



Province of KwaZulu-Natal

Operation Sukuma Sakhe

Implementation Model

Guidelines for Coordination



STAND UP AND BUILD



STAND UP AND BUILD

Endorsed by:

Mr NVE Ngidi

Director-General: Province of KwaZulu-Natal

Ms BF Kuzwayo

Deputy Director-General: Operation Sukuma Sakhe

For enquiries:

Office of the Premier

Province of KwaZulu-Natal

Ground Floor
300 Langalibalele Street
Pietermaritzburg
3200

Zama Sibisi

Tel: (033) 341 4806

Fax: (033) 394 4110

Website: www.kwazulunatal.gov.za

April 2012

Acknowledgement:

The Director-General and Deputy Director-General acknowledge BroadReach Healthcare for their assistance.

Province of KwaZulu-Natal



Acronyms

AIDS	Acquired Immune Deficiency Syndrome	MEC	Member of the Executive Committee
CCG	Community Caregiver	MDG	Millennium Development Goal
CDW	Community Development Worker	NISIS	National Integrated Social Information System
CM	Community Mobiliser	NGO	Non-Government Organisation
COHOD	Committee of Heads of Departments	NGO	Non-Government Organisation
DDG	Deputy-Director General	OSS	Operation Sukuma Sakhe
DTT	District Task Team	PTT	Provincial Task Team
EO	Extension Officer	SV	Sport Volunteer
FBO	Faith-Based Organisation	SCPV	Social Crime Prevention Volunteer
HIV	Human Immunodeficiency Virus	TB	Tuberculosis
HOD	Head of Department	TTEC	Task Team Executive Committee
HSRC	Human Sciences Research Council	WHO	World Health Organisation
IDP	Integrated Development Plan	WOP	War on Poverty
KPI	Key Performance Indicator	WR	War Room
KZNI	KwaZulu-Natal	WTT	Ward Task Team
LTT	Local Task Team	YA	Youth Ambassador

Contents

Province of KwaZulu-Natal	.....	i
Acronyms	.....	ii
Message from the Premier: Province of KwaZulu-Natal	.....	iv
Message from the Director-General: Province of KwaZulu-Natal	.....	v
1. Introduction	.....	1
2. Beneficiaries of OSS	.....	3
3. Defining OSS	.....	4
4. Five Important Areas of OSS	.....	5
5. Institutionalising OSS	.....	7
6. Stakeholders of OSS	.....	17
7. Acquiring and Retaining Membership to OSS Task Teams	.....	20
8. Coaching and Mentoring	.....	23
9. Conflict Management	.....	24
10. Advocacy and Communication	.....	26
11. The Service Delivery Model	.....	28
12. How to Develop an Implementation Plan	.....	30
13. Monitoring and Evaluation	.....	33
14. Learning and Sharing	.....	37
15. References	.....	40
Appendix 1	.....	41
Appendix 2	.....	47
Appendix 3	.....	51
Appendix 4	.....	53

Message from



Dr. Zweli Mkhize
Premier of the Province of
KwaZulu-Natal

The KwaZulu-Natal Provincial Government has put in place measures to ensure that the new administration inculcates and promotes a strong culture of excellent customer service at all times. This has become widely accepted as one of the fundamental characteristics of the new Provincial Government.

Most critically, we need to remember that the people who voted in the previous elections did so because they had hopes for a better future. In voting, they were exercising their freedom and we therefore need to continuously remind ourselves that this freedom belongs to the ordinary people of our country and it is they who must taste the fruits of freedom in a manner that changes their lives for the better.

At any given moment we always pay tribute to our civil servants and Government Departments whose efforts result in the better provision of Government services to the people. A developmental state such as ours requires a team that is deeply committed to the principles of fairness, honesty, integrity and humble service to the people.

As the Premier of the Province, together with members of the Provincial Executive Council, we have committed ourselves to building a team of motivated fieldworkers, willing to work very hard together to improve the lives of all our people.

We have introduced a performance evaluation system to oversee the quality of work done and the impact thereof. We have agreed with our Heads of Departments on a set of common targets as we build a better future together. Members of the Executive Council will monitor their performance, while in turn – I will monitor the team that provides political leadership in our Province.

We have also extended our hand to work with every person in KwaZulu-Natal who appreciates that Government cannot do everything. We have invited traditional leaders, religious leaders, academics, NGOs and ordinary members of our society to be involved in the Government's programme of action.

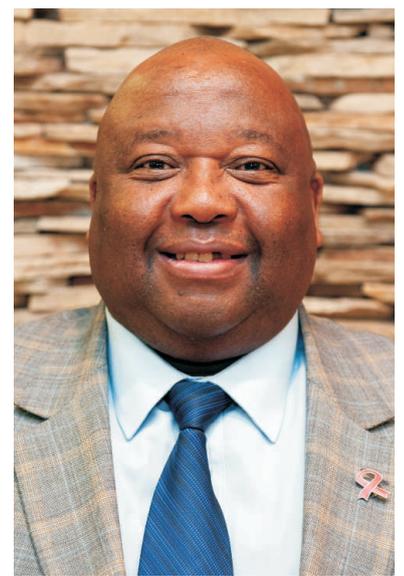
Critically, we have re-launched Operation Sukuma Sakhe. Operation Sukuma Sakhe aims to integrate the services of Government in order to ensure that it enriches the lives of our citizens. It derives from the motto engraved on the crest of our Provincial Government of KwaZulu-Natal: 'Masikusume Sakhe' – Let Us Stand Up and Build!

Sukuma Sakhe therefore is a brand which says to the citizens: 'Government cannot go it alone – the community must stand up and join Government to rebuild the fabric of our society'. It can be argued that nothing can stop the people of this country when they are united and pulling together in the same direction.

We are encouraged by the fact that the leadership in Government and our social partners are working as a collective to ensure that the Public Service undergoes the process of renewal.

Let's unite and work hard to ensure that 'KwaZulu-Natal takes South Africa Forward.'

Message from



Mr. NVE Ngidi
Director-General: Province of
KwaZulu-Natal

The mandate given to Government by the electorate is to bring about a better life for all citizens, regardless of who they voted for.

It is with this in mind that the Government of KwaZulu-Natal is renewing its commitment to deliver essential services to all communities of this beautiful province.

I am pleased to note that the current administration, under the leadership of Premier Zweli Mkhize and members of his Executive Committee, has decided to rekindle the noble project of 'Sukuma Sakhe' – Stand up and Build.

The gist of project 'Sukuma Sakhe' is to engage every member of the community to embrace and internalize the fact that Government cannot go it alone in bringing about development. Democracy is about taking responsibility for our own lives. Government wishes to inculcate a culture of self-reliance, while at the same time acknowledging that a community is built by each and every member of the unit.

After the individual, the nucleus of society is the family. It has been said that happy families make happy communities, and happy communities make happy nations.

Through project 'Sukuma Sakhe' we are saying that through projects such as 'One Home One Garden', we can build healthy and happy communities. These will then give rise to happier and thriving communities which will result in a healthier and happier nation.

Nation building belongs to all of us. We as citizens of this beautiful province owe it to ourselves to roll up our sleeves and throw our hats in the ring and face the daunting challenges of illiteracy, poverty, crime, and ill health.

I therefore commend the Premier, the Executive and the KZN Legislature for their commitment to steer this province to a better and prosperous future.

Together we can do more.

Introduction

1

The majority of South Africans have been waiting patiently for the improvement of their socio-economic conditions since 1994. The eradication of poverty has become a major political, social and moral imperative for all of those who are committed to serving the people of South Africa. International commitments have also been made to eradicate poverty by adopting the MDGs.

A major driver of ill-health is poverty. On the one hand, poverty creates ill-health by forcing people to live in over-crowded dwellings with limited access to safe water and sanitation. In addition, people living in poverty have limited access to medicines, social networks and education which leaves them poorly informed about health risks. On the other hand, ill-health leads to reduced or permanent loss of income which causes poverty. The aim is therefore to integrate and coordinate the efforts of all stakeholders to improve the lives of communities.

KwaZulu-Natal (KZN) is the second most populous province in South Africa with population estimates of 10.2 million people (Community Survey, 2007). The SA National Burden of Disease Study (2000) show that the average life expectancy in KZN is estimated at 52 years (Bradshaw et al, 2006). The main causes of mortality in the Province associated with poverty and under-development are Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), Tuberculosis (TB), parasitic diseases, perinatal and maternal conditions and malnutrition (Bradshaw et al, 2006).

The 2008 HSRC South African National HIV Prevalence, Incidence, Behaviour and Communication survey results have again put KZN above the other Provinces with a 15.8 percent HIV prevalence rate. The survey also shows that the HIV and AIDS burden is still carried by the female population group with 1 in 3 females in the 25 plus age group being infected. After HIV and AIDS-related illnesses, TB is the second leading cause of mortality in the Province with diagnosed TB cases increasing from 98,498 in 2004 to 109,556 in 2007 (ETR.net, 2007), representing a caseload of 1,054 cases per 100,000 population which is 5 times above the epidemic threshold in terms of the World Health Organisation (WHO) standards. Of these TB infections at least 70 percent of them are co-infected with HIV (Wallengren K, 2007 as quoted in Social Sector Flagship). The emergence of drug resistance TB which has a higher mortality rate than conventional TB has made matters worse for the Province.

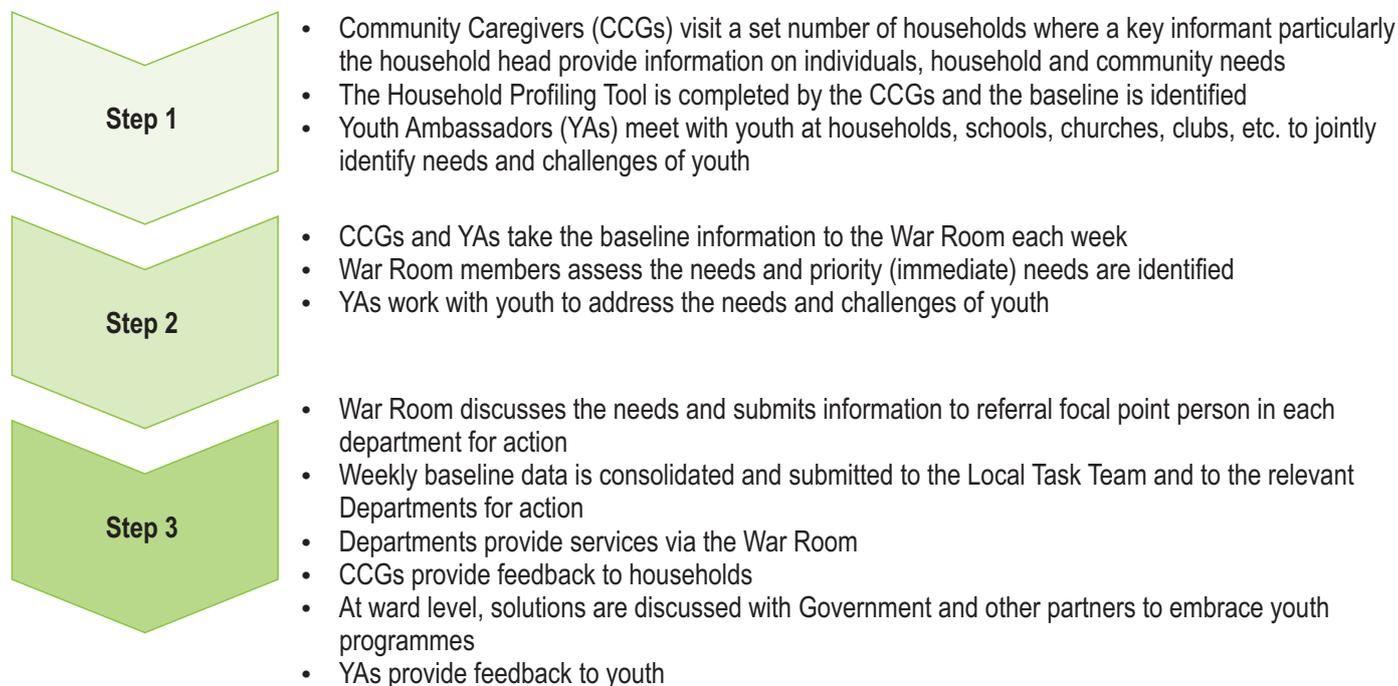
In February 2008, the “War on Poverty” Campaign was announced by former President Mbeki in the State of the Nation Address. In KZN, the “War on Poverty” Campaign was launched in three presidential nodal areas. The Provincial Government later adopted it as part of the KZN Flagship Programme and in April 2011, re-launched the programme as Operation Sukuma Sakhe (OSS). The top five priorities of the Provincial Government are embedded in the service delivery model of OSS are:

- Rural development/agrarian reform and food security
- Creating decent work and economic growth
- Fighting crime
- Education
- Health

The desired outcome of the service delivery model is the implementation of a comprehensive, efficient, effective, quality service delivery system that contributes to a self-reliant society in a sustainable manner. For a society to be self-reliant it is important that its members are not passive recipients of services but that they participate actively in local interventions which will have an impact on their lives. Through community participation, individuals are able to connect with each other and they will be better placed to make decisions in terms of their individual and collective efforts towards a better life for themselves. The Government of KZN has published a Citizens’ Charter that spells out what services will be provided and how they will be provided with an emphasis on service delivery improvements.

As can be seen in Figure 1, OSS ensures that citizens fully engage in their own process of learning, growth and change as they are part of the process from the start. Development services through OSS are made available to all vulnerable groups and no individual or group will be denied access to services for any reason.

Figure 1: Steps to Understanding Household and Community Needs



OSS encourages the coordination of comprehensive services of different service providers such as Government Departments, State-Owned Enterprises and Civil Society as it views the delivery of anti-poverty programmes as a collective responsibility. The strategy is to integrate services so that they collectively enable the communities to deal effectively with eradicating poverty. Integration is a systemic approach which means that systems will be implemented to ensure that communities are assisted to access the required services. The OSS services are divided into three priority levels; immediate, medium and long-term as set out below (see Appendix 2 for a list of these services):

- **immediate (non-negotiable services which must be resolved within 90 days);**
- **medium-term (which must be resolved within 91 to 180 days); and**
- **long-term (longer than 180 days).**

Having an integrated approach means that all spheres of Government (national, provincial and local) play a clearly defined role. It ensures that the different Government Departments work together in a cohesive manner and that an integrated planning tool is used.

Coordination does not end merely with the provision of services from service providers. Communities are engaged to ensure that they contribute to their own development and that they are able to get out of the poverty trap when they exit the OSS system.

The implementation model covers various topics that are necessary to constitute functional task teams. It is important to have an understanding of:

- Who the beneficiaries are (section 2)
- The aim and objectives of OSS (section 3)
- Important areas of OSS (section 4)
- How to institutionalise OSS (section 5)
- Who the stakeholders are and how to acquire and retain members (section 6 and 7)
- How to provide coaching and mentoring as well as conflict resolution (section 8 and 9)
- How to identify advocates and develop a communication plan (section 10)
- What the service delivery model is and how to develop the implementation plan (section 11 and 12)
- How to monitor and evaluate OSS and how to share success stories and lessons (section 13 and 14)

Beneficiaries of OSS

2

The primary beneficiaries for OSS are the most vulnerable groups within poor households. The most vulnerable groups are defined as women, children, youth, unemployed adults who are either jobless or earn below minimum wage, unskilled and illiterate adults, the chronically sick, disabled persons and the elderly.

Figure 2: OSS Beneficiaries



Defining OSS

3.1 Vision

Together with committed leadership, creating sustainable livelihoods, through the provision of integrated services to communities, promoting a better life for all.

3.2 Mission

To provide comprehensive, integrated and transversal services to communities through effective and efficient partnerships.

3.3 Overall Aim

OSS aims to rebuild the fabric of society by promoting human values, fighting poverty, crime, diseases, deprivation and social ills, ensuring moral regeneration and by working together through effective partnerships. Partnerships include civil society (religious and traditional leaders, vulnerable groups, business), development partners, communities, and Government Departments all of whom work together to provide a comprehensive integrated service package to communities.



3.4 Objectives

The overall strategic objective is to integrate, co-ordinate and facilitate transversal services to communities. To achieve this, OSS has six sub-objectives:

1. Create and maintain functional task teams at provincial, district, local, and ward levels to deliver integrated services to individuals, households and communities;
2. Create fully efficient and competent OSS human capital structures across all levels of the OSS implementation;
3. Understand and identify pockets of poverty and social ills within wards;
4. Provide comprehensive, integrated, transversal services to communities;
5. Advocate for OSS involvement from all stakeholders through marketing and communication; and
6. Monitor, evaluate, provide feedback and track service delivery.

The OSS methodology is to gather information, develop a database of the identified needs and take the information in a stepped approach to the Ward, Local, District and Provincial Task Teams. At ward level, after CCGs provide immediate interventions where appropriate, the needs are assessed and prioritised, then forwarded to the designated focal referral persons at the different Departments for action and escalated to the higher level where necessary.

The most important part is to monitor the progress of the prioritised needs taken forward with the designated focal referral persons to ascertain the progress made with the cases and to provide feedback to the community at ward level.



Five Important Areas of OSS

4

Operation Sukuma Sakhe consists of five important areas, namely community partnerships, behaviour change, integration of Government services, economic activities and environmental care. The critical areas are interlinked, as can be seen in Figure 3:

Figure 3: Five Critical Areas of Operation Sukuma Sakhe



Community Partnerships

In community development, it is important to involve the community from the beginning so that they know their rights, own the process and become part of the solution. The Government plays a crucial role in partnering with the community to provide appropriate services at the appropriate level of service.

The citizens are encouraged to “Know your human rights as a citizen.” Through community participation, Operation Sukuma Sakhe creates a platform where communities can raise their concerns regarding Government services and discuss topics such as the attitude of staff, professionalism of civil servants, efficiency and access to services, etc. The War Rooms can be used as an opportunity to inform the community about the Batho Pele Principles and the Citizens’ Charter. In this way, the community can be informed by Government of the services they can expect and the community in turn can provide Government with feedback on the services they received. The War Room should be linked with the Premier’s hotline to help facilitate complaints.

Behaviour Change

In community partnerships, the Government is responsible to the citizens while behaviour change is the responsibility of the citizen. Community Caregivers (CCGs) through the door-to-door approach will be effecting health and social behaviour change through their interaction with household members. In addition to Community Caregivers, teams of Youth Ambassadors (YAs) have been appointed across all Districts in the Province to assist with effecting behaviour change amongst their peers. The YAs will work together with Department of Sport and Recreation and Arts and Culture in forming arts, culture and sport youth clubs. Youth Ambassadors work together with the Sport Volunteers (SVs). The responsibility of the citizen is not to abuse their rights and the rights of others. To act responsibly is to take responsibility for one’s own sexual behaviour, practice safe sexual conduct, respect the law, prevent crime, prevent violence and live a healthy lifestyle.

Integration of Government Services

All Government Departments, civil society organisations and the private sector are mobilised to contribute to service delivery in an integrated manner through the War Rooms. Government Departments are important stakeholders at the ward, district and provincial level to ensure that services are appropriately delivered in line with the identified community needs. To ensure functionality of the War Rooms, each War Room should have an inventory of Government services available per ward. The different Government Departments, at the War

Five Important Areas of OSS

Room meetings, agree on the manner in which services will be delivered in line with the Batho Pele principles and the Citizen's Charter. In an attempt to extend the reach of Government to communities and to fast track Government responses to household and community needs, a cadre of community fieldworkers (Community Development Workers, CCGs, Youth Ambassadors, Extension Officers, Sport Volunteers, Social Crime Prevention Volunteers), has been integrated and allocated per ward to assist with household and community profiling using the Household Profiling Tool. The aim is to approach individual, household and community problems in a collective manner and to collect and collate them in a single database and present them in coordinated way to the War Room.

Economic Activities

Infrastructure development in the community is linked to job creation opportunities for local communities. The War Rooms help to create access and linkages to markets for local producers of goods and services. One key programme initiated by the Premier is the "One Home One Garden" Campaign launched at Nkandla on 18 July 2009. The main thrust of this campaign is to fight hunger, malnutrition and create jobs. The initial programme was extended from one home one garden to community gardens with the trust of one product one village and commercial farming for economic growth. The War Room meetings encourage further discussions by the various Government Departments and private sector on how they would assist the community to create jobs (eg. housing, roads and clinics) and business opportunities. The investment from the infrastructure programme by Government will create an enabling environment for job creation in the Province.

Environmental Care

Infrastructure development in the community is linked to job creation opportunities for local communities. The War Rooms help to create access and linkages to markets for local producers of goods and services. One key programme initiated by the Premier is the "One Home One Garden" Campaign launched at Nkandla on 18 July 2009. The main thrust of this campaign is to fight hunger, malnutrition and create jobs. The initial programme was extended from one home one garden to community gardens with the trust of one product one village and commercial farming for economic growth. The War Room meetings encourage further discussions by the various Government Departments and private sector on how they would assist the community to create jobs (e.g. housing, roads and clinics) and business opportunities. The investment from the infrastructure programme by Government will create an enabling environment for job creation in the Province.

The role of Community Champions in Behaviour Change Communication (BCC)

Community champions (Political leaders which include Premier, Members of Executive Councils, Members of the Provincial Legislature, Mayors, Councillors, Traditional Leaders, Religious Leaders, Leaders from Civil Society, Community Leaders, Community Caregivers, Youth Ambassadors, and all Fieldworkers) can influence behaviour and environmental factors relating to that behaviour which directly and indirectly promote health, prevent illness or protect individuals from harm. Behaviour change is possible through the process of communication which is the sending and receiving of information on various topics between people. It can be face-to-face, in groups, or through mass media such as the radio. For communication to be effective, the champion would need to listen carefully to the problems to gain a deeper insight into the difficulties experienced by people to make a behaviour change. Through communication, the problems can be overcome making it easier to promote behaviour change.

Themes for each month of the year, representing topics of discussion for community dialogue, have been created integrating the National Calendar days with the Departmental themes. A lead Department has been allocated to the themes allowing them the opportunity to distribute key messages contained in pamphlets, posters, booklets or training material. For each type of community champion, key topics of discussion have been created for each month (see Appendix 1). As different leaders and community champions, you are requested to use these topics for your community dialogues and your communication in key events. The relevant material is available for each of the themes.



Institutionalising OSS

There are three main structures for OSS, the political structure, the coordinating structure and the oversight structure.

Political Oversight

Coordinating Task Teams

Oversight Committees

Each of these structures operates at all levels of Government, provincial, district, municipality and ward. The coordinating task teams consist of the Provincial Task Team (PTT), the District Task Team (DTT), the Local Task Team (LTT) and the Ward Task Team (WTT) also commonly referred to as the War Room. Each of these task teams reports to both the political and oversight structures as shown in Figure 4. There is high level political support for OSS at Provincial, District, Local and Ward levels.

The Provincial Task Team (PTT) is supported by two technical oversight committees, the Committee of Heads of Departments (COHOD) and all the Clusters. OSS is a standing agenda item in COHOD and of all the Clusters. Support for the programme at this high level increases the visibility and importance thereof. On the political level, OSS is backed by the Premier and the Members of the Executive Committee (MECs).

The overall Champion for OSS is the Premier of KwaZulu-Natal. The Premier, MECs and Heads of Departments (HODs) have been assigned to each of the 11 districts to play the role of Champions from a political and administrative perspective respectively. Furthermore, a provincial level Champion (Senior Official) has been appointed as the Provincial Convenor for a District and this role is to support the District in gaining buy-in and support for OSS from all stakeholders and to assist in mobilising resources.

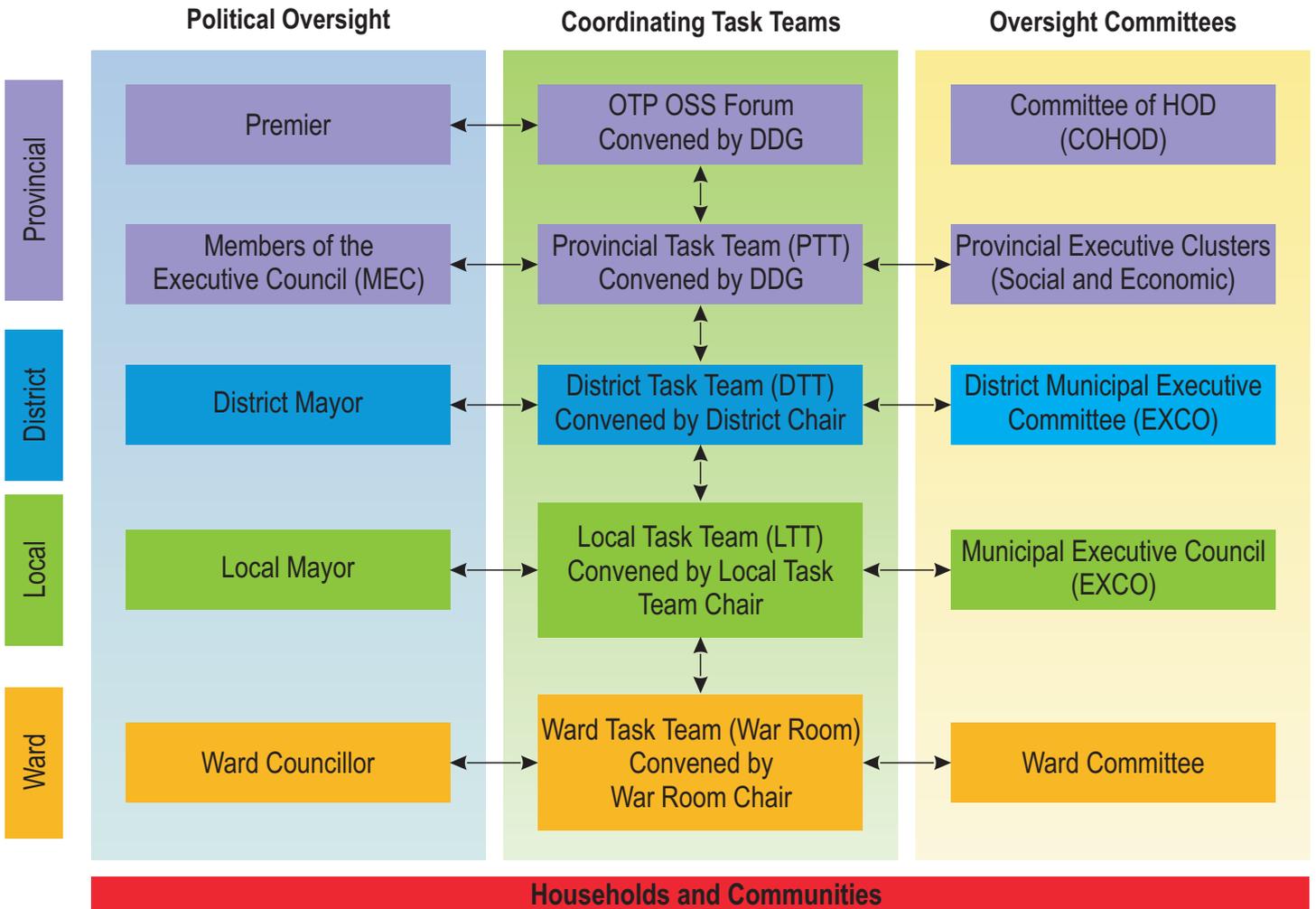
At the district level, the District Mayor is the political champion. The District Task Team Chair is elected from amongst the Task Team Members. The District Task Team is supported by the District Municipal Executive Committee (EXCO).

At the local level, the Local Mayor is the political champion. The Local Task Team Chair is elected from amongst the Local Task Team Members. The Local Task Team is supported by the Municipal Executive Council (EXCO).

At the ward level, it is championed by the Ward Councillor and the Inkosi. The Ward Task Team Chair is elected from amongst the War Room Members. The Ward Task Team is supported by the Ward Committee.

Institutionalising OSS

Figure 4: Operation Sukuma Sakhe Structures



Arrows imply both reporting lines and information flow

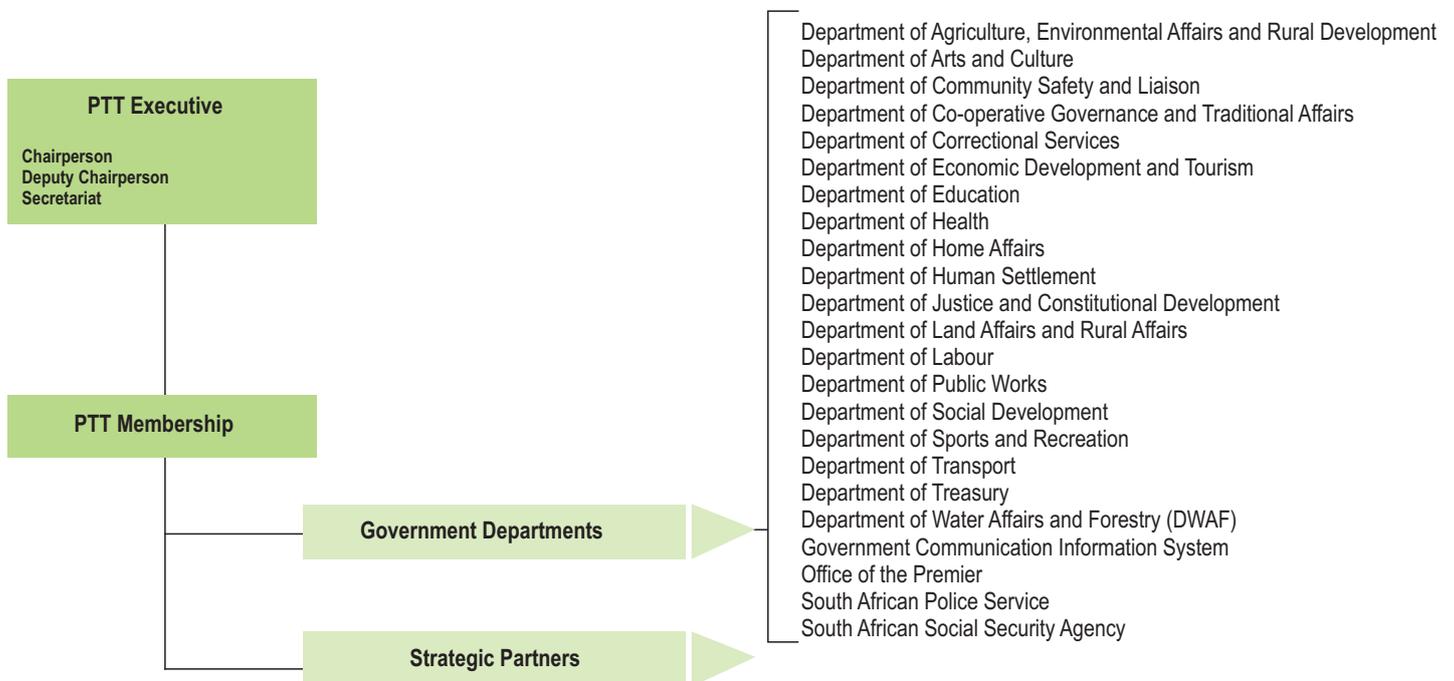
Institutionalising OSS

Roles and Responsibilities of the Task Teams

Being a member of a Task Team requires an investment of time and commitment from the start with the dedication to stay with the programme. Membership requires taking an active interest in communities and providing support to getting these identified needs resolved.

5.1 Provincial Task Team

PTT Structure



Institutionalising OSS

The **Provincial Task Team** has to maintain the momentum of the OSS at provincial level and the roles and responsibilities are to:

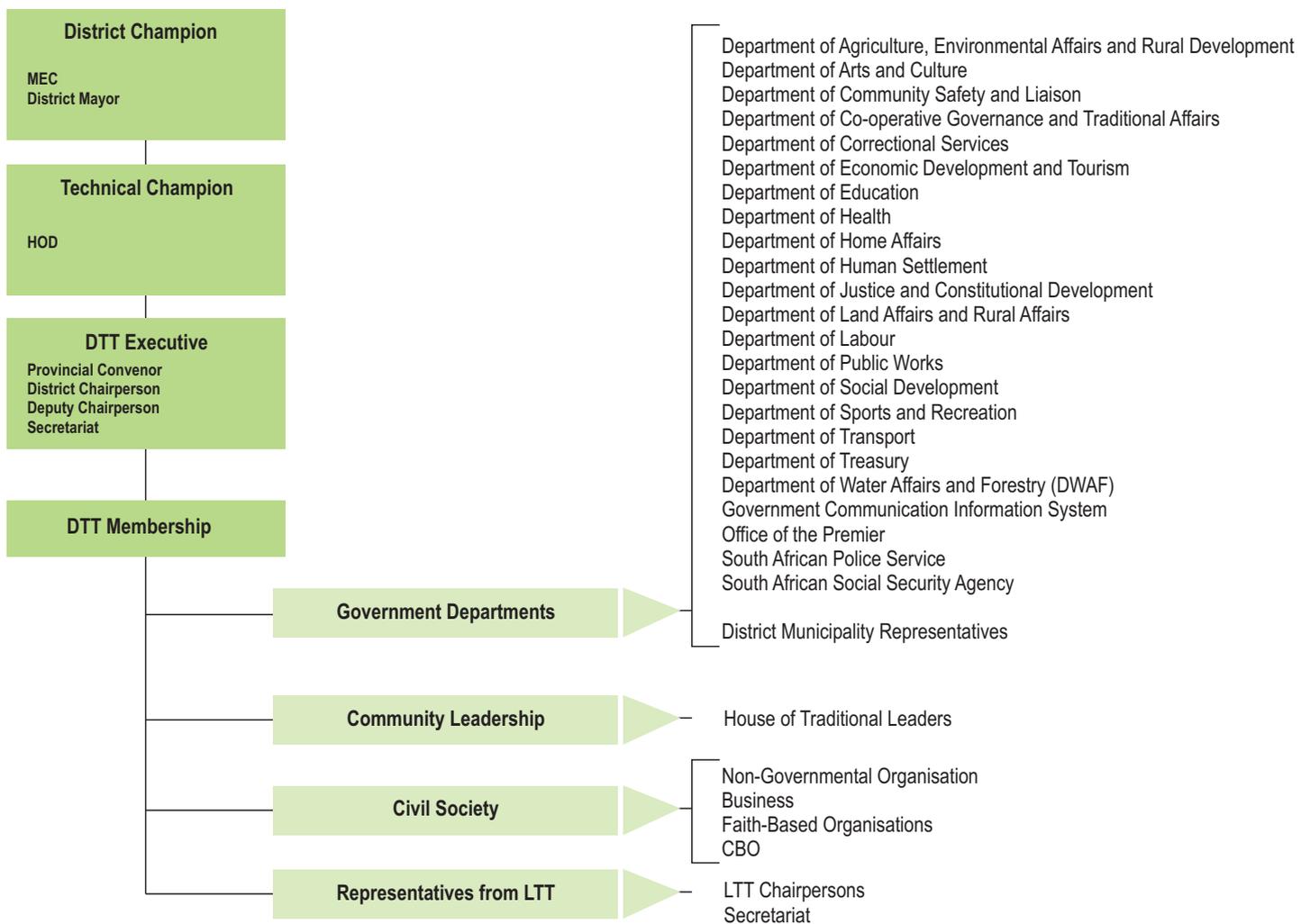
- Provide strategic direction of the programme at a local level and develop local Strategic and Implementation plans
 - Ensure that the plans include targets for all activities
 - Ensure that the plans include key performance indicators (KPIs)
 - Ensure that activities in the plans are assigned to specific team members
- Implement a model on creating a healthy and sustainable community empowering women and youth and driving behaviour change. The model will be implemented spatially with clear immediate, medium and long term interventions
- Take responsibility for stakeholder management at Provincial level, which includes donor and business partners, Non-Governmental Organisations (NGOs), Co-operatives, etc
- Develop a matrix of responsibilities which determines the leadership structures, the roles of Departments, supportive institutions and to include operational issues such as performance targets, timeframes and the specific resources needed to meet the targets such as financial and human resources
- Mobilise resources for OSS and to recruit additional volunteers
- Develop Communication and Advocacy Plans for OSS at Provincial level
- Launch and implement OSS at the Provincial level
- Identify and address programmatic challenges relating to the implementation of OSS and adjust the implementation plan
- Provide mentorship support to the District Task Teams through the following activities:
 - Support the establishment of the District Task Team;
 - Support the development and implementation of the District plan;
 - Address challenges experienced by all task teams from the District, Local, and War Room levels;
 - Take on the responsibility for training of fieldworkers to conduct Household Profiling;
 - Facilitate skills development sessions for District Task Team members;
 - Provide guidelines for Districts on the submission requirements and format of reports to the Provincial Task Team; and
 - Monitor progress of the implementation of the programme at District level.



Institutionalising OSS

5.2 District Task Team

DTT Structure



Institutionalising OSS

At District level, the requirements for membership are a commitment to ensure that problems are identified and dedication to ensure that all identified needs are resolved within the given timeframes. Guidance needs to be taken from the PTT in terms of the launch and implementation of the OSS Programme. The roles and responsibilities for the **District Task Team** members are to:

- Provide strategic direction of the programme at a local level and develop local Strategic and Implementation plans
 - Ensure that the plans include targets for all activities
 - Ensure that the plans include key performance indicators (KPIs)
 - Ensure that activities in the plans are assigned to specific team members
- Provide strategic direction of the programme at the District level and to develop the appropriate Strategic, Implementation (Operational) plan and ensure that the plan has performance targets
- Take responsibility for an integrated planning approach with the different stakeholders
- Responsible for stakeholder management at district level, which includes Amakhosi, Municipalities, Business, Non-Governmental Organisations, Community-Based Organisations and any other support organisations
- Develop a Communication and Advocacy Plan for OSS at District level
- Develop, launch and implement OSS at the District level
- Launch OSS at local level and support the establishment of the Local Task Team
- Identify and address programmatic challenges experienced by all of the Task Teams from the District, Local and Ward particularly at War Room level
- Identify training needs and facilitate skills development sessions for all task team members
- Collate information and submit reports to the Provincial Task Team
- Continuously monitor progress, performance and implementation of the OSS programme and identify bottlenecks and strategies to resolve them at district level
- Provide mentorship support to the Local Task Team and to the War Room through the following activities:
 - Support the establishment of the Local Task Team and War Rooms;
 - Support the development and implementation of the local plans;
 - Address challenges experienced by all task teams from the District, Local, and War Room levels;
 - Take responsibility for recruitment, allocation and training of CCG fieldworkers to conduct Household Profiling;
 - Facilitate skills development sessions for Local Task Team and War Room members;
 - Provide guidelines and training for Local Task Teams and War Rooms on the procedural requirements of OSS and format of reports to the District Task Team; and
 - Monitor progress of the implementation of the programme at LTT and War Room level.

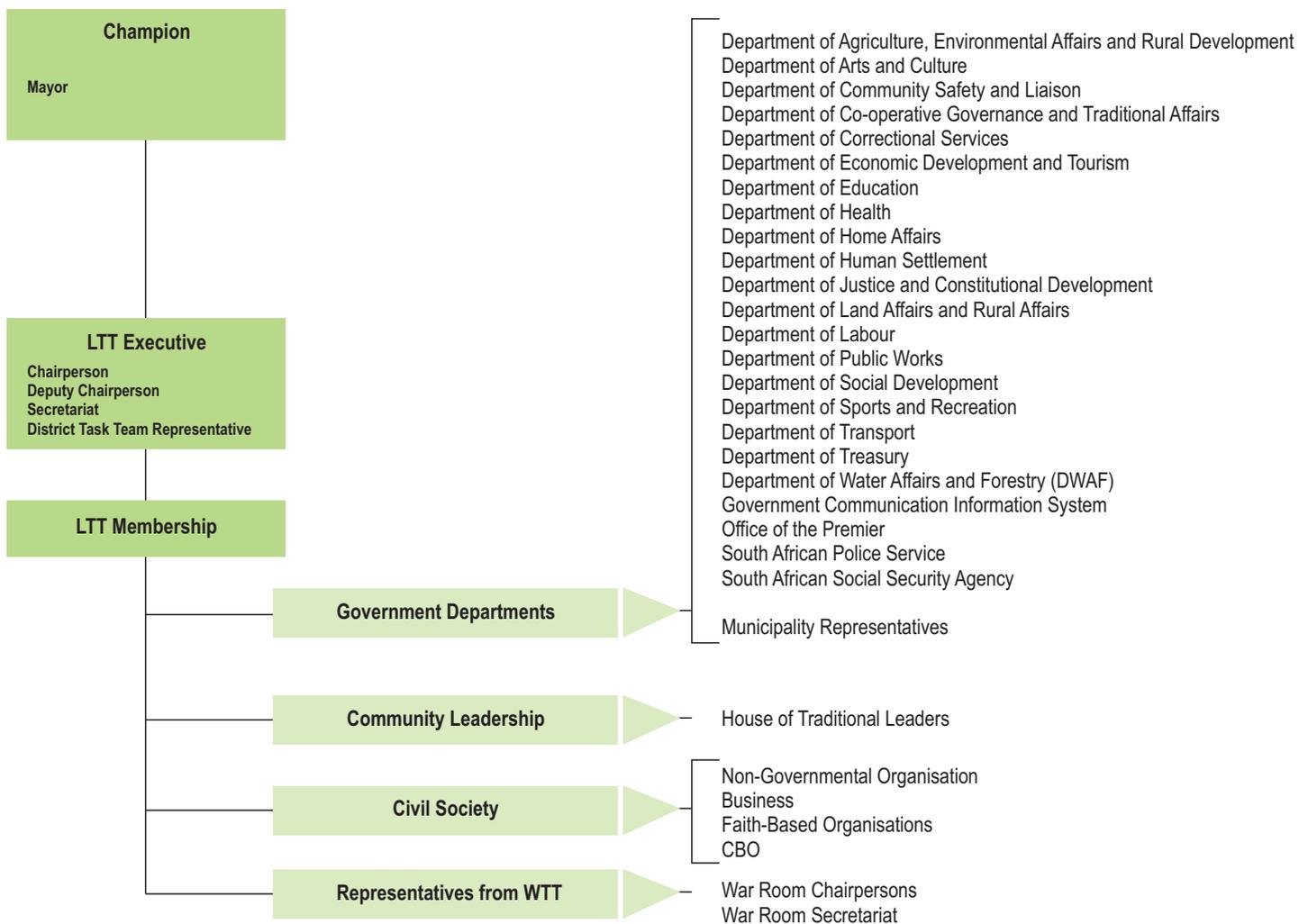


Institutionalising OSS

5.3 Local Task Team

The Local Task Teams also require dedicated and committed team members who will work towards the achievement of the goals of the OSS Programme.

LTT Structure



Institutionalising OSS

Guidance needs to be taken from the District Task Team in terms of the launch and implementation of the OSS Programme. The District Task Team will provide training in the reporting requirements and will take the LTT reports forward to the Provincial level. At **Local Task Team** level, the requirements for membership are a commitment to ensure that needs are identified and commitment to ensure that all needs are resolved within the given timeframes. The roles and responsibilities for the Local Task Team members are to:

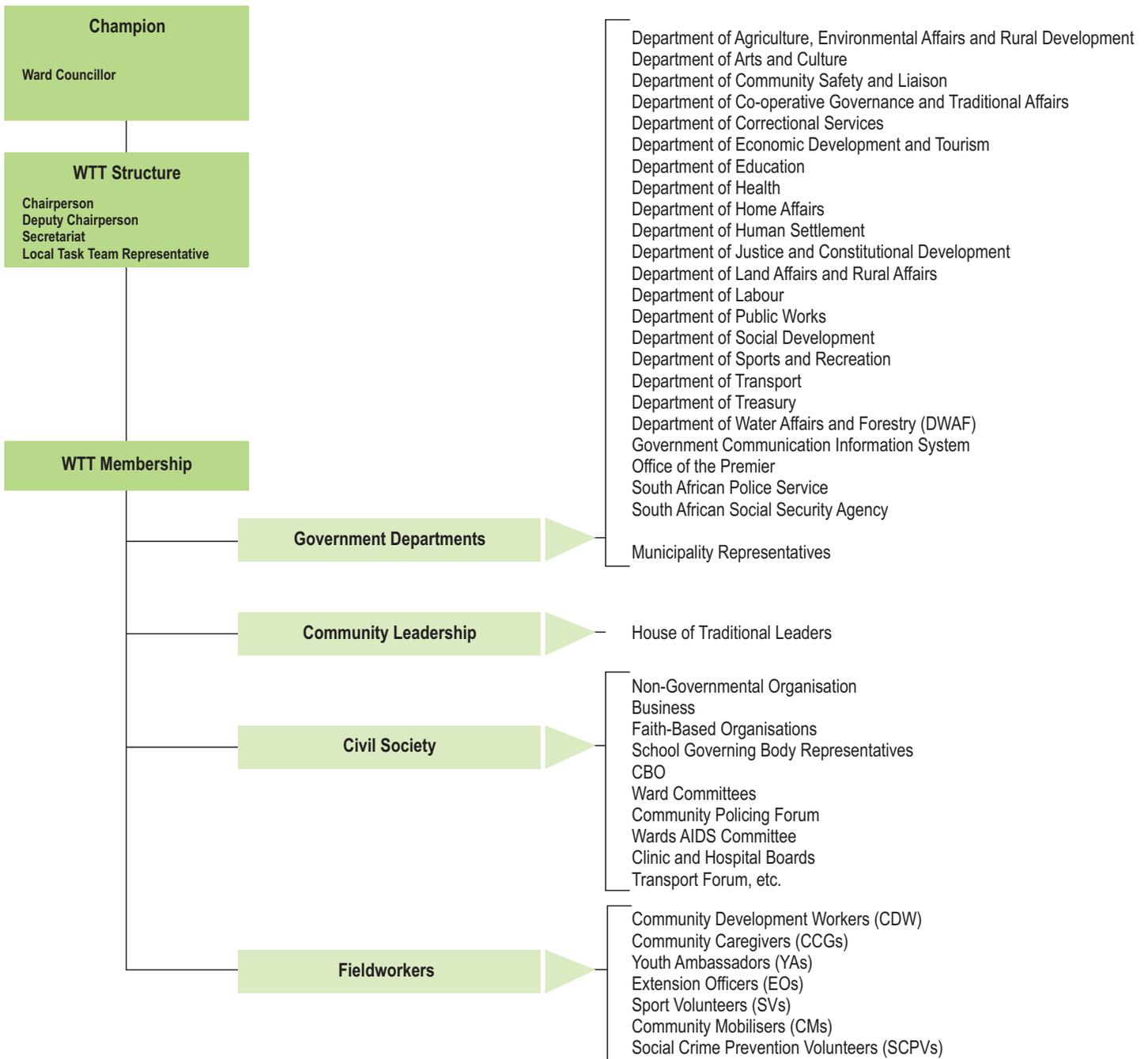


- Provide strategic direction of the programme at a local level and develop local Strategic and Implementation plans
 - Ensure that the plans include targets for all activities
 - Ensure that the plans include key performance indicators (KPIs)
 - Ensure that activities in the plans are assigned to specific team members
- Take responsibility for integrated planning with all relevant stakeholders
- Actively work with the local Municipality to ensure that the LTT plans are included in the municipal Integrated Development Plan (IDP)
- Take responsibility for stakeholder management at local level, which includes Amakhosi, Municipalities, Local Business, Non-Governmental Organisations (NGO), Community-based Organisations and any other support organisations
- In line with the DTT's plan, develop a Communication and Advocacy Plan for OSS at local level for buy-in and support
- Follow the prescribed guidelines in the launch and implementation of OSS at the local level
- Identify and address challenges experienced by the Local Task team from a solution-centred approach
- Provide training in skills development sessions for Local Task Team members
- Ensure that the Local Task Team chairperson is represented in the local IDP forum workshops, meetings and planning sessions
- Ensure that reports are submitted in the correct format to the District Task Team
- Continuously monitor progress against targets during the implementation of the programme and to identify and resolve bottlenecks in the process
- Provide guidance and mentorship support to War Rooms through the following activities:
 - Support the establishment of War Rooms;
 - Assist with developing guidelines for the War Room's operational activities;
 - Support the development and implementation of War Room plans;
 - Address challenges experienced by War Rooms;
 - Mobilise resources for the War Rooms;
 - Facilitate skills development sessions for War Room members;
 - Provide guidelines for War Rooms on the submission requirements and format of reports to the Local Task Team; and
 - Monitor progress of the implementation of the programme at War Room level;
 - A record of all household profiles in the ward to be documented in a spreadsheet by LTTs.

Institutionalising OSS

5.4 The Ward Task Team

WTT Structure



Institutionalising OSS

Guidance needs to be taken from the Local Task Team in terms of the launch and implementation of the OSS Programme including the establishment of the War Rooms. The Local Task Team will provide training in the procedural issues and will take the War Room reports forward to the Local Task Team level. At **War Room level**, the requirements for membership are a commitment to ensure that problems are identified and commitment to ensure that all issues are resolved within the given timeframes and communicated to communities. The roles and responsibilities for the War Room members are to:

- Take full responsibility for the efficient management of the War Room
 - Ensure that Amakhosi, Non-Governmental Organisations, Faith-based and Community-based organisations as well as any other relevant stakeholders are invited to participate at meetings
 - Ensure that the War Room has the appropriate resources for optimal functioning
- Ensure that weekly meetings with the Task Teams are held and that all stakeholders and community members are invited to attend
- Take responsibility for the allocation and facilitate training and management of fieldworkers
- Provide guidance, support and mentoring to fieldworkers through training and debriefing sessions
- Support fieldworkers to investigate and follow-up on households which have been profiled and to provide the appropriate feedback on their issues
- Support the standardised data collection, data management and data analysis processes at ward level
- Ensure that the Household Profiling Tools and data are appropriately capturing, recorded and stored in a manner that is easily retrievable for reference purposes
- Collate information and to submit reports to the LTT in the required standardised format within the given timeframes
- Ensure that progress of the implementation of the programme is monitored through the Implementation Plan and to follow up on any outstanding issues
- Ensure that support is provided to the relevant Government Departments in the process of resolving the issues raised and to assist with the service delivery interventions and programmes at ward level
- Ensure that weekly War Room Meetings, monthly Extended War Room Meetings and Quarterly Community Feedback Meetings are held
- CDWs (1 per War Room) will coordinate all fieldworkers in the War Room and form part of the Secretariat of the War Rooms together with official Fieldworkers. In War Rooms where there are no CDWs, an Official Fieldworker will provide the services.
- CDWs will be provided with computer access by COGTA to assist with data capturing, service referrals, tracking of services and reporting



Stakeholders of OSS

There are four main stakeholders which actively serve community beneficiaries and these are:

- Government (National, Provincial and Local);
- Community Leaders;
- Civil Society Organisations (CBOs, NGOs, FBOs, Business, Community Forums); and
- Community Fieldworkers.

Beneficiaries are people who ultimately receive support through the OSS Programme. The ultimate goal of OSS is to ensure that the targeted vulnerable groups are given the support that they need in an integrated and efficient manner. The reason for OSS is to provide the necessary support to vulnerable individuals, households and communities to alleviate poverty and its negative effects on people's lives.

The benefits for vulnerable groups are profound in that they could have life-changing effects for them, as described below:

- **Women** – as they are more likely to take the lead in the OSS programme on the ground and are the most likely of all vulnerable group members to free their respective households from poverty;
- **Children under 6 years of age** – as early child development support, and free access to basic health care will be provided in order to guarantee a decisive break from the cycle of the inter-generational poverty trap;
- **Children under 18 years of age** – because every child of school-going age will be encouraged to attend school because education is critical for their future
- **Unemployed and unskilled youth** – as they will be encouraged to complete or return to their education and training in order to secure their future as well as enhance their own capacities and capabilities to explore more opportunities of making a contribution to society;
- **Unemployed adults** – because they will receive skills development to enhance their capacities to explore employment and income-generation opportunities;
- **Unskilled and illiterate** – because they will be encouraged to improve their skills and become literate in order to enlighten themselves and their families and improve on their income-generation and employment opportunities;
- **The disabled, the chronically sick and the elderly** – as the essence of human solidarity means that care needs to be provided to those that are not able to care for themselves.

There are different benefits for each stakeholder group participating in OSS. However, the process is reciprocal in that members from each stakeholder group are expected to participate in OSS Task Teams and assist the Provincial Government to reach its goals in the fight against poverty.

Standing together will result in the creation of healthier and self-sustaining communities. The term “Health” encompasses elements of social, economic, physical and mental well-being and this is what OSS aims to achieve by breaking the cycle of poverty through several interventions to improve the lives of people within the communities. The “one stop shop” concept creates the opportunity for all departments to be core partners in the delivery of services at local level.

Figure 5 reflects the stakeholder model and provides a detailed explanation of the different stakeholders.



Figure 5: OSS Stakeholders

Stakeholders of OSS

6.1 Government

Government is an important stakeholder in the OSS Program as it is able to use the programme as a platform from which to deliver essential and long-term services to communities. Government stakeholders are represented by the various Government Departments from all three levels, national, provincial and local.

There are multiple benefits for the different stakeholders in OSS. The benefits for the Government sector are:

- The ability to provide services in an integrated and coordinated manner
- Avoidance of duplication of services through joint and coordinated planning across Government Departments
- The ability to share and pool information and resources to achieve maximum output in an efficient and cost-effective manner
- The ability to provide communities with an holistic package of services
- The ability to influence and facilitate planning for IDPs
- The ability to share M&E resources and data for planning purposes
- The opportunity to network with colleagues in other sector departments to share lessons and experiences
- The opportunity to show that the Government cares about its people
- The opportunity for skills transfer by working through and with other Task Teams
- The opportunity to communicate directly with communities at a grassroots level
- The opportunity to promote a healthier lifestyle which will result in improved health which will reduce the burden on public health facilities

6.2 Community Leaders

Community Leaders are individuals who play a leading role in community affairs and this group includes Traditional leaders, Amakhosi, Induna, Ward Councillors and other individuals who are respected within the community.

The benefits of OSS for Community Leaders are:

- The opportunity to partner with Government and other stakeholders to make a meaningful difference with service delivery at community level
- The opportunity to be part of a Forum to advocate for key community issues
- The ability to be accountable for developing and monitoring Community Action Plans
- The opportunity to participate in a democratic process with the opportunity to influence Provincial Government processes and planning procedures
- The ability to bring community needs to the forefront when developing community plans at district level
- The ability to access skills development and training opportunities through participation in different task teams and War Rooms

6.3 Civil Society Organisations

Civil Society organisations such as non-Governmental organisations, community-based organisations, business and community forums provide critical services directly to communities at ward level. They are either supported by Government, the private sector, churches or other donors and play an important role in assisting communities in the country's fight against poverty.

The benefits of OSS for civil society are:

- The opportunity to facilitate networking and partnerships with Government Departments and other stakeholders operating in the ward
- The ability to streamline activities and to avoid the duplication of services
- The ability to coordinate, integrate and pool resources to maximise service delivery outputs
- The ability to share and disseminate M&E data to enhance planning activities
- The ability to coordinate information through joint reporting and communication to the communities
- The opportunity to provide services to communities in an holistic manner
- The ability to identify service delivery gaps and to create opportunities for the emergence of new NGOs at local level
- The ability to generate skills development and training opportunities through participation in the task teams
- The opportunity to access markets and create new business opportunities

6.4 Community Fieldworkers

Community Fieldworkers are individuals who play an important role in effecting social and behavioural change at community level. There are several role players working within the communities as community fieldworkers such as Community Development Workers, Community Caregivers, Youth Ambassadors, Agricultural Extension Officers, Sport Volunteers and Community Mobilisers. Each one provides essential services at different levels within the community, such as the promotion of the “One home one garden” project, healthier lifestyles, Household Profiling, prevention and other activities. Community workers receive a stipend for their services in addition to training.

The benefits of OSS for this group of Community Fieldworkers are:

- The group is supported by the Ward Task Team and forms part of a broader network of teams
- They have the ability to provide services through the service delivery departments
- They are able to measure the impact of social change through monitoring tools
- They have access to skills development and training opportunities
- They have the opportunity to increase their self-confidence, self-image and value in communities within which they live and work

Acquiring and Retaining Membership to OSS Task Teams

7

Teams exist for a reason and they need committed and active members to maintain the momentum. Having dedicated team members on board guarantees that the ship will keep on sailing forward and “all hands on deck” will ensure that OSS stays on its course. There are various methods by which team members are appointed:

Table 1: Methods of Appointment

Method	Description
Election	Individuals are nominated and then elected onto the Executive Committee of the task team
Co-option	Individuals are appointed to the Task Team by the District or the Task Team Executive e.g. Government Officials
Ex-Officio	Individuals are appointed by virtue of the office they hold, e.g. the Mayor, the Ward Councillor, the Community Development Worker, etc
Appointment from outside	Individuals are appointed from external organisations, groups, businesses, individuals, etc

While some members are appointed through the first three methods, others are appointed from external sources. It is essential that team members appointed from external sources are carefully selected as their continued contribution to the team is vital to its success. This section provides guidelines for setting up a successful membership plan and a strategy for the recruitment of team members.

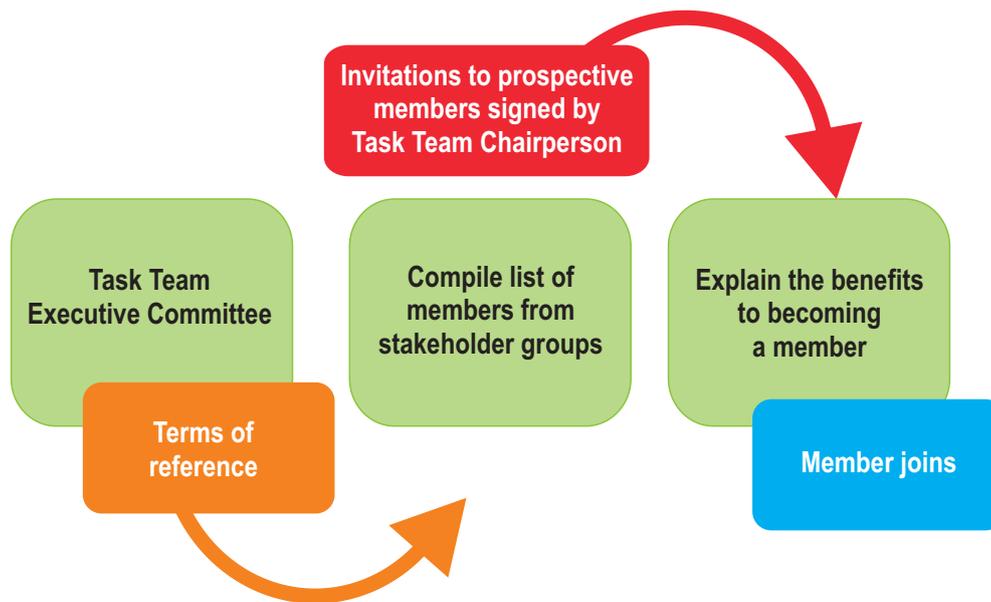
Acquiring and Retaining Membership to OSS Task Teams

7

The steps in the process are set out below:

1. The Task Team Executive Committee will provide guidance and support in the selection process for members
2. The Terms of Reference for the different Task Teams will provide guidance on whom should be targeted for recruitment
3. Recruiting members to join the task team is the responsibility of the Task Team Executive Committee (TTEC) together with the Task Team members
4. One of the first steps to follow in the recruitment process is for the TTEC to compile a list of potential members from each category of stakeholder group. The following guidelines apply to this process:
 - Look for community members who have an influence in the community, who is currently making a difference, committed, dedicated, hard-working and results-oriented and who can make a direct contribution to the success of the OSS programme
 - Arrange the interviews through the TTEC and invite participants to the interview process
 - Actively explain the benefits of membership to prospective members
 - Make the selection of new members and invite them in writing
 - Arrange for the formal induction and training of new members so that they understand their roles and responsibilities

Figure 6: Process for Attracting Members from External Sources



Membership criteria include a willingness to be hard-working, be dedicated, committed and results-driven. Irrespective of the method of appointment, members need to have sound work ethic and principles and have the ability to follow through on cases until they are resolved. They need to have good communication skills and the ability to work across all levels within the communities.

All members need to be given a copy of the Terms of Reference as well as a written description of the tasks and activities that they would need to perform. They will need to have the work plan explained in order for them to understand the importance of their role therein.

Acquiring and Retaining Membership to OSS Task Teams

7

The attraction and retention of team members is vital to the successful implementation of the OSS initiative. In order to ensure continuity, it is important to keep members on board. A selection of tips on the retention of members is provided in Table 2.

Table 2: Personal and Procedural Tips to Retain Members

Personal Tips	Procedural Tips
Acknowledge the contribution that team members make	Hold meetings on the same day of each week or month so that it is known to all
Make the meetings interesting and invite members to work on projects	Secure a permanent venue for the meetings
Encourage members to give project briefs and presentations of the projects they are involved in	Ensure that meetings start and end at the allotted times
If members cannot attend a particular meeting, encourage them to send a representative to present and report on their behalf	Prepare and disseminate the Agenda and Notice of Meeting documents one week prior to meetings
Encourage lively discussions and debates	Type up and distribute the Minutes of the meetings within two days after the meeting
Thank members for what they have achieved	Document all achievements against the work plan
Arrange social events and outings for team members and their families	Keep a file with full details of the members for record-keeping and renewal purposes

Members usually join the Task Team because they want to make a positive contribution to the community. However, they also want some personal benefit out of being a member and some of these could be:

- Feeling that they are valued by the task team and making a contribution to the community
- Being given opportunities to learn new skills and to be educated in issues that interest them
- Being given the opportunity to work on issues and projects that can improve their own and the lives of their families and the community within in which they work
- Feeling that they are part of a team which is making a difference in people's lives
- Being involved in activities that entertain them or add to the value of their personal or social life
- Feeling rewarded in terms of their personal status, being able to develop themselves and having access to employment opportunities

Procedure for Task Team Membership Management:

1. Maintain a database and record the following details:
 - a. Full names of members
 - b. Home address and personal contact details
 - c. Work position, organisation and work contact details
2. In terms of membership, record start date of membership and determine date of notice of renewal of membership. For example, if a member has not attended a certain number of meetings, at the renewable date, they may be deleted off the membership database.
3. Nominate the Secretary to maintain the membership database and to provide updates on new members, cancellations and renewals at the monthly Task Team meetings.

Coaching and Mentoring

8.1 Definitions

OSS leaders and managers participating in the OSS programme will be called upon to provide guidance, mentoring and coaching to their teams and members of Task Team Executive Committee.

Coaching and mentoring training should be provided to Champions, and Task Team members as this is an important skillset to have.

“Mentoring is the pairing of an individual (mentor) who has expert knowledge or skill with someone (mentee) desiring to gain that knowledge or skill in order to further develop professional expertise.” – Michael Zey, The Mentor Connection.

Coaching can be defined as a method of directing, instructing and training a person or group of people, with the aim to achieve some goal or develop specific skills.

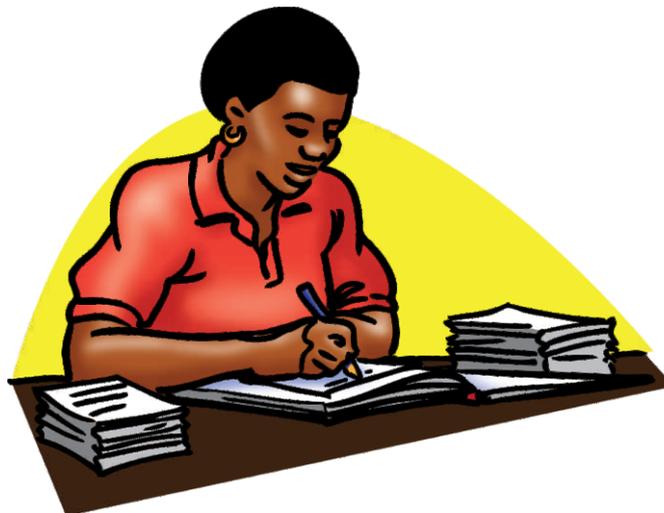
“I never cease to be amazed at the power of the coaching process to draw out the skills or talent that was previously hidden within an individual, and which invariably finds a way to solve a problem previously thought unsolvable.” – John Russell, Managing Director, Harley-Davidson Europe Ltd.

Mentoring concerns an individual’s broader development while coaching is generally narrower and more focused on specific goals or skills. Mentors provide the appropriate guidance and support available to help a stakeholder, colleague or task team member to carry out a specific task, with a view to enhancing their performance.

8.2 Roles and Responsibilities of the Mentors and Coaches

Being coaches and mentors requires patience and commitment as people have their own pace of learning new skills and techniques. The generic coaching and mentoring tasks are:

- To identify the different coaching and mentoring needs of individuals
- To provide the training on a continual and ‘on-the-job’ basis
- To follow up on progress made with the training process
- Train in teamwork and ensure functionality of the task team structures
- Train members in work plans and how to measure progress made
- Train members to run effective administrative systems and providing initial support
- Encouraging cross-functional coordination with other members and stakeholder
- Teach effective and creative problem-solving techniques and how to overcome challenges and to write these up in report format so that they can be taken up to the next level in the OSS structure
- Continually reinforce the application of management and leadership skills development
- Providing opportunities for further coaching and training of more complex skills and knowledge
- Provide guidance and assistance for the Task Team structures to collect and mobilise resources



Conflict Management

9.1 Definition

Conflict is a state of opposition, disagreement or incompatibility between two or more people or groups of people. Conflict in OSS is unavoidable because there are various stakeholder groups, each having their own objectives, ideas and perspectives.

The important idea to carry over is that, regardless of the difference, everyone is working towards the same goal for the success of the OSS programme. Therefore, there is a common goal or objective.

Managing conflict is not an easy task and members may well require training in dealing with intra- and inter-group conflict situations. The members and Task Team Executive Committee need to be diplomatic and to facilitate effective conflict from the basis of a win-win stance.

9.2 Handling Conflict in Meetings

It is recommended that the common goals of the OSS Programme are prominently displayed in the room where the discussion is going to take place as this will help people to remain focused on the priorities. In order to help facilitate conflict situations, the following steps may be of use for dealing with conflict in meetings (see Table 3).

Table 3: Steps for Dealing with Conflict in Meetings

Step	Description	Example
1	Listen	Give everyone a chance to air their views and do not interrupt or cut them short Do not impose your own values onto what someone has said even if you don't agree
2	Check for understanding	"Could you explain that in another way, please" or "I am not sure that I understand what you mean"
3	Clarify and summarise	"So, you feel that this is the way it should be done" or "Am I correct in assuming that you would prefer it done this way?"
4	Come up with suggested solutions	"What about doing it this way so that we can reach a compromise?" or "What other information would you need to help you to come to a conclusion?" or "How best can we turn this around so that we reach a "win-win" situation where we all give a little to gain a little?"
5	Conclusion	"In order to resolve this, we agree to apply the following solution"

Conflict Management

9.3 Setting Ground Rules

During conflict situations tempers may well be lost and it is therefore important to set ground rules to manage this. These ground rules can be typed up and distributed or displayed on a flip-chart page on the wall where it can be referred to throughout the meeting. The most important statement is:

“We are all in this together and have the same goals, let us stand up and build”

There are various issues that may have to be dealt with during meetings. Some issues and recommended action is highlighted in Table 4.

Table 4: Recommended Actions

Issue	Recommended Action
Members punting their own agenda	Remind parties of the common agenda
Members pulling in different directions	Remind parties to go in the same direction
Members get angry and shout	Be calm and focus on the issue at hand
Members rigidly stick to their viewpoints	Allow viewpoints to be aired
Members form cliques	Encourage them to join the wider group
Members don't want to participate	Engage them and draw them out
Members raise major problems	Divide into smaller, manageable parts
Member refuses to cooperate	Caucus with a mediator to solve problems

Advocacy and Communication

10.1 Advocacy

Advocacy is the vehicle through which support is gathered for a particular cause or policy. The intention is to educate, sensitise, influence, and change opinion in favour of the particular cause and encourage policy change. However, advocacy requires a “champion” who will drive the support campaign through to success with a sense of urgency. Besides the champions already allocated to OSS by the Province, the District and Local Task Teams also need to identify local champions to continually advocate for change and improvement by working continually with the identified stakeholders to ensure that the objectives of OSS are met.

Examples of advocacy are:

- Presenting the vision, objectives and work plan of OSS to key stakeholder groups to mobilise resources, present M&E data and show identified ‘gaps’ to encourage support from stakeholders
- Invitation writing to recruit stakeholders who are prepared to make a commitment to the OSS objectives
- Meeting with the community and local businesses to gain further support by informing them of the OSS objectives

10.2 Communication

Communication is the process of exchanging information between people. Effective communication is critical to OSS since the success of the project depends on clear communication between all stakeholder groups. Some examples of communication associated with OSS are:

- The writing and release of the minutes of all meetings to members
- The writing and release of OSS reports to members and stakeholders
- Hosting of press conferences to disseminate key M&E data on OSS
- Conducting radio interviews to call on the community members to become involved in the development of their communities

10.3 Selecting Advocates and Champions

A champion can be an individual or an institution. Individuals need to be good communicators who are able to influence others to contribute to the cause, whilst institutions can be any business or organisation who can promote causes on behalf of OSS.

One of the most important tasks is to identify, through the Task Team, the various challenges and ‘gaps’ in the OSS service delivery process. These challenges are addressed when developing a communication strategy.

A standardised communication strategy needs to be developed by the Task Team for use by the Champions in order to ensure that the message is of the same quality and standard. This is particularly in the case where OSS has to be re-launched.

Table 5 depicts the different steps in the Advocacy Communication Matrix which should be completed together with the Task Team Executive Committee and all of the members.



Advocacy and Communication

Table 5: OSS Advocacy Communication Matrix for the Local Task Team

Stakeholder Group	Message Objective (Why)	Message Description (What)	Message Communicator (by Whom)	Message Recipient (to Whom)	Communication Channel	Frequency
<i>For Example</i>						
Government Department	To re-launch OSS in the district	Vision, mission, aims and objectives of OSS	LTT Chairperson/ Mayor	Government Departments	Personal meeting MANCO meetings	Once off during November
Private Sector	To invite business stakeholders to join OSS task team	Vision, mission, aims and objectives of OSS	LTT Chairperson/ Mayor	Business Proprietor	Personal Meeting Invitation Letter	Once off during November and then on a monthly basis
NGO	To invite NGOs to join ward task team	Vision, mission, aims and objectives of OSS	LTT Chairperson/ Mayor	CEO	Personal Meeting Invitation Letter	Once off during November and then on a monthly basis
Community Members	To create awareness of OSS	Vision, mission, aims and objectives of OSS	LTT Chairperson/ Mayor	Community Forums	Community Gatherings	Once off during November and then on a monthly basis

The Service Delivery Model

11.1 Setting up the Structure

Prior to implementing the service delivery model, the establishment of the Task Teams needs to have been completed. The initial tasks could take between six and nine months to complete and during this time several tasks need to be in place. This includes understanding the Provincial, District and Ward structures. At the local level, for example, the Local Task Team together with the War Room Chairpersons would discuss issues such as:

- the institutional structure
- communication strategy for the vision and objectives of OSS to all stakeholders to obtain buy-in and support
- production of a stakeholder advocacy and communication plan
- determination of the required norms and standards of service delivery with the different Government Departments
- agreement on the prioritisation of wards and the allocation of CCGs to the Wards
- provision of training to CCGs on the use of the Household Profiling Tool

11.2 Allocation of Resources

CCGs are to be selected and allocated a set number of households in their Ward at District level after they have received the appropriate training in household profiling. Such training will incorporate an introduction to the aims, objectives and principles of the OSS Programme, effective communication skills, the use of the Household Profile tool and on the compilation of the database and reports. Training will also include guidance on meeting attendance as the CCGs will have to attend War Room meetings on a weekly basis and present their findings.

As can be seen from Figure 7, the CCGs go door-to-door within the Ward and complete the Household Profiles, and compile the data into a summary report. Careful record needs to be kept of all households visited. This information is taken to the War Room and a Summary Report is drawn up – the needs are prioritised and taken forward to the LTT and passed to designated focal referral persons at the different Government Departments.

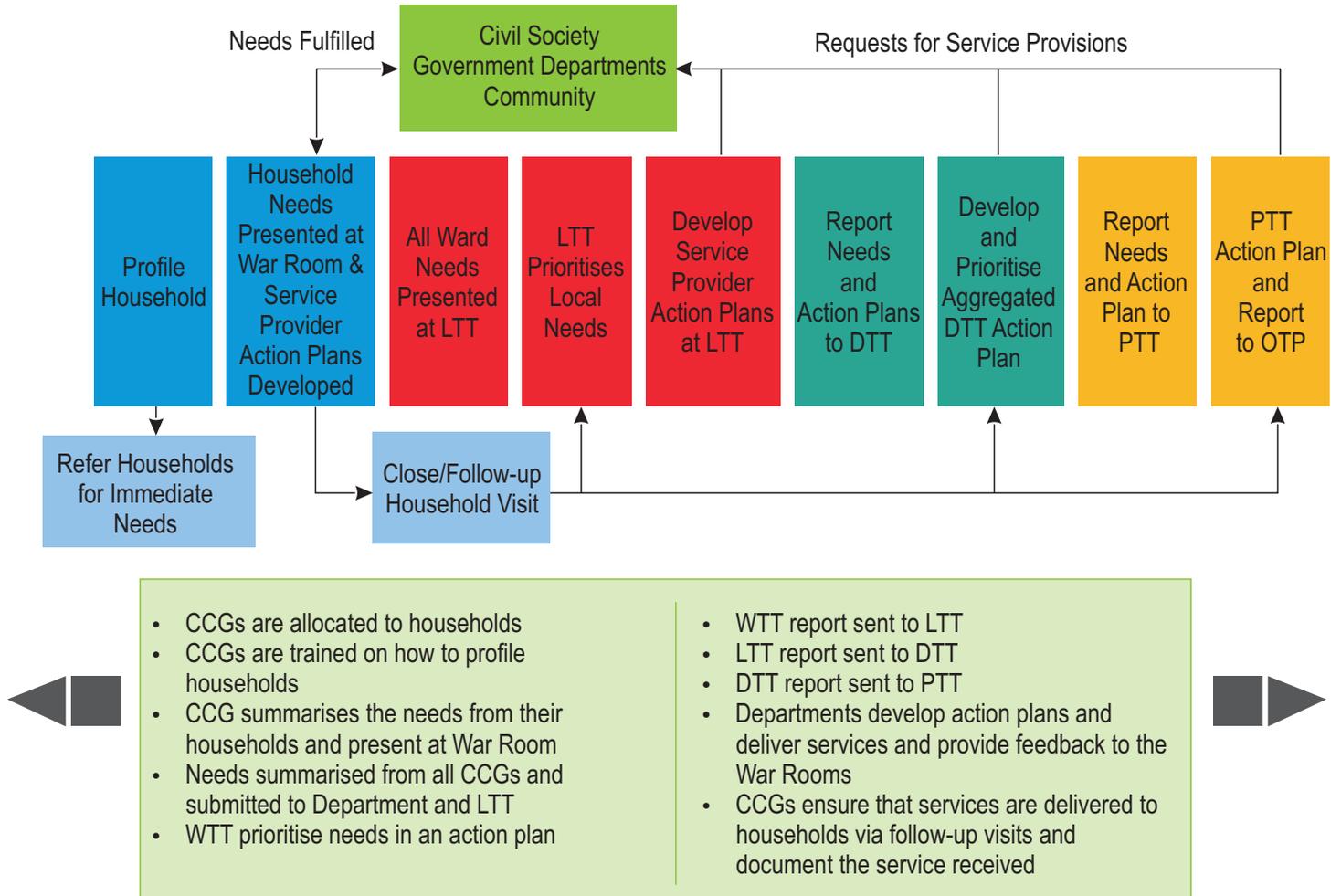
The Government Departments then develop their own action plans for each Ward, which is submitted back to the War Room. The information flows between the War Room, the LTT, the DTT, the PTT and Government Departments and the War Room will provide the progress reports to the CCGs. The CCGs will inform the community members on progress as they do their follow-up visits. CCGs will provide services to household members and in turn advise the War Room on services delivered.

The immediate, short-term and long-term package of services identified for the most deprived wards are found in Appendix 2.



The Service Delivery Model

Figure 7: The Service Delivery Process



How to Develop an Implementation Plan

12

12.1 Implementation Plan (Operational Plan) for the War Room

Creating an implementation plan for the work on the OSS Programme is essential. A work plan is the road map which shows the direction that a project needs to move toward from the strategic to the implementation of the objectives.

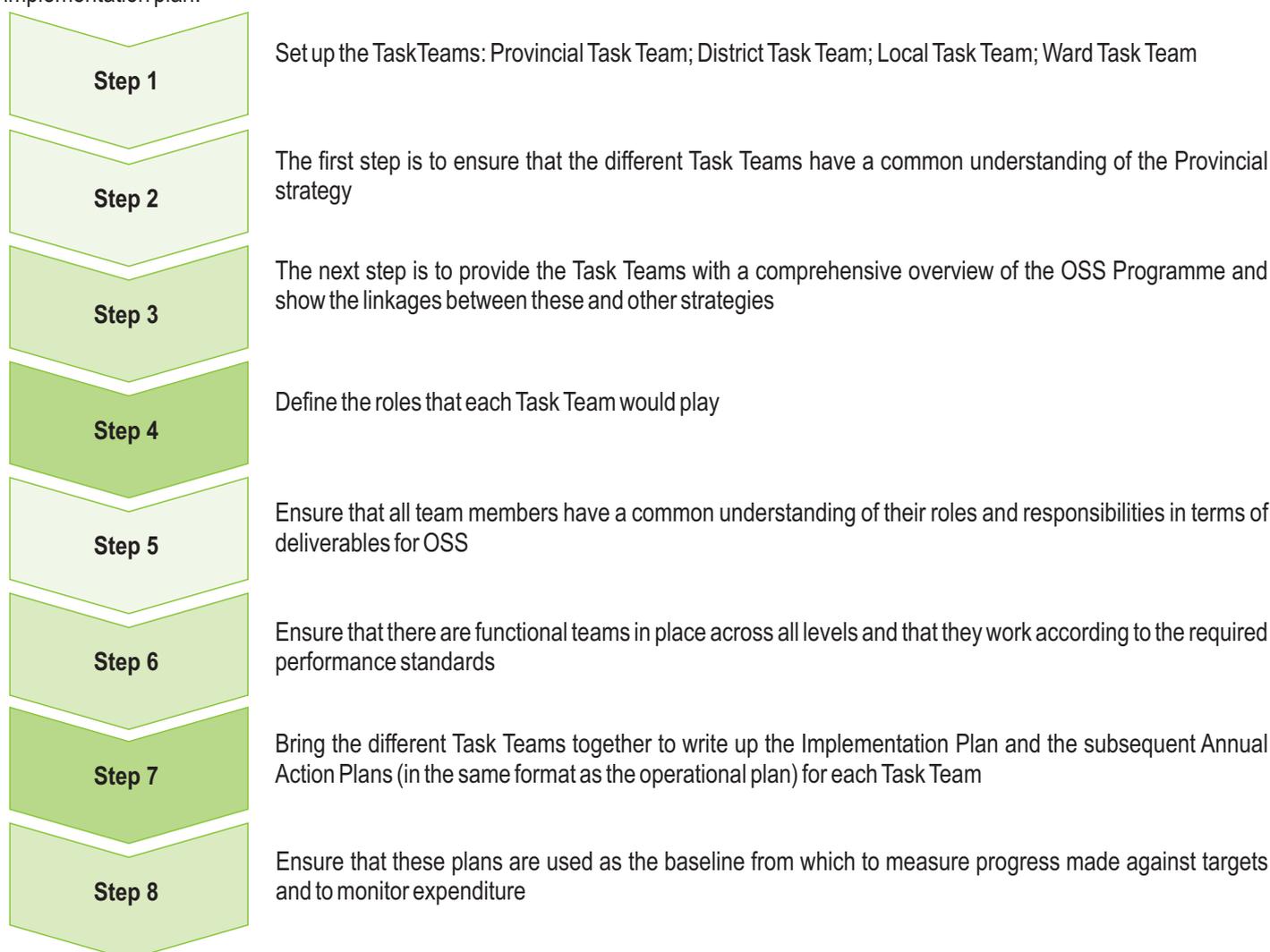
The strategy or strategic plan can be seen as the ultimate destination and the implementation plan as the means of getting there. Resources are needed to implement the plan.

The implementation plan sets out the activities that need to be carried out within a given timeframe. It is important that all key role players, and the members who will carry out these tasks, are present when this plan is developed.

The implementation plan can be used as a Monitoring and Evaluation tool as it contains the following information:

WHY?	The reason for the project and its objectives
WHAT?	Tasks and activities need to be carried out
WHEN?	They need to be completed by
WHO?	Is responsible for which tasks to be carried out
HOW MUCH?	The budget available

There are various components to an implementation plan which focus on the INPUTS (resources) and OUTPUTS (results). The guiding document will be the KZN OSS Strategic Plan as this will set out the goals and objectives for OSS within the Province. Steps for developing an implementation plan:



How to Develop an Implementation Plan

12

From the strategic objective various sub-objectives may be created. For each sub-objective various activities are listed that form part of the implementation plan.

For each activity, it is important to agree with members on the different responsibilities that they will be accountable for and allocate a resource for the completion of specific activities. It might be an individual or an institution. There might be several sub-task team members allocated to assist in the completion of the activity. For accountability purposes, it is recommended to have one “owner” of the task.

For each activity, the person responsible for the activity should set the start and end time of the task in consultation with the sub-task team members. Bear in mind the workload on individuals and identify where additional assistance may be needed. It is important to document the date the activity will be completed. Be realistic about how long a task will take. At each task team meeting, the Executive Committee can monitor the work plan and request reports to be presented against the work plan. Consequently, hold task team members accountable for the successful completion of activities within the work plan. Clarify the sequence and relationship between tasks. One task may be dependent on another task being completed first.

From the strategic objective, sub-objectives are created. The strategic objective in Table 6 is to create and maintain a functional task team at Ward level. The two sub-objectives are to re-launch OSS and to create an organisational structure for the WTT. As a result of the activities being completed, outputs are generated. Examples of outputs for the work plan presented in Table 6 are:

1. Re-launch event
2. Organisational structure finalised

The outcomes are the result of the impact of the output. By having launched OSS to all stakeholders in the ward, people will become more aware of OSS and therefore more supportive of the OSS activities. The outcome would be greater awareness of OSS amongst the general population in the ward. By having an organisational structure for the WTT and various other outputs relating to the functional task team objective, another outcome would be fully functional task teams (see Table 6).

Table 6: Operational Work Plan Example

Strategic Objective	Sub-Objective	List of Activities	By Whom	By When	Output	Outcome
Create and maintain a functional task team at ward level to deliver integrated services to households and communities	1.Re-launch OSS in the ward	Develop and implement a launch plan	VN	20 Sept	Launch plan	Greater awareness of OSS in the general population and amongst War Room stakeholders
		Conduct launch	AN	20 Nov	Launch event	
	2.Create an organisational structure for WTT	Agree the list of potential individuals and institutions to invite from the various	VN	1 Sept	Organisational structure finalised	Fully Functional Task Team
		Recruit members to the task team	AN	10 Sept		
		Allocate CCGs and fieldworkers to conduct household profiling	ES	15 Sept		
		Etc				

How to Develop an Implementation Plan

12

12.2 How to Identify and Manage Risks

Risk is the possibility of an occurrence having a negative impact on the project. Once the risks have been identified, then the appropriate actions need to be identified. This is part of a contingency plan every event or project should consider. After the project begins, events (variables) that are difficult to anticipate might create new risks. Planning for, identifying and reducing risk at various stages during the project can help to keep the project on schedule. It is equally important to prioritise risks so that contingency plans can be developed for events most likely to occur and those with the greatest negative impact. Some examples of key risk factors for OSS and possible measures to mitigate risks are shown in Table 7.

Table 7: Key Risk Factors and Mitigation

Key Risk Factors	Measures to Mitigate Risks
There are not enough CCGs allocated to the ward to profile households	Approach various Government Departments to second community volunteers and fieldworkers to OSS to assist in household profiling activities
Poor consultation with community leaders	Engage with community leaders early in the project and invite them to be members of the War Room
Inadequate management competencies, delegation, controls and accountability at task team level	Request management leadership training, prepare for succession planning especially for the position of the Task Team Chairpersons Agree on the principles of delegation if the main member cannot attend task teams
Government Departments do not prioritise the delivery of services to profiled communities	Develop joint plans with Government Departments and approach business and civil society organisations, NGOs or donors to support service delivery gaps
Poor support from Senior Management	Ensure that OSS is part of the key performance agreements

Monitoring and Evaluation

The Power of Measuring Results

- If you do not measure results, you cannot tell success from failure.
- If you cannot see success, you cannot reward it.
- If you cannot reward success, you are probably rewarding failure.
- If you cannot see success, you cannot learn from it.
- If you cannot recognise failure, you cannot correct it.
- If you can demonstrate results, you can win public support.

Source: Adapted from Osborne & Gaebler 1992.

13.1 Monitoring

Monitoring is defined as the routine collection of data to measure the progress made towards the achievement of OSS objectives. In the case of OSS, monitoring entails the use of selected indicators to track inputs, processes and outputs. Through this mechanism, the different Task Teams are able to identify gaps early on in the process and adjust existing activities to reach the revised targets and outcomes. Indicators are measurable targets that are quantifiable and can be measured to gauge how well the different targets have been achieved. It is important that indicators are uniform across OSS to ensure a standardised approach to measuring the impact of the programme.

As an example, appropriately selected sets of indicators will help task teams in obtaining answers to the following questions:

- What services are provided to OSS beneficiaries
 - In what quantity and how often?
- How well are services coordinated and provided by the different task teams
 - At PTT, DTT and LTT level?
- Which beneficiaries received support
 - Number of beneficiaries reached and
 - Type of service provided to them?



13.2 Evaluation

Evaluation is about measuring the **IMPACT** of the intervention as one will need to determine whether the action taken has made a difference to the beneficiaries' lives. Evaluation is a time-bound, periodic assessment of the OSS project in order to gauge the progress made against the targets set. Evaluation is also the yardstick with which to measure what has been completed and what still needs to be done, as well whether additional resources are required.

Detailed research and scientific-based methods are used to evaluate the programme's effectiveness. Evaluation responds to several questions:

- Was the target population reached?
- Were the objectives of the programme achieved?
- What was the impact on the beneficiaries?

For example: After an intervention promoting condom use, is there a reduction in unplanned pregnancies in the district?

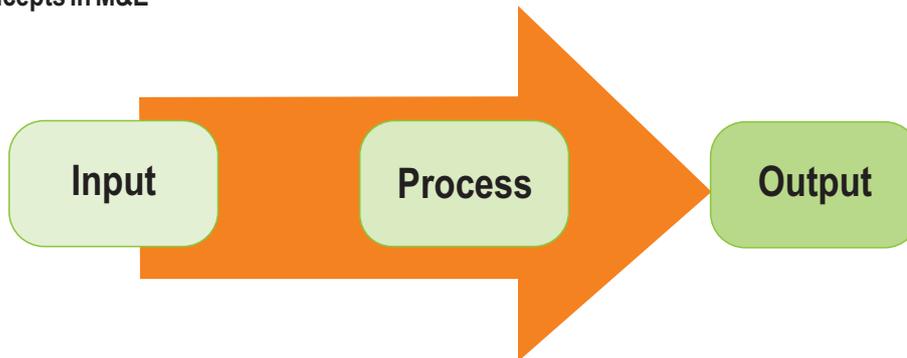
An evaluation always needs to have a baseline as this will be the yardstick against which to measure the planned activities. The evaluation determinants will include variables that may have an influence on the outcomes.

Monitoring and Evaluation

13.3 Key Concepts in Monitoring and Evaluation

M&E concepts include inputs, processes and outputs as part of the process and these usually flow from one to the other as they are interlinked.

Figure 8: Key Concepts in M&E



Inputs

This refers to the various resources needed to run the project and will include whether a functional task team has been established, the number of trained CCGs available, the number of trained task team members, the number of trained M&E focal persons, the number of Household Profiling Tools completed as well as any other resources required for implementation.

Process

This covers the set of activities, as part of a system, in which human, financial and other resources are made available and used to achieve the results expected from the project. Part of this process will be the CCGs going out into the community to profile households with the Household Profiling Tool, conducting household needs assessments and the provision of services such as referrals to the War Room and the delivery of food parcels.

Outputs

The immediate results obtained through the execution of project activities, such as the number of households profiles and registered, the types and number of beneficiaries reached and the number of services delivered.

Indicators

Quantifiable measurements set at the beginning of a programme. Indicators reflect the critical success factors of a programme and will include the targeted population to profile, the number of issues and needs identified and the number of food parcels delivered to individuals and families.

13.4 Benefits of Monitoring and Evaluation

Monitoring and Evaluation (M&E) helps project managers and staff to understand whether the OSS project is progressing according to plan and to ensure that its' inputs, activities, outputs and external factors are used appropriately. Through monitoring and evaluation activities of OSS, the Task Team will be able to determine what the "return on investment" has been. Examples are:

- Determine whether the resources (staff, money, tools) committed to the OSS project are utilised appropriately
- Be in a position to account for the time spent by the task team in the field and communities working on OSS activities
- Being able to record and count the different types of services and support provided to the beneficiaries
- Being able to record and count the number of cases taken forward to the different Government Departments by the War Rooms
- Being able to record and count the number beneficiaries for whom services were provided by Government Departments such as Agriculture, Home Affairs, Health and Social Development and others

Monitoring and Evaluation

- Identify service delivery 'gaps' and devise ways to improve and enhance the quality of service delivery to the targeted beneficiaries
- Ensure that the service delivery activities implemented in the community are in line with norms and standards of the KZN public service Citizen's Charter
- Provision of reports and feedback to beneficiaries, communities, the different Task Teams as well as senior managers and policy makers at the different Government Departments on services delivered through OSS

The process of thorough monitoring and evaluation will encourage OSS task teams at Provincial, District, Local and Ward Team levels to measure their performance and to determine the impact that they are making at community level.

13.5 Data Management

Having an accurate database is critical for any project as this forms the yardstick by which progress is measured. Therefore, the data collection should be current and done in an efficient and effective manner to ensure that all information is as up-to-date as possible. To ensure that accurate and reliable information is used for the monitoring and evaluation of OSS, the following principles should be adhered to:

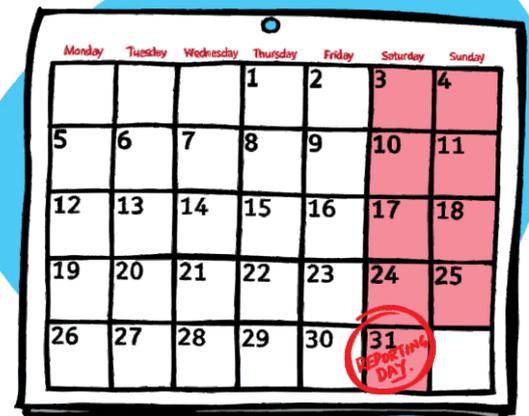
- Data collection and data capturing must be done in accordance with the prescribed guidelines
- The standardised data collection tools and forms should be used consistently across all households and communities
- The Dataflow process should be clearly understood by those responsible for data management of OSS
- Collected data should be current and consistent so will need to be verified to ensure that it is accurate and a true reflection of both services provided and beneficiaries reached
- Definitions for data elements and formula for the calculation of indicators should be available to all team members and should be used consistently across the OSS reporting levels

a. Data Management Systems

There is a data management system used by OSS for data collection and reporting. The System is based at the Nerve Centre in the Office of the Premier, Pietermaritzburg.

Once the household profiling forms are completed for each household within the ward and sent via the War Room to the nerve centre, the information for each household is captured on the System. This means that the System will have a record of each household and a record of all individuals in the household and their needs. These needs are then sent to the relevant Government Department as a referral to take action and provide interventions (services). The System can track services provided against services needed. In this way, as a community champion you will know which services are identified in the ward and which services are provided by the Government Departments and therefore which services are still outstanding and need to be taken up at a higher level namely the Office of the Premier.

The System is password controlled so all beneficiary information is confidential and only specific persons will be assigned access.



13.6 When and how to use Reports?

According to the OSS reporting procedures, each Task Team is expected to compile reports at their level and submit it up to the next level. The following standardised reporting templates are used:

- War Room Monthly Report
- War Room Quarterly Report
- LTT Monthly Report
- DTT Monthly Report

Monitoring and Evaluation

The above reports are compiled and submitted as follows:

- The WTT submits monthly reports to the LTT
- The WTT consolidate the monthly reports for discussion at the extended War Room quarterly meetings
- The LTT submits monthly reports to the DTT
- The DTT submits monthly reports to the PTT

13.7 Taking Action

Government Departments should act on the information that comes out of the analysis of the OSS reports which are submitted to them. Their role is to take the appropriate action to address and resolve the issues which are contained in the reports. The Government Departments addressing the different issues need to assign focal referral persons within their Departments to deal with specific cases. These cases need to be resolved within a given timeframe and Progress Reports need to be sent back to relevant Task Teams on a monthly basis.

Learning and Sharing

Monitoring and evaluation should be closely linked to learning and sharing as it gives an objective overview of the programme's progress against targets and achievements in terms of both successes and challenges. Through reflection, lessons can be documented to enable us to repeat what worked best. Learning and documenting is also important so we don't repeat our mistakes. It is therefore important to share stories as an inspiration to others. Below is an example of the achievements documented from Ward 3 in the Umlalazi Municipality of the uThungulu District.

Case Study Ward 3, Umlalazi Municipality, uThungulu District Standing Up and Building Together

Ward 3 located in the Mbongolwane area was launched by KZN Premier, Dr Zweli Mkhize on 6 November 2009. It has a population of approximately 8,000 people living in 1,280 households in a very rural part of the Umlalazi Municipality in the uThungulu District characterised by a lack of access to basic services, tarred roads, high unemployment and high levels of poverty (Vusi Zikhali, WTT Chair). Yet, Ward 3 is proving that hard work and working together through the War Room (WR) can make a difference in helping communities help themselves.

From the beginning, the **community** through the help of the ward councillor started the War Room with community leaders and they in turn elected the War Room executive committee. Volunteer fieldworkers within the community came forward to assist with profiling of households bringing important information about the needs of the community to the War Room. Later, **community participation** was further enhanced by the Community Caregivers (CCGs) who used "word of mouth" through their door-to-door visits made the community aware of the War Room. At the weekly War Room meetings, the community voice their needs, their satisfaction or dissatisfaction and their plans to assist. The Community Development Worker (CDW) at the weekly meetings records all the identified community needs.

The **credibility** of the War Room is also enhanced by **Government participation** from a variety of Government Departments who are responsible for service delivery. The War Room is therefore an important **venue** bringing the community and Government closer together; facilitating the collaboration that is needed to solve community needs. *"People feel good that (Government) departments attend the meetings and provide services"* – Thandazile Ngema, CCG Supervisor.

In order to report and escalate the community needs to the next level, Ward 3 CDW identified the necessity to create an Issue Report Template which summarised the main points of the Household Profiling Tool into 4 areas: where is the household; what is the need; what steps should be taken to address the need and; who is responsible. On completion, the *Issue Report*, is sent to the War Room, who then escalate the needs to the relevant Government Department. This **informal knowledge management system** has enhanced household profiling, community need identification and significantly simplified **reporting** for the CCGs to the War Room; showing the ingenuity and **innovation** at community level.



Ward 3 Mbongolwane



WTT Members

Learning and Sharing

Once needs are discussed at the War Room, communities, NGOs engage in meaningful discussion with Government around how to assist the community all working together to help Ward 3 “Stand up and build”. This collaboration resulted in **delivering vital services** identified by the CCGs and the community such as (a) 59 new houses built, (b) toilets provided to approximately 1,000 households, (c) 145 water tanks installed to collect rain water for household use, (d) 10 community gardens created, (e) 2 crèche’s built and (f) 2 mobile libraries built. *“The community likes Operation Sukuma Sakhe; they can see that services are delivered”* – Prudence Kubheka, CCG Facilitator.

The **sustainability** and **accountability** of Operation Sukuma Sakhe is further enhanced by the community “doing it for themselves” by working together in the community food gardens and sharing water from the water tanks with neighbours. CCGs **educate** the community on important health and social services. *“A lot of training has been done on teaching the community to produce food so that they can feed themselves”* – Mlando Ntuli (CDW), War Room Secretary. The involvement of traditional leaders is crucial and in Ward 3 they played an important role; they mobilised the community to take action. *“The people know about the programme and they appreciate the work”* – Inkosi Ntuli.

Communication between the War Room, Government and the community has been crucial and not an easy road. The CCGs share information gathered from households and provide feedback to the households from the War Room on the delivery of services. Not all Government Departments attend all War Room meetings and other means of communication such as telephone and fax and the Local Task Team are used to keep them informed. Although informal lines of communication are established between Government Departments and the War Room, formal lines of communication on a weekly basis are preferred to enable the War Room to provide feedback to the community.

In addition, the War Room executive **leadership** has shown good **problem-solving, communication** and **resource mobilisation skills** e.g. The executive secured a room allowing the War Room to set up weekly meetings at a set venue. This has made it easy for the community to know where to go to have their needs addressed. Initially the appointment of the WTT chair resulted in dissatisfaction amongst community members as he was not from the local area. However, through hard work, resourcefulness and service delivery achievements, the community has responded positively to the WTT chair. *“The leadership is respected by the community”* – Mrs. Thoko Luthuli Nyandu, DTT Chair.

Ward 3 has seen amazing results but has also suffered its share of **challenges**; some have been overcome and others are on-going however all challenges serve as invaluable **lessons**. To function more effectively, the War Room requires reporting tools, and a strong commitment from Government to help prioritise services. This will help the War Room to produce a short, medium and long term service **delivery plan** highlighting responsibilities and deadlines to hold all stakeholders accountable. *“What is amazing with Ward 3 is the community participation in the War Room issues and ask any member of the community – they know about OSS”* – Miss TNgwenya, Provincial Convener OSS uThungulu.



A house that was recently built



A water tank to catch rain water

Learning and Sharing

War Room members helped each other to capacitate themselves. They would have preferred some training to perform their roles, however some CCGs had previously been trained on PMTCT, TB, nutrition and breastfeeding and assisted each other. The War Room chair who is from the department of health and other war room members drew on their previous knowledge and skills and also assisted with some training and guidance. The District provided training on household profiling.

Ward 3 has shown that the War Room can lead to positive change with the community and Government as true partners. This War Room has taught us that while change is a long term process, it begins with each one of us being committed South Africans taking responsibilities for our own development. Operation Sukuma Sakhe provides us with an important opportunity to work together with Government and communities so we can all 'stand up and build' a proud South Africa.



A community food garden

References

Bradshaw, D., Nannan, N., Laubscher, R., Groenewald, P., Joubert, J., Nojilana, B., Norman, R., Pieterse, D., Schneider, M., 2006. South African National Burden of Disease Study 2000: Estimates of Provincial Mortality Summary Report. SA: Medical Research Council.

Electronic TB Register, Data extracted in 2007.

Office of the Premier, 2010. Social Sector Flagship Programme. KwaZulu-Natal: Office of the Premier.

Office of the Premier, KZN Provincial Public Service Training Academy. 2008. Business writing guide. Pietermaritzburg: KZN Provincial Public Service Training Academy.

Shisana, O., Rehle, T., Simbayi, L.C., Zuma, K., Jooste, S., Pillay-van-Wyk, V., Mbelle, N., Van Zyl, J., Parker, W., Zungu, N.P., Pezi, S., & the SABSSM III Implementation Team, 2009. South African national HIV prevalence, incidence, behaviour and communication survey, 2008. A turning tide among teenagers? Cape Town: HSRC Press.

Statistics South Africa, 2007. Community Survey, Pretoria: Statistics South Africa.

Wallengren K, Scano F, Nunn P, Margot B, Buthelezi SSS, Williams B, et al. Drug-resistant tuberculosis, KwaZulu-Natal, South Africa, 2001–2007. *Emerg Infect Dis* [serial on the Internet]. Oct 2011 <http://dx.doi.org/10.3201/eid1710.100952>.

Appendix 1

Months	January	February
Themes	BACK TO SCHOOL (Children of school-going age)	SAFE SEX AND ENVIRONMENTAL SAFETY (Target all)
Lead Department	DoE/OTP	DoH/OTP
Community Champions		
All Champions	Screen and refer HIV, TB (Promote know your status campaign); ARV, screen adherence to TB, HIV and other treatment and refer to clinic Advocate against gender-based violence and the abuse of children, persons with disabilities and senior citizens	Promote safe sex, screen and refer HIV, TB (Promote know your status campaign); ARV, screen adherence to TB, HIV and other treatment and refer to clinic Advocate against gender-based violence and the abuse of children, persons with disabilities and senior citizens
All Champions	Criteria for application of social grants for children and adults Screen and refer for IDs	Criteria for application of housing
Community Caregivers (CCGs)	Identify children at home with special emphasis on children with disabilities not attending school and refer to nearest school	Promote healthy eating, importance of exercise, personal hygiene, safety in the home, environmental hygiene (see CCG Foundation Course)
Youth Ambassadors (YAs)/Youth Development Forum	Identify children at home with special emphasis on children with disabilities not attending school and refer to nearest school	Promote healthy eating, importance of exercise, personal hygiene, environmental hygiene, safe sex and condom use
Agriculture Extension Officers (EOs)	Target schools to encourage the establishment of food gardens	Target the community to establish food gardens, promote healthy eating and exercise, encourage communities to make compost, educate on safe sex practices
Sport Volunteers (SVs)	Target schools to participate in sport	Assess functionality of sport and recreation facilities, educate of safe sex practices
Amakhosi	Check that all schools are functional and have basic services and learner equipment	Promote healthy eating, importance of exercise, personal hygiene, environmental hygiene, refer clients to CCGs and YAs, educate on safe sex practices
Women's Forums	Ensure children in neighbourhood are attending school	Promote healthy eating, importance of exercise, personal hygiene, safety in the home, environmental hygiene, opportunistic illnesses, educate of safe sex
Men's Forums	Ensure children in neighbourhood are attending school	Promote healthy eating, importance of exercise, personal hygiene, safety in the home, environmental hygiene, opportunistic illnesses
NGOs/CBOs/FBOs	Identify children in the community and church and refer to nearest school	Promote healthy eating, importance of exercise, personal hygiene, safety in the home, environmental hygiene, opportunistic illnesses, educate of safe sex practices and use of condoms
School Governing Body	Check functionality of schools Access to school uniforms and school fee exemption for needy children	Promote sport in schools, school safety, creation of food gardens and planting of trees to promote environment, promote safe sex
Traditional Healers	Encourage children in neighbourhood to attend school	Promote healthy eating, importance of exercise, personal hygiene, safety in the home, environmental hygiene, opportunistic illnesses, educate on safe sex practices
Religious Leaders	Ensure children in neighbourhood are attending school	Advocate for healthy eating and exercise, educate of safe sex practices
Business Partners	Adopt a school or adopt a child	Advocate for healthy eating and exercise, educate of safe sex practices
Municipal Partners	Ensure schools have basic services	Advocate for healthy eating and exercise, educate of safe sex practices

Appendix 1 *(continued)*

Months	March	April
Themes	HUMAN RIGHTS (Target all)	CHRONIC DISEASES (Target all)
Lead Department	DoH/DSD/OTP	DoH/OTP
Community Champions		
All Champions	Screen and refer HIV, TB (Promote know your status campaign), ARV, screen adherence to TB, HIV and other treatment and refer to clinic Advocate against gender-based violence and the abuse of children, persons with disabilities and senior citizens	Screen and refer HIV, TB (Promote know your status campaign), ARV, screen adherence to TB, HIV and other treatment and refer to clinic Advocate against gender-based violence and the abuse of children, persons with disabilities and senior citizens
All Champions	Promote the Citizen's Charter and Human Rights Booklet	Criteria for application of social grants for people with disabilities
Community Caregivers (CCGs)	Educate on stigma and discrimination, common myths and facts about HIV (see CCG Foundation Course)	Discuss signs and symptoms, physical exercise and healthy eating to prevent diabetes, high blood pressure, cholesterol, heart attack, stroke, breast, testicular and prostate cancer, mental illness (see CCG Foundation Course)
Youth Ambassadors (YAs)/Youth Development Forum	Educate on stigma and discrimination, common myths and facts about HIV	Promote healthy eating and exercise to prevent chronic conditions, mental illness, establish sport and youth clubs
Agriculture Extension Officers (EOs)	Promote one home one garden campaign	Educate on nutrition and food security Raising active aging golden Wednesday
Sport Volunteers (SVs)	Promote participation in sport	Promote exercise to prevent chronic conditions Promote reproductive rights
Amakhosi	Promote children's rights, advocate to reduce stigma and discrimination Raise awareness on common myths on aging and witchcraft	Check the functionality of sport and recreation facilities Promote disability friendly facilities
Women's Forums	Educate on the rights of women and gender issues Raise awareness on common myths on aging and witchcraft	Discuss signs and symptoms, physical exercise and healthy eating to prevent diabetes, high blood pressure, cholesterol, heart attack, stroke, breast cancer, mental illness
Men's Forums	Educate on stigma and discrimination, common myths and facts about HIV Educate the rights of women, children and persons with disabilities	Discuss signs and symptoms, physical exercise and healthy eating to prevent diabetes, high blood pressure, cholesterol, heart attack, stroke, prostate and testicular cancer, mental illness
NGOs/CBOs/FBOs	Educate on stigma and discrimination, common myths and facts about HIV Educate on the bill of rights and responsibilities	Discuss signs and symptoms, physical exercise and healthy eating to prevent diabetes, high blood pressure, cholesterol, heart attack, stroke, breast, testicular and prostate cancer, mental illness Educate on senior citizens chronic diseases
School Governing Body	Educate on stigma and discrimination, common myths and facts about HIV	Educate on stigma and discrimination; common myths and facts about HIV
Traditional Healers	Educate on stigma and discrimination, common myths and facts about HIV	Educate on healthy eating and exercise Raise awareness on child and maternal health
Religious Leaders	Educate on stigma and discrimination, common myths and facts about HIV Educate on the bill of rights and responsibilities	Educate on stigma and discrimination, common myths and facts about HIV Educate on the bill of rights and responsibilities
Business Partners	Educate on stigma and discrimination and HIV in the workplace Educate on the bill of rights and responsibilities	Adopt a sport club, encourage sport amongst and between employees and youth in communities
Municipal Partners	Adopt a sport club, encourage sport amongst and between employees and youth in communities	Assess the functionality of sport and recreation facilities

Appendix 1 *(continued)*

Months	May	June
Themes	CHILDREN (under 18)	YOUTH (18 to 35)
Lead Department	DoH/DSD/OTP	DoH/DSD/OTP
Community Champions		
All Champions	Screen and refer HIV, TB (Promote know your status campaign), ARV, screen adherence to TB, HIV and other treatment and refer to clinic Advocate against gender-based violence and the abuse of children, persons with disabilities and senior citizens	Screen and refer HIV, TB (Promote know your status campaign), ARV, screen adherence to TB, HIV and other treatment and refer to clinic Advocate against gender-based violence and the abuse of children, persons with disabilities and senior citizens
All Champions	Criteria for application of social grants for children & children with disabilities	Criteria for application of social grants for people with disabilities
Community Caregivers (CCGs)	Early Childhood Development, infant and child care, screen children for vaccination, malnutrition, educate on home remedies, child abuse, social services for children (see CCG Foundation Course)	Promote use of male and female condoms to prevent HIV, medical male circumcision, educate, screen and refer for STIs (see CCG Foundation Course)
Youth Ambassadors (YAs)/Youth Development Forum	Advocate against abuse of children Report/identify children with disabilities out of school	Promote use of male and female condoms to prevent HIV, medical male circumcision, educate, screen and refer for STIs, promote youth-friendly services, advocate against substance abuse
Agriculture Extension Officers (EOs)	Teach children at schools to participate in school food gardens Promote One Child One Fruit Tree campaign	Target youth to participate in community food garden projects
Sport Volunteers (SVs)	Encourage children to participate in sport Promote disability friendly facilities	Encourage youth to participate in sport
Amakhosi	Advocate against abuse of children Advocate for child-friendly services	Advocate for youth-friendly services
Women's Forums	Educate on child abuse, social services for children	Educate on use of male and female condoms, STIs, medical male circumcision
Men's Forums	Educate on child abuse, social services for children	Educate on use of male and female condoms, STIs, medical male circumcision
NGOs/CBOs/FBOs	Early Childhood Development, infant and child care, screen children for vaccination, screen children for malnutrition, educate on home remedies for children, child abuse, social services for children	Educate on use of male and female condoms, STIs, medical male circumcision
School Governing Body	Recognise the signs of child abuse and report	Educate on implications of early sexual practices
Traditional Healers	Recognise the signs of child abuse and report Report children with disabilities out of school	Educate on use of male and female condoms, STIs, medical male circumcision
Religious Leaders	Recognise the signs of child abuse and report	Educate on implications of early sexual practices
Business Partners	Adopt a child	Encourage learnership programmes employing youth
Municipal Partners	Publish a list of child care services in the community	Publish safe centres for MMC

Appendix 1 *(continued)*

Months	July	August
Themes	MEN (Public Service Week)	WOMEN (From Girl Child to Senior Citizen)
Lead Department	DSD/DoH/OTP	DoH/DSD/OTP
Community Champions		
All Champions	Promote Men and Health Campaign Screen and refer HIV, TB (Promote know your status campaign), ARV, screen adherence to TB, HIV and other treatment and refer to clinic. Advocate against gender-based violence and the abuse of children, persons with disabilities and senior citizens	Promote economic empowerment of women Refer women for PMTCT Screen and refer HIV, TB (Promote know your status campaign), ARV, screen adherence to TB, HIV and other treatment and refer to clinic Advocate against gender-based violence and the abuse of children, persons with disabilities and senior citizens
All Champions	Criteria for application of social grants for older persons Promote manhood and gender equality. Assist Senior Managers in identifying household needs and conducting household visits	Criteria for application of social grants for adults and people with disabilities
Community Caregivers (CCGs)	Promote Male Medical Circumcision, condom use, STIs, chronic conditions	Screen and refer for pregnancy testing and early registration at clinic, vaccination for children, family planning, educate on termination of pregnancy, screen adults for malnutrition, educate on STIs (see CCG Foundation Course)
Youth Ambassadors (YAs)/Youth Development Forum	Promote manhood and gender equality	Educate on teenage pregnancy, criteria for termination of pregnancy, family planning Advocate against abuse of women Promote One Home One Garden campaign
Agriculture Extension Officers (EOs)	Raise awareness on men and social ills	Target women to start community food garden projects
Sport Volunteers (SVs)	Raise awareness on men and health	Encourage women to participate in sport Focus on income generation and food gardens, poultry
Amakhosi	Promote the establishment of support groups for men	Advocate against abuse of women Promote reproductive rights
Women's Forums	Encourage men to join support groups	Educate on family planning, conditions for having termination of pregnancy, medical male circumcision, use of condoms, STIs and Opportunistic Infections
Men's Forums	Promote the establishment of support groups	Educate on family planning, conditions for having termination of pregnancy, medical male circumcision, use of condoms, STIs and Opportunistic Infections Advocate for economic empowerment of women
NGOs/CBOs/FBOs	Promote the establishment of support groups	Screen and refer for pregnancy testing and early registration at clinic, vaccination for children, family planning, educate on termination of pregnancy, screen adults for malnutrition, educate on STIs and Opportunistic Infections
School Governing Body	Encourage participation of fathers in sport at schools	Encourage participation of parents in sport at schools
Traditional Healers	Educate on care and support	Screen and refer for pregnancy testing and early registration at clinic, vaccination for children, family planning, educate on criteria for termination of pregnancy, screen adults for malnutrition, educate on STI
Religious Leaders	Establish support groups in the community	Establish support groups in the community
Business Partners	Adopt a support group, publish support groups in local newspaper	Adopt a support group, publish support groups in local newspaper
Municipal Partners	Publish a list of support groups	Advocate for equality in women

Appendix 1 *(continued)*

Months	September	October
Themes	HERITAGE AND MORAL REGENERATION MOVEMENT (Target All)	FOOD SECURITY, SENIOR CITIZENS (60+), POVERTY AND RURAL DEVELOPMENT (Target All)
Lead Department	OTP	DEARD/OTP
Community Champions		
All Champions	Screen and refer HIV, TB (Promote know your status campaign), ARV, screen adherence to TB, HIV and other treatment and refer to clinic Advocate against gender-based violence and the abuse of children, persons with disabilities and senior citizens	Promotion of the rights of senior citizens Screen and refer HIV, TB (Promote know your status campaign), ARV, screen adherence to TB, HIV and other treatment and refer to clinic. Advocate against gender-based violence and the abuse of children, persons with disabilities and senior citizens
All Champions	Promote the appropriate use of the social grants to sustain livelihood	Screen and refer for ID documents
Community Caregivers (CCGs)	Advocate for responsible citizen accessing services Promote the spirit of Ubuntu	Refer households for food gardens promoting One Home One Garden, One School One Garden, One Church One Garden, One Village One Produce campaign Promote healthy eating, exercise, care of older persons to prevent chronic conditions, support groups
Youth Ambassadors (YAs)/Youth Development Forum	Advocate for responsible citizen, encouraging behaviour change Promote the spirit of Ubuntu	Advocate for community gardens and one home one garden campaign, encourage youth to participate in community gardens for income-generation Advocate for respect for senior citizens
Agriculture Extension Officers (EOs)	Focus on income-generation and food gardens Focus on women and land	Target households to start food gardens
Sport Volunteers (SVs)	Preserve sport and recreation facilities	Encourage participants of food garden projects to participate in sport
Amakhosi	Advocate for sound family and community values	Allocate land for community food gardens
Women's Forums	Promote honesty, loyalty and integrity; promote material well-being through income-generation projects	Promote One Home One Garden campaign Empowerment of rural women
Men's Forums	Promote honesty, loyalty and integrity; promote material well-being through income-generation projects	Promote One Home One Garden campaign
NGOs/CBOs/FBOs	Protect the environment and heritage sites Promote traditional and cultural programs Advocate for justice and fairness	Assist households with establishing food gardens promoting One Home One Garden campaign
School Governing Body	Protect the environment and heritage sites Promote traditional and cultural programs	Encourage the establishment of food gardens in schools and participation of learners, encourage participation of grandparents in school sport
Traditional Healers	Promote honesty, loyalty and integrity	Encourage the establishment of food gardens, encourage care and support for senior citizens
Religious Leaders	Use the power of religion to set standards for high moral conduct	Encourage the establishment of food gardens
Business Partners	Use the power of the media to promote moral regeneration	Provide access to markets
Municipal Partners	Preserve and promote the use of heritage sites	Create partnerships on food security in the community

Appendix 1 *(continued)*

Months	November	December
Themes	GBV/SUBSTANCE ABUSE/ABUSE (Target All)	ROAD SAFETY/DISABILITY (Target All)
Lead Department	DSD/OTP	DoT/OTP
Community Champions		
All Champions	Screen and refer HIV, TB (Promote know your status campaign), ARV, screen adherence to TB, HIV and other treatment and refer to clinic Advocate against gender-based violence and the abuse of children, persons with disabilities and senior citizens	Screen and refer HIV, TB (Promote know your status campaign), ARV, screen adherence to TB, HIV and other treatment and refer to clinic Advocate against gender-based violence and the abuse of children, persons with disabilities and senior citizens
All Champions	Criteria for application of social grants for adults and people with disabilities	Promote the rights of vulnerable groups
Community Caregivers (CCGs)	Recognise the signs of domestic violence and reporting Advocate against domestic violence and substance abuse (see CCG Foundation Course)	Promote road safety in the community and encourage the use of rail as a means of transport Promote the rights of persons with disabilities Refer people with disabilities to access assistive devices from DSD
Youth Ambassadors (YAs)/Youth Development Forum	Advocate against gender-based violence and substance abuse Advocate the role of men in eradicating GBV Promote 16 days activism campaign	Promote road safety amongst peers and sport participants; reflective clothing for sport participants, promote Arrive Alive campaign
Agriculture Extension Officers (EOs)	Target abused women and abusers of substance to participate in food gardens	Encourage the use of rail as means of transport
Sport Volunteers (SVs)	Advocate against gender-based violence and substance abuse Advocate the role of men in eradicating GBV	Encourage the use of rail as means of transport Encourage sport participation in people with disabilities
Amakhosi	Advocate against abuse of women Advocate against substance abuse Advocate eradication of senior citizens abuse Advocate the role of men in eradicating GBV	Distribute Arrive Alive posters in the community Advocate for traffic officers and traffic signs
Women's Forums	Recognise the signs of domestic violence and report Advocate against domestic violence and substance abuse Advocate the role of men in eradicating GBV	Importance of wearing seat belts and using pedestrian pathways Promote Arrive Alive campaign Promote participation in people with disabilities
Men's Forums	Recognise the signs of domestic violence and report Advocate against domestic violence and substance abuse Advocate the role of men in eradicating GBV	Importance of wearing seat belts and using pedestrian pathways Promote Arrive Alive campaign Promote participation in people with disabilities
NGOs/CBOs/FBOs	Recognise the signs of domestic violence and report Advocate against domestic violence and substance abuse Advocate the role of men in eradicating GBV	Distribute Arrive Alive posters in the community Provide services to people with disabilities
School Governing Body	Recognise the signs of domestic violence and report Advocate against domestic violence and substance abuse	Promote road safety for children Provide ramps for people with disabilities
Traditional Healers	Advocate against domestic violence and substance abuse	Be a role model for road safety in the community
Religious Leaders	Advocate against domestic violence and substance abuse	Promote road safety for pedestrians especially people with disabilities
Business Partners	Publish a list of support groups on substance abuse	Sponsor school safety crossings consider people with disabilities
Municipal Partners	Publish a list of support groups on substance abuse and GBV	Install traffic signs; promote enforcement of traffic rules, pedestrians crossings at schools and busy intersections Promote disability friendly facilities

Appendix 2

Interventions	Lead Department	Support Department	Cluster	Long/Mid/Short Term
Temporary shelter for disaster victims	DHS	DAERD, GOGTA	Social Cluster	30 days+
Empowerment programmes for SASSA beneficiaries (e.g. paypoints)	SASSA	All Departments	Social Cluster	30 days+
Provision of shelter to the most vulnerable groups	DHS	DSD, COGTA and DAERD	Social Cluster	90 days+
Provision of placement to vulnerable groups	DSD	Justice, DOH, SAPS	Social Cluster	90 days+
Co-ordinate the development of personal smart cards with detailed information	OTP	All Departments	All clusters	90 days+
Establishment of food banks and soup kitchens for child-headed families and standardise services in the NIP sites	DSD	COGTA, DOH and All Departments	Social Cluster	90 days+
Provision of soft skills training programmes in the following areas: life orientation, value-based programme, parenting, social crime prevention skills	DOE	DCSL, DSD, DOH, DAC	Social Cluster	90 days+
Mobilisation of existing women and youth projects, targeting support groups, artists, local clubs, women's network and all relevant community groups and refer them to DEDT to form cooperatives	DSD	DAC and All Departments	Social Cluster	90 days+
Provision of social security net to qualifying vulnerable groups (FCG/CSG, DG, SRD)	SASSA	DHA, DSD, DOJ	Social Cluster	90 days+
The formation of structures to promote sport and recreation programmes	DSR	DOE and COGTA	Social Cluster	90 days+
Registration of adult education centres, placement of individuals in existing adult education facilities	DOE	DOL	Social Cluster	90 days+
Registration of ECD sites, refer children to existing sites	DSD	DOE	Social Cluster	90 days+
Referral of out of school children to the nearest school and access to school nutrition and free education	DOE	DSD	Social Cluster	90 days+
No fee school programme	DOE		Social Cluster	90 days+
Visible policing, provision of school and road safety education	SAPS	DCSL, DOE	Social Cluster	90 days+
Education and awareness on HIV prevention, increase awareness on healthy lifestyle, crime, substance abuse in schools and community and strengthening campaign on Teenage Pregnancy	DOH and DSD	DOE, SAPS and All Departments	Social Cluster	90 days+
Strengthen partnership between DOH and Traditional Health Practitioners	DOH	COGTA	Social Cluster	90 days+

Appendix 2 *(continued)*

Interventions	Lead Department	Support Department	Cluster	Long/Mid/Short Term
Vital Registration (application for ID, early and late registration of birth, marriages and death)	DHA	DOE, DOH, SAPS and DSD	Social Cluster	90 days+
Establish/activate Community Policing Forums and street committees	DCSL	DSD, SAPS and COGTA	Justice, Crime Prevention & Security	90 days+
Provision of food gardens	DAERD	DOE, DOH, DSD and COGTA	Social Cluster	90 days+
Victim friendly facilities at police stations	DCSL	SAPS	Justice, Crime Prevention and Security	90 days+
Provision of integrated services through Thusong Centres	COGTA	DSD and All Departments	Community Development	90 days+
Provision of assistive drivers	DOH	COGTA	Social Cluster	90 days+
Provision of learner transport	DOE	DOT	Social Cluster	90 days+
My life my future programme	DOE		Social Cluster	90 days+
Behavioural change campaign	DSD	DAC, DOH, DOE	Social Cluster	90 days+
Peer education/social buddies – Leadership Skills	DOE		Social Cluster	90 days+
Quality Learning Teaching Campaign Programme	DOE		Social Cluster	90 days+
Improvement of paypoints for the dignity of pensioners. Municipal halls used as paypoints	SASSA	COGTA	LM's	180 days+
Establish cooperatives to supply food banks	COGTA	DAEA, DEDT	Economic Cluster	180 days+
Life skills programmes targeting social change implemented in Youth Club/Centres/Agencies	DSR	DSD	Social Cluster	180 days+
Provision of PHC Services (VCT, referrals of people with chronic illnesses and the emergencies, DOTS intervention, provision of Expanded Programme of Immunisation on children under 5 years, maternal and child health services, nutritional supplements, provision of integrated management of childhood diseases services)	DOH	DSD, DOE	Social Cluster	180 days+
Re-integration of identified offenders back into the community	DCSL	DSD, Correctional Services and All Departments	Justice, Crime Prevention and Security	180 days+
Refer families and communities to the Food Security Team for community/household food gardens	DAERD	All Departments	Social Cluster	180 days+

Appendix 2 *(continued)*

Interventions	Lead Department	Support Department	Cluster	Long/Mid/Short Term
Refer to Food Security Team for access to land to Department of Land Affairs/Traditional Councils/Local Municipality, provision of capacity building to rural land owners for crop production	DAERD	COGTA, Land Affairs	Economic Cluster	180 days+
Provision of sport and recreation facilities	DSR	COGTA	Human Development	180 days+
Skills audit of the profiled households	DOL	DOE, COGTA, DEDT, DHE	Human Development	180 days+
Placement in Skills Development Programme (technical and leadership skills, provision of bursaries for the qualifying youth, register those with skills as job seekers)	DOE	DOL, All Departments	Human Development	180 days+
Sport administrators/volunteers training	DSR		Social Cluster	180 days+
Provision of Adult Literacy Programme (e.g. Masifundisane, Kha Ri Gude Mass Literacy Campaign) to those who are illiterate	DOE	All Departments	Human Development	180 days+
Refer to Labour Department for the Labour Protection Services (enforcing minimum wages for those identified)	DOL	All Departments	Human Development	180 days+
Integrated services for the vulnerable groups through the One stop Centre_ ECD, luncheon club for elderly, youth desk, NIP site for the orphans and infected and income generating projects	DSD	DOH/SASSA All Departments	Social Protection and Community Development	180 days+
Registration, capacity building and funding of the identified Civil Society Organisations, Women and Youth Fora	DSD	All Departments	Social Protection and Community Development	180 days+
Distribution of the constitution and the citizen's charter to all households	OTP	All Departments	Community Development	180 days+
Provision of performing arts and visual arts and craft development and promotion programmes	DAC	DEDT and All Departments	Human and Community Development	180 days+
Coordinate the provision of language development services (translation, interpreting, editing, terminology development, literature promotion and development)	DAC	OTP and All Departments	Human Development	180 days+
Mainstreaming and coordination of green economy projects	DAERD	All Departments	Economic Cluster	180 days+
Establishment of alternative or renewable energy projects	Engergy	Eskom, DTI	Economic Cluster	180 days+
Provision of agricultural mechanism services	DAEA	DEDT	Economic Cluster	180 days+

Appendix 2 *(continued)*

Interventions	Lead Department	Support Department	Cluster	Long/Mid/Short Term
Implementation of social cohesion and moral regeneration programmes	DAC	All Departments	Community Development	180 days+
Construction of non-motorised infrastructure and facilities (scholars, older persons, people with disabilities)	DOT	DAERD All Departments	Social Cluster	180 days+
Provision of shelter to the most vulnerable groups (e.g. old age homes)	DHS	DSD, DAERD	Social Cluster	365 days+
To address moral regeneration of the youth through sport for life programmes in prioritised wards	DSR		Social Cluster	365 days+
Access to infrastructure, basic services (electricity, water, refuse removal) and housing (incl. solar system)	COGTA	DWAF, Department of Energy, DAERD, DHS, All Departments	Social Cluster	365 days+
Provision of arts and culture facilities, community arts centres, archive repositories and community libraries	DAC	COGTA and DAERD	Social Cluster	365 days+
Provision of mobile police stations	DCSL	SAPS, DPW	Justice, Crime Prevention and Security	365 days+
Contract jobs created to support the sport for life programme (SV)	DSR		Social Cluster	365 days+
Provision of school infrastructure	DOE	DPW and COGTA, DAERD	Social Cluster	1–3 years
Provision of community library services and providing support to educational programmes	DAC	DOE, COGTA	Community Development	1–3 years

Campaign on Accelerated Reduction of Maternal and Child Mortality (CARMMA):

South Africa Cares: No woman should die while giving life. The goal of CARMMA is to accelerate the implementation of key recommendations and strategies to reduce maternal and child morbidity and mortality through effective advocacy for quality maternal and child health care, health system strengthening, community empowerment, community involvement and effective collaboration with partners and relevant stakeholders.

Appendix 3

Operation Sukuma Sakhe Notice of WTT Meeting and Agenda

[Name] War Room

Notice is hereby given of the next Ward Task Team meeting of the [NAME] War Room

Meeting	Ward Task Team Meeting – Name of War Room				
Date of Meeting		Start Time	10h00	End Time	13h00
Location of Meeting					
Meeting Chair		Phone			
Scribe		Phone Email			

Agenda

Item	Agenda	Responsible Person	Time Allocation
1	Opening and Welcome	WTT Chair	5 min
2	Introductions and Apologies	WTT Chair	5 min
3	Review of minutes of previous meeting	WTT Chair	10 min
4	Adoption of minutes of previous meeting	WTT Chair	3 min
5	Report by the LTT Chair/WTT Mentor	LTT Chair	5 min
6	Report by the WTT Chair	WTT Chair	5 min
7	CCG Reports (number of households profiled, number of services identified by Government department, and number of services provided to households):		
7.1	CCG 1:	CCG	15 min
7.2	CCG 2:	CCG	15 min
7.3	CCG 3:	CCG	15 min
7.4	CCG 4:	CCG	15 min
7.5	CCG 5:	CCG	15 min
7.6	CCG 6:	CCG	15 min

Appendix 3 *(continued)*

	Agenda	Responsible Person	Time Allocation
8	Department Reports:	Department Focal Person	
8.1	Department of Agriculture, Environmental Affairs and Rural Development	Department Focal Person	5 min
8.2	Department of Education	Department Focal Person	5 min
8.3	Department of Health	Department Focal Person	5 min
8.4	SASSA	Department Focal Person	5 min
8.5	Department of Social Development	Department Focal Person	5 min
8.6	Department of Home Affairs	Department Focal Person	5 min
8.7	COGTA	Department Focal Person	5 min
8.8	Department of Sports and Recreation	Department Focal Person	5 min
8.9	Any other Department	Department Focal Person	15 min
9	Monitoring and Evaluation Report – Ward level	M&E WTT Focal Person	10 min
10	Announcements	All	10 min
11	General	All	15 min
12	Date of next War Room Meeting	WTT Chair	2 min
13	Summary and Closure	WTT Chair	10 min

Signed

CHAIRPERSON

DATE

Appendix 4

Operation Sukuma Sakhe Minutes of WTT Meeting

Meeting	Ward Task Team Meeting – Name of War Room				
Date of Meeting		Start Time	10h00	End Time	13h00
Location of Meeting					
Meeting Chair			Phone		
Scribe			Phone Email		

Proceedings

Item	Agenda	Minutes	Responsible	Due Date
1	Opening and Welcome	E.g. The meeting started with an opening prayer by xxxx. The WTT Chair welcomed all members to the meeting.		
2	Introductions and Apologies	E.g. The attendance register was circulated. There was a round of introductions by each member. The following members sent in their apologies: 1. 2.		
3	Review of minutes of previous meeting	E.g. There were no matters arising from the previous minutes OR The following items arose from the minutes of the previous meeting: 1. 2.		
4	Adoption of minutes of previous meeting	E.g. The minutes of the meeting held on 3 May 2011 were confirmed as read.		
5	Report by the LTT Chair/WTT Mentor			
6	Report by the WTT Chair			
7	CG Reports:			
7.1	CCG 1:			
7.2	CCG 2:			

Appendix 4 *(continued)*

	Agenda	Minutes	Responsible	Due Date
7.3:	CCG 3:			
7.4:	CCG 4:			
7.5:	CCG 5:			
7.6:	CCG 6:			
8	Department Reports:			
8.1	Department of Agriculture, Environmental Affairs and Rural Development			
8.2	Department of Education			
8.3	Department of Health			
8.4	SASSA			
8.5	Department of Social Development			
8.6	Department of Home Affairs			
8.7	COGTA			
8.8	Department of Sports and Recreation			
8.9	Any other Department			
9	Monitoring and Evaluation Report – Ward level			
10	Announcements			
11	General			
12	Date of next War Room Meeting			
13	Summary and Closure			

Signed

CHAIRPERSON

DATE

USAID Disclaimer

The creation of this material was made possible by the support of the American People through the U.S. Agency for International Development (USAID) under the Cooperative Agreement No. 674-A-00-08-00008-00. The contents are the responsibility of BroadReach Healthcare and do not necessarily reflect the views of USAID or the United States Government.

BroadReach Healthcare

BroadReach Healthcare is a global healthcare solutions company dedicated to developing and implementing large scale solutions to expand access to healthcare services across the globe. We apply our expertise in global health across five core service areas: distribution networks; health systems strengthening; patient education and community mobilisation; public-private partnerships; and strategic consulting. Across each of these service areas, our work combines best practices from the public sector with business efficiency and private sector discipline to address international health challenges and opportunities. Our hybrid public/private approach has helped BroadReach create a portfolio of innovative health projects for a diverse client base including multinational corporations, small and medium enterprises, bilateral donor agencies, multilateral development banks, and other civil society organisations.

BroadReach Healthcare has offices in Washington, DC; Cape Town and Johannesburg, South Africa; Nairobi, Kenya; Shanghai, China; and Zurich, Switzerland.

BroadReach Healthcare (Pty) Ltd
Cape Town Telephone: (021) 514 8300
Johannesburg Telephone: (011) 727 9500

General Disclaimer

This material has been developed using globally recognised credible sources that reflects the current best available information on HIV and AIDS and related topics, at time of going to print. Neither BroadReach Healthcare LLC, including its affiliated companies, subsidiaries, offices, representatives, officers, directors, employees or agents, nor any party who has been involved in the preparation and publication of this material, can guarantee that based on new scientific, programmatic or policy developments in the field, the information will always be accurate and/or complete at all times in the future. This material does not replace or supersede any information or training officially sanctioned by the South African Department of Health (SA DOH). Always refer to updated documents as referenced by your respective professional bodies and the SA DOH.



