a group of well-placed women (mainly teachers) used their leadership positions in Wanawake to establish their own network of clients and supporters. Using World Food Programme food baskets as currency, poor households affected by HIV were held in the grip of the benevolence of these women. It seems that communities do not automatically foster accountable, transparent, and inclusive systems.

In sum, the community-based interventions discussed here were in the majority (partly) financed by external organisations, and some were set-up by external institutions. This means that these CBWs were accountable to these institutions and not necessarily to their communities. Rather, existing inequalities based on gender, age and class were often further played out and emphasised through the work of CBOs and CBWs. Systems of patronage were often strengthened through the availability of external resources, especially since these resources were never enough to cover all in need. Such a situation gives enormous power to those in charge.

Likewise, in the water case studies, the Water Users Association was made up of elite community members who only felt accountable towards themselves, their families, and their institutional

donor agency that funded the project (German Technical Assistance, GTZ). This was also the case in the Uchira Waters Users Association (UWUA) where the pricing of water was altered in favour of those with private water connections who were better represented in the association. There was also no recognition of difficulties in accessing water for chronically poor households. The research showed that the poorest households were highly unlikely to be members of UWUA and therefore had very little voice in the organisation. From 2002-2008 the UWUA board refused to recognise the possibility that some people might be unable to pay for water. It was only when the donor began to take an interest in ensuring access for the poorest that some discussion on this issue has taken place. In the Water Supply Trust the management board (which was created as an accountability mechanism for constituent communities, members of which were both professional employees and community representatives) tended to use community representatives as a means of ensuring that water users in the villages paid their bills on time. However the Board was also used as a means to increase the remuneration of tap attendants, therefore accountability operated in both directions. However, issues of access for the poorest were also not seen as a direct concern of the board but were perceived to be a local problem to be solved by the extended family.

In the South African water case in Limpopo, the CBWs' accountability was divided along the lines of political division within the village. However, these divisions did not constrain accountability, as the two main groups (aligned to two different chiefs) did have sufficient community cohesion to feel represented by the selected water committee members. In addition, there was confusion about the difference between government appointed community development officers – accountable to the municipality, and the community-based worker –supposedly accountable to the community. In this case study, the CBW did feel accountable to their communities, but did not feel any link to the municipality or the facilitating agency. Hierarchy between the more urban and educated municipality leaders and the NGO, and the rural CBWs obstructed a constructive relationship.

The different examples highlight that CBWs themselves are not automatically accountable to community members; in reality they may be more concerned with the institutional requirements of funding agencies and professional managers. This often adds up to providing lists of beneficiaries and households reached, which are asked for by donors but are essentially abstract and unaccountable parameters. For example, the studied CBOs concerned with providing food or care to households affected by HIV in Tanzania were more than capable of producing such lists, but when checked not all listed households even existed. Systems for ensuring accountability to the local population therefore require careful consideration recognising the multiple influences on CBWs and the existing social, economic, and political structures.

Motivation and Reward

An appreciation of the enabling and constraining aspects of agency are essential to understanding how CBWs work. As mentioned above, who is selected as a CBW is likely to be related to individual status within that community and the structures that maintain existing hierarchies. For example, in their study of CDD in Indonesia, Beard and Dasgupta (2006) confirm that the main determinants of community-based collective action are 'relationships among multiscalar social, political and historical factors, internal and external to communities.' Their conclusion feeds into to the idea that community participation is not an autonomous, individual decision based on altruism, but a situated decision that is linked to the cohesion and hierarchies already prevalent in communities. Without denying genuine concern and solidarity as a motive for community participation, we explore the interests that push such concern into sustained action. Individual agency and motivation further determines how CBWs relate to the beneficiaries of their services and will impact on the outcomes of the work itself, and should be taken into account. A first and obvious reason for participation would be financial rewards for work carried out. However, the main characteristic of CBW systems is a non-regular reward system, a community-based rewards system, or an expenses-returned system. The question is what other motivations individuals might have for volunteering.

In Tanzania there is an expected and almost compulsory element to community participation as part of the village level political system. This semi-formalised but widely understood institution of obligatory community participation is historically and ideologically-rooted in ideas of ujamaa (African Socialism associated with Julius Nyerere) and is often in tension with the inclusive and empowerment-focussed emphasis of community-driven development approaches (Marsland 2006). For example, the different expectations espoused by World Vision, in the Village Health Worker system in Tanzania, on the one hand and the village leadership on the other, created confused expectations which resulted in partial inactivity. Neither tasks and benefits nor institutional accountability were clear, and the necessary community-level trust in these village health workers was largely absent. The main point of contention was payment: in the local interpretation of community service, a task such as this is an honour and an obligation on a par with being a ten cell leader or a representative in the ward committee. But the CDD/CBW paradigm, here espoused by World Vision, saw village health workers as in need of concrete rewards to be provided by the community. Hence, the supporting agency made a first monthly payment of 15,000 shillings (equivalent to £7.00 -2009 exchange rate) expecting the village council to continue this payment thereafter. The village council refused based on the assumption that such community participation should be entirely voluntary. As the village council did not set up the VHW system, but rather, an external agency did, the selected volunteers could not entirely

identify with the existing local interpretation of community participation and they did expect payment. The result was inactivity with regard to the tasks set by World Vision (HIV care) but engagement with activities imposed by the village council, such as the building of latrines.

This sense of obligation to act for the community is expressed by CBWs themselves in all of the water case studies in Tanzania. Whilst tap attendants are viewed externally as self-employed and rewarded financially for their work in serving customers, they universally saw themselves as community volunteers providing a service, arguing that the money they received could in no way compensate for the time spent at the tap. They argued that rather than working on commission (which they saw as voluntary labour) they should be paid a more substantial salary by the Water Users Association or Supply Trust given that the time spent at taps was similar but the revenue that could be generated was highly variable. Thus they felt themselves to be 'cheap labour'.

The 'rightness' of volunteering for the community good was most clearly expressed in the Government system in Kirua where an elderly resident with basic plumbing skills attempted to maintain and repair the crumbling infrastructure under the guidance of the village council. When new pipes needed to be laid then teams of local youths would be mobilised to dig. In this system, with no external resourcing to rely on, the lines around communal labour, volunteering and reward are less blurred, and more directly about mobilising the collective agency of residents with the reward being the improvement in water supply. However, in reality the water system was crumbling and needed a large external investment to be fully functional.

In the case of Wanawake, the participating women, especially the leadership, were also part of the village elites and had a long-standing trajectory of community-participation. In addition, the group was set up by Tanzanian women in the regional capital and only later received external funding, contributing to local (but limited and restricted) ownership of the group and its activities. Notably, women's identity as community volunteers emphasised maternalism: women are supposed to perform caring roles and they often do so. Women's activism has been and still is crucial in the fight against HIV/AIDS throughout sub-Saharan Africa and often provides the basis for orphan care, social safety net networks, and homebased care systems. While the importance of such activism should not be underestimated, it should also be recognised that this type of women's organisations often reproduce class-based hierarchies. In addition, by emphasising women's caring capacity and responsibility, they affirm rather than challenge existing interpretations of gendered roles. At the same time, women's groups can provide individual members with new skills and voice, empowering them in the process. However, such potentially transformative processes were constrained by the prevailing leadership structures along lines of class.

The case of organised people living with HIV/AIDS (PLHA) is different as they act less from a sense of community obligation but more as a way of challenging their own position or situation. For the leaders and members of Kikumi community activism is a lifeline; it is a reason to live and provides for a future otherwise precarious. As one PLHA stated, when HIV is announced by the doctor, they end up feeling 'prematurely dead', or socially dead, as a consequence of the ostracism received from the community and even the family. PLHA are physically threatened by HIV and then 'prematurely' neglected by their surroundings (on social death, see also: Robins 2005). Activism regenerates the social life of PLHA and perhaps even helps to create an alternative community. A second dimension to this activism relates to children. The studied organisation clearly showed that by working to set up structures of care for orphans in the form of education and health care, activist PLHA are also providing for their own children.

The above discussion shows that motivations related to status and cultural expectation are important factors in considering the work of CBWs. However, material reward through stipends, sitting fees and access to resources is also important. The South African HIV/AIDS case study shows highly trained and committed volunteers receiving a stipend of 500R (£39,-) per month. The requested research diaries of some showed frustration with this low level of remuneration in relation to the hours spent doing the work. However, in the context of high local unemployment volunteers have few alternatives. The case studies in Tanzania show CBWs in many cases claiming to be unmotivated by financial rewards, but access to resources is certainly a factor and a source of conflict. In the women's organisation working in HIV/AIDS care, Wanawake, it was alleged that members benefited from World Food Programme food allocations under their control for distribution. Conflicts over uneven access to seminar sitting fees and other resources were also widespread. In the Water User's Association the community representatives received meeting allowances, study trips, increased status through connections with the funding agency, and it is alleged that they granted themselves loans using association funds. The professional water manager employed in the project argued that he was forced to try and check the excesses of community representatives who saw such benefits as a right and something to be protected from others. This led to attempts by community-based workers to restrict eligibility of membership of the water users' association and thus prevent access to such benefits. The more independent professional manager believed this compromised a 'proper' sense of community ownership. This underlines that in CBW systems issues of motivation and reward need to be carefully assessed and taking into account the existing local context in order to ensure that CBWs are able to act appropriately.

Sustainability and effectiveness

The preceding sections have considered the operation of CBW systems at the local level, considering issues of accountability, voluntarism, selection, reward and motivation. We now broaden our view to consider the sustainability and effectiveness of CBW systems as a whole. In a comparison between the South African HBC system in Bloemfontein and the Tanzanian cases with regard to HBC, we see a clear difference in institutional support. Although the CBW system in Bloemfontein is by no means ideal, the support they receive from the state (through the municipality) and the local clinic does structure their activities, provide for a fairly consistent training and feedback environment, and even provides for a small (albeit inconsistent) stipend. This CBW system has worked effectively since 1998. This is not even comparable with the studied cases of CBW systems with regard to HIV/AIDS in Tanzania, where, as a result of the discussed problems related to reward, institutional support and training, and embeddedness in local hierarchies and patronage, community care is patchy and fragmented at best.

Figure 1 shows a web of contacts surrounding care and prevention in the location of the three Tanzanian HIV case studies. Interestingly, this is a fairly poor semi-rural town with little public moneys to spend and no community-wide institutionalised care system. Nevertheless, the web shows how a town seemingly deserted of services is actually surrounded by people and institutions intervening on behalf of HIV-affected people and potential affected populations. What is striking here is the *quantity* of institutions involved and the different *kinds* of institutions involved. We see international institutions of different character -academic, philanthropic, religious-, and with different goals in mind -research, poverty relief, education-. There are also many national level institutions of different character and kind, from governmental institutions to national activist groups. Then, on a regional level, Tanzanian NGOs and activist groups are visible, and some (but few) governmental coordinating bodies. Similarly, at district level, some governmental committees are active, and, particularly, this is where hospital-based health care is concentrated. At local level, a myriad of CBOs, FBOs, medical practitioners and other formal and less formal institutions are involved with HIV care and prevention. Despite all these initiatives no integrated HIV/AIDS prevention and/or care system is in place. Local level CBOs are funded and supported often in an ad-hoc and patchy way by different funding bodies and international institutions. They apply for government funds out of good faith, but usually get little governmental support. Community-based organisations thus fund themselves and each other through individual and collective donations. The lack of more transparent, consistent and structured organisational and financial support weaken the continuity of the CBOs and contribute to tensions between members, beneficiaries and leaders.

(insert figure 1)

In the Tanzanian water cases, the tension between community 'ownership' and institutional responsibility might even be more illustrative. In the Water Users Association issues of scale in sustainability and effectiveness are highly visible. Using an intensive model of community management and ownership, the system allowed opportunities for elite capture and was extremely resource intensive and therefore unreplicable. However the case study of the Water Supply Trust shows a system operating cost-effectively over a whole district with much less focus on community-based workers and representatives, with very similar outcomes in terms of improved access to water for the community as a whole. This intervention worked to form trusts of several villages with some community representation from each. Critically, there was a strategic plan at the District level of the supply of water that attempted to balance the differential needs of users. Technical inputs were strategic and aligned with the plans of the District Council. The Water Users Association had become a 'cuckoo', a magnet for external resources in one village but without any integration into larger strategic plans for the management of water. As this research concluded the management of UWUA were using their relative economic power to buy up water rights in neighbouring villages.

The understanding of CBW systems as sustainable, cost-effective, and promoting equality through increased access needs to be underpinned with principles of equity and rights, and supported by the corresponding funds and institutional support. For too long, the neo-liberal logic has encouraged decentralising services by shifting off more responsibilities to local governing bodies, communities, and NGOs. In many cases, the result seems to have been that the task of caring for the sick, a palliative task when no medicines are available, is passed on to voluntary, often insufficiently trained and compensated, community members (Farmer 1999). Although NGOs are partly filling the gaps of privatisation and decentralisation, the above cases show that they can only provide support to small scale interventions, and have few possibilities to provide consistency or to scale-up. Whilst Binswanger-Mkhize et al (2009) present a plan for scaling up community driven development, there are few if any successful examples and their aim remains wishful thinking. The bottom-up cannot fully replace the 'top-down' approach as the tension between integration and fragmention of service delivery and access is always present. The role of a strategic public agent (usually the state) appears to be vital.

As is also recognised elsewhere, CBW systems need a proper 'enabling environment' to become the cost-effective and sustainable systems they intend to be (WHO 2004). However, as Ellis and Freeman (2004) observe, it is not clear how existing 'environments' should change to become

'enabling'. An enabling environment implies a more profound process than those that community-based volunteers might be able to provide. An enabling environment might need to include the sum of society: the national and international financiers and non-governmental organisations, the state at all its central and decentralised levels, civil society organisations, community-based organisations (including faith-based organisations), and the private sector.

Conclusions

The research revealed considerable variation in ways of working, in the ability of individual CBW's to access resources and expertise and in their relationships with communities and supervising institutions. Despite this variability consistent themes did emerge from the data on CBW activities:

Accountability- CBW's are often highly dependent on external institutions for support so limiting their capacity to independently 'represent' communities, circumscribing community 'ownership' and confusing lines of accountability. The heterogeinity of the community and the position of CBWs in existing hierarchies do not make them necessarily accountable to their presumed beneficiaries.

Issues of motivation and reward- selection and rewards of CBW's critically shape levels of satisfaction amongst and about CBW's. Local CBW's are not necessarily good champions of equity issues; personal motivations and interests, related to socio-political position in the local community often shape the relationships between CBW and beneficiary. CBW's may reflect general prejudices and hierarchies which limits their effective functioning. There may also be differential understanding of motivation between CBW and facilitating institutions which leads to problems in implementation and effectiveness. Externals agents (NGOs and donors) are powerful in shaping the access to resources that drive local competition for CBW roles. Our research suggests a significant gap in the understanding of such agents as to how they impact on internal community relationships.

The *sustainability of service delivery* reliant on CBW's is questionable. Many CBW's are motivated by the hope of ultimately getting a paid job; if this does not materialise they may cease volunteering – attrition rates of CBWs are high. Different perceptions of roles and remuneration may cause dissatisfaction. Increasing professionalism (through salaried appointments and training) of CBW's may improve quality of service. In areas with high unemployment and little formal access to education, CBWs systems might be an effective means of training new professionals, and there is no reason to assume that a professionally trained worker is any less interested in issues of access, accountability and equity than any member of a particular community. In fact, they may be better able to view the heterogeneity of the location in which they operate.

Our reviews of policy on community driven development, HIV/AIDS and Water in Tanzania and South Africa raise pertinent general issues: First, coverage of community driven services is patchy and highly dependent on the resources and capacities of particular communities, including human resources. A question must be raised whether, in the absence of professional institutional support, the focus on localism is serving to reinforce inequities of provision. Related to such concerns, the motivations, accountability, selection and training of volunteer workers is crucial. Second, there is a common assumption in policy of the benefits of participatory approaches but less attention given to the need to support inclusive processes or to specifically protect the poorest or neediest as part of such approaches. Third, the lack of coordination in policy and implementation approaches, competition for resources between different implementing agencies, and lack of knowledge of rights means that community-based organisations often operate in an arena of contradictory messages and initiatives.

Creating an 'enabling environment' through improved coordination and regulation of funds, improved and targeted legislation and implementation, and the creation of social protection and specific advocacy/championing of the rights of the poor would increase the possibilities for effective and integrated community driven approaches, as would a recognition that integrated and effective services cannot be delivered 'on the cheap' and in isolation by armies of willing volunteers. A strategic and accountable agent is required to coordinate and support local level service delivery, and it is likely that only an effective and accountable state can fulfil this role.

Notes

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(2) http://www.bradford.ac.uk/acad/bcid/research/poverty/projects/interlink/papers/index.php

(3) The African Institute for Community-Driven Development, Khanya, has done and is still doing extensive research into the functioning of CBW at local levels in Southern Africa. Their work is accessible at: www. Khanya-mrc.co.za

References

AICDD (2005). 'International Lessons in the use of CBW systems', African Institute for Community-Driven Development Accessed at http://www.khanya-aicdd.org/photo_root/publications/CBW_International%20_Lessons_051122.pdf Date accessed 12th March 2007

Beard and Dasgupta, (2006) 'Collective Action and Community-Driven Development in Rural and Urban Indonesia,' *Urban Studies* 43 (9) 1451-1468

Bebbington, A., L. Dharmawan, E. Fahmi and S. Guggenheim (2004) Village Politics, Culture and Community-Driven Development: Insights from Indonesia. *Progress in Development Studies* 4(3): 187-205.

Binswanger-Mkhize, H., de Regt, J. & Spector, S. (2009) (Eds) Scaling up Local and Community Driven Development: a Real World Guide to it's Theory and Practice, E-book available at http://siteresources.worldbank.org/EXTSOCIALDEVELOPMENT/Resources/244362-1237844546330/5949218-1237844567860/Scaling_Up_LCDD_Book_rfillesize.pdf, accessed 4th November 2009, Washington: World Bank

Boesten, J. (2005) *Community-Based Workers and Service Delivery: A Literature Review,* CDD Working Paper 1, Bradford Centre for International Development, University of Bradford http://www.brad.ac.uk/acad/bcid/research/poverty/projects/interlink/papers/

Bujra, J., (2000). 'Target Practice: gender and generational struggles in AIDS prevention work in Lushoto. In: C. L. Baylies and J. M. Bujra eds. *Aids, sexuality and gender in Africa: collective strategies and struggles in Tanzania and Zambia*. London; New York, Routledge

Cornwall, A., (2003).'Whose Voices? Whose Choices? Reflections on gender and participatory Development', *World Development* 31(8) 1325-42

Ellis, F., and H. Ade Freeman (2004) 'Rural Livelihoods and Poverty Reduction in Four African Countries,' *Journal of Development Studies*, 40 (4)

Farmer, P. (1999) *Infections and Inequalities. The Modern Plagues*. Berkeley and Los Angeles: University of California Press

Green, M. (2006) Confronting Categorical Assumptions About the Power of Religion in Africa. *Review of African Political Economy* 110: 635-5

Labonne, J. & Chase, R. (2009) 'Who is at the wheel when communities drive development? Evidence from the Philippines', World Development 37(1) 219-31

Mansuri, G. and V. Rao (2004) 'Community-based and –Driven Development: A Critical Review,' *The World Bank Research Observer*, 19 (1)

Marsland, R. (2006). 'Community participation the Tanzanian way: Conceptual contiguity or Power struggle?' *Oxford Development Studies* 34(1): 65-79

Mdee, A. (2008) 'Towards a dynamic structure-agency framework: understanding individual participation in collective development activities in Uchira, Tanzania, *International Development and Planning Review 30(4):399-421*

Robins, S. (2005) *Rights passages from 'near death' to 'new life': AIDS activism and treatment testimonies in South Africa* IDS Working Paper 251, Brighton: Institute for Development Studies

Swider, S (2002) 'Outcome Effectiveness of Community Health Workers: An Integrative Literature Review' *Public Health Nursing* 19 (1)11-20

Toner, A. (2008) Structure, Agency and the populist development paradigm: an ethnography of participation in collective village life in Uchira, Tanzania, Unpublished PhD Thesis, Bradford, University of Bradford

WHO (2004) Changing History, The World Health Report 2004, Geneva, World Health Organisation