



Province of KwaZulu-Natal

Operation Sukuma Sakhe

Operations Handbook



Sukuma Sakhe

STAND UP AND BUILD

Endorsed by:

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Message from the Premier

Honourable Premier Senzo Mchunu

The purpose of this *Operation Sukuma Sakhe (OSS) Operations Handbook* is to provide existing and new stakeholders with knowledge of all OSS processes that will guide the coordination and delivery of integrated services to communities. The *OSS Operations Handbook* focuses on the day-to-day operations of the War Room.



At the centre of governance is the Office of the Premier, which is responsible for the coordination of transversal mandates including OSS. Public participation on various government programmes is done through the integrated approach of OSS at community level.

In KwaZulu-Natal, the fight against HIV and AIDS is at the core of OSS and this fight has to be fought in the War Rooms. War Rooms should focus on HIV and AIDS in the main, followed by all other social ills. The War Room should contain statistics on key HIV response interventions such as circumcision, condom distribution, ART, TB, OVC and referrals and implement programmes and campaigns that fight HIV and AIDS in the community.

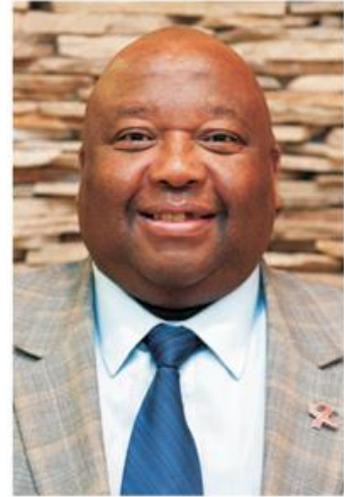
Communities play a leadership role in the War Room. They are at the centre of service delivery by making their needs known, bringing their resources to the War Rooms and, together with service delivery partners such as government, civil society, social partners and business transforming communities.

We are continuously embracing change to find solutions to the challenges we face. This *OSS Operations Handbook* is part of the change to encourage us to perform tasks in a standardised way. People in communities are taking a role in the War Rooms and becoming responsible for effecting change in their lives and the lives of others. We are encouraged to see this groundswell of change. The change is aimed at realising positive results due to the response to poverty, food insecurity, HIV and TB and social ills. We must not rest until we have improved the lives of every single individual, family and community who need change the most. We are working 24/7 to improve the lives of our people in KwaZulu-Natal.

A government for the people by the people

Message from the Director-General

Director General: Mr NVE Ngidi Mchunu



The *Operation Sukuma Sakhe (OSS) Operations Handbook* highlights the governance structures and operating processes of OSS and is a capacity-building tool that will guide the coordination and delivery of integrated services to communities. This Operations Handbook will help all Task Team members and all stakeholders in renewing their commitment to deliver essential services to all communities in this beautiful province.

It is our vision that members of the community are engaged with through the War Rooms by bringing their issues and participating in service delivery. Democracy is about taking responsibility for our own lives and government cannot do it alone.

Through OSS we are saying that in creative partnerships and bringing people together under one roof, we can build healthy and happy communities, which will result in a healthier and happier nation.

Through commitment, coordination and perseverance, we can be the change we want to see happening. Nation building belongs to all of us. 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. We, as citizens of this province, owe it to ourselves to roll up our sleeves, throw our hats in the ring and face the daunting challenges of ill health, poverty, crime and illiteracy head on.

I commend the Premier, his Executive Council, departmental officials, social partners, civil society organisations and each community member for commitment in creating a better and prosperous future for all.

A government for the people by the people

Chapter 1

Introduction

CHAPTER 1

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ACRONYMS USED IN CHAPTER 1

AIDS	Acquired Immune Deficiency Syndrome
BRHC	BroadReach Healthcare
CBO	Community-Based Organisation
CCG	Community Caregiver
EXCO	Executive Committee
FBO	Faith-Based Organisation
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
KZN	KwaZulu-Natal
LTT	Local Task Team
M&E	Monitoring and Evaluation
MMC	Male Medical Circumcision
NGO	Non-Governmental Organisation
OSS	Operation Sukuma Sakhe
PTT	Provincial Task Team
SASSA	South African Social Security Agency
TB	Tuberculosis
WTT	Ward Task Team

DEFINITIONS OF TERMS USED IN CHAPTER 1

Chairperson: This refers to the person that leads a meeting, committee or OSS Task Team.

Civil Society: This is a term that refers to Non-Governmental Organisations, Faith-Based Organisations, Community-Based Organisations and community members.

Coordination: This refers to the process of organising people and activities so that they work together to achieve collective goals.

Dialogue: This refers to a discussion between a group of people to exchange ideas or opinions on a particular issue, with a view to reaching an agreement or common understanding.

Escalation: This refers to the process of raising an issue to the next level. In OSS, this usually means referrals that require support from the OSS champion or Task Team at the next level. For example, if a WTT cannot resolve an issue, they may escalate it to the LTT.

Function: This refers to the intended purpose of a person, organisation or tool in a specific role. For example, the function of the Department of Education is to provide educational services and the function of the Department of Health is to provide health services. The function of the *Household Profiling Tool* is to assist Fieldworkers when profiling households.

Household: This refers to a group of people who live together at least four nights a week, eat together and share resources. A single person who lives alone is defined as a household.

Integration: This refers to the act of combining or adding parts to make a larger unified whole. Operation Sukuma Sakhe integrates services by bringing together different departments/service providers in the War Rooms.

Mentoring: This refers to the process in which a more experienced or more knowledgeable person helps to guide, counsel and support a less experienced or less knowledgeable person.

Mission: The mission statement describes the core purpose. The mission of Operation Sukuma Sakhe explains what Operation Sukuma Sakhe does.

Operation Mbo: This refers to integrated service delivery events within a particular area to ensure services are delivered to many community members at the same time.

Operation Sakuma Sakhe: This refers to the integrated service delivery model bringing together all service delivery stakeholders to provide services in an integrated manner.

Service: This refers to actions that fulfil a function or a need. To provide services means to respond to the needs of the community by performing specific tasks. For example, to fulfil

part of its function, the municipality provides water and electricity services to households.

Social ill: This refers to an issue that negatively affects a considerable number of individuals within a community. Examples include substance abuse, gender-based violence and crime among others

Transversal Services: This refers to services that are crosscutting or involve collaboration between multiple departments/service providers, especially when it is a single client that requires multiple services. For example, a household with members identified with Severe Acute Malnutrition requires nutritional and food supplements from Department of Health, social grants from SASSA, a food garden from the Department of Agriculture, amongst other services.

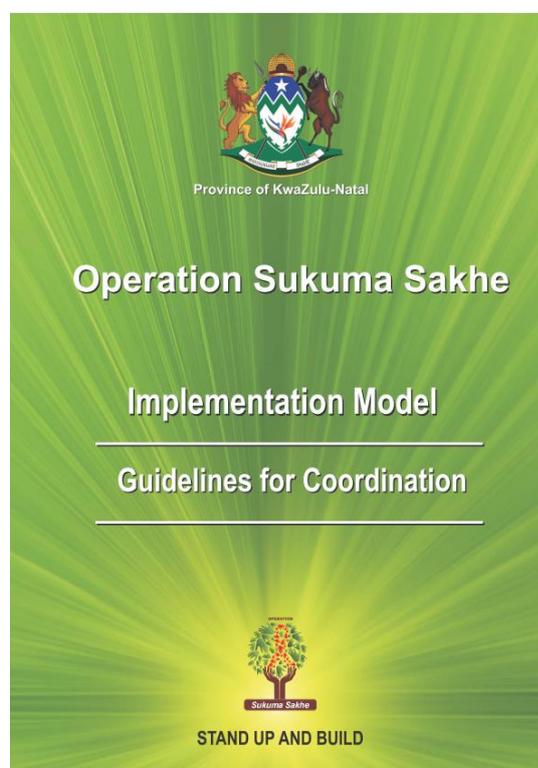
Vision Statement: This refers to a statement that describes what the future will look like.

War Room: This refers to a physical space where the coordinating task team at ward level provides a direct link to the community, coordinates profiling and integrates service delivery.

1 INTRODUCTION

In order to improve the way services are delivered in partnership with communities, KwaZulu-Natal developed and continues to use the OSS integrated model of service delivery. At the centre of the OSS model are War Rooms, which are supported by Task Teams at each governance level. To support OSS implementation, the province initially developed an Implementation Model (see Figure 1.1 – the full English and isiZulu manual can be found on <http://www.kznonline.gov.za> to introduce OSS governance structures and guide stakeholders in the basic principles of OSS; it also provided a road map to establishing War Rooms and coordinating service delivery using the OSS model.

Figure 1.1: The Implementation Model



However, the Implementation Model did not focus on the day-to-day operations of the War Room. This *OSS Operations Handbook* fills this gap using the lessons learned since 2008. It further identifies the roles and responsibilities of various stakeholders within OSS. The *OSS Operations Handbook* is therefore a continuation of the initial Implementation Model. The underlying principles and practices remain the same. The *Operations Handbook* assists and guide existing and new stakeholders with knowledge of all OSS processes to coordinate and deliver integrated services. It offers the perspectives of all levels of implementation, including province, district, local municipality and ward with the focus being at ward level.

The *OSS Operations Handbook* has been compiled with information from interviews with key stakeholders at each level of government departments, social partners, War Room stakeholders and community members themselves.

The *OSS Operations Handbook* includes the following chapters:

- Chapter 1 provides a basic introduction to OSS
- Chapter 2 describes the institutional structure of OSS and the roles and responsibilities of the Provincial, District and Local Task Teams
- Chapter 3 focuses on the institutionalisation of the Ward Task Team (WTT) or War Room and outlines how it is established and the roles and responsibilities of the key members involved. This includes the War Room Executive Committee (EXCO) and the team that operates from the War Room, which is the Ward Task Team
- Chapter 4 provides in-depth process descriptions of the main activities within the War Room – including the types of profiling used to identify service needs, how services are referred, how services are delivered, how referrals are closed, War Room administrative processes and ensuring the War Rooms remain functional
- Chapter 5 provides an overview of monitoring, evaluation and reporting in OSS at all four levels

Since the *OSS Operations Handbook* is designed to benefit all OSS stakeholders, different users will identify with the Chapters most relevant to the tasks they perform.

The *OSS Operations Handbook* is particularly focussed on the War Room and provides a 'how to' guide for members of the War Room to follow. Easy-to-follow diagrams outlining the processes have been included to provide quick references for Fieldworkers and other War Room stakeholders (see Chapter 4). Text boxes, tips and checklists highlight specific notes or focus areas.

The *OSS Operations Handbook Compact Disc (CD)* also contains a folder called *Appendices*. This folder contains a number of resources including:

- *A List of the Appendices*, which is an Excel spreadsheet detailing all the documents in the *Appendices* folder
- OSS tools and templates such as the War on Poverty Household Profiling Tool
- Copies of the process Wall Charts in Chapter 4, which can be printed as posters
- OSS Reporting Templates, such as the *WTT Monthly Reporting Template*

The *Appendices* folder is arranged according to the chapter numbers of this *Operations Handbook*. For example, if Chapter 4 discusses Wall Chart 3, then a copy of that Wall Chart is located in the folder named "Chapter 4" in the *Appendices* folder. Users can also use the *List of Appendices* to identify any resources that are available in the *Appendices* folder.

2 THE NEED FOR INTEGRATED APPROACHES TO SERVICE DELIVERY

KwaZulu-Natal faces numerous social and developmental challenges. On the social front, social ills negatively affect communities. A 'social ill' is a term used to refer to a 'social problem' or 'social issue'. Examples of these are crime, gender-based violence, stigma and discrimination, family disintegration and substance abuse. Poverty, HIV and AIDS threaten the achievement of developmental goals and are therefore the focus of OSS.

The 2012 National Antenatal Sentinel HIV and Herpes Simplex Type-2 Prevalence Survey in South Africa, for example, revealed that in 2012 KZN had the highest rate nationally (37.4%) of HIV prevalence among antenatal clinic attendees. Furthermore, Tuberculosis (TB) is the second leading cause of mortality in the province. The rate of HIV/TB co-infection is high. The emergence of drug-resistant TB, which results in higher mortality rates, has worsened the situation in the province.

Lifestyle choices increase the vulnerability of the population, especially of youth aged 15-34, to sexual exploitation and HIV infection. Socio-economic influences, the breakdown of the family structures, and a lack of support from families or the community increase their vulnerability. Promoting healthy lifestyles and behaviour change can lead to decreased HIV prevalence, fewer teenage pregnancies and stronger family structures.

In KwaZulu-Natal, as in the rest of South Africa, the eradication of poverty and provision of services has become a major political, social and moral imperative. The challenge is complex and poverty is often both a cause and outcome of ill health, food insecurity and other contributing factors. For example, on the one hand poverty creates ill health by forcing people to live in over-crowded conditions with limited access to safe water and sanitation. On the other hand, when people are ill, they are unable to work and access the medicine they need, they have to forego other essential needs and ultimately they lose their income. Once trapped in poverty, households struggle to escape without the assistance and support from others.

To deal effectively with this scourge of HIV and other diseases of lifestyle, as well as poverty and other social ills, services need to be provided to the right people at the right time. In some cases a full range of services need to be delivered at the same time to ensure meaningful impact.

3 BACKGROUND AND INTRODUCTION TO OSS

In February 2008, former President Mbeki announced the “War on Poverty” Campaign in his State of the Nation Address. This was part of a holistic response to HIV and AIDS and social ills. In November 2008, the “War on Poverty” Campaign was launched in Msinga wards 7, 8 and 9 (now renamed as wards 11, 12 and 13 respectively). The Provincial Government adopted the campaign in 2009 as part of the KZN Flagship Programme and, in April 2011, re-branded it as Operation Sukuma Sakhe (OSS).

OSS is a call for the people of KwaZulu-Natal to stand up to overcome the issues that have destroyed communities such as HIV and AIDS, TB, poverty, unemployment, crime, substance abuse, and other social ills. It is about communities working together to rebuild the fabric of society, in partnership with multiple stakeholders through a multi-sectoral, integrated service delivery model.

OSS is coordinated and implemented at various levels including, the ward, local municipality, district and provincial level. Using the OSS model, KZN is able to institutionalise the coordination and integration of service delivery. Integration and coordination enable partnerships to occur, allowing those involved to achieve certain goals for maximum benefit.

Coordination brings together existing services and service delivery processes that government departments/service providers already have in place. These individual processes are brought together to achieve specific goals and objectives, responding to identified needs and enhancing services delivered in a harmonized manner. Coordination therefore means that service providers plan services together and deliver them together to maximise their impact. The Ward Task Teams play an important coordination function, by identifying needs and referring them to service providers.

The slogan for coordination is ***“plan together, do together, learn together, report together and succeed together”***.

Integration refers to united partnerships in which government departments and service providers combine their resources and change the way they operate to align to the War Room’s method of service delivery. This means that all government departments and service providers plan and implement services using the same War Room processes.

The slogan for integration is ***“become one”***.

3.1 THE VISION OF OPERATION SUKUMA SAKHE

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

3.2 THE MISSION OF OPERATION SUKUMA SAKHE

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

3.3 STRATEGIC GOALS AND OBJECTIVES OF OPERATION SUKUMA SAKHE

To achieve this vision and mission, five strategic goals have been developed to guide the next five years of implementation. These goals are as follows:



Goal 1: The OSS model of service delivery becoming fully coordinated and integrated.

Objectives:

- To strengthen the institutionalisation of OSS
- To phase-in community leaders into the role of War Room Chairpersons
- To integrate OSS Task Teams and AIDS Council structures at all levels



Goal 2: A single integrated M&E System to track OSS Service Delivery.

Objectives:

- To institutionalise integrated planning and budgeting for OSS through the Provincial Growth and Development Strategy
- To strengthen the OSS referral system to ensure referrals are closed
- To develop one overarching M&E system to track service delivery
- To strengthen the accountability of M&E for OSS



Goal 3: To have fully functional War Rooms as service delivery engines engaging with communities, departments and service providers to provide essential transversal services.

Objectives:

- To strengthen the integration of Fieldworkers for effective service provision at the War Room level
- To strengthen all War Rooms so they become fully functional



Goal 4: To have skilled human resources for OSS at all levels.

Objectives:

- To develop knowledge and skills for OSS stakeholders at all levels



Goal 5: To position OSS as a model for integrated service delivery.

Objectives:

- To promote OSS as a model for integrated service delivery

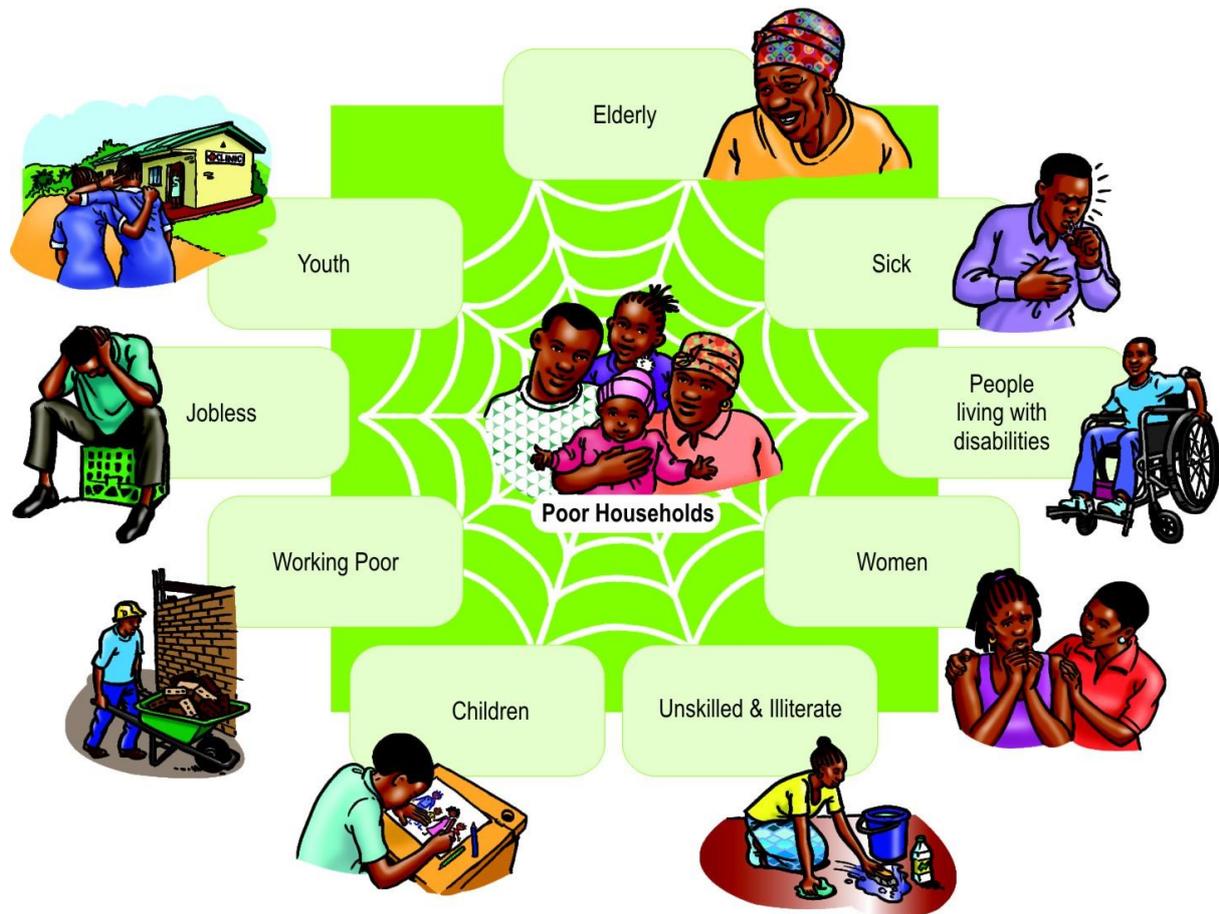
The Vision, Mission and Goals described above define the ultimate purpose of OSS. The *OSS Operations Handbook* assists in achieving the goals and objectives by providing an outline of how to complete the tasks that make these goals and objectives achievable. In particular, it assists:

- Goal 1: By providing an overview of the roles and responsibilities of all OSS stakeholders and instructions on how different stakeholders can align their activities through OSS
- Goal 2: By providing an overview of the M&E system used in OSS and providing overviews of the processes in which M&E is completed
- Goal 3: By prescribing best practices in War Room processes and explicit instructions on completing those processes that make War Rooms fully functional
- Goal 4: By providing a reference guide that will assist all members involved in OSS and adding to the knowledge base through which the programme is implemented
- Goal 5: By providing a robust outline of best practices to be followed, implementing OSS through the instructions of this *Handbook* will strengthen the model and assist Goal 5 to be achieved.

3.4 CLIENTS BENEFITING FROM OPERATION SUKUMA SAKHE

The primary clients of OSS are the most vulnerable groups within poor households. OSS defines the most vulnerable groups as women, children, youth, unemployed adults who either are jobless or earn below minimum wage, unskilled and illiterate adults, the chronically sick, persons living with disabilities and the elderly (see Figure 1.2). (Chapter 3 provides further details of other groups that benefit from OSS.)

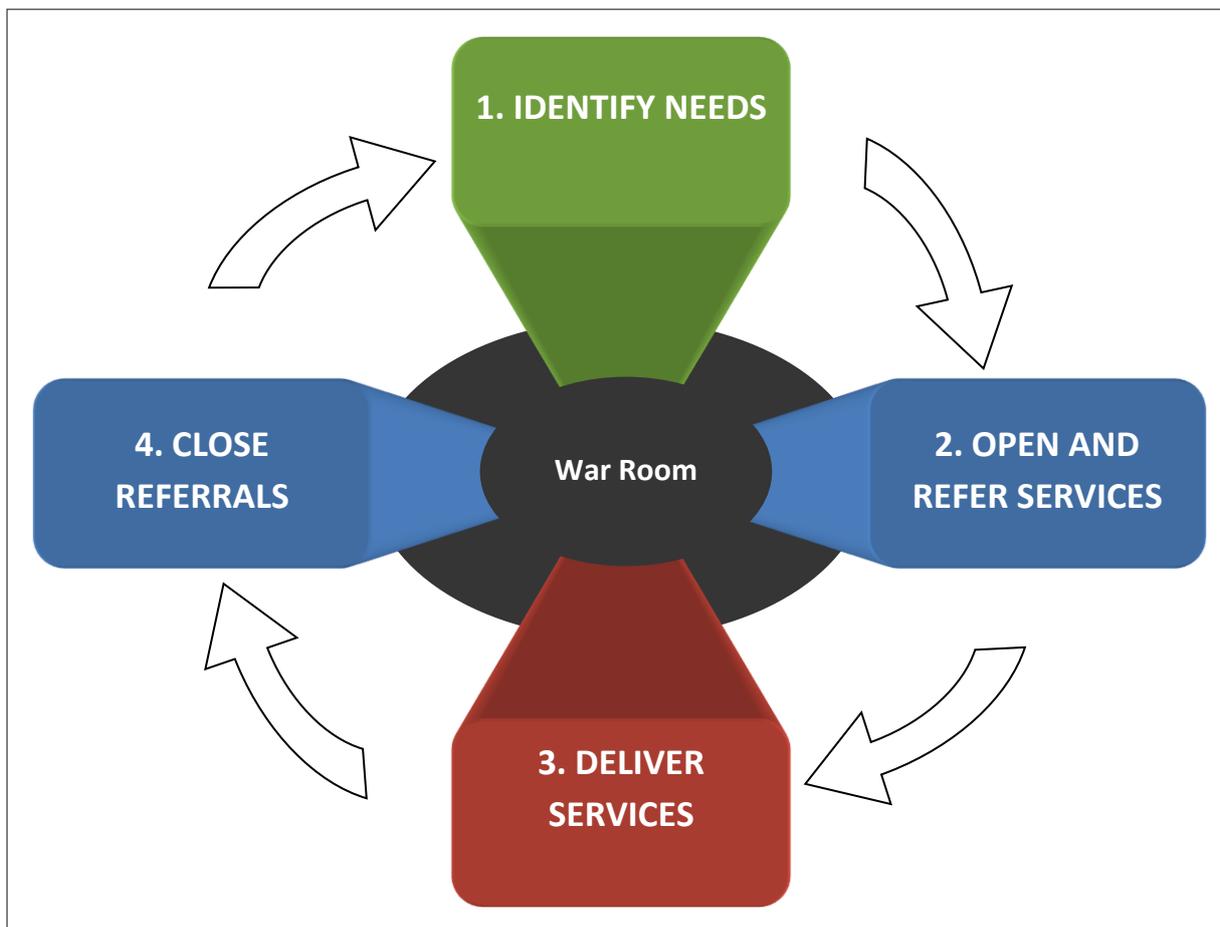
Figure 1.2: The clients of OSS



4 PROCESSES INVOLVED IN THE INTEGRATED SERVICE DELIVERY MODEL

OSS aims to coordinate service delivery by mobilising community partnerships with private sector, non-governmental organisations, community-based organisations and governmental stakeholders. War Rooms target specific household and community needs that they identify through profiling and then direct these to the relevant service delivery stakeholders. The integrated service delivery model comprises of four main processes: identify needs, open and refer services, deliver services and close referrals (see Figure 1.3), often through follow-up visits.

Figure 1.3: The four main processes of the Integrated Service Delivery Model within the War Room





IDENTIFY NEEDS

The War Room identifies Household and community service needs in a variety of ways. The main method is through home visits. Other examples are through:

- Household and ward profiling; word-of-mouth, walk-in visits to the War Room
- Community dialogues, community meetings, service delivery campaigns, events, stakeholder consultations
- Traditional councils, community structures, schools, churches and any social gathering
- Through Phila Mntwana centres, Early Childhood Development centres and War Rooms
- Telephone calls made to the OSS hotline or directly to War Room stakeholders



OPEN AND REFER SERVICES

All needs identified are presented to the War Room and recorded in the *Service Provider Referral Register*. This is the beginning of the referral process. The WTT escalates issues it cannot address to the Local Task Team (LTT).

The War Room Secretary records emergency needs in the *Service Provider Referral Register* and refers them directly to the relevant service provider for immediate response.

Service needs from the *Service Provider Referral Register* are submitted to departmental representatives/service providers (including private sector, public sector and community members) for response. Departmental/service provider representatives develop Action Plans to address services requiring distribution during campaigns and events.



DELIVER SERVICES

Services are delivered by fieldworkers and service providers through specific interventions (e.g. health screening, following up on patients on treatment, forming a support group or providing Identity Documents) or through service delivery campaigns such as Operation Mbo, in which multiple services are provided at the same time. The War Room addresses social ills and other issues on an on-going basis. The War Room establishes Sub-Task Teams to coordinate interventions for specific purposes. The War Room focuses on those households that are most in need of services or that have not received services in the past. The War Room successfully integrates service delivery through a spirit of partnership and cooperation.

Services provided through OSS are categorised into three priority levels (see Figure 1.4):

Figure 1.4: Three priority levels



Immediate Essential services that need to be provided within 90 days, such as food parcels, social grants, vital registration, temporary shelter, basic municipal services, behavioural change campaigns and access to healthcare



Medium-term services that are provided up to 180 days, which focus on skills development, job creation, establishment of co-operatives and enterprise development



Long-term services are those that are provided up to a year or more and include infrastructure development and some municipal services

CLOSE REFERRALS (AND PROVIDING FEEDBACK)

Once services are delivered, referrals are closed in the following ways:

- At the WTT meetings, Fieldworkers and other departmental/service provider representatives report all the services they have provided. Referrals are then closed and recorded on the *Service Provider Referral Register*
- Community members also report the services they have received directly to the War Room. These are noted in the *Service Provider Referral Register* by the War Room Secretary and reported at the next WTT meeting
- LTT representatives report to the WTT the escalated services they have resolved
- Fieldworkers do follow-up visits to households to check if services have been delivered. Feedback on services delivered is provided to the War Room Secretary and the referral is closed on the *Service Provider Referral Register*

The desired outcome of the integrated service delivery model is the implementation of a comprehensive, efficient, effective and a high-quality service delivery system that contributes to a self-reliant community in a sustainable manner. For a community to be self-reliant, it is important that its members are not passive recipients of services but that they actively

participate in interventions that will have an impact on their lives. Community members participate through the War Room. After all, they are better placed to make decisions in terms of their individual and collective efforts towards achieving a better life for themselves.

By participating in OSS and the War Rooms in particular, government departments and other service providers can work together and benefit through the following:

- Ward-based planning: through integrated planning at War Room level, and aligning needs to the Integrated Development Plan, government departments are better able to plan, resource, deliver and monitor services
- Networking Forum: by coming together in the War Room, government departments are able to network and learn from each other
- Platforms for interdepartmental and inter-organisational referrals: using the OSS referral system to receive service needs from the community but also building on the strengths of other departmental/service provider representatives and developing comprehensive baskets of services
- Shared resources: OSS brings together all departments and stakeholders and also has mechanisms for mobilising additional resources
- Community mobilisation and mass interventions: sharing the responsibility for mobilising the community and delivering multiple services at once for greater impact
- Joint monitoring and reporting: that provides up-to-date information on how service delivery is improving and what improvements still need to be made to realise the Citizen's Charter

Government departments also host social-ills campaigns and community dialogues that the War Rooms facilitate. Government departments and service providers can use these platforms to communicate key messages.

Some practical examples that departments can provide to the War Room include:

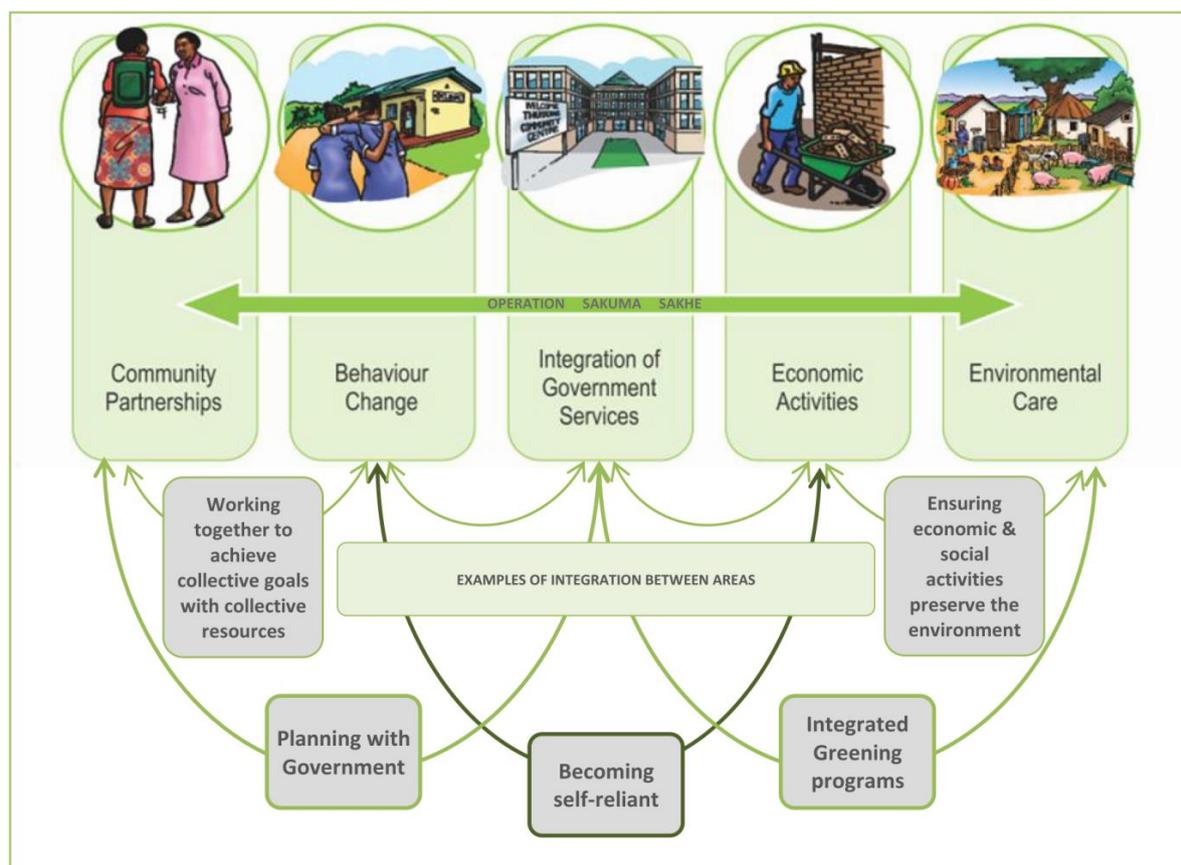
- A list recording the number of OVCs in the ward (lists with names and details of OVCs are kept with the relevant Fieldworker and government department so that needs can be identified and services provided and tracked)
- A list of people on Chronic Medication in the ward to follow-up for treatment adherence
- A list of Chronic Medication defaulters for follow-up
- Themes and campaigns planned for the year
- List of Phila Mntwana centres in the ward
- List of pregnant teenagers in the ward for follow-up
- List of pregnant women in the ward for follow-up
- List of MMC sites in the ward
- Condoms for distribution
- Guidelines to set up support groups
- Assistance in organising campaigns in the ward for HCT, TB, chronic diseases of lifestyle, pregnancy screening, etc

The mandate of most government departments demand a community-based approach to service delivery for the promotion of health, education, food security, vital registration, arts and culture, sport, safety and social and economic development. At the same time, 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. Along with government departments and other stakeholders, they are also important members of the Ward Task Team.

5 FIVE IMPORTANT INTEGRATIVE AREAS OF OSS

OSS consists of five integrative areas, namely community partnerships, behaviour change, integration of government services, economic activities and environmental care. Figure 1.5 illustrates how these five important integrative areas are interconnected.

Figure 1.5: Five important integrative areas of OSS



5.1. COMMUNITY PARTNERSHIPS

OSS focuses on partnership because of the vast resources that can be mobilised within the community in the spirit of 'Ubuntu' – working together and valuing the community above self-interest. When communities mobilise, individual participation becomes about meeting the interests of the whole community. When communities participate in the design, implementation and monitoring of community-level initiatives, interventions more accurately reflect and respond to their real needs and interests. Such an approach uses the different knowledge, experiences, needs and capabilities of various groups in the community, involving them from the beginning so that they own the process and become part of the solution. For example, communities have a very good understanding of what is going on in their areas. They are well positioned to give government information about increasing violence or other social ills such as gender-based violence. By collaborating with communities and other stakeholders, War Rooms can plan interventions that are more realistic.

Government still plays a crucial role in collaborating and planning with the community to provide appropriate services and resources at the appropriate level of service and according to needs and collective goals that communities are working towards. OSS not only 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. but also where communities can come together to be part of the solution and change their behaviour.

5.2. BEHAVIOUR CHANGE

In community partnerships, government is accountable to the citizens, while behaviour change is the responsibility of the citizen. One can see the connection between community partnerships and behaviour change by changing priorities and actions of individuals when they become part of a collective. OSS also changes the behaviour of departmental/service provider representatives by changing the way they plan and implement service delivery interventions. For example, when departmental representatives are in close contact with the people they serve, they begin to take greater care and responsibility for service delivery as they can see the results it has first hand.

Community Caregivers (CCGs), through the door-to-door approach, will also be effecting health and social behaviour change through their interaction with household members and increasing awareness around particular issues. In addition to CCGs, there are Sports Volunteers who mobilise communities, in particular the youth, towards being involved in sports as part of behaviour change. The youth in the community work together with Sport Volunteers from the Department of Sport and Recreation and Arts and Culture in forming arts, culture and sport youth clubs. The Social Crime Prevention Volunteers work with communities in changing behaviour and preventing crime. Other Fieldworkers have been appointed across all districts in the province to assist with effecting behaviour change amongst their fellow fieldworkers.

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. To promote behaviour change in the community, the War Room establishes Social-Ills Sub-Task Teams reporting to the WTT to address the underlying causes of social ill and other issues within the community.

5.3. INTEGRATED SERVICE DELIVERY

All government departments, local municipalities, businesses and civil society including Non-Governmental Organisations (NGOs), Faith-Based Organisations (FBOs), Community-Based Organisations (CBOs) and community members are mobilised to contribute to service delivery in an integrated manner through operating within the War Rooms. Community structures play a critical role in involving communities during the planning and implementation phases of the service delivery process to elevate their status as active participants rather than passive receivers of services. Government departmental representatives are important stakeholders at the ward, local municipality, district and provincial level, ensuring that they deliver services in line with their mandates and the identified community needs. Each War Room should have an inventory of government services available per ward. The different government departments, at the Ward Task Team meetings, agree on the manner in which they will deliver services 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, Assistant Extension Officers, Sport Volunteers, Social Crime Prevention Volunteers, amongst others), has been allocated per ward to assist with household and community profiling using the Household Profiling Tool. Once community and household needs are understood, departmental/service provider representatives can plan and combine resources and provide the required services.

5.4. ECONOMIC ACTIVITIES

The War Room links infrastructure development in the community 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. By creating a network of all stakeholders, needs identified within the community open up opportunities for local entrepreneurs and artisans. Again, the principle of partnerships is important, in which government or local business can provide inputs while the community ensures success through their own contributions and carrying out the various projects themselves.

Mentoring and skills development are also an important element of the approach. All of this implies a focus on public-private partnerships with the potential for such partnerships already being seen in agriculture, transport, local infrastructure development, environment and the services sectors. Ward Task Team meetings encourage discussions by the various government departments, businesses, civil society including NGOs, FBOs, CBOs, and the community members on how to create jobs (e.g. housing, roads and clinics) and look for business opportunities. For example, the investment from the infrastructure programme by government can create an enabling environment for job creation in the province and War Rooms can become involved and steer the programme at a ward level. At the most practical level, Ward Task Teams can identify members of the community to become involved in local

economic development projects while the Local Task Team can identify service provider stakeholders to become involved.

5.5. ENVIRONMENTAL CARE

Whereas the primary focus in South Africa is on development, increasing recognition is being given to the environment. The environment is indeed an integral part of development and the War Room cannot ignore it. The emerging 'green economy' not only emphasises preserving the environment but also presents unique opportunities for local communities. The KZN Integrated Greening Programme is one example in which, through OSS, green initiatives have been coordinated and implemented in local communities with huge success. Planting trees and natural vegetation can improve environmental services, by stopping soil erosion and providing wild fruits and vegetables and medicinal herbs. Furthermore, a healthy environment is a basic human right enshrined within South Africa's Constitution. This is important, as a healthy environment is necessary for healthy communities. Where pollution and poverty is rife, diseases spread and people's livelihoods are at risk.

Chapter 2

Institutionalising Provincial, District and Local OSS Task Teams

CHAPTER 2

INSTITUTIONALISING PROVINCIAL, DISTRICT AND LOCAL OSS TASK TEAMS

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ACRONYMS USED IN CHAPTER 2

AIDS	Acquired Immunodeficiency Syndrome
COHOD	Committee of Heads of Departments
DAC	District AIDS Council
DSP	District Strategic Plan on HIV and AIDS, TB and STIs
DTT	District Task Team
EXCO	Executive Committee
FBO	Faith-Based Organisation
HAST	HIV and AIDS, STIs and TB
HIV	Human Immunodeficiency Virus
HOD	Head of Department
IDP	Integrated Development Plan
LAC	Local AIDS Council
LTT	Local Task Team
MEC	Member of the Executive Council
NGO	Non-Government Organisation
OSS	Operation Sukuma Sakhe
PCA	Provincial Council on AIDS
PGDP	Provincial Growth and Development Plan
PSP	Provincial Strategic Plan on HIV and AIDS, TB and STIs
PTT	Provincial Task Team
STIs	Sexually Transmitted Infections
TB	Tuberculosis
WAC	Ward AIDS Committee
WTT	Ward Task Team

DEFINITIONS OF TERMS IN CHAPTER 2

Chairperson: This refers to the person that leads a meeting, committee or OSS Task Team.

Civil Society: This is a generic term that refers to Non-Governmental Organisations, Faith-Based Organisations and Community-Based Organisations.

Coach: This refers to a more experienced person that guides another person or team to achieve a specific goal or skill. For example, the War Room Coach focuses on guiding the War Room on all OSS processes to achieve fully functional status.

Coordination: This refers to the process of organising people and activities so that they work together to achieve collective goals.

Dialogue: This refers to a discussion between a group of people to exchange ideas or opinions on a particular issue, with a view to reaching an agreement or common understanding.

Departmental/Service Provider Representative: This refers to the person responsible for communicating or providing specific services from a government department, civil society, business, non-governmental organisation or other community structures. For example, the departmental representative is the contact person that receives and communicates all referrals and provides services on behalf of his or her department.

Function: This refers to the intended purpose of a person, organisation or tool in a specific role. For example, the function of the Department of Education is to oversee educational services; and the function of the Department of Health is to provide health services. The function of the *Household Profiling Tool* is to assist Fieldworkers when profiling households.

Governance: This refers to all the processes of governing (such as decision making and implementing decisions), whether undertaken by a government, a market or other organisations. In OSS, there are four governance levels, including provincial, district, local municipality and ward levels.

Household: This refers to a group of people who live together at least four nights a week, eat together and share resources, or a single person who lives alone.

Integrated Development Plan (IDP): This refers to a five-year plan developed by local government to respond to the development needs of the municipality. The IDP process involves the entire municipality and community members in finding the best solutions to achieve long-term development.

Integration: This refers to the act of combining or adding parts to make a larger unified whole. Operation Sukuma Sakhe integrates services by bringing together different departments/service providers in the War Rooms.

Institutionalisation: This refers to the process of establishing, structuring and enforcing a system of rules or way of doing things (including roles and responsibilities of individuals and teams and the way they relate to one another) within an organisation, social system, or society as a whole.

Institutional Framework: This refers to the structure, roles and responsibilities, norms and standards and rules that guide the actions of individuals or organisations.

Mentoring: This refers to the process in which a more experienced or more knowledgeable person helps to guide, counsel and support a less experienced or less knowledgeable person.

Operation Sakuma Sakhe: This refers to the integrated service delivery model bringing together all service delivery stakeholders to provide services in an integrated manner.

Oversight: This refers to the process of supervising, managing or watching over a task performed by others. It may include quality assurance, the giving of advice, addressing escalated challenges and setting rules, regulations and processes.

Provincial Convenor: This refers to a Provincial Task Team member allocated to a District Task Team to offer support.

Service Provider: This refers to any organisation (including civil society, business, non-governmental organisation or other community structures) or individual that arranges or supplies services to OSS or its beneficiaries.

Social Ill: This refers to an issue that negatively affects a considerable number of individuals within a community. Examples include substance abuse, gender-based violence and crime among others.

Social Partners: This refers to institutions or organisations appointed by the Task Team to accomplish specific tasks over a specific period.

Task Teams: This refers to a group of people who come on a temporary or permanent basis to accomplish a specific task or ongoing activities. For example, the OSS Task Teams comprise of different stakeholders who have been mandated to plan and coordinate service delivery amongst other issues.

War Room: This refers to a physical space where the coordinating task team at ward level provides a direct link to the community, coordinates profiling and integrates service delivery.

1 INTRODUCTION

This chapter discusses the institutionalisation of Operation Sukuma Sakhe (OSS). Institutionalising OSS refers to the way in which OSS is structured and formalised so that it can have the maximum possible impact in reaching its objectives. It involves actively developing and working through partnerships, using standardised systems and processes or doing things the 'OSS way'. It also means providing skills to help all stakeholders understand and fulfil their roles and responsibilities.

Members of the Executive Council (MECs) of KwaZulu-Natal have adopted the institutional framework of OSS. Using coordinating task teams and oversight structures, OSS is able to achieve its objectives.

This chapter includes the following topics:

- OSS institutional structures and oversight including
 - Political oversight structures
 - Technical oversight structures
 - AIDS Councils, and
 - Coordinating task teams
- Roles and responsibilities of key stakeholders including
 - Champions
 - Chairpersons
 - Secretaries, and
 - Service providers
- The structure of the Provincial, District and Local Task Team and their roles and responsibilities as Task Teams
- The roles and responsibilities of the District and Local AIDS Councils

2 OSS INSTITUTIONAL STRUCTURES

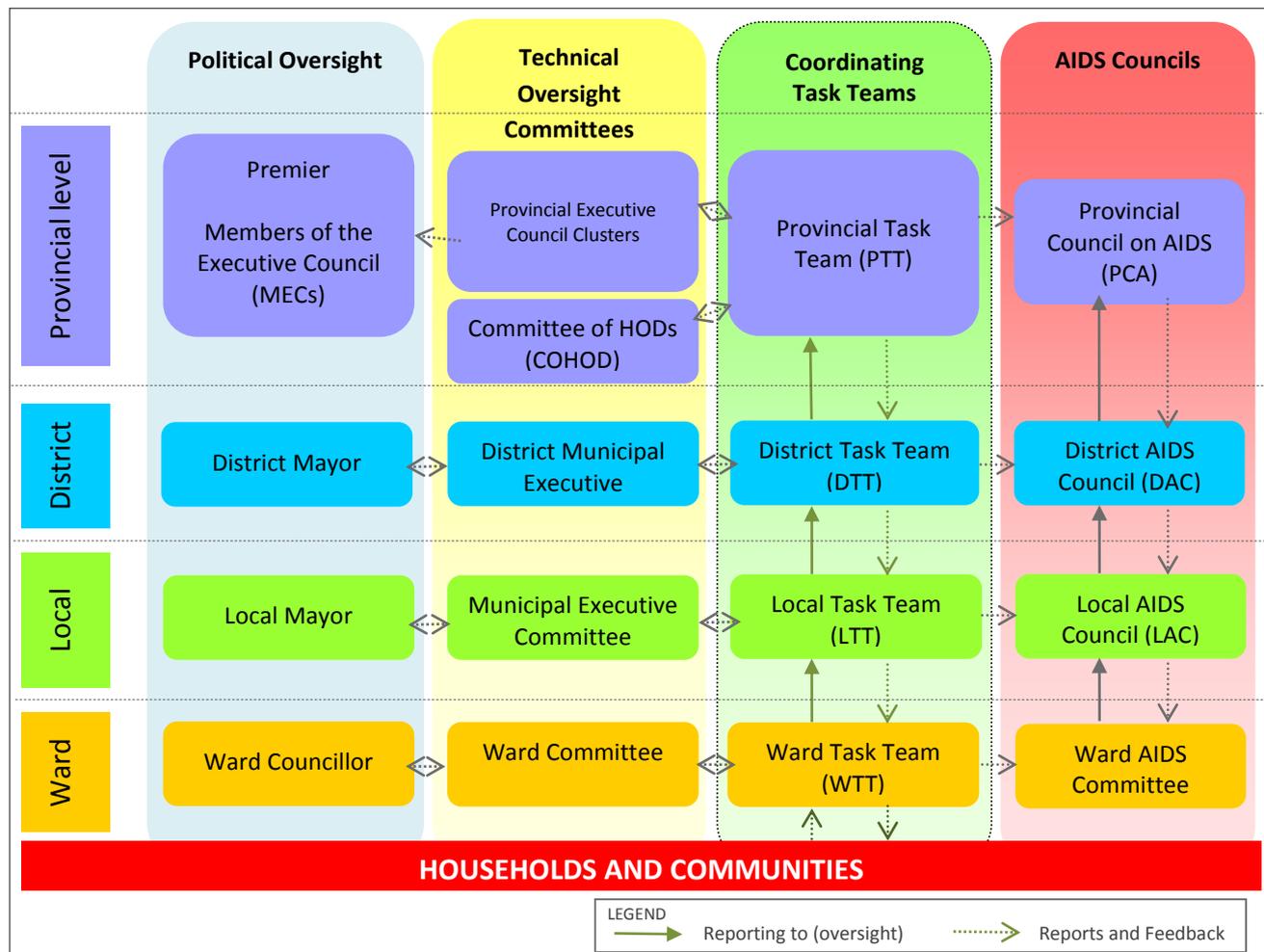
Task teams and oversight structures operate at all four levels of governance namely: provincial, district, local municipal and ward levels (see Figure 2.1).

At all four levels there are four overarching structures, which include:

- political oversight
- coordinating task teams
- technical oversight committees and
- the AIDS Councils

Figure 2.1 illustrates the governance structures of OSS. Each structure plays a particular role and engages with other structures through reporting meetings amongst other interactions. These are described in the next subsections and throughout the *OSS Operations Handbook*.

Figure 2.1: OSS institutional structures



2.1 POLITICAL OVERSIGHT

Political champions (the Premier, Members of the Executive Council, District Mayors, Local Mayors, and Ward Councillors) provide political oversight within OSS and also maintain stakeholder relationships and are key contributors. They guide the implementation of OSS interventions and play a key advocacy role, gaining support and mobilising resources from all stakeholders including businesses, civil society (including NGOs, FBOs, CBOs, and the community members), government departments, traditional leaders, and other politicians.

Political Champions

The Premier is the overall champion of OSS in the Province. Together with the Members of the Executive Council, they provide ultimate political oversight to OSS. Specifically, they provide political support to, and steer, the Provincial Task Team (PTT), which includes all the

key government departments at a provincial level (see discussion below). The Premier is also the Chairperson of the Provincial Council on AIDS (PCA). The PTT shares OSS reports with the Premier, Members of the Executive Council (MECs), Council of Heads of Departments (COHOD), and Provincial Executive Clusters.



NOTE: Political Champions are appointed for five years. When one politician takes over another's political position, they also take over their role as Political Champion in OSS. For example, a replacement Member of the Executive Council takes over the previous MEC's role as a Champion for the same District.

Members of the Executive Committee and the Premier are seconded as Provincial Political Champions to each of the 11 districts to support the District-based Champions (District Mayors). The District Mayor is also the Chairperson of the District AIDS Council (DAC). The DTT shares OSS reports with the District Mayor, the Municipal Executive Committee and the DAC so that progress can be monitored and any relevant issues dealt with by the Champion.

At the local level, the Local Mayor is the Champion of the Local Task Team (LTT) and the Chairperson of the Local AIDS Council (LAC). The LTT shares OSS reports with the Local Mayor, the Municipal Executive Committee and the LAC.

At the ward level, the Ward Task Team (WTT) interacts directly with households and communities. At this level, the Ward Councillor is the Political Champion of the War Room. This means that the War Room shares OSS reports and seeks guidance from the Ward Councillor on decisions requiring their attention. The Ward Councillor is also the Chairperson of the Ward Committee and the Ward AIDS Committee and as such shares reports from those Committees with the WTT (and *vice versa*).

Technical Champions

Heads of Departments (HODs) are appointed as Technical Champions to each of the eleven districts to support the district structures with resources and provide other technical or implementation support. They also play an important role in assisting the District and Local Task Team to escalate issues to departments and other service providers.



NOTE: The HODs support the District Champion in terms of accessing government services from all government departments. The Political and Technical Champions work together to ensure that OSS continues to function effectively.

2.2 TECHNICAL OVERSIGHT COMMITTEES

The role of the technical oversight committee is to approve the OSS Task Teams Operational Plans, assist with resource mobilisation, review performance against the Operational Plan, provide feedback to stakeholders, approve budgets and act as OSS Ambassadors.

At the provincial level, the Heads of Departments (HODs) and Executive Clusters provide technical guidance and assistance in resolving bottlenecks, decision making or other challenges that are encountered in implementing OSS. The PTT is accountable to two technical oversight committees, the Committee of Heads of Departments (COHOD) and all the Provincial Executive Clusters. Operation Sukuma Sakhe is a standing agenda item in COHOD and of all the Provincial Executive Clusters. Support for OSS at this high level increases the visibility of OSS and strengthens the integrated service delivery model.

At lower levels, the DTT is accountable to the District Municipal EXCO and the LTT is accountable to the Local Municipal EXCO. The WTT is accountable to the Ward Committee.

2.3 COORDINATING TASK TEAMS

Task Teams in OSS allow members to come together regularly to discuss, plan and coordinate service delivery interventions. The OSS coordinating task teams consist of the PTT, DTT, LTT and the WTT. Membership of the Task Teams includes government, businesses and civil society including NGOs, FBOs, CBOs, and community members. The Task Team at each level sends reports and any unresolved referrals to the Task Team at the next level (see Chapter 4 & 5) and receives feedback from them during Task Team meetings.

In each Task Team, at municipal and district level, an Executive Committee (EXCO) is established to manage ongoing operations to ensure the Task Team continues to execute its functions. The EXCO is comprised of the following office bearers: Chairperson, supported by a Deputy Chairperson, Secretary and Deputy Secretary within their respective Task Team. Table 2.3 and 2.4 outline the generic roles and responsibilities of these stakeholders.

The PTT EXCO and is made up of the Senior General Manager Executive Support and Stakeholder Engagement, General Manager Priority Programmes, Senior Manager Inkululeko Development Projects (OSS Provincial Secretariat), Senior Manager HIV and AIDS, General Manager of Monitoring and Evaluation, and the General Manager of the Planning Commission. The PTT Chairperson is the most senior person in charge of OSS within the Office of the Premier. District and Local Municipal Task Team Chairpersons are nominated from senior management within district/local service departments or municipal offices. The War Room Chairperson is a member of the community.



NOTE: Chairpersons oversee and facilitate operations within the Task Team. The term of office for the Chairpersons of the DTT, LTT and WTT is 2 years. The Chairperson of the PTT has an ongoing Term of Office since they are appointed from within specific posts within the Office of the Premier (OTP). Political champions oversee Task Team operations as a whole and are not eligible to be Chairpersons. WTT Chairpersons must reside within the respective ward where the War Room is located.

2.4 AIDS COUNCILS

AIDS Councils operate at all four governance levels: provincial, district, local municipal and ward levels. The AIDS Councils consist of the Provincial Council on AIDS (PCA), the District AIDS Councils (DAC), the Local AIDS Councils (LAC) and the Ward AIDS Committee (WAC).

Members of the AIDS Councils and Committees range from governmental departments and civil society to the traditional institutions of leadership. They meet regularly to discuss coordination and community response to HIV and AIDS, STIs and TB. Given the focus of OSS on HIV and AIDS, the OSS Task Teams closely align themselves with the AIDS Councils to ensure the objectives of responding to HIV and AIDS are realised. The AIDS Councils are therefore important in guiding the OSS Task Teams in:

- Promoting HIV and AIDS awareness
- Protecting, promoting and fulfilling the rights of affected persons
- Advising on HIV and AIDS-related programmes and interventions
- Monitoring and coordinating the implementation of HIV and AIDS programmes
- Establishing and maintaining community feedback mechanisms in regard to the multi-sectoral response to HIV and AIDS

The PCA is the sole provincial coordinating body of the HIV and AIDS, Sexually Transmitted Infections (STIs) and Tuberculosis (TB) response in the province. The main function of the PCA is to guide and facilitate the implementation of the National HIV and AIDS, STIs and TB (HAST) Strategic Plan. Tables 2.7, 2.9 and 2.11 outline the roles and responsibilities of the PCA, DACs, and LACs respectively.

3 ROLES AND RESPONSIBILITIES

This section discusses roles and responsibilities for the following:

- OSS Political Champions and Technical Champions
- Provincial Convenor
- Chairperson (All Task Teams and Sub-Task Teams)
- Secretary (All Task Teams and Sub-Task Teams)
- Service providers
- Provincial Task Team (PTT)
- District Task Team (DTT)
- District AIDS Council (DAC)
- Local Task Team (LTT)
- Local AIDS Council (LAC)

3.1 OSS CHAMPIONS

Political Champions are the Premier, MECs, District Mayors, Local Mayors and Ward Councillors. Technical Champions are the HODs. Tables 2.1 and 2.2 discuss the roles and responsibilities of these two groups of Champions.

Table 2.1: Roles and Responsibilities of OSS Political Champions

TITLE	ROLE
<p style="text-align: center;">OSS POLITICAL CHAMPIONS (The Premier, MECs, Mayors, Ward Councillors)</p>	<ul style="list-style-type: none"> • Mobilising resources • Providing feedback to stakeholders • Acting as OSS Ambassadors
RESPONSIBILITIES RELATING TO ROLE	
<p>Mobilising resources</p> <ul style="list-style-type: none"> • Acquire sufficient resources (human, financial and material) to support the Task Team Operational Plan • Make services from government departments/service providers more accessible • Mobilise resources from government departments/service providers, municipalities and private sector • Advocate for adequate levels of Fieldworker cadres to support service delivery at ward level • Identify and approach external service providers and strategic partners to support OSS <p>Providing feedback to stakeholders</p> <ul style="list-style-type: none"> • Present an OSS Report to the political structures/forums (e.g. LTT Champion presents to Local Mayor's Forum) • Present the Task Team and AIDS Council report findings and recommendations to all stakeholders 	

- Hold community engagements to assess client satisfaction in relation to levels of service delivery

Acting as OSS Ambassadors

- Ensure all stakeholders share a common vision of OSS
- Implement the communication plan using multimedia channels of communication
- Ensure communities receive routine feedback on OSS
- Enhance the public image of OSS through hosting and addressing public events, Cabinet Days and Public Service Volunteer Week
- Foster strategic relationships with social partners
- Ensure that the environment is conducive for the implementation of OSS and unblock any political challenges

Table 2.2: Roles and Responsibilities of OSS Technical Champions

TITLE	ROLE
<p>OSS TECHNICAL CHAMPIONS (Heads of Departments)</p>	<ul style="list-style-type: none"> • Approving OSS Task Team's Operational Plan • Reviewing performance against the Operational Plan • Mobilising resources • Providing feedback to stakeholders • Acting as OSS Ambassadors
RESPONSIBILITIES RELATING TO ROLE	
<p>Approving the OSS Task Team's Operational Plan</p>	
<ul style="list-style-type: none"> • Support the Development of the Task Team Operational Plan • Approve the Task Team's Operational Plan and assign priorities to ensure the Task Team's capacity to provide services • Align the Task Team Operational Plan with that of the higher level Task Teams (e.g. LTT Operational Plan is aligned to the DTT Operational Plan) 	
<p>Reviewing performance against OSS Task Team's Operational Plan</p>	
<ul style="list-style-type: none"> • Hold quarterly reviews with Task Team EXCO to assess performance against their Operational Plan and dashboard of indicators • Agree with the Task Team on the actions to be prioritised 	
<p>Mobilising resources</p>	
<ul style="list-style-type: none"> • Acquire sufficient resources (human, financial and material) to support the Task Team Operational Plan targets • Resolve service delivery challenges from all government departments/service providers • Mobilise resources from government departments/service providers, municipalities and private sector • Ensure adequate levels of Fieldworker cadres to support service delivery at ward level • Identify and approach external service providers and strategic partners 	

Providing feedback to COHOD

- Present an OSS District Report to COHOD relating to the districts to which they are seconded
- Escalate issues to other government departments relating to service delivery challenges in their respective districts

Acting as OSS Ambassadors

- Ensure stakeholders share a common vision of OSS
- Implement the communication plan using multimedia channels of communication
- Ensure communities receive routine feedback on OSS
- Enhance the public image of OSS through hosting and addressing public events, Cabinet Days and Public Service Volunteer Week
- Foster strategic relationships with social partners
- Ensure that the environment is conducive for the implementation of OSS and unblock any technical challenges

3.2 PROVINCIAL CONVENORS

At the district level, there is additional technical support provided by the allocation of a senior manager to the DTT as a Provincial Convenor. Table 2.3 provides an outline of the roles and responsibilities of the Provincial Convenors.

Table 2.3: Roles and Responsibilities of the Provincial Convenor

TITLE	ROLE
PROVINCIAL CONVENOR (Senior Managers)	<ul style="list-style-type: none">• Communicating across PTT, DTT, MEC and HOD Champions• Providing technical support• Facilitating training, coaching and mentorship• Mobilising resources• Monitoring, evaluation and reporting
RESPONSIBILITIES RELATING TO ROLE	
Communicating across PTT, DTT, MEC and HOD Champions <ul style="list-style-type: none">• Communicating reports and providing feedback to and from PTT, DTT and champions• Briefing the MEC and technical champion on district campaigns that involve the participation of the MEC• Develop cabinet memos for the cabinet days and other key activities held in the district	
Providing technical support <ul style="list-style-type: none">• Assist in the development of the District Operational Plan, and align it to the Provincial Operational Plan• Provide technical assistance to the DTT EXCO on operational issues	

- Communicate policy decisions and key strategic resolutions from the PTT
- Assist the DTT in addressing issues escalated from LTT/WTTs (for example, poor attendance, outstanding referrals, revitalisation of OSS structures, conflict resolution)
- Enhance the public image of OSS through hosting and addressing public events and campaigns, Cabinet Days and Public Service Volunteer Week
- Facilitate collaboration between OSS and AIDS Council structures

Facilitating training, coaching and mentorship

- Provide mentorship support to all OSS structures in the district and strengthen communication across all OSS structures in the district
- Respond to and make arrangements for all training requests
- Ensure induction of Task Team Members

Mobilising resources

- Mobilise resources for the district through the Champions, District Task Team Members and the private sector

Monitoring, evaluation and reporting process

- Assist the DTT in setting up reporting structures (MER Sub-Task Teams) at all levels
- Monitor outstanding referrals within the district and liaise with provincial departments/service providers to resolve outstanding referrals
- Provide feedback on the *District Monthly Report* and approve prior to submission to PTT
- Ensure DTT participation in Provincial Growth and Development Programme Action Working Groups
- Conduct site support visits with the DTT to the War Rooms

3.3 TASK TEAM CHAIRPERSONS

Table 2.3 outlines the roles and responsibilities of the Chairperson and Deputy Chairperson. These roles and responsibilities also apply to Sub-Task Team Chairpersons as they fulfil similar roles and responsibilities as described here. The OSS Task Teams establish Sub-Task Teams to complete dedicated activities.

Table 2.4: Roles and Responsibilities of Task Team Chairpersons

TITLE	ROLE
TASK TEAM CHAIRPERSONS	<ul style="list-style-type: none"> • Maintaining a functional Task Team • Coordinating service delivery • Facilitating training • Mobilising resources • Monitoring, evaluation and reporting
RESPONSIBILITIES RELATING TO ROLE	

Maintaining a functional Task Team

- Drive the development of the Task Team Operational Plan
- Review performance of the Task Team Operational Plan
- Ensure that the Task Team functions properly and efficiently, (i.e. holding meetings and reporting on closed referrals)
- Ensure the Task Team MER Sub-Task Team meets to consolidate data and write the Task Team Report
- Orientate all Task Team stakeholders on OSS Processes and provide induction training for Task Team Members
- Oversee meeting arrangements to ensure they are planned effectively by the Task Team Secretary
- Ensure that there is full participation of all stakeholders during meetings and escalate any issues to the next Task Team level
- Discuss all matters arising in Task Team meetings and ensure that effective decisions are made and agreed upon
- Safeguard existing resources of the Task Team and account for their usage
- Act as the Task Team liaison and enhance the public image of OSS by participating in respective service delivery events and campaigns
- Ensure that resolutions taken during the meeting are implemented
- The Chairperson chairs all Task Team meetings and supports the Task Team Secretary in preparing the agenda, reports, and minutes
- Ensure that the Functionality Audit Questionnaire is completed for the Task Team (see Chapter 4)

Coordinating service delivery

- Ensure Task Team meetings occur so service delivery initiatives can be planned and coordinated
- Ensure referrals are properly reported and referred to departments/service providers during Task Team meetings
- Mobilise support from different stakeholders
- Engage department/service provider representatives and their managers on immediate referrals
- Facilitate the establishment of Sub-Task Teams to address service delivery needs
- Engage and collaborate with AIDS Council structures (PCA, DAC, LAC, WAC) to ensure alignment of activities

Facilitating training

- Provide coaching and mentorship support to respective OSS structures and strengthen communication across OSS structures
- Facilitate identification of training needs and all training requests.
- Capacitate other Task Team members on OSS

Mobilising resources

- Identify resource requirements and engage with potential donors
- Assist the OSS structures mobilise resources to address implementation and service

delivery needs

Monitoring, evaluation and reporting

- Review and approve Task Team reports prior to submission
- Ensure that the *Task Team Functionality Audit Questionnaire* is submitted to OTP
- Share reports with the OSS Champions and respective AIDS Councils on ongoing operations of the Task Team

Deputy Chairperson

- Support the Chairperson in executing their responsibilities
- Perform all functions of the Chairperson in the absence of the Chairperson

3.4 THE TASK TEAM SECRETARY

The Task Team Secretary supports the Chairperson in the management of the Task Team. Table 2.4 outlines the roles and responsibilities of the Task Team Secretary.

Table 2.5: Roles and Responsibilities of the Task Team Secretary

TITLE	ROLE
TASK TEAM SECRETARY	<ul style="list-style-type: none">• Task Team administration• Communication and correspondence• Meeting administration• Coordinating service delivery• Monitoring, evaluation and reporting
RESPONSIBILITIES RELATING TO ROLE	
Task Team administration <ul style="list-style-type: none">• Print, copy and store all Task Team correspondence, minutes and any other important Task Team documents in a secure place• Access and maintain a collection of reference documents and relevant plans (such as PGDP, IDPs) required by the Task Team• Ensure Task Team has and maintains required resources (including stationary, branding and marketing materials, etc)• Maintain a record of all interventions, events and activities of the Task Team and ensure planning is aligned to the Task Team Operational Plan• Update and maintain the Task Team <i>Service Provider Referral Register</i>• Keep up-to-date contact details (i.e. names, addresses and telephone numbers) of Task Team members and service providers	
Communication and correspondence <ul style="list-style-type: none">• Write and send letters and invitations for meetings to identified stakeholders or	

members not attending Task Team meetings (correspondence)

- Send invitations for service delivery campaigns
- Respond to all Task Team correspondence
- File complete copies of Task Team correspondence
- Keep a record of any of the Task Teams publications (e.g. leaflets, newsletters, case studies for OSS)

Meetings administration

- Ensure meetings are effectively organised and minutes are taken by undertaking specific actions before, during and after the meeting.

Before the meeting:

- Discuss and complete an agenda with the Chairperson (and other stakeholders) for the Task Team meeting
- Notify Task Team member of the date and time of the meeting
- Ensure Task Team members are well informed about meetings taking place to promote active participation
- Distribute minutes from the previous meeting (either in print or by contacting and ensuring departmental/service provider representatives know what they have been assigned to do)
- Obtain reports from all stakeholders (departments, other service providers, OSS structures, etc.) prior to the meeting
- Ensure the Task Team meeting has relevant documents e.g. Service Provider Referral Register and minutes of previous meetings)
- Bring the pre-populated attendance register to the meeting

During meetings:

- Take 'minutes' of the meeting (short bullet points of the discussion including action points, “who must do what and when”)
- Ensure that previous action items are completed
- Keep to the time limits proposed in the agenda (nominate a time keeper)
- Ensure all tasks discussed in the meeting have been allocated to the right people and are understood by those people

After the meeting:

- Send draft minutes to Chairperson before compiling the final minutes for circulation to all stakeholders
- Ensure timely (less than three days) communication of meeting minutes, resolutions and actions items to Task Team members, including those members absent from the meeting
- File copies of the minutes and other documents into the Task Team folder
- Ensure that minutes are kept securely since they are legal record of meetings

Coordinating service delivery

- Facilitate the management of referrals i.e. to ensure provision of services required and escalate outstanding referrals to the next level Task Team

- Close referrals on the referral register once services are delivered (evidence of delivery required)
- Facilitate discussions to develop actions plans in addressing identified challenges
- Assist with planning logistics for service delivery campaigns and OSS events
- Maintain a database of all services offered by service providers in the Task Team

Monitoring, evaluation and reporting

- Ensure usage of standardised OSS data collection tools and reporting templates (*Household Profiling Tool, Household Profiling Summary Tool, Service Provider Referral Register, Task Team Reporting Templates* and other reporting templates) and adhere to reporting requirements and timelines
- Assist the MER Sub-Task Team to obtain reports and collate data from Task Team members
- Ensure reports are signed off by the Champion and Chairpersons at Task Team meetings
- With support from the MER Sub-Task Team, submit and present the Task Team Report to the next level Task Team, using the prescribed reporting template

Deputy Secretary

- Support the Chairperson in executing their responsibilities
- Perform all functions of the Chairperson in the absence of the Chairperson

3.5 SERVICE PROVIDERS

Service providers are organisations, groups or individuals that arrange or supply services. These include organisations that have specific mandates for example, NGOs or the private sector that provide care or support services, child protection, para-legal services, etc. The War Room identifies service providers to attend to needs that are identified when visiting households and through community profiling. Service providers at PTT, DTT and LTT levels are responsible for resolving escalated referrals from the War Room. Refer to Chapter 3 for further details of the roles and responsibilities of a service provider.

3.6 THE PROVINCIAL TASK TEAM (PTT)

The Provincial Task Team provides strategic direction on Operation Sukuma Sakhe at provincial level. Heads of Departments allocate a senior manager from their respective department to represent them in the PTT. The PTT also identifies social partners, including those from the private sector and civil society (Figure 2.2), to provide technical and implementation support. The reporting processes at the PTT meetings require members from the other Task Teams, especially the Chairpersons and Secretaries of the DTTs to attend.

The PTT EXCO manages operations and coordinates the Task Team and the activities of the members that relate to OSS. Figure 2.2 provides an overview of the Provincial Task Team membership.

Figure 2.2: Structure of the Provincial Task Team

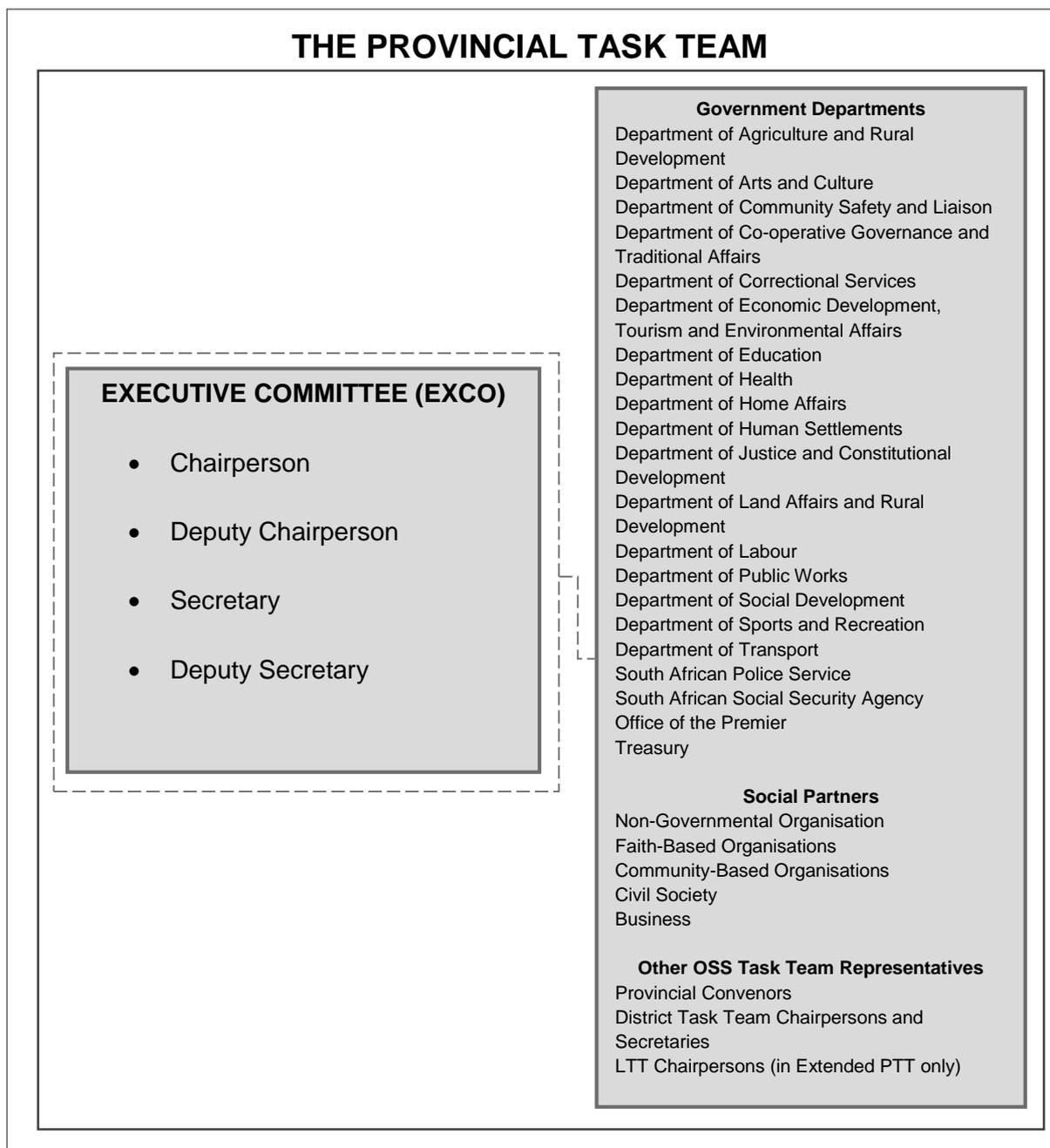


Table 2.5 describes the roles and responsibilities of the Provincial Task Team.

Table 2.6: Roles and Responsibilities of the Provincial Task Team

TITLE	ROLE
<p>PROVINCIAL TASK TEAM (PTT)</p>	<ul style="list-style-type: none"> • Maintaining a functional PTT • Planning and strategic oversight to OSS structures • Coordinating and integrating of service delivery • Training, coaching and mentorship • Mobilising resources • Monitoring, evaluation and reporting
<p>RESPONSIBILITIES RELATING TO ROLE</p>	
<p>Maintaining a functional PTT</p>	
<ul style="list-style-type: none"> • PTT EXCO meet monthly • Compile and maintain a database of active and relevant PTT members • Establish an MER Sub-Task Team to collate the PTT monthly report • Identify and mobilise stakeholders to participate at PTT meetings 	
<p>Planning and strategic oversight to OSS structures</p>	
<ul style="list-style-type: none"> • Develop and implement the five-year OSS strategy • Develop the one-year Provincial Operational Plan with performance targets and a Communication and Advocacy Plan for OSS • Support and align OSS to the Provincial Growth and Development Plan (PGDP) • Assist DTTs to align their District Operational Plans to the Provincial OSS Strategic plan • Address challenges experienced by Task Teams such as internal conflicts, bottlenecks, reviving Task Teams and other issues escalated from the DTTs • Ensure all OSS structures carry out their mandates, comply with applicable guidelines and encourage integrated service delivery 	
<p>Coordinating and integrating service delivery</p>	
<ul style="list-style-type: none"> • Host monthly PTT meetings to report on service delivery • Ensure that the DTT plan all HIV and AIDS interventions with the DAC • Ensure DTT structures are established • Conduct a Functionality Audit of Task Teams at minimum twice per annum • Ensure provincial-level integration of Fieldworkers and service departments • Ensure that there is a list of departmental/service provider representatives responsible to receive and close referrals for their respective organisations • Arrange district-level service delivery campaigns and events such as Cabinet Days, Premier’s Imbizo, Director-General War Room Dialogue and Public Service Volunteer Week • Address all issues escalated from District Task Teams 	
<p>Training, coaching and mentorship</p>	
<ul style="list-style-type: none"> • Identify training needs and facilitate skills development sessions for PTT members 	

- Provide induction for any new members to the PTT
- Provide coaching and mentorship support to OSS structures through the Provincial Convenors, including administrative support, training, skills development relating to key OSS activities, e.g. leadership, household profiling planning, data analysis, reporting among others

Mobilising resources

- Mobilise resources for the implementation of OSS from internal and external sources

Monitoring, evaluation and reporting

- Adhere to PTT reporting requirements and timelines
- Develop reporting templates and toolkits for OSS
- Monitor progress of DTTs against their Operational Plans
- Monitor progress of the PTT Operational Plan
- Ensure that the attendance registers, minutes of meetings and reports are documented
- Protect the integrity of OSS related documents (e.g. completed household profiles, referral registers, meeting minutes, etc.) by keeping the documents in a safe place
- Document case studies of successful OSS implementation practices and share with OSS structures
- Share reports with the PTT Champions, PCA, Provincial Executive Clusters, and COHOD

3.7 PROVINCIAL COUNCIL ON AIDS

Given the focus on HIV and AIDS in the province, Operation Sukuma Sakhe (PTT) works closely with the Provincial Council on AIDS (PCA), which coordinates and facilitates the implementation of all HIV and AIDS, STI and TB (HAST) related interventions in the Province. It is well positioned to monitor and provide information on the impact of HIV and AIDS interventions in the province. Table 2.6 discusses the roles and responsibilities of the PCA.

Table 2.7: Roles and responsibilities of the Provincial Council on AIDS

TITLE	ROLE
Provincial Council on AIDS	<ul style="list-style-type: none"> • Oversight and Coordination of HIV and AIDS, STIs and TB Programme • Mobilising resources • Monitoring, evaluation and reporting
HIV and AIDS, STIs and TB Programme Oversight	
<ul style="list-style-type: none"> • Guide and facilitate the implementation of the Provincial HIV and AIDS, STI and TB (HAST) Strategic Plan (PSP) and other related matters • Facilitate, promote and protect the rights of the affected and infected persons living with HIV and AIDS in the Province • Advocate for intensified HIV and AIDS awareness in the Province 	

- Promote co-ordination and cooperation of all civil society sectors at the provincial, district and local level in respect of any matter relating to HIV and AIDS, STIs and TB
- Promote a uniform approach and cooperation by all organs of state in the provincial and local spheres in respect of any matter relating to HAST
- Advise the Government and OSS on HIV and AIDS and related matters
- Coordinate implementation programmes and strategies of the provincial multi-sectoral response to the epidemic
- Recommend appropriate research around HAST

Mobilising resources

- Mobilise resources for the implementation of HAST- related programmes and strategies in the Province, particularly at ward level

Monitoring, evaluation and reporting

- Monitor and evaluate the protection, promotion and fulfilment of the rights of the affected and infected persons living with HIV and AIDS in the Province
- Monitor the implementation programmes and strategies of the provincial multi-sectoral response to the epidemic
- Ensure periodic review of the Province's HIV and AIDS, STIs and TB Strategic Plan and other related matters
- Incorporate PTT reports into the PCA (submitted the South African National AIDS Council)

3.8 DISTRICT TASK TEAM (DTT)

Members from government and civil society, including Tribal Leaders make up the DTT. All members provide resources to ensure the delivery of the required services. The Champions and the District Municipal Executive Council provides oversight while the DTT EXCO manages operations and coordinates the Task Team (see Figure 2-3).

Figure 2.3: Structure of the District Task Team

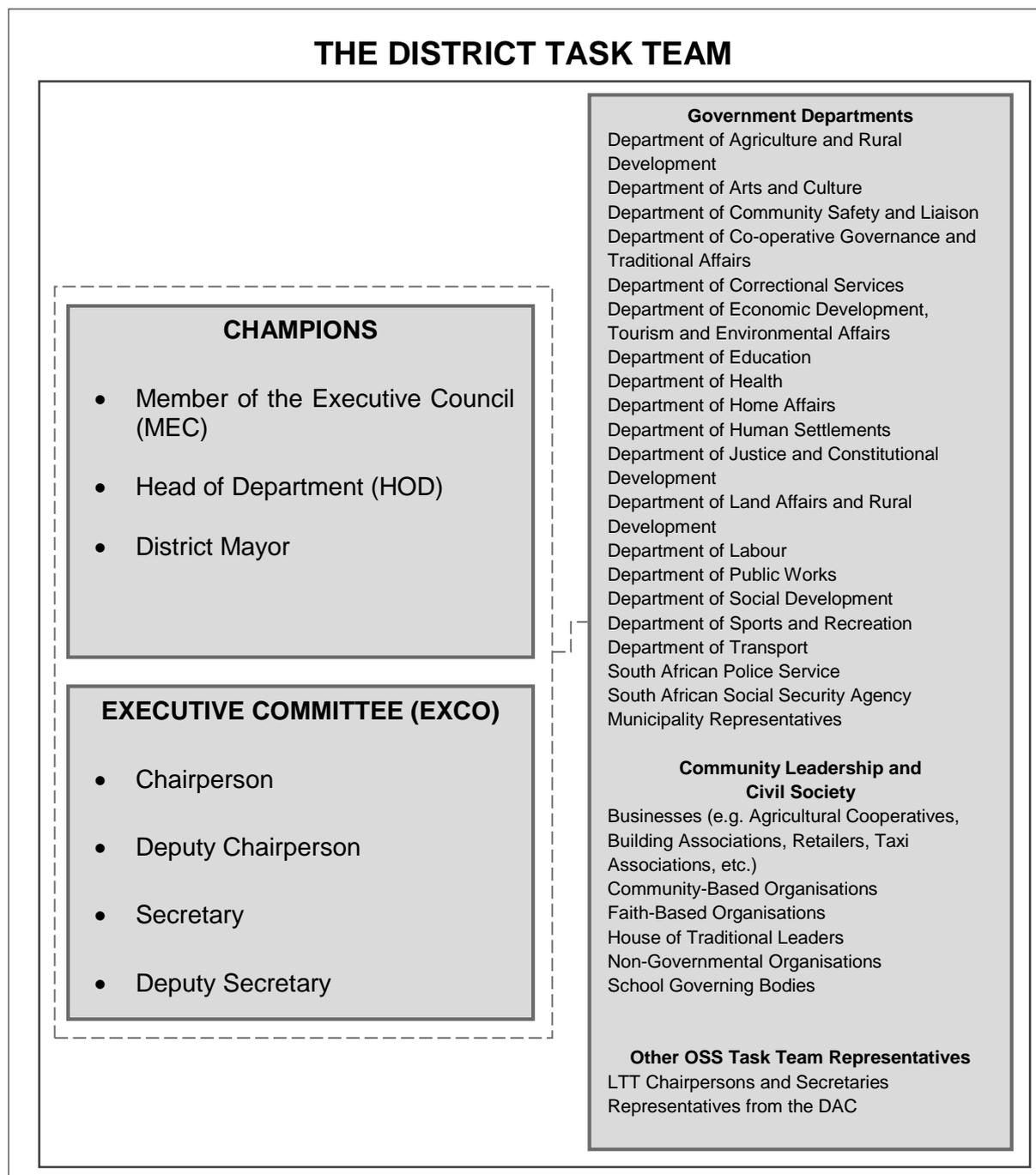


Table 2.7 outlines the roles and responsibilities of the DTT.

Table 2.8: Roles and Responsibilities of the District Task Team

TITLE	ROLE
<p>DISTRICT TASK TEAM (DTT)</p>	<ul style="list-style-type: none"> • Maintaining a functional DTT • Planning and strategic oversight to LTTs and WTTs • Coordination and integration of service delivery • Facilitating training, coaching and mentorship • Mobilising resources • Monitoring, evaluation and reporting
<p>RESPONSIBILITIES RELATING TO ROLE</p>	
<p>Maintaining a functional DTT</p> <ul style="list-style-type: none"> • Appoint the DTT EXCO • Maintain a database of DTT members • Establish an MER Sub-Task Team • Establish Sub-Task Teams to address service delivery needs • Identify and mobilise stakeholders from government to participate at DTT meetings <p>Planning and strategic oversight to LTTs and WTTs</p> <ul style="list-style-type: none"> • Develop the District Operational Plan with performance targets addressing district needs aligned to the Provincial OSS Strategic Plan • Support and align OSS to the Integrated Development Planning Process at district level • Ensure that Operational Plans are developed by LTTs aligned to the District Operational Plan • Address challenges experienced by Task Teams such as internal conflicts, bottlenecks, reviving War Rooms and other issues escalated from the LTTs • Ensure LTTs and WTTs are established to carry out their mandates, comply with applicable guidelines and encourage integrated service delivery <p>Coordination and integration of service delivery</p> <ul style="list-style-type: none"> • Host monthly meetings to report on service delivery • Guide government departments on Fieldworker requirements and the allocation of Fieldworkers to wards • Ensure integration of Fieldworkers through district level agreements with supervisors and managers • Ensure LTT structures are established • Ensure that the LTTs assist the War Rooms to complete the <i>War Room Functionality Audit Questionnaire</i> (see Chapter 4) • Escalate any service department policies and/or processes impacting negatively on service delivery • Ensure that there is a list of departmental/service provider representatives 	

responsible to close referrals from their respective organisation

- Develop specific action plans and interventions to respond to identified social ills and issues
- Address all issues escalated from LTTs

Facilitating training, coaching and mentorship

- Identify training needs and facilitate skills development sessions for all District Task Team members
- Provide induction for any new members to the District Task Team
- Provide coaching and mentorship support to the LTT and WTT, including administrative support training, skills development relating to key WTT activities or needs, e.g. leadership, planning, household profiling, data analysis, reporting among others
- Establish the mentoring Task Team for the District

Mobilising resources

- Mobilise resources for the district through the District Champions and District Task Team Members

Monitoring, evaluation and reporting

- Adhere to DTT reporting requirements and timelines
- Collect and collate information from LTTs and compile DTT reports for submission to PTT
- Monitor progress of LTTs according to their Operational Plans
- Monitor progress according to DTT Operational plan
- Ensure that the attendance registers, minutes of meetings and reports are documented
- Protect the integrity of OSS related documents (e.g. completed profiles, referral registers, meeting minutes, etc.) by keeping the documents in a safe place
- Document case studies of successful OSS implementation practices and share with OSS structures
- Escalate any unresolved issues to the PTT

3.9 DISTRICT AIDS COUNCIL (DAC)

At the district, local and ward levels, the AIDS Councils focus on ensuring implementation of HIV and AIDS programmes. The DAC streamlines and coordinates activities and resources in the district-wide comprehensive response to HIV and AIDS. It is well positioned to monitor and provide information on the impact of district HIV and AIDS interventions. It reports to the Provincial Council on AIDS and engages with a cross-section of interested groups. Table 2.9 discusses the roles and responsibilities of the District AIDS Council.

Table 2.9: Roles and Responsibilities of the District AIDS Council

TITLE	ROLE
DISTRICT AIDS COUNCIL	<ul style="list-style-type: none"> • Oversight of HIV and AIDS, STIs and TB (HAST) interventions in the district • Planning of HAST interventions • Mobilising resources • Monitoring, evaluation and reporting
RESPONSIBILITIES RELATING TO ROLE	
Oversight of HIV and AIDS, STIs and TB (HAST) interventions in the district	
<ul style="list-style-type: none"> • Guide and facilitate the implementation of the District HIV and AIDS, STI and TB (HAST) Strategic Plan (DSP) and other related matters • Facilitate, protect, and promote the rights of the affected and infected persons living with HIV and AIDS in the ward utilising the DTT and War Rooms • Advocate for intensified HIV and AIDS awareness in the district to reduce stigma and discrimination through Awareness Campaigns and War Room Dialogues • Support the War Room in behavioural change campaigns in the ward, including campaigns around TB, alcohol and drug abuse, teenage pregnancy, gender-based violence, crime, etc • Identify shortcomings in HIV and AIDS interventions (e.g. not meeting HCT targets, ensuring ART and other treatments are being adhered to, etc.) in the district • Support the establishment of the LACs 	
Planning of HIV and AIDS, TB and STI interventions	
<ul style="list-style-type: none"> • Promote cooperation by all stakeholders in the district on all matters relating to HAST • Work closely with Provincial Convenor to coordinate OSS in the district • Assist District Task Team and other social partners in planning interventions around HAST • DAC Secretary to attend monthly and specific planning meetings of the District Task Team • DAC Secretary to support the DTT Chairperson in implementing the OSS model 	
Mobilising resources	
<ul style="list-style-type: none"> • Mobilise resources for the implementation of HAST-related programmes and strategies in the district 	

- Recommend appropriate research or profiling around HAST
- Support the establishment of DTT

Monitoring, evaluation and reporting

- Monitor HAST statistics within the wards and through the War Room reports and other data
- DAC Secretary to participate in the Monthly DTT meetings and ensure DTT reports to DAC quarterly meetings
- Provide feedback to DTT
- Incorporate LTT reports into the District AIDS Council Report prior to submission to PCA

3.10 LOCAL TASK TEAM (LTT)

At local level, members are required to ensure that the War Room identifies community needs and resolves them within given timeframes. Members from government and civil society, including Tribal Authorities make up the LTT. All members provide resources to ensure that services required can be delivered. The Local Mayor (Political Champion) and the Local Municipal Executive Committee provide oversight while the LTT EXCO manages operations and coordinates the Task Team (see Figure 2.4).

Figure 2.4: Structure of the Local Task Team

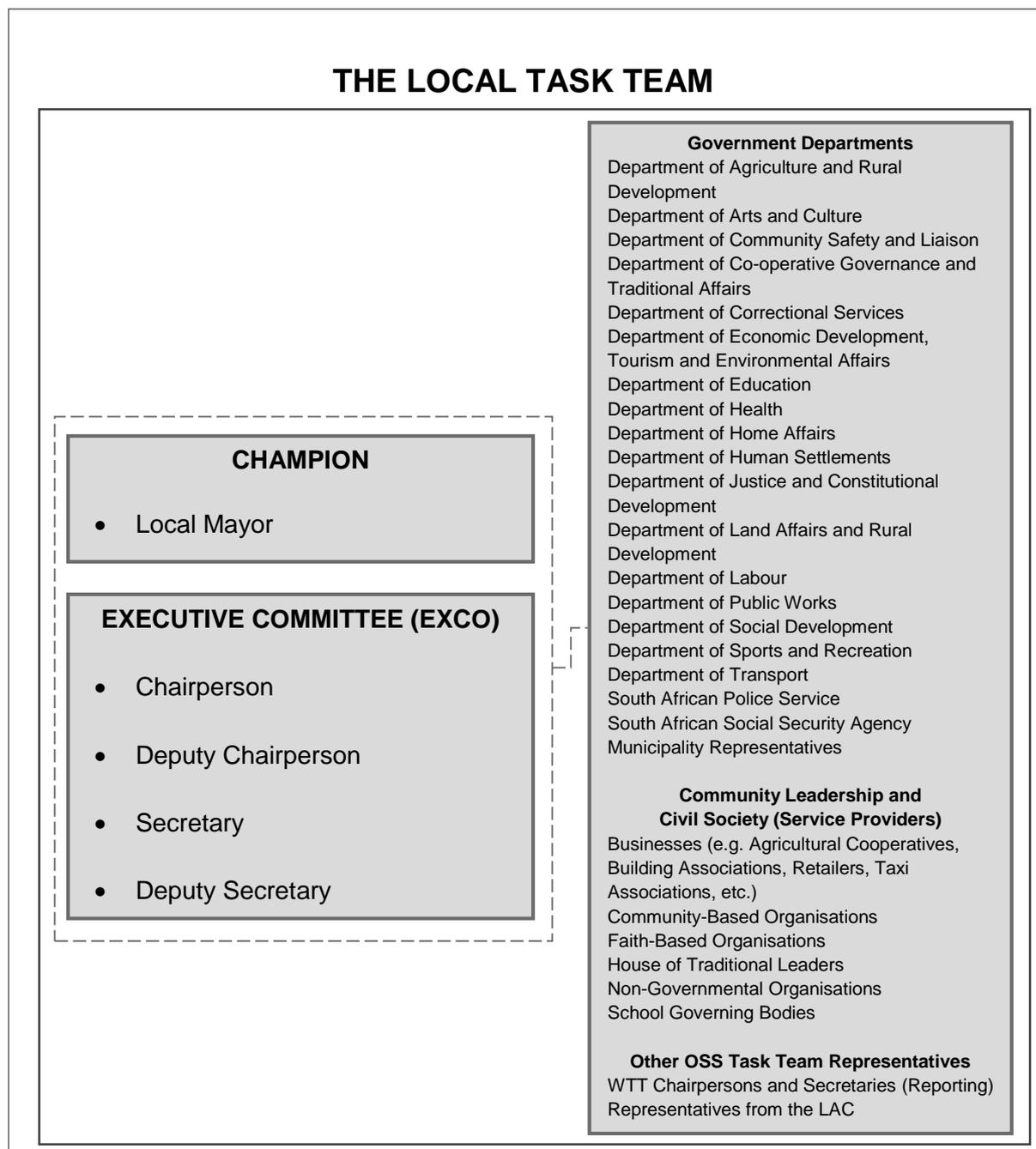


Table 2.4: Roles and Responsibilities of the Local Task Team

TITLE	ROLE
<p>LOCAL TASK TEAM (LTT)</p>	<ul style="list-style-type: none"> • Maintaining a functional LTT • Planning and strategic oversight to Ward Task Teams • Coordination and integration of service delivery • Facilitating training, coaching and mentorship • Mobilising resources • Monitoring, evaluation and reporting
<p>RESPONSIBILITIES RELATING TO ROLE</p>	
<p>Maintaining a functional LTT</p> <ul style="list-style-type: none"> • Appoint the LTT Executive Council (EXCO) • Maintain a database of LTT members • Establish an MER Sub-Task Team • Establish Sub-Task Teams to address service delivery needs • Identify and mobilise stakeholders from government to participate at LTT meetings <p>Planning and strategic oversight to Ward Task Teams</p> <ul style="list-style-type: none"> • Develop the Local Municipality Operational Plan with performance targets • Support and align OSS to the Integrated Development Planning Process at local level • Ensure that Operational Plans are developed by WTTs aligned to the LTT Operational Plan • Address challenges experienced by WTT such as internal conflicts, bottlenecks, reviving War Rooms and other issues escalated from the WTTs • Assist WTTs with the development of Household Profiling Plans and ensure access to Household Profiling Tools • Ensure WTTs are established to carry out their mandates, comply with applicable guidelines and encourage integrated service delivery • Monitor household profiling at WTTs <p>Coordination and Integration of service delivery</p> <ul style="list-style-type: none"> • Host monthly meetings to report on service delivery • Guide government departments/service providers on Fieldworker requirement and the allocation of Fieldworkers to wards • Ensure integration of Fieldworkers through district-level agreements with supervisors and managers • Ensure WTT structures are established • Assist the War Rooms to complete the <i>War Room Functionality Audit Questionnaire</i> • Escalate any departmental/service provider policies and/or processes impacting negatively on service delivery • Ensure that there is a list of departmental/service provider representatives responsible to close referrals from their respective organisation • Develop appropriate Action Plans and interventions to respond to prominent social ills 	

and issues identified

- Address all issues escalated from WTTs

Facilitating training, coaching and mentorship

- Identify training needs and facilitate skills development sessions for all Local Task Team members
- Provide induction for any new members to the Local Task Team
- Provide mentorship to War Rooms to ensure functionality

Mobilising resources

- Mobilise resources for the LTT and WTT through the LTT Champion and Local Task Team Members

Monitoring, evaluation and reporting

- Provide and monitor the usage of correct OSS data collection and reporting templates in War Rooms
- Adhere to LTT reporting requirements and timelines
- Collect and collate information from War Rooms and compile LTT reports for submission to DTT during stipulated time frames
- Monitor progress of WTTs according to their Operational Plans
- Monitor progress according to LTT Operational Plan
- Ensure that the attendance registers, minutes of meetings and reports are documented
- Protect the integrity of OSS-related documents (e.g. completed profiles, referral registers, meeting minutes, etc.) by keeping the documents in a safe place
- Document case studies of successful OSS implementation practices and share with OSS structures

3.11 LOCAL AIDS COUNCIL (LAC)

The Local Mayor and Municipal Executive Council (EXCO) have the responsibility of leading the HIV and AIDS agenda throughout their municipalities. Table 2.11 outlines the roles and responsibilities of the LAC.

Table 2.5: Roles and Responsibilities of the Local AIDS Council

TITLE	ROLE
LOCAL AIDS COUNCIL	<ul style="list-style-type: none"> • Oversight of HAST interventions in the Municipality • Planning of HAST interventions • Mobilising resources • Monitoring, evaluation and reporting
RESPONSIBILITIES RELATING TO ROLE	
<p>Oversight of HAST interventions in the Local Municipality</p> <ul style="list-style-type: none"> • Guide and facilitate the implementation of HAST response activities (DSP) and interventions in the Local Task Team • Facilitate, protect, and promote the rights of the affected and infected persons living with HIV and AIDS in the ward utilising the LTT and War Rooms • Advocate for intensified HIV and AIDS awareness in the Local Municipality to reduce stigma and discrimination through awareness campaigns and War Room dialogues • Support the War Room in behavioural change campaigns in the ward, including around TB, alcohol and drug abuse, teenage pregnancy, gender-based violence, crime, etc. • Identify shortcomings in HIV and AIDS interventions (e.g. not meeting HCT targets, ensuring ART and other treatments are being adhered to, etc.) in the Local Municipality • Support the establishment of the WACs <p>Planning of HAST interventions</p> <ul style="list-style-type: none"> • Promote cooperation by all stakeholders in the Local Municipality on all matters relating to HAST • Work closely with Provincial Convenor to coordinate OSS in the LAC. • Assist Local Task Team and other service providers in planning interventions around HAST • Attend monthly and specific planning meetings of the Local Task Team • Support the LTT Chairperson in OSS programme implementation <p>Mobilising resources</p> <ul style="list-style-type: none"> • Mobilise resources for the implementation of HAST related programmes and strategies in the Local Municipality • Recommend appropriate research or profiling around HAST • Support the establishment of Local Task Team 	

Monitoring, evaluation and reporting

- Monitor HAST statistics within the Local Municipality and through the LTT Reporting and other data
- Participate in the Monthly LTT meetings and ensure LTT reporting to LAC quarterly meetings
- Incorporate LTT reports into the Local AIDS Council Report (prior to submission to DAC)

Chapter 3

Institutionalising the Ward Task Team (WTT/War Room)

CHAPTER 3

INSTITUTIONALISING THE WARD TASK TEAM (WTT)

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ACRONYMS USED IN CHAPTER 3

AIDS	Acquired Immunodeficiency Syndrome
AEO	Assistant Extension Officer
CBO	Community-Based Organisation
CCG	Community Caregiver
CDW	Community Development Worker
CoGTA	Department of Cooperative Governance and Traditional Affairs
DAC	District AIDS Council
DTT	District Task Team
EXCO	Executive Committee of the Task Teams
FBO	Faith-Based Organisation
HAST	HIV and AIDS, STIs and TB
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Plan
KZN	KwaZulu-Natal
LTT	Local Task Team
MER	Monitoring, Evaluation and Reporting
NGO	Non-Government Organisation
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
OVCs	Orphans and other Vulnerable Children
PSVW	Public Service Volunteer Week
PTT	Provincial Task Team
SCPV	Social Crime Prevention Volunteer
STIs	Sexually Transmitted Infections
SV	Sport Volunteer

TB	Tuberculosis
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WTT	Ward Task Team
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DEFINITIONS OF TERMS IN CHAPTER 3

Alignment: This refers to the agreement or cooperation among persons, groups or organisations with a common cause or viewpoint.

Analysis: This refers to the processing of data and information to gain a better understanding of the situation. In OSS, it refers to the process of using data and information to gain a better understanding of what is happening in various situations. For example, analysis can show whether the Task Teams are performing against their targets and where there are challenges and performance gaps.

Chairperson: This refers to the person that leads a meeting, committee or OSS Task Team.

Coordination: This refers to the process of organising people and activities so that they work together to achieve collective goals.

Coach: This refers to a more experienced person that guide another person or team to achieve a specific goal or skill. For example, the War Room Coach focuses on guiding the War Room on all OSS processes to achieve fully functional status.

Dialogue: This refers to a discussion between a group of people to exchange ideas or opinions on a particular issue, with a view to reaching an agreement or common understanding.

Departmental/Service Provider Representative: This refers to the person responsible for communicating or providing specific services from a government department, civil society, business, non-governmental organisation or other community structures. For example, the departmental/service provider representative is the contact person that receives and communicates all referrals and provides services on behalf of his or her department/service provider or organisation.

Escalation: This refers to the process of raising an issue to the next level. In OSS, this usually means referrals that require support from the OSS champion or Task Team at the next level. For example, if a WTT cannot resolve an issue, they may escalate it to the LTT.

Function: This refers to the intended purpose of a person, organisation or tool in a specific role. For example, the function of the Department of Education is to oversee educational services; and the function of the Department of Health is to provide health services. The function of the *Household Profiling Tool* is to assist Fieldworkers when profiling households.

Functionality: This refers to the level to which something fulfils its intended purpose. For example, the *War Room Functionality Audit Questionnaire* examines how well War Rooms are performing what is expected from them.

Household: This refers to a group of people who live together at least four nights a week, eat together and share resources, or a single person who lives alone.

Integrated Development Plan: This refers to a five-year plan developed by local government to respond to the development needs of the municipality. The IDP process involves the entire municipality and community members in finding the best solutions to achieve long-term development.

Integration: This refers to the act of combining or adding parts to make a larger unified whole. Operation Sukuma Sakhe integrates services by bringing together different departments/service providers in the War Rooms.

Institutionalisation: This refers to the process of establishing, structuring and enforcing a system of rules or way of doing things (including roles and responsibilities of individuals and teams and the way they relate to one another) within an organization, social system, or society as a whole.

Institutional Framework: This refers to the structure, roles and responsibilities, norms and standards and rules that guide the actions of individuals or organisations.

Mentoring: This refers to the act of guiding, counselling, and supporting.

Operation Mbo: This refers to integrated service delivery events within a particular area to ensure services are delivered to many community members at the same time.

Operation Sakuma Sakhe: This refers to the integrated service delivery model bringing together all service delivery stakeholders to provide services in an integrated manner.

Oversight: This refers to the process of supervising, managing or watching over a task performed by others. It may include quality assurance, the giving of advice, addressing escalated challenges and setting rules, regulations and processes.

Performance gaps: This refers to the condition when the current situation does not match the intended situation. For example, if a War Room needs to profile twenty households and it only profiles fifteen households, there is a performance gap of five households.

Referral: This refers to the information relating to household and community needs that have been identified, which is brought to the War Room and forwarded to the relevant departments/service providers for response. For example, when members of a household require social grants, this information is sent to SASSA as a referral.

Resource: This refers to the material, financial and human capabilities that are used to

achieve certain objectives. For example, the Fieldworkers are important human resources that the War Room can use to complete household profiles. Desks and chairs are examples of material resources that are required by the War Rooms.

Service: This refers to actions that fulfil a function or a need. To provide services means to respond to the needs of the community by performing specific tasks. For example, to fulfil part of its function, the municipality provides water and electricity services to households.

Social ill: This refers to an issue that negatively affects a considerable number of individuals within a community. Examples include substance abuse, gender-based violence and crime among others.

Social Partners: This refers to institutions or organisations appointed by the Task Team to accomplish specific tasks over a specific period.

Ubuntu: This word refers to 'humanity to others' and suggests that people put the community first.

War Room: This refers to a physical space where the coordinating task team at ward level provides a direct link to the community, coordinates profiling and integrates service delivery.

1 INTRODUCTION

Chapter 2 discussed the Provincial Task Team (PTT), District Task Team (DTT) and Local Task Team (LTT) in terms of their structures, roles and responsibilities. This chapter focuses on the Ward Task Team (WTT). The WTT is also commonly referred to as the War Room, as that is the physical structure where the WTT meets and where other OSS operations are organised.

Operation Sukuma Sakhe (OSS) uses the concept of a War Room as a place to engage with the community. War Rooms are generally situated in community halls, churches, government service outlets or other community-based structures such as at schools, the Ward Councillor's office or clinics.

The War Room is an integrated service delivery structure that:

- Supports data collection to identify needs through household profiling by Fieldworkers
- Supports departmental/ service provider interventions
- Follows up on services delivered to households
- Identifies resources within the ward for use by OSS to respond to community needs and
- stores documentation relating to households profiled, interventions provided or required and War Room administration

All members of the War Room assist by providing resources to ensure that required services can be delivered.

This Chapter includes the following topics:

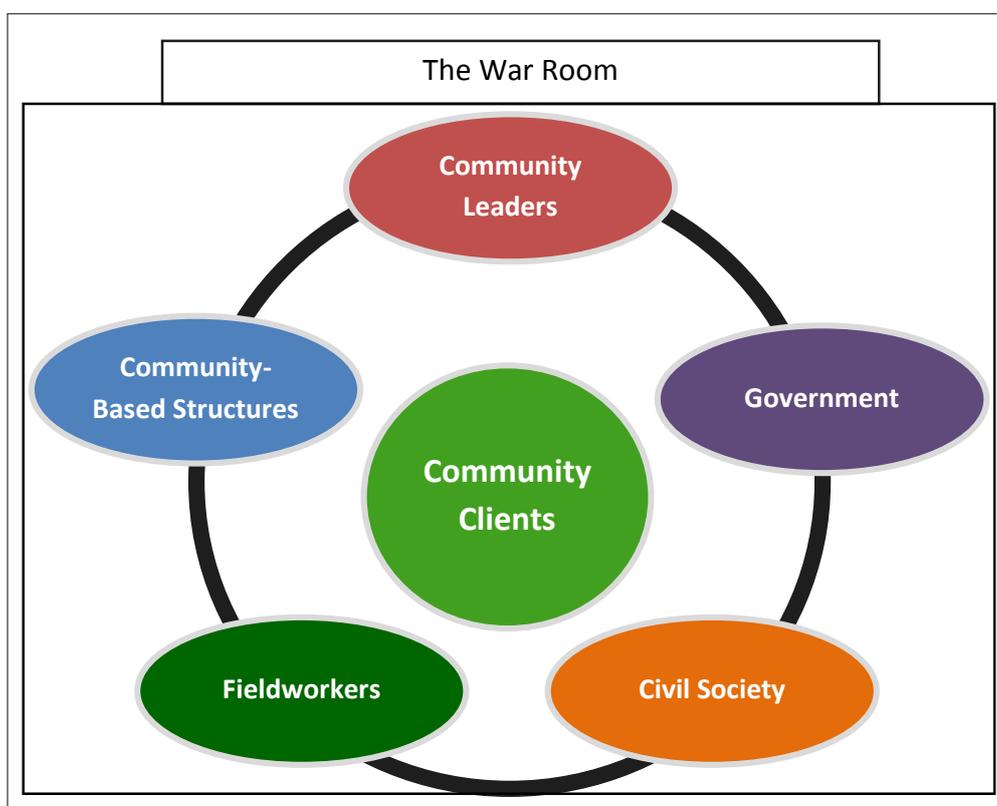
- The benefits of the War Room to various stakeholders
- The War Room structure and Sub-Task Teams
- Establishing the War Room
- Roles and responsibilities of the War Room stakeholders, including:
 - The War Room Champion
 - Community Members
 - The War Room Chairperson
 - The War Room Secretary
 - War Room Fieldworkers
 - Departmental/service providers representatives
 - Ward Task Team Mentors
 - The Ward Task Team
 - Ward Committee representatives
 - Ward AIDS Committee representatives
 - Traditional Councils
- Aligning the WTT with the legislated community structures (Traditional Council, Ward Committee (WC) and Ward AIDS Committee (WAC))

2 BENEFITS OF THE WAR ROOM TO VARIOUS STAKEHOLDER GROUPS

Amongst others, five main stakeholders actively serve community members. These are (see Figure 3.1):

- Community Leaders
- Government departments (District, Local and Ward)
- Civil Society (including CBOs, NGOs, FBOs, Social Partners.)
- Fieldworkers and
- Community-based structures (Disability Forum, Human Rights Forum, Community Policing Forum, Child Protection Forum.)

Figure 3.1: Main stakeholders serving the community that benefit from being involved in OSS



COMMUNITY CLIENTS

Chapter 1 highlights various OSS clients from the community. Clients are those community members that receive support through OSS. 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 benefits of OSS could have life-changing effects for different vulnerable groups, including:

- Women:
 - Women are crucial clients as they are the most likely of all vulnerable groups to free their respective households from poverty

- Children:
 - **Less than 5 years of age** benefit from the implementation of child survival strategies through Phila Mntwana at community level. The War Rooms respond to the urgent need to reduce child mortality in the province
 - **Less than 18 years of age** benefit from an integrated response bringing together initiatives that address challenges affecting the youth, such as poverty, lack of resources at schools, violence between learners and sexual assault by teachers and fellow students amongst others
- Unemployed and unskilled youth:
 - Through increased access to information, counselling and job search skills, job creation initiatives, skills development and business development support. This will encourage them to complete or return to their education and training in order to secure their future
- Unemployed adults and the working poor:
 - Because they will receive skills development to enhance their employment and income-generation opportunities
- Unskilled and illiterate community members:
 - By unlocking job opportunities in different sectors of the economy because they will be encouraged to improve their skills and become literate in order to enlighten themselves
- People living with disabilities, the chronically sick and the elderly:
 - Through improved access to quality, home-based care as the essence of ubuntu means that care needs to be provided to the elderly and those that are not able to care for themselves



COMMUNITY LEADERS

Community Leaders are individuals who play a leading role in community affairs. This group includes Traditional Leaders, Ward Councillors and other respected individuals 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 municipal level
- The ability to access skills development and training opportunities through participation in the War Room



GOVERNMENT

Government is an important stakeholder in OSS as it is able to use the integrated service delivery model as a platform from which to deliver essential and long-term services to communities. The benefits for the government departments are:

- The ability to provide services in an integrated and coordinated manner
- Avoiding duplication of services through joint and coordinated planning at the community level of service delivery
- The ability to share and pool information and resources to achieve maximum output in an efficient and cost-effective manner
- The ability to empower communities to influence and improve planning for Integrated Development Plans (IDPs)
- The ability to share monitoring and evaluation resources as well as data for planning purposes
- The opportunity to network with colleagues in other organisations and departments/service providers 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 ward level
- The opportunity to promote healthier lifestyles, which will result in improved community health and reduce the burden on public health facilities



CIVIL SOCIETY

Civil Society, such as non-governmental organisations and community-based organisations provide critical services directly to communities at ward level. Government, the private sector, churches or other donors support Civil Society and play an important role in assisting communities in the 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 data to enhance planning activities
- The ability to consolidate information through joint reporting and communication to the communities
- The opportunity to provide services to communities in an integrated manner
- The ability to identify service delivery gaps and to create opportunities within the community
- The ability to generate skills development and training opportunities
- The opportunity to access markets and create new business opportunities



FIELDWORKERS

Fieldworkers are ward-based cadres that enable departments/service providers to allocate their resources more efficiently, monitor service provision and improve the level of support for communities. They are also the contact point between government departments and the community. The types of Fieldworkers working within communities include Community Development Workers, Community Caregivers, Agricultural Extension Officers, Sport

Volunteers, Social Crime Prevention Volunteers, and Community-based Volunteers. Each Fieldworker provides essential services at different levels within the community, such as the promotion of healthier lifestyles, Household Profiling, prevention and other activities. The focus is generally on clients, or client target groups, who have complex needs that require services from a number of departments/service providers.

The benefits of OSS for this group of Fieldworkers are:

- Fieldworkers are empowered by joining the War Room and forming part of a broader network of teams with which they can work
- They are given the ability to provide services in an integrated manner through the War Room
- They are better able to measure the impact of the social change they create by using OSS monitoring and evaluation tools
- They are given 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



COMMUNITY-BASED STRUCTURES

A community-based structure refers to any committee that represents or supports particular community interest groups (e.g. People Living with HIV, Senior Citizens, Youth, Women, etc.). These structures help the communication and improve the collaboration between department/service providers and the communities that they serve. They play an important role in the ward because they are involved in identifying and providing services in response to community needs. A common challenge is that these structures often work on their own providing services according to their mandate, which results in duplication of services and resources. To ensure that communities are involved in their development, OSS includes and works with existing community-based structures. The benefits of OSS for community structures are:

- Combining resources and services to ensure that services are coordinated and delivered in an integrated manner
- Engaging all community-based structures ensures inclusive representation and participation
- Utilising the War Room facilitates rapid referral and provision of services
- Jointly holding community dialogues on social ills
- Identifying community needs and contributing to ward-based planning and service delivery campaigns
- Providing access to information on services provided and feedback on outstanding referrals
- Improving access to service for all community members
- Improving turnaround time for issues arising within the community

Through OSS, community-based structures effectively interact with the community and with each other through the War Room (see Figure 3.2).

Figure 3.2: Interaction of key community-based structures involved in the War Room



While community-based structures benefit from becoming involved within the War Room they are equally important to the functionality of the War Room by providing their service-delivery reports. For example, school governing bodies also identify orphans or children in need of health and social services, which can be mobilised through the War Room. They are therefore an important source of bringing referrals the War Room. In turn, they facilitate provision of health and social services to schools such as establishing school food gardens, distributing school uniforms, assisting in health screening and participating in sports campaigns with support from other members of the WTT. As such, they are strategic partners to the War Room.

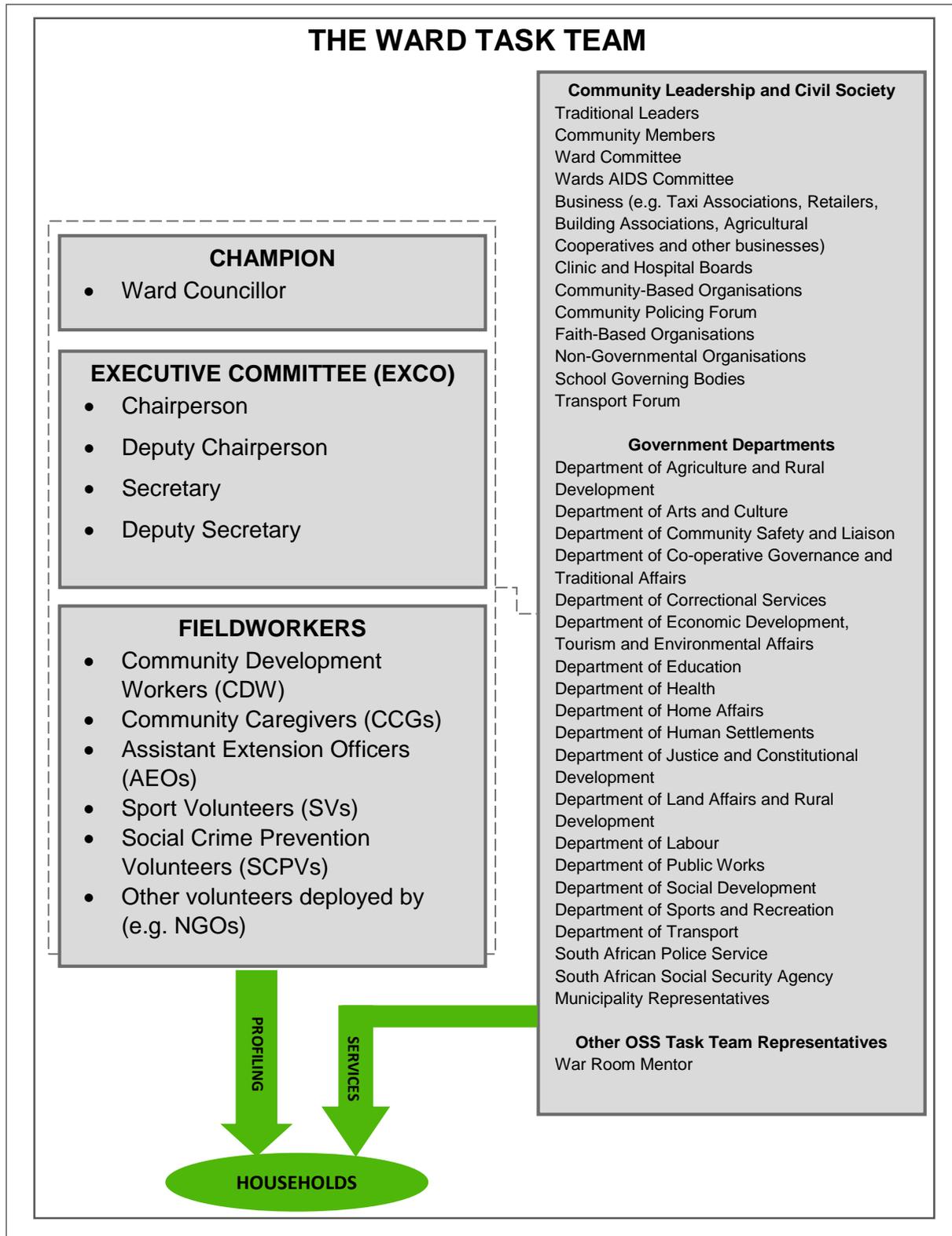
3 THE WARD TASK TEAM

The Ward Task Team is comprised of the following (see Figure 3.3):

- The War Room Champion (Ward Councillor)
- The War Room EXCO (including the Chairperson and Secretary and their deputies)
- Fieldworkers
- Members (including civil society, government departments, business and strategic partners amongst others)

All War Room members are required to ensure that the War Room identifies community and household needs and that they resolve them within the given timeframes. They also provide resources to ensure that the required services are delivered. The Ward Champion and the Ward Committee provides political and technical oversight respectively, while the War Room EXCO manages operations and coordinates the War Room. A cadre of Fieldworkers also operate as members of the War Room, both identifying needs and responding to the needs identified where they are able to do so. Fieldworkers provide a direct link to the households and are important change agents within the OSS service delivery model.

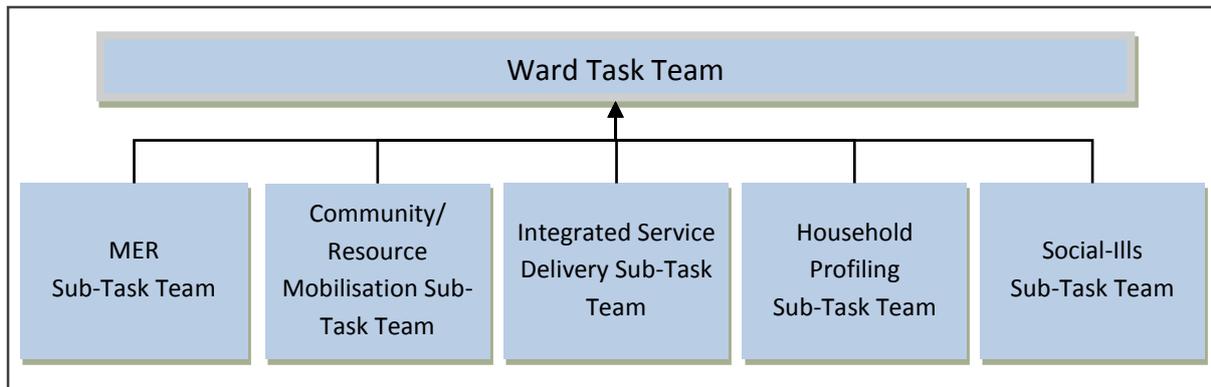
Figure 3.3: Structure of the Ward Task Team



3.1 SUB-TASK TEAMS

The Ward Task Team establishes Sub-Task Teams to focus on key issues such as monitoring, evaluation and reporting (MER), resource mobilisation, integrated service delivery, household profiling and social ills (see Figure 3.4). These Sub-Task Teams meet regularly to develop and monitor their Sub-Task Team Action Plans. All Sub-Task Teams have their own Chairperson and Secretary to coordinate their activities, arrange and hold meetings and report during the War Room reporting meetings. Their roles and responsibilities are similar to those that Sections 5.4 and 5.5 describe. The main activities of the Sub-Task Teams are described in later chapters as part of the relevant process descriptions.

Figure 3.4: The Ward Task Team Sub-Task Teams



4 ESTABLISHING THE WAR ROOM

4.1. PURPOSE

Establishing the War Room ensures that service delivery is conducted in an integrated manner at community level. The process of establishing the War Room includes bringing together stakeholders electing the Chairperson, Deputy Chairperson, and appointing the Secretary and Deputy Secretary. It also involves securing a venue for the War Room, at which the WTT can meet to address service delivery needs of the community.

4.2. RESOURCES NEEDED TO ESTABLISH THE WAR ROOM

One of the key processes involved in establishing the War Room is the consultation and community mobilisation activities beforehand. The Ward Councillor has access to the resources required for the public consultation processes). Key resources include:

- Lists of community stakeholders and structures
- A venue to hold community and stakeholders meetings
- Communication resources to notify community members and structures of meetings (including posters, social media and other multimedia methods)



TIP FOR PUBLIC CONSULTATION

Local Municipalities have dedicated Public Participation and/or Community Liaison units. They can be approached to assist with resources such as pamphlets and loud hailer (megaphones) and technical knowledge to support the initial consultation processes as well as ongoing campaigns and events of the War Room.

4.3. DETAILED STEPS INVOLVED IN ESTABLISHING THE WAR ROOM

The following processes establish the War Room

1. The Ward Councillor consults with the Local Task Team (LTT) at initiation meetings
2. Identifying a War Room venue
3. Securing a War Room venue
4. Mobilising the community
5. Recruiting WTT members and establishing an Executive Committee
6. Identifying and sourcing office supplies
7. Launching and branding the War Room
8. Maintaining War Room membership

The order of these events may differ depending on the situation in the ward. Sometimes a War Room venue is already available before the community is mobilised or the Ward Champion may need to identify and secure one afterwards. In some circumstances, a War Room may already have been established and needs re-establishment through consultation and re-launching it. In all likelihood, some of the steps may be completed at the same time,

for example, the War Room Champion can identify and secure a venue while the community is being mobilised. The process description is only a guideline and may be adjusted where necessary if required.

Step 1: Initiation meetings

The Ward Councillor discusses the establishment or re-establishment of the War Room with the LTT EXCO and develops a launch plan with their support.



CHECKLIST: The Launch Plan includes the following:

- Developing a list of key stakeholders to be involved, including all existing community structures and leadership (Tribal Authorities, Church leaders etc.)
- Meeting with community structures to establish a date, time and venue suitable to run the community meeting and the date to elect the War Room Chairperson and appoint the Secretary:
 - Identify a venue that is centrally located and close to as many community members as possible.
 - Ensure the community members can get to the venue, e.g. transport may need to be provided for some people. Consider any disabled community members and check whether the venue easily accessible to all people
 - Ensure that the venue organised has tables and chairs
 - Develop a communication plan to notify all community members, structures and stakeholders of the date, time, venue and purpose of the meeting. Consider putting notices in the local library, clinic, and schools; publish a notice in the local paper, and use the community service announcements on the local radio station. Pamphlets can be given to school children to pass on to their parents, or distributed at sporting events and church services where there a many people in one location
- The proposed election process and preparations thereof (LTT/IEC to assist if necessary)

NOTE: The elections may be held at the initial consultation meeting if it is preferred or convenient to do so. Suitable plans should be developed beforehand (see Step 3).

Step 2: Identifying a War Room venue

The Ward Champion identifies the War Room venue. The War Room should be situated within a residential area, ideally in a government building, municipality service outlet, school or similar building so that it is accessible to the community and has electricity, water and ablution facilities.

Step 3: Securing a War Room venue

The War Room Champion negotiates with the Municipality, Traditional Council or the owner

of the building earmarked and obtains written approval to use the building.

Step 4: Public consultation and community mobilisation

The Ward Councillor arranges public meetings to inform the public and key stakeholders about OSS and the intention to establish a War Room within the ward. Through consultation, the community gives their inputs and provides assistance going forward. The consultation includes all existing community structures and leadership.

Community mobilisation is a process of bringing together specific target groups to address or actively rally behind specific issues, in this case establishing the War Room in the community. In order to mobilise the community, the War Room Champion and other War Room stakeholders engage the community through various community structures. For example, institutions such as the schools, churches and even libraries are used to mobilise community members and get them involved in establishing the War Room.



NOTE: Community mobilisation is important to ensure buy-in from the community and ongoing support before establishing the War Room. Community mobilisation is also important to many other ongoing activities of the War Room, after it is established. The community is mobilised to address the challenges it experiences as a collective.

Stakeholders involved in the community mobilisation process require the following skills:

- Facilitation skills
- Communication skills
- Writing skills

The process of mobilising communities involves the following activities

1. Establish a Community Mobilisation Sub-Task Team

The Ward Councillor establishes a Community Mobilisation Sub-Task Team with members drawn from community structures and potential War Room departmental/service provider representatives. Preliminary stakeholder meetings may be required to identify suitable members of this Sub-Task Team. This group appoints a Chairperson and a Secretary to facilitate the community mobilisation process.

2. Community mobilisation

The Ward Councillor with support from the Ward Committee begins the public consultations and events, while the Community Mobilisation Sub-Task Team (once established) ensures that all community stakeholders from the various community structures participate and rally behind the establishment of the War Room.

3. Nomination of Chairperson

During the public consultation, the community nominates potential War Room Chairpersons from amongst the community to be elected as the Chairperson and Deputy Chairperson.

Step 5: Recruiting War Room members and establishing the War Room EXCO

In addition to the Ward Councillor and Sub-task Team sourcing members through the mobilisation process, the LTT assists in recruiting War Room members from government departments and civil society. Once the Ward Councillor recruits members, they pledge their support to the War Room (see Ward Task Team Stakeholder Pledge in the *Appendices* folder on the CD). The War Room Champion calls the first WTT meeting to elect the Chairperson and Deputy Chairperson and appoint the Secretary and Deputy Secretary.

The Chairperson and Deputy Chairperson have to be community members as they carry the mandate of the community.

- Electing a Chairperson and Deputy Chairperson from the community involves the following activities:
 1. The Councillor invites members of community structures and the community to join the meeting for the election of the Chairperson and Deputy Chairperson.
 2. At the WTT meeting, members vote in the Chairperson and Deputy Chairperson through the process agreed in the Launch Plan.

The potential War Room Chairperson and Deputy Chairperson should meet the following criteria:

- Have an understanding of integrated approaches to service delivery
- Reside within the ward
- Be a community activist
- Be someone who has previously made meaningful contribution to community development
- Be a person of good standing in the community
- Be available for all War Room activities
- Be passionate, confident, honest and accessible
- Be service-delivery oriented
- Have the ability to work with diverse groups
- Be financially stable
- Be mature and trust-worthy enough to handle confidentiality
- Be assertive and outspoken about community issues



NOTE: The Ward Champion can approach the Independent Electoral Commission to assist in the elections of the Chairperson.

Where available, the Community Development Worker (CDW) becomes the Secretary. Where there is no CDW available, the Ward Task Team appoints a Secretary and Deputy Secretary.

All EXCO members go through an induction to orientate them on the OSS integrated service delivery model and their individual roles and responsibilities to ensure functionality of the War Room.

Step 6: Identifying and sourcing office supplies

The War Room can source office supplies from its members or by mobilising for donations from organisations, social partners and businesses within the community.



CHECKLIST: WAR ROOM OFFICE RESOURCES

- Stationery
- Tables and chairs
- Desks
- Stationery cupboard or metal cabinet that is lockable (for stationary, etc.)
- Lever-arch files for different records e.g. *Monthly and Quarterly WTT Reports, Service Provider Referral Registers* for each department/service provider, etc
- Lockable filing cabinet
- A computer with a printer and/or photocopier (where available)
- Posters and information charts for the War Rooms

Step 7: Launch and brand the War Room

Launching the War Room notifies the community and key stakeholders that the War Room is beginning operations. The War Room venue should be branded with the OSS logo visible outside. The open hands in the logo of OSS mean empowerment of the people. The War Room invites all ward stakeholders to the launch. During the launch of the War Room, the following should be included in the proceedings

- Take the opportunity to orientate the community on OSS and tell them how they can benefit
- Explain how the War Room operates as a service delivery hub with community members receiving services
- Make requests for any resources required (including material, human and financial resources needed).
- Begin documenting concerns and issues facing the community that the War Room can respond to

Step 8: Maintaining War Room membership

Members of the War Room should be dedicated, committed and results-driven. Members are dedicated to seeing development in their respective communities and assist in mobilising

resources. They are committed to improving service delivery in the community and focussed on making a positive impact.

To maintain active membership, it is important for the War Room Chairperson to include War Room members on the agenda and in any discussions to ensure their voices are heard. Often, people within the community have good suggestions to improve and respond to social ills and the War Room is a platform in which they can voice these opinions. War Room members can also participate through reporting and by being given the opportunity to lead or operate within Sub-Task Teams. If members are passionate about certain issues, for example HIV and AIDS or social ills, participating in a Sub-Task Team or the War Room allows them to make positive changes and contribute to solving such social ills in their community.

EXCO members also play an important role in motivating and supporting other members to keep the momentum going and maintain members. They therefore need to have good communication skills and the ability to work across all levels within the community. When one acknowledges people for the good work they do, at whatever level, they are motivated to continue and to improve.

Members usually join the War Room 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 lives and the those of their families and the community within in which they work
- Feeling that they are part of a team that 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

Retaining team members is vital to the successful implementation of the OSS initiative. Table 3.1 provides a selection of tips that the War Room EXCO (and other members) can use to retain War Room members.

Table 3.1: Tips to retain War Room membership

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

Procedure for War Room membership management:

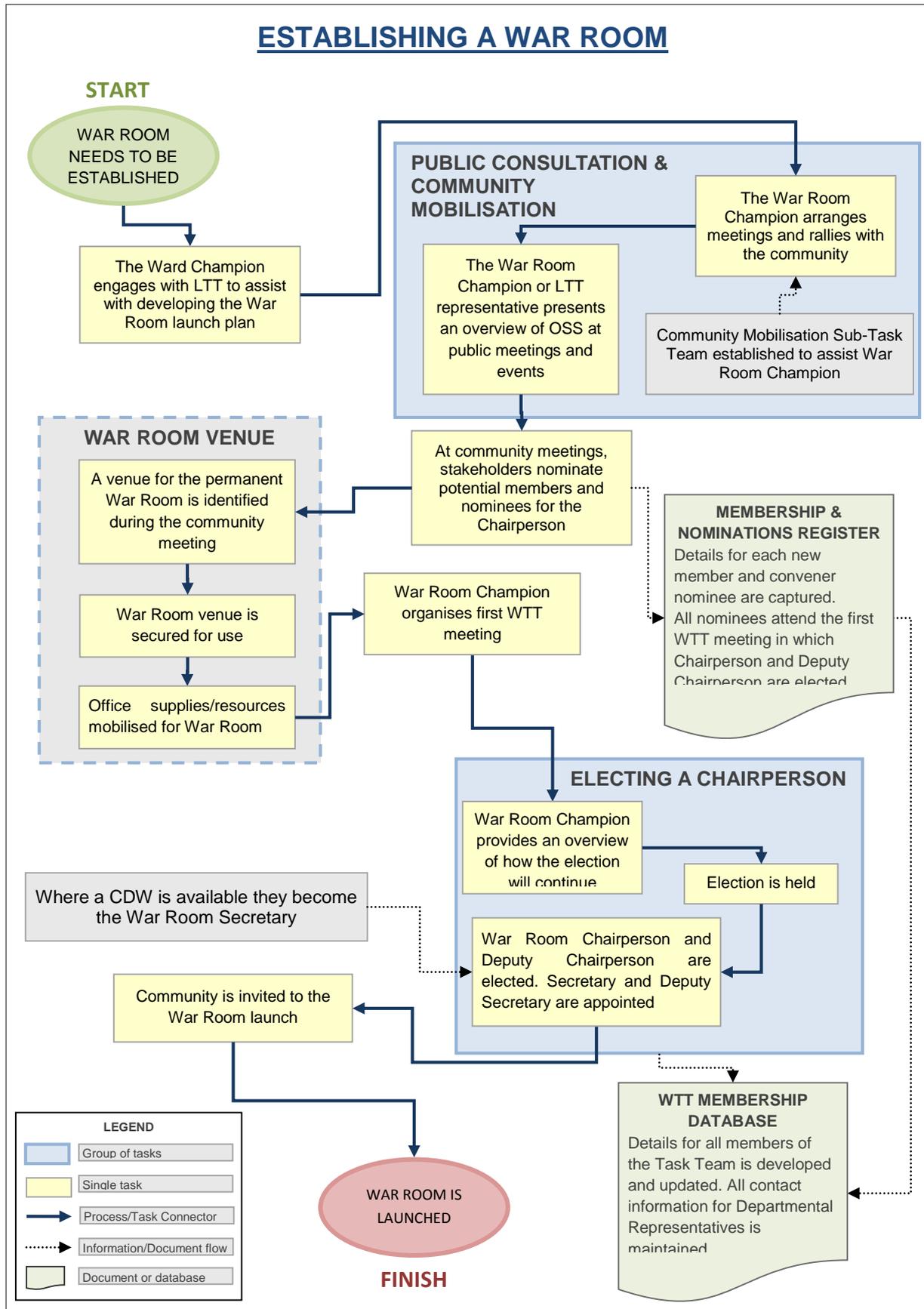
The War Room Secretary maintains an up-to-date database of members to ensure they are recognised for their involvement in the War Room but also allows for follow up with members if they are not available for meetings.

1. Establish a War Room database that includes the full names, organisation and contact details of the following key members:
 - EXCO
 - Ward Committee Members
 - Ward AIDS Committee Members
 - Traditional Council Members
 - Departmental/service provider representatives (including NGOs, and private sector members)
 - All other members of the Ward Task Team

2. For all members, the Secretary records the start date of membership and ongoing participation. The Secretary monitors attendance by keeping attendance registers of all meetings and events and identifying any members that are not attending. If a member has not attended two consecutive meetings, the Secretary contacts them to identify the reasons. If they can no longer attend meetings, the Secretary may remove them from the membership database.

3. All War Room members should be empowered to play an active role in service delivery. By completing a War Room induction, they can work together more effectively.

Figure 3.5: Process chart for establishing a War Room



5 ROLES AND RESPONSIBILITIES

This section discusses the following roles and responsibilities pertaining to the War Room:

- The War Room Champion
- Community Members
- The War Room Chairperson
- The War Room Secretary
- War Room Fieldworkers
- Departmental and other service provider representatives
- War Room Task Team Mentors
- The Ward Task Team
- The Ward Committee
- The Ward AIDS Committee Secretary
- The Tribal Council representatives

5.1. THE WAR ROOM CHAMPION

The Ward Councillor is the Champion of the War Room. Table 3.2 discusses the roles and responsibilities of the War Room Champion.

Table 3.2: Roles and Responsibilities of the War Room Champion

TITLE	ROLE
WAR ROOM CHAMPION	<ul style="list-style-type: none"> • Establishing the War Room • Approving the <i>War Room Service Delivery Action Plans</i> • Reviewing performance against <i>Service Delivery Action Plans</i> • Mobilising resources • Providing feedback to stakeholders • Acting as an OSS Ambassadors
RESPONSIBILITIES RELATING TO ROLES	
Establishing the War Room <ul style="list-style-type: none"> • Utilise existing community forums e.g. NGO Forums, Business Forums, Ward Committee, Coalition of Churches, amongst others to mobilise the community • Arrange and attend the first Ward Task Team meeting • Introduce the OSS integrated service delivery model to the stakeholders and ensure that they fully understand it • Orientate the War Room stakeholders on OSS • Facilitate the election of the War Room Chairperson (community member) • Identify a venue for the War Room • Agree on frequency and schedule of Ward Task Team meetings • Provide induction training to War Room EXCO 	

Approving *Service Delivery Plans*

- Involve Ward Committees, Ward AIDS Committee (WAC) and other key stakeholders in War Room planning to
 - Ensure alignment between the WAC, Ward Committee and War Room plans and schedules
 - Assist in the development of the Integrated Development Plan (IDP)
- Assist in the development of *Service Delivery Plans*
- Align *War Room Operational Plan* with the Ward-Based Plans from departments/service providers
- Approve the *Service Delivery Plans*

Reviewing performance against *Service Delivery Plans*

- Provide guidance to the War Room to achieve fully functional War Room status (as per *War Room Functionality Audit* discussed in Chapter 4)
- Make recommendations to replace non-performing War Room members
- Hold quarterly reviews with War Room EXCO to assess performance against *Service Delivery Plans* and data elements
- Monitor closing of referrals
- Verify and sign-off *WTT Monthly* and *Quarterly Reports* and quarterly *Phila Mntwana Reports*
- Oversee household profiling, ward profiling, War Room campaigns, community dialogues and service delivery interventions
- Agree with War Room EXCO the prioritised actions arising from the WTT, Phila Mntwana Centre and WAC Reports
- Support the War Room and Phila Mntwana centre to ensure that services are delivered in an integrated manner

Mobilising resources

- Acquire sufficient resources (human, financial and material) to support *Service Delivery Action Plans*
- Resolve service delivery challenges from all departments/service providers
- Mobilise resources from departments/service providers and local municipality
- Advocate for sufficient Fieldworkers to support service delivery at ward level.
- Identify and approach external departments/service providers and strategic partners

Providing feedback to stakeholders

- Ensure that the WTT Report is presented to the Ward Committee and WAC for appropriate action
- Present the WTT and WAC report findings and recommendations to all community stakeholders
- Hold community engagements to assess client satisfaction on service delivery

Acting as an OSS Ambassador

- Inform the community about OSS and the War Room at local churches, civil society forums and other community gatherings (especially with regard to key activities)
- Ensure stakeholders share a common vision of OSS
- Implement communication plan using multimedia channels of communication
- Ensure communities receive routine feedback on OSS
- Enhance the public image of OSS through hosting and addressing public events, Cabinet Days and Public Service Volunteer Week, etc
- Foster strategic relationships with social partners
- Support and promote Phila Mntwana Centres

5.2. COMMUNITY MEMBERS

All community members play an important role in OSS. Although the Government is accountable to the citizens for providing certain services, behaviour change is the responsibility of the citizen. OSS focuses on working with communities to resolve the challenges they face in partnership with government. Within OSS, community members therefore have the following roles and responsibilities (see Table 3.3).

Table 3.3: Roles and Responsibilities of Community Members

TITLE	ROLE
COMMUNITY MEMBERS	<ul style="list-style-type: none">• Providing information• Participating in service delivery• Mobilising resources• Monitoring, evaluation and reporting
RESPONSIBILITIES RELATING TO ROLES	
Providing information <ul style="list-style-type: none">• Attend community meetings• Nominate community members for election as War Room Chairperson and members of Sub-Task Teams to address social ills• Cooperate with Fieldworkers to complete household and ward profiles• Provide information to War Room members relating to household and individual needs• Identify skills and expertise from community members needed for effective running of the War Room	
Participating in service delivery <ul style="list-style-type: none">• Identify household and community needs• Follow advice provided by Fieldworkers and War Room members• Participate in Social-Ills and other Service Delivery Campaigns and OSS events• Identify and support change agents from within the community	

<ul style="list-style-type: none"> • Participate and work with Social-ILIs Sub-Task Teams and other community structures <p>Mobilising resources</p> <ul style="list-style-type: none"> • Identify resources within the ward • Provide resources for the War Room and OSS activities • Devote time to War Room activities for the benefit of the community and themselves <p>Monitoring, evaluation and reporting</p> <ul style="list-style-type: none"> • Provide feedback to Fieldworkers on the services that are requested and/or received • Provide feedback (verbal or written) directly to the War Room on services received

5.3. WAR ROOM CHAIRPERSON

The War Room members elect a War Room Chairperson to fulfil the following roles and responsibilities (see Table 3.4).

Table 3.4: Roles and Responsibilities of the War Room Chairperson

TITLE	ROLE
WAR ROOM CHAIRPERSON	<ul style="list-style-type: none"> • Electing a new War Room Chairperson/Deputy Chairperson • Appointing the Secretary • Maintaining a functional WTT • Planning • Coordinating service delivery • Mobilising resources • Monitoring, evaluation and reporting • Resolving conflict
RESPONSIBILITIES RELATING TO ROLES	
<p>Electing a War Room Chairperson/Deputy Chairperson</p> <p>(NOTE: If there is an existing Chairperson who is not from the community, the outgoing Chairperson assists the Ward Councillor to invite the community members for the election of the new Chairperson.)</p> <p>Appointing the Secretary</p> <p>(NOTE: Where a CDW is available, they are automatically assigned the role of Secretary)</p> <ul style="list-style-type: none"> • Appoint an appropriate Secretary and Deputy Secretary based on their ability to fulfil the prescribed roles and responsibilities <p>Maintaining a Functional WTT</p> <ul style="list-style-type: none"> • Ensure that the EXCO functions properly and efficiently (i.e. holding meetings and reporting on closed referrals) 	

- Complete and submit the *War Room Functionality Audit Questionnaire*
- Orientate all War Room stakeholders on OSS Processes
- Oversee meeting arrangements to ensure they are planned effectively by the Secretary and run efficiently
- Ensure that there is full participation of all stakeholders during meetings and escalate any issues to the OSS Champion
- Ensure that resolutions taken during the meetings are implemented
- Discuss all matters arising and ensure that effective decisions are made and agreed upon
- Safeguard existing resources within the War Room and account for their usage
- Act as the War Room liaison person
- Facilitate the process of informing the community about the War Room at local churches and civil society forums
- Escalate any issues of non-performance to the LTT
- Escalate issues of irregular attendance and non-response by government departments and other service providers that result in bottlenecks in service delivery to LTTs for intervention

Planning

- Facilitate War Room dialogues and chair meetings for the development of the following plans:
 - *War Room Operational Plan* to address ward socio-economic challenges and social ills
 - Resource mobilisation plans

Coordinating Service Delivery

- Chairs all WTT meetings and, with support from the Secretary, prepares the agenda, reports, and minutes
- Represents OSS at various forums and during War Room service delivery campaigns and events
- Ensure referrals are properly reported and referred to departments/service providers during WTT meetings
- Identify poorest households within the ward
- Coordinate service delivery according to the needs identified and service providers available
- Mobilise War Room support from different stakeholders
- Engage departmental managers on sensitive and high-priority issues
- Conduct community awareness campaigns like clean-up campaigns and parenting awareness, amongst others
- Ensure that resolutions taken during the WTT meeting are implemented
- Engage and collaborate with Ward AIDS Committee (WAC) to ensure alignment of activities

Mobilising resources

- Mobilise for a branded sign of the War Room to be placed in front of the War Room to be visible to community members

- Identify resources required by the War Room and for specific events/service delivery campaigns and source potential departments/service providers
- Mobilise for Home Community-Based Care essentials like gloves, diapers, condoms and nutritional support from the business sector
- Mobilise for gardening equipment for needy families to supplement the seeds and technical assistance provided by the Department of Agriculture and Rural Development.

Monitoring, evaluation and reporting

- Monitor the opening and closing of referrals through the CDW, Fieldworkers, government departments and other service providers
- Monitor that the household and ward profiling and other needs identification processes happen in an integrated manner
- Oversee and monitor the process of closing referrals through the MER Sub-Task Team
- Discuss the *WTT Monthly* and *Quarterly Reports* with the MER Sub-Task Team
- Verify and sign the *WTT Monthly* and *Quarterly Reports*
- Ensure that the *WTT Monthly Report* is discussed at the LTT meeting
- Share WTT reports with WAC and WC and other community forums
- Provide feedback received from the LTT to the WTT
- Share War Room success stories and advertising with Community Newspapers (e.g. Eyethu and Inkanyezi yoMzumbe)

Resolving conflict

- Resolve conflict situations and ensure all members work together towards the same goal for the success of OSS
- Give all members a chance to air their views without interruption
- Check that all members understand one another and clarify where necessary
- Develop consensus around suggested solutions or decide on a way forward (e.g. getting more information and/or setting up a Sub-Task Team)

The War Room Deputy Chairperson

- Supports the Chairperson in executing all of their responsibilities
- In the absence of the Chairperson, performs the duties of the Chairperson

5.4. WAR ROOM SECRETARY

In the War Room, the Secretary plays an important role in coordinating Fieldworkers and service delivery. Table 3.5 describes the roles and responsibilities of the Ward Task Team Secretary.

Table 3.5: Roles and responsibilities of the War Room Secretary

TITLE	ROLE
<p>WAR ROOM SECRETARY</p>	<ul style="list-style-type: none"> • War Room administration • Communication and correspondence • Meeting administration • Coordinating service delivery (opening and closing Referrals) • Mentoring and training • Monitoring, evaluation and reporting
<p>RESPONSIBILITIES RELATING TO ROLES</p>	
<p>War Room administration</p> <ul style="list-style-type: none"> • Print, copy and store all War Room correspondence, minutes and any other important War Room documents in a secure place • Access and maintain a collection of reference documents and relevant plans (IDPs etc) required by the War Room (local legislation and planning documents can be obtained from the Speakers Office in the Municipality.) • Ensure the War Room has and maintains required resources (including stationery, profiling tools, branding and marketing materials, etc) • Facilitate Fieldworker integration by developing a database of all Fieldworkers including their Voting District / Village allocation, arrange meetings with Supervisors to confirm the database and clarify roles of Fieldworkers in the War Room • Using a weekly register, arrange and appoint members to staff the War Room during opening times • Maintain a record of all services, events and activities of the War Room and ensure planning is aligned to the War Room calendar • Update and maintain the <i>Service Provider Referral Register</i> and maintain the records of all <i>Household Profiling Tools</i> and <i>Household Profiling Summary Tools</i> • Maintain a record of attendance of War Room members to monitor their participation in War Room activities • Keep up-to-date contact details (i.e. names, addresses and telephone numbers) of War Room members including departmental/service provider Representatives • Maintain a schedule of cabinet days, public service volunteer week, service delivery events, community dialogues and schedule of Task Team and reporting meetings, amongst others <p>Communication and correspondence</p> <ul style="list-style-type: none"> • Write and send letters and invitations for WTT meetings to newly identified stakeholders or members not attending WTT meetings (correspondence) 	

- Send invitations for campaigns
- Respond to all War Room correspondence
- File complete copies of War Room correspondence
- Keep a record of any of the War Room publications (e.g. reports, leaflets, newsletters, case studies for OSS)

Meeting administration

- Ensure meetings are effectively organised before during and after and that the minutes of the meeting are properly recorded
- Before War Room and other meetings
 - Discuss and complete an agenda with the Chairperson (and other stakeholders) for the meeting (please see example in Chapter 4 process description of WTT Meetings)
 - Confirm meeting agenda with the War Room Chairperson
 - Notifies members of the date and time of the meeting
 - Ensures War Room members are well informed about meetings taking place to promote active participation
 - Distribute minutes from the previous meeting (either in print or by contacting and ensuring departmental/service provider representatives know what they have been assigned to do)
 - Obtain reports from all service providers (departmental/service provider representatives and Fieldworkers) prior to the meeting
 - Bring the War Room documents to the meeting (including *Service Provider Referral Register* and minutes of previous meetings)
 - Bring the pre-populated attendance register to the meeting

During meetings

- Takes minutes of the meeting (short bullet points of the discussion including action points, “who must do what and when”)
- Keep to the time limits proposed in the agenda (time keeper)
- Check all tasks discussed in the meeting have been allocated to the right people and are understood by those people

After meetings

- Sends draft minutes to War Room EXCO before compiling the final minutes for circulation to all stakeholders
- Communicates meeting minutes, resolutions and actions items to War Room stakeholders (including those absent from the meeting) in a timely manner (less than three days)
- File copies of the minutes and other documents in a folder stored in the War Room. (Minutes are a legal record of the meeting, so it is very important they are kept in a safe place)

Coordinating service delivery (opening and closing referrals)

- The Secretary is responsible for:
 - Allocating households to Fieldworkers
 - Accessing the tools needed for household profiling (remember to use the *Household*

Profiling Tool Tracking Register for this purpose)

- Quality Assuring the *Household Profiling Tool* completed by the Fieldworkers (refer to chapter 5)
- Entering new referrals onto the *War Room Service Provider Referral Register* once service needs are identified
- Facilitate the management of referrals i.e. identify household/community needs, prioritise cases needing immediate intervention, compile all referrals from WTT stakeholders and refer needs to relevant departments/service providers for interventions, follow up with households to ensure provision of services and escalate outstanding referrals to the LTT
- Maintain a database of all departmental/service provider representatives with contact details for effective referrals
- Maintain a database of all services offered by Task Team members
- Maintain a database of all Fieldworker within the War Room
- Closing referrals on the *War Room Service Provider Referral Register* once services are delivered (evidence of delivery provided through delivery receipts or follow up visits by Fieldworkers)
- Facilitate discussions to develop actions plans in addressing identified challenges in the ward
- Assist with planning and logistics in service delivery campaigns and OSS events
- Provide up-to-date information on employment and other opportunities in the community (including copies of newspapers and community newsletters)

Mentoring and training

- Facilitate the process of requesting induction and training of War Room members, especially Fieldworkers
- Provide guidance and mentorship to Fieldworkers

Monitoring, evaluation and reporting

- Ensure usage of standardised OSS data collection tools and reporting templates (*Household Profiling Tool, Household Profiling Summary Tool, War Room Service Provider Referral Register*, and other reporting templates) and adhere to reporting requirements and timelines
- Assist the MER Sub-Task Team to obtain reports and collate data from War Room members
- Ensure reports are signed off by the War Room Champion and Chairpersons at WTT meetings
- Compile the *WTT Monthly and Quarterly Reports* to be presented to the LTT using the reporting template
- Submit the WTT reports to the LTT Secretary
- Escalate unresolved needs to LTT

The Deputy Secretary

- Assists the Secretary with all the above roles and responsibilities
- Takes over all of the duties of the Secretary in their absence

5.5. WAR ROOM FIELDWORKERS

The Fieldworkers of the War Room are instrumental in gathering information on service needs. They are also ‘implementers’ in that they are able to provide services and act as change agents. Table 3.6 provides a brief description of these roles. The importance of these roles is the way in which different functions are complementary and when combined they are strengthened through working together in the War Room.

Table 3.6: Overview of roles of Fieldworkers at ward level specific to their government department

FIELDWORKER	OVERVIEW OF ROLE
Community Development Worker (CDW)	CDWs act as a link between government and the community. The CDWs are participatory change agents who work with the community in which they live. They play an important role in improving service delivery and enhancing the accessibility of government services to communities. CDWs are COGTA employees.
Social Crime Prevention Volunteers (SCPV)	These volunteers assist in the Volunteer Social Crime Project to fight crime, provide safety and security support at ward level. They volunteer to the Department of Community Safety and Liaison.
Assistant Extension Officers (AEO)	The Department of Agriculture, Environmental Affairs and Rural Development appoint AEOs. Their main task is to ensure that community and household gardens are established for food security. They assist with coordinating and implementing the Government's food security programme.
Sports Volunteers	The Department of Sport and Recreation, through their War Room Integration Programme, appoints Sport Volunteers to support the implementation of sports and recreation initiatives to reach broad sectors of the population and promote active and healthy lifestyles.
Community Caregivers	CCGs are appointed by the Departments of Health and Social Development to perform health and social development-related functions at the household level and Phila Mntwana services at Phila Mntwana Centres.

Table 3.7 describes the roles and responsibilities of Fieldworkers within the War Room.

Table 3.7: Roles and Responsibilities of Fieldworkers within the War Room

TITLE	ROLE
<p>WAR ROOM FIELDWORKER</p>	<ul style="list-style-type: none"> • Household profiling • Opening and closing referrals • Delivering services • Reporting
RESPONSIBILITIES RELATING TO ROLES	
<p>Household profiling</p> <ul style="list-style-type: none"> • Fieldworkers secure appointments with allocated households before profiling • Fieldworker profile households using prescribed OSS tools (<i>Household Profiling Tool</i> and <i>Household Profiling Summary Tool</i>) • Quality assuring completed <i>Household Profiling Tool</i> and <i>Household Profiling Summary Tool</i> with the War Room Secretary • Ensure completed household profiles are safely returned to LTT/OTP for capturing and storing <p>Opening and closing referrals</p> <p>Compiling all referrals into their individual <i>Service Provider Referral Register</i></p> <ul style="list-style-type: none"> • Presenting referrals to the War Room Secretary on a weekly basis • Following up on open referrals • Informing the community members and the War Room on any progress towards closing referrals (i.e. pending service delivery) <p>Service delivery</p> <ul style="list-style-type: none"> • Each Fieldworker is a representative of a department/service provider (e.g. government department or NGO) and provide services according to their mandates • Provide information to households regarding healthy lifestyle choices and government and community programmes that may be of assistance • CCGs manage the Phila Mntwana Centre five days a week, on a rotational basis • CCGs provide basic child health services in the Phila Mntwana Centres <p>Reporting</p> <ul style="list-style-type: none"> • Complete and submit departmental/service provider reports. These reports are presented to the War Room so that progress on service delivery and closing referrals can be recorded in the <i>WTT Monthly Report</i> 	

5.6. DEPARTMENTAL AND OTHER SERVICE PROVIDER REPRESENTATIVES

Departmental and other service providers are representatives from government sector departments, civil society, businesses, social partners and the community itself that meet regularly to ensure needs are received as referrals and services delivered in response to service needs. Table 3.8 outlines the roles and responsibilities of departmental and other

service provider representatives.

Table 3.8: Roles and Responsibilities of Departmental and other service Provider Representatives

TITLE	ROLE
DEPARTMENTAL AND OTHER SERVICE PROVIDER REPRESENTATIVES	<ul style="list-style-type: none"> • Integrating service delivery • Monitoring, evaluation and reporting
<p>Integrating service delivery</p> <ul style="list-style-type: none"> • Attend WTT meetings where necessary and service delivery planning meetings • Obtain the <i>Service Provider Referral Register</i> from the Task Team • Prioritise households in need of immediate services and escalated referrals • Coordinate service delivery through the War Room • Provide services, including emergency services and special projects <p>Monitoring, evaluation and reporting</p> <ul style="list-style-type: none"> • Record services delivered in the <i>Service Provider Referral Register</i> • Provide feedback on the status of referred needs to the Task Team using the <i>Service Provider Referral Register</i> • Provide performance reports (including participation in OSS and management of referrals) to respective departmental/service provider MANCO meetings • Keep records of referrals received and closed using the <i>Service Provider Referral Register</i> 	

5.7. WARD TASK TEAM MENTORS

Mentoring War Rooms provides War Room Task Team with the knowledge, skills and support to become fully functional. Mentoring enables one to work under the guidance of a more experienced colleague who can pass on knowledge and experience. Utilising the War Room *Functionality Audit Questionnaire* (see Chapter 4), the mentor is able to identify performance gaps and assist the War Room Chairperson and Secretary in improving the War Room operations. Table 3.9 describes the roles and responsibilities of War Room Mentors.

Table 3.9: Roles and Responsibilities of War Room Mentors

TITLE	ROLE
<p>WTT MENTORS</p>	<ul style="list-style-type: none"> • Maintaining a functional WTT • Monitoring, evaluation and reporting • Assisting the War Room EXCO with knowledge management processes
<p>RESPONSIBILITIES RELATING TO ROLES</p>	
<p>Maintaining a Functional WTT</p> <ul style="list-style-type: none"> • Assess the functionality of the War Room using the <i>War Room Functionality Audit Questionnaire</i>. This includes indicators in the following areas: <ul style="list-style-type: none"> ○ Institutionalisation ○ Administration ○ Service Delivery ○ Reporting ○ Stakeholder participation in the War Room • Develop a mentorship plan aligned to the gaps identified in the <i>War Room Functionality Audit Questionnaire</i> • Provide guidance and mentorship to War Room EXCO through induction, training and debriefing sessions • Guide the War Room EXCO in the development and implementation of the <i>War Room Service Delivery Plan</i> including: <ul style="list-style-type: none"> ○ A War Room calendar of events and service-delivery campaigns for the year ○ Action Plans developed for specific activities and interventions <p>Monitoring, evaluation and reporting</p> <ul style="list-style-type: none"> • Coach the War Room EXCO to utilise and submit the standardised OSS data collection and reporting templates timeously to the LTT (<i>Household Profiling Tool, Household Profiling Summary Tool, Service Provider Referral Register, WTT Monthly Report</i>) • Assist the War Room with escalating unresolved issues to the LTT • Coach the War Room on the process of opening and closing referrals • Report to the Mentoring Task Team as specified in the Mentoring Framework (see Chapter 4) <p>Assisting the War Room EXCO with knowledge management processes</p> <ul style="list-style-type: none"> • Coach the War Room EXCO in knowledge management processes including, storing documents and information, compiling case studies and success stories 	

5.8. THE WARD TASK TEAM

Table 3.10 describes the roles and responsibilities of the Ward Task Team

Table 3.10: Roles and Responsibilities of the Ward Task Team

TITLE	ROLE
<p>WARD TASK TEAM</p>	<ul style="list-style-type: none"> • Public participation and community mobilisation • Maintaining a functional War Room • Planning • Coordination of service delivery • Training • Mobilising resources • Monitoring, evaluation and reporting
<p>RESPONSIBILITIES RELATING TO ROLES</p>	
<p>Public participation and community mobilisation</p> <ul style="list-style-type: none"> • Utilise existing community structures to mobilise community members • Inform the community about the role of the WTT at local churches, civil society forums, community structures and other community gatherings • Involve community members in verifying community issues and develop community action plans to address the identified issues • Involve community members to mobilise resources for interventions • Empower community members by providing information on service delivery • Recruit the services of volunteers for the War Room • Lobby for attendance of all stakeholders during WTT meetings to promote an integrated response to service delivery • Mobilise the community to identify poorest households <p>Maintaining a functional War Room</p> <ul style="list-style-type: none"> • Establish an MER Sub-Task Team to compile the <i>WTT Monthly and Quarterly Report</i> • Establish Sub-Task Teams to address service delivery needs • Identify and mobilise stakeholders from Traditional Councils, religious sector, government departmental representatives, civil society (including non-governmental organisations and community-based organisations), businesses and academic institutions as well as any other relevant stakeholders to participate in the War Room • Arrange a permanent venue (War Room) that is accessible to the community, including people in wheelchairs and the elderly • Ensure that an OSS branded sign is placed in front of the War Room; visible to community members • Ensure that the War Room venue is clean and well maintained <p>Planning</p> <ul style="list-style-type: none"> • Develop <i>War Room Service Delivery Plans</i> aligned to Local Municipality IDP and Ward-Based Plan. <i>Service Delivery Plans</i> should specify responsibility for activities, targets and timeframes 	

- Develop a War Room calendar of events and service delivery campaigns for the year
- Develop individual *Service Delivery Plans* to address all health, socio-economic and social ills affecting the ward; events and campaigns in the ward
- Produce a schedule of WTT meetings for the year
- Develop a detailed service delivery plan for household referrals
- Involve Ward Councillor, Ward AIDS Committee members and other key stakeholders in War Room planning to support the development of the IDP
- Plan War Room dialogues with the community to identify and address social ills
- Develop and maintain a list of poorest households that require profiling
- Develop and maintain a list of OVCs in the ward that require services
- Develop and maintain a list of clients on chronic medication to support adherence
- Maintain a list of defaulters for follow-up and report to the clinic
- Allocate Fieldworkers individual households (with unique case numbers) to the list of households requiring profiling or follow-up
- Develop a Ward Profile to identify community needs for Social-Ills Sub-Task Teams interventions (see Chapter 4)

Coordination of service delivery

- Host weekly meetings to verify referrals and coordinate service delivery
- Allocate Fieldworkers with households to profile and issue *Household Profiling Tools*.
- Make sure that only one Fieldworker is allocated per household and that they follow up on services delivered
- Update the *War Room Service Provider Referral Register* with new referrals and allocate Fieldworkers to follow-up households to obtain progress and closing of referrals
- Discuss all open referrals at the WTT meetings with the purpose of recording progress and closing of referrals
- Implement and monitor Action Plans
- Coordinate War Room support from different stakeholders and departments/service providers that are not providing services and hold them accountable
- Conduct community awareness campaigns
- Ensure setting up of community-based support groups, such as HIV Support Groups

Resource mobilisation

- Mobilise resources (writing letters, meeting with stakeholders, etc.)
- Identify resources needed for the War Room and engage with potential donors to ensure service delivery programmes are successful where departments cannot provide, for example:
 - Mobilise for Home and Community-Based Care essentials like gloves, diapers, condoms and nutritional support from the business sector
 - Identify resources (e.g. by rallying for additional gardening equipment for food security projects)

Monitoring, evaluation and reporting

- Provide standardised OSS data collection and reporting templates (Household Profiling Tool, Household Profiling Summary Tool, War Room Service Provider Referral Register,

<p>WTT Monthly Report) to ensure usage thereof</p> <ul style="list-style-type: none"> • Adhere to War Room reporting requirements and timelines • Monitor the provision of interventions for referred cases and follow-up on outstanding referrals • Empower community members to report closing of referrals to the War Room • Compile case studies and success stories and evaluate successful campaigns and events

5.9. THE WARD COMMITTEE

The government establishes Ward Committees to encourage community participation. As a legislated body, their overall task is to make the Municipal Council aware of the needs and concerns of residents and to keep residents informed of the activities of the Municipal Council. They are therefore important to ensuring information flows from the War Room to the Municipality and need to participate actively in War Room activities. Table 3.11 discusses the roles and responsibilities of the Ward Committee.

Table 3.11: Roles and Responsibilities of Ward Committee Representatives

TITLE	ROLE
WARD COMMITTEE REPRESENTATIVES	<ul style="list-style-type: none"> • Providing oversight to the War Room EXCO • Increasing participation in decision-making and planning • Coordinating service delivery within the ward • Mobilising resources • Monitoring, evaluation and reporting
RESPONSIBILITIES RELATING TO ROLES	
Providing oversight to the War Room EXCO	
<ul style="list-style-type: none"> • Evaluate the performance of the War Room EXCO against the <i>War Room Operational Plan</i> • Provide guidance to the War Room to achieve fully functional War Room status (as per <i>War Room Functionality Audit Questionnaire</i>) • Make recommendations to replace non-performing WTT members 	
Increasing participation in decision-making and planning	
<ul style="list-style-type: none"> • Mobilise the community to participate in War Room Dialogues, community meetings and other planning activities • Work with the War Room in developing the IDP and ward-based planning • Take community issues raised by the War Room for consideration to the Ward Councillor and the Municipal Council • Identify and initiate interventions in partnership with the War Room 	
Coordinating service delivery within the ward	
<ul style="list-style-type: none"> • Identify needs within the ward and present them to the War Room and assist in developing action plans 	

- Participate in the development of the Ward Profile
- Assist in the preparation and implementation of awareness and service delivery campaigns and other War Room events
- Utilise the WTT *Service Provider Referral Register* to record needs and issues raised within the community
- Participate in the War Room activities

Mobilising resources

- Assist the Ward Councillor mobilise resources for the implementation of OSS projects
- Assist the Ward Councillor to establish the War Room

Monitoring, evaluation and reporting

- Utilise WTT reports to monitor service delivery
- Utilise WTT reports to identify successes and challenges in service delivery
- Incorporate WTT reports into the Ward Committee Report (submitted to Municipal Council and CoGTA)
- Provide feedback to the WTT on matters raised by the Municipal Council

5.10. THE WARD AIDS COMMITTEE

The Ward AIDS Committee (WAC) Implementation Guidelines illustrates the importance of WAC members contributing to OSS. The guidelines states:

"It is very important for the WAC members to ensure that they are always present at all War Room meetings. This means that the first task of the WAC is to know where and when the participants of the War Room meet, and to ensure that they are always present in these meetings."

Table 3.12 discusses the roles and responsibilities of the WAC

Table 3.12: Roles and Responsibilities of Ward AIDS Committee Representatives

TITLE	ROLE
<p style="text-align: center;">WARD AIDS COMMITTEE REPRESENTATIVES</p>	<ul style="list-style-type: none"> • Providing oversight of HIV and AIDS, STIs and TB (HAST) interventions in the ward • Planning of HAST interventions • Mobilising resources • Monitoring, evaluation and reporting
<p>RESPONSIBILITIES RELATING TO ROLES</p>	
<p>Providing oversight of HIV and AIDS, STIs and TB (HAST) interventions in the ward</p> <ul style="list-style-type: none"> • Guide and facilitate the implementation of HAST response activities and interventions in the War Room • Facilitate, protect, and promote the rights of the affected and infected persons living with HIV and AIDS in the ward utilising the War Room and the Service Delivery Sub-Task Team • Advocate for intensified HIV and AIDS awareness in the ward to reduce stigma and discrimination through Awareness Campaigns and War Room Dialogues • Identify orphans and other vulnerable children and ensure their support at the ward level through War Room interventions and activities • Support the War Room in behavioural change campaigns in the ward, including campaigns around TB, alcohol and drug abuse, teenage pregnancy, gender-based violence, crime, etc. • Identify shortcomings in HIV and AIDS interventions (e.g. not meeting HIV Counselling and Testing (HCT) targets and not ensuring anti-retroviral treatment (ART) and other treatments are being adhered to) in the ward <p>Planning of HAST interventions</p> <ul style="list-style-type: none"> • Promote cooperation by all stakeholders in the ward on all matters relating to HAST • Assist War Room and other social partners in planning interventions around HAST • Attend monthly and specific planning meetings of the War Room <p>Mobilising resources</p> <ul style="list-style-type: none"> • Mobilise resources for the implementation of HAST-related programmes and strategies in the ward • Recommend appropriate research or profiling around HAST <p>Monitoring, evaluation and reporting</p> <ul style="list-style-type: none"> • Monitor HAST statistics within the ward through the <i>WTT Monthly Report</i> and other relevant data • Participate in the monthly WTT meetings and ensure that the War Room share reports at WAC quarterly meetings • Incorporate <i>WTT Monthly Reports</i> (amongst other reports) into the Ward AIDS Committee Report and submit to LAC 	

- Share ward-relevant data from PCA (for example HIV and AIDS, TB and OVC)

5.11. THE TRADITIONAL COUNCIL

Traditional leaders, legislated under the National House of Traditional Leaders Act 22 of 2009, preside over traditional communities. The Act defines their main role in community development as focused on nation building to bring peace, stability, moral regeneration, preservation of culture and traditions as well as socio-economic development and service delivery. Table 3.13 discusses their roles and responsibilities.

Table 3.13: Roles and Responsibilities of Traditional Council Representatives

TITLE	ROLE
TRADITIONAL COUNCIL REPRESENTATIVES	<ul style="list-style-type: none"> • Participate in the War Room • Increase participation in decision-making and planning • Coordinating service delivery within the ward • Mobilising resources • Monitoring, evaluation and reporting
RESPONSIBILITIES RELATING TO ROLES	
<p>Participate in the War Room</p> <ul style="list-style-type: none"> • Attend WTT meetings • Link the War Room with the Traditional Council <p>Increase participation in decision-making and planning</p> <ul style="list-style-type: none"> • Mobilise the community to participate in War Room Dialogues, community meetings and other planning activities • Work with the War Room in developing the IDP and Ward-Based Plans • Take community issues raised by the War Room for consideration to Traditional Leadership and the Traditional Council • Identify and initiate interventions in partnership with the War Room <p>Coordinate service delivery within the ward</p> <ul style="list-style-type: none"> • Identify needs within the community and present them to the War Room and assist in developing action plans • Participate in the development of the Ward Profile • Assist in the preparation and implementation of awareness and service delivery campaigns and other War Room events • Utilise the War Room <i>Service Provider Referral Registers</i> to record needs and issues raised within the community • Participate in the War Room activities 	

Mobilise resources

- Assist the Traditional Leadership to mobilise resources for the implementation of OSS projects
- Assist the Ward Councillor to establish the War Room

Monitoring, evaluation and reporting

- Utilise War Room reports to monitor service delivery
- Utilise War Room reports to identify successes and challenges in service delivery and intervene where necessary
- Incorporate War Room reports into the Traditional Council Report (submitted to Municipal Council and CoGTA)
- Provide feedback to the War Room on matters raised by the Traditional Council

6 ALIGNING LEGISLATED COMMUNITY-BASED STRUCTURES THROUGH OSS

Legislative structures based in the community include the Traditional Councils (TCs), Ward AIDS Committee (WACs) and the Ward Committee (WC). OSS through the War Rooms and other Task Teams offer opportunities for TCs, WACs and WCs to cooperate and achieve their individual mandates in an integrated manner through shared reporting, resources, planning and interventions.



NOTE: Traditional Councils, Ward AIDS Committees and Ward Committees are legislated with guidelines developed for each by the Houses of Traditional Leadership, SANAC and CoGTA respectively.

Activities to align the Tribal Council, Ward AIDS Committee and Ward Committee with Ward Task Team

The process of aligning TC, WAC and WC with WTT comprises of the following two activities amongst others:

1. Holding an initiation meeting between TC, WAC, WC and WTT Committee members, even if memberships overlap

The initiation meeting is organised by the Ward Councillor (Ward Champion). At this meeting, the members discuss and decide:

- The functionality status of each structure using relevant tools and templates
- The individual mandates, roles and responsibilities of each structure going forward



NOTE: Where legislated structures are not functioning, the focus should be on the other legislative structures to assist them in reaching appropriate levels of functionality and developing integrated plans.

2. Alignment through participation in the War Room

The following presents the main areas in which the structures participate and cooperate in the War Room:

- Identifying, referring and planning community needs
- The oversight structures are mandated to identify, refer and plan for community needs with the War Room using the appropriate War Room tools
- Participating at WTT monthly meetings to share reports and provide feedback
- All structures are expected to meet jointly to compile the *WTT Monthly Report*. The War Room Champion presents the *WTT Monthly (and Quarterly) Report* to all structures (the TC, WAC and WC). The *WAC Quarterly Report* is compiled by the WAC using information from the *WTT Quarterly Report*



NOTE: Joint reporting in this sense means sharing information used in the individual reports not compiling one report between all the structures.

The structures use the analysis of the *WTT Monthly Report* to guide the War Room and other structures on areas to focus on in service delivery and to identify resources required through resource mobilisation. Following from the above, the War Room is the implementation structure through which these structures can fulfil or action their roles and responsibilities.



TIPS: Benefits of aligning the TC, WAC, WC and WTT

Resource mobilisation: Each of these structures benefit from combining the process of mobilising resources. Each structure has access to existing resources that can benefit the collective.

Greater impact: Working together will maximise the impact of HIV and AIDS interventions and other responses to existing social ills.

Training and knowledge transfer: All structures have different skills and expertise. Skills and knowledge can be shared by working together.

Feedback to the community: Integrated feedback will allow a comprehensive ward report that the Ward Councillor and the Traditional Leader can use to provide feedback to the community. Attending meetings jointly will streamline internal sharing of reports across the structures.

Jointly contributing to core municipal processes: These structures can jointly contribute to the IDP, municipal budgeting and municipal performance management processes.

Chapter 4

The War Room as an Engine for Integrated Service Delivery

CHAPTER 4

THE WAR ROOM AS AN ENGINE FOR INTEGRATED SERVICE DELIVERY

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ACRONYMS USED IN CHAPTER 4

AEO	Assistant Extension Officer
AIDS	Acquired Immunodeficiency Syndrome
CD	Compact Disk
CBO	Community-Based Organisation
CCG	Community Caregiver
CDW	Community Development Worker
CoGTA	Department of Cooperative Governance and Traditional Affairs
CHF	Community Health Facilitator
DAC	District AIDS Council
DTT	District Task Team
ECD	Early Childhood Development
EPWP	Extended Public Works Programme
EXCO	Executive Committee
FBO	Faith-Based Organisation
GCIS	Government and Community Information System
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Plan
IEC	Information Education Communication
KZN	KwaZulu-Natal
LTT	Local Task Team
MEC	Member of the Executive Committee
MER	Monitoring, Evaluation and Reporting
MUAC	Middle Upper Arm Circumference

NGO	Non-Government Organisation
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
OTL	Outreach Team Leader
OVC	Orphans and other Vulnerable Children
PHC	Primary Healthcare
PICT	Patient Initiated Counselling and Testing
PSVW	Public Service Volunteer Week
PTT	Provincial Task Team
RTHB	Road to Health Booklet
SCPV	Social Crime Prevention Volunteer
STIs	Sexually transmitted infections
SV	Sport Volunteer
TB	Tuberculosis
WAC	Ward AIDS Committee
WTT	Ward Task Team

DEFINITIONS OF TERMS IN CHAPTER 4

Chairperson: This refers to the person that leads a meeting, committee or OSS Task Team.

Civil Society: This is a term that refers to Non-Governmental Organisations, Businesses, Faith-Based Organisations, Community-Based Organisations and community members.

Coach: This refers to a more experienced person that guide another person or team to achieve a specific goal or skill. For example, the War Room Coach focuses on guiding the War Room on all OSS processes to achieve fully functional status.

Coordination: This refers to the process of organising people and activities so that they work together to achieve collective goals.

Dialogue: This refers to a discussion between a group of people to exchange ideas or opinions on a particular issue, with a view to reaching an agreement or common understanding.

Departmental/Service Provider Representative: This refers to the person responsible for communicating or providing specific services from a Government department, non-governmental organisation or other community structures. For example, the Departmental Representative is the contact person that receives and communicates all referrals and provides services on behalf of his or her department or organisation.

Dispensing Chronic Medication: This refers to the process of counting, separating and packaging chronic medication for clients. Dispensing medication means that the medication that would have prepared by the health facility is prepared in the War Room

Function: This refers to the intended purpose of a person, organisation or tool in a specific role. For example, the function of the Department of Education is to oversee educational services and the function of the Department of Health is to provide health services. The function of the *Household Profiling Tool* is to assist Fieldworkers when profiling households.

Household: This refers to a group of people who live together at least four nights a week, eat together and share resources. A single person who lives alone is defined as a household.

Integrated Development Plan (IDP): This refers to a five-year plan developed by local government to respond to the development needs of the municipality. The IDP process involves the entire municipality and community members in finding the best solutions to achieve long-term development.

Integration: This refers to the act of combining or adding parts to make a larger unified whole. Operation Sukuma Sakhe integrates services by bringing together departments/service providers in the War Rooms.

Mentoring: This refers to the act of guiding, counselling, and supporting.

Minimum core standards: This refers to standards that ensure that a facility or service is fit for purpose and meet the needs of the client.

Operation Sakuma Sakhe: This refers to the integrated service delivery model bringing together all service delivery stakeholders to provide services in an integrated manner.

Operation Mbo: This refers to integrated service delivery events within a particular area to ensure services are delivered to many community members at the same time.

Oversight: This refers to the process of supervising, managing or watching over a task performed by others. It may include quality assurance, the giving of advice, addressing escalated challenges and setting rules, regulations and processes.

Performance gaps: This refers to when the current situation does not match the intended situation. For example, if a War Room needs to profile twenty households and it only profiles fifteen households, there is a performance gap of five households.

Referral: This refers to the information relating to household and community needs that have been identified, which is brought to the War Room and forwarded to the relevant departments/service providers for response. For example, when members of a household require social grants, this information is sent to SASSA as a referral.

Service: This refers to actions that fulfil a function or a need. To provide services means to respond to the needs of the community by performing specific tasks. For example, to fulfil part of its function, the municipality provides water and electricity services to households.

Social ill: This refers to an issue that affects a considerable number of individuals within a community in a negative manner. Examples include substance abuse, gender-based violence and crime amongst others.

Social Partners: This refers to institutions or organisations appointed by the Task Team to accomplish specific tasks over a specific period.

Subject Matter Specialists: This refers to an expert in a particular field.

Substitute Health Facility (also called Satellite Health Facility): These health facilities usually operated by a larger Health Facility or Clinic but are situated in a location some distance from the larger Health Facility. The Phila Mntwana Centre may be used as a Satellite Health Facility of the Local Clinic.

War Room: This refers to a physical space where the coordinating task team at ward level provides a direct link to the community, coordinates profiling and integrates service delivery.

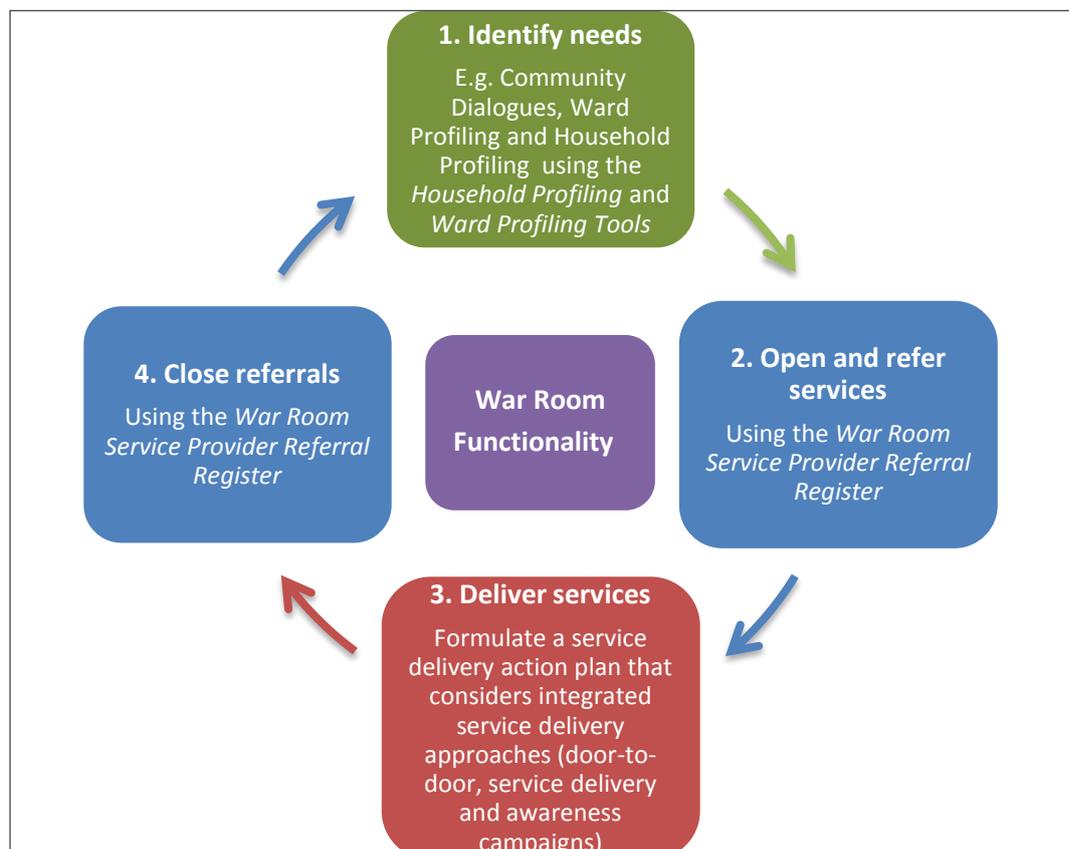
1 INTRODUCTION

At the centre of Operation Sukuma Sakhe is the War Room, which is the service delivery engine set up at ward level to deliver a fully coordinated and integrated basket of services by different stakeholders. Collectively, community leaders, government departments, civil society (NGOs, FBOs, CBOs, Business), Fieldworkers, and members from community-based structures come together to effectively and efficiently respond to HIV and AIDS, poverty and social ills such as crime, gender-based violence, stigma and discrimination, family disintegration and substance abuse.

In order to implement the integrated service delivery model and for a War Room to be considered fully functional, a number of processes need to be completed on an ongoing basis. This chapter will outline these activities individually and end with a discussion of War Room functionality.

Chapter 1 separated the service delivery model into four main activities — identifying needs, opening and referring services, delivering services and closing referrals. In this chapter, these main activities are broken down into separate processes and described in detail to guide the War Rooms (see Figure 4.1).

Figure 4.1: Overview of the main War Room Integrated Service-Delivery Processes



These integrated service-delivery processes, as well as War Room administration contribute towards making a War Room functional. Completing the *War Room Functionality Audit Questionnaire* identifies performance gaps and mentoring help to close those gaps. (The sections on Institutionalisation and Reporting, covered in Chapters 3 and 5 respectively, also play a role in ensuring a fully functional War Room.)

This Chapter includes the following topics:

- Identifying community and household needs, including:
 - Community dialogues
 - Ward profiling
 - Household profiling
- Opening and closing referrals
- Delivering services, including:
 - Integrated service delivery
 - Mobilising resources
 - Distributing chronic medication
 - Phila Mntwana Centres
 - Service-delivery campaigns
- War Room meetings
- Providing feedback
- War Room functionality and mentoring processes

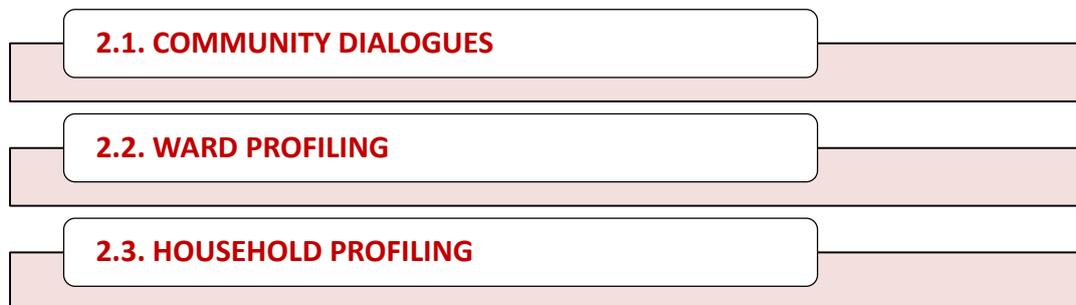
In this chapter, all process descriptions are described in the following way:

1. The **Purpose** of the process is given first, so that War Room members understand why they need to complete the process.
2. The **Resources** that are required to complete the process are listed. The list of resources gives War Room members an idea of what is required to complete the process so that they can obtain all the necessary resources. In some cases, not all the resources will be available. This does not mean that the process cannot be completed but that War Rooms need to identify what is missing and mobilise additional resources (see Resource Mobilisation process description). In other cases, not all the resources listed are required – they are included as guidelines and suggestions.
3. Any special **Training, skills and expertise needed** are outlined. In most cases, the following standard skills are required to complete the processes described in this chapter:
 - Communication skills
 - Basic literacy (reading and writing)
 - Basic numeracy (addition, subtraction, multiplication, and division)
 - Basic computer literacy (where available)If no specific training, skills or knowledge is required then this section will be left out of the process description.
4. The individual steps involved in completing the process are outlined.

2. IDENTIFY NEEDS

IDENTIFY NEEDS

The War Room identifies community and household needs through three main processes. These include:



2.1 COMMUNITY DIALOGUES

Purpose

The War Room arranges a community dialogue to address specific issues in the community. There are two main reasons for community dialogues. The first is to begin to understand what community members identify as specific social ills or issue(s) and their underlying factors. The second is to provide information on services available to address the issue(s) at hand and develop action plans that the War Room can implement and monitor.



NOTE: Community dialogues may require some community mobilisation similar to that discussed in Chapter 3 when establishing the War Room. The Community Mobilisation Sub-Task Team plays a central role in ensuring that community members are mobilised to engage in the community dialogues.

Resources Required

Human and material resources required during a community dialogue:

- A Facilitator
- Subject Matter Specialists
- A notebook
- Flipcharts, chalk-boards or white-boards including appropriate writing tools
- Tables and chairs for participants
- Any data and other information relating to the issue
- *Service Provider Referral Register* (for opening and closing referrals)



TIP: The Local Municipality may be able to assist with the preparations and resources for the community dialogue.

Process of holding a community dialogue

The process of holding a community dialogue includes the following steps:

1. Appointing a Community Dialogue Sub-Task Team (if not yet established)
2. Identifying issues, prioritising and obtaining buy-in
3. Community mobilisation for active participation
4. Conducting the community dialogue
5. Developing a Service Delivery Action Plan arising from issues discussed
6. Implementing the Service Delivery Action Plan
7. Monitoring the Service Delivery Action Plan
8. Assessing impacts and evaluating the results of the Service Delivery Action Plan
9. Feedback to the community

Step 1: Appointing a Community Dialogue Sub-Task Team

Members of the Community Dialogue Sub-Task Team are drawn from community structures and War Room membership to take discussions and activities further. The Sub-Task Team is named according to the issue being addressed. For example, the Sub-Task Team developed to respond to low HCT uptake, could be called the HIV and AIDS Sub-Task Team. From amongst this group, a Sub-Task Team Chairperson and a Secretary are appointed. For the roles and responsibilities of the Sub-Task Team Chairperson and Secretary, refer to the generic roles and responsibilities in Chapter 2.

Step 2: Identify issues, prioritise and obtain buy-in

Common social ills are identified during the initial consultation to establish the War Room. Once a War Room has been established, the analysis of the community and household profiles, also allows critical issues facing the community to be identified (see below). Representatives of the community structures verify the critical issues. Once issues are verified the Community Dialogue Sub-Task Team can begin to plan the community dialogue and identify additional stakeholders that may be required. Not all issues can be resolved at once. The War Room prioritises the issues that will make the greatest difference to the community in the short, medium and long-term.

Step 3: Community mobilisation

Community structures engage their respective members to sit together and discuss particular issues, identify priorities, understand the root causes of the issues and identify resources required and potential solutions to address the problems. In this way, when the dialogue takes place, people already have an idea of the issue(s) to be discussed. The community

structures invite their respective members to the dialogue.

Step 4: Conducting the community dialogue

The Facilitator (the person chairing the dialogue), begins by outlining the issue being addressed and asks the community members for their views on its underlying causes.



TIP: There are different types of community dialogues. Sometimes it might be necessary to involve large groups for common issues and other times smaller focus groups for specific issues.

Ongoing ‘community conversations’ with small groups of less than ten people, can be effective in increasing awareness and identifying strengths and weaknesses. Smaller groups are easier to manage and people may participate more when fewer people are involved in the discussion.

The Facilitator ensures that those present at the community dialogue stay focussed on the topic being discussed. The facilitator captures underlying issues and interventions on a flipchart or notebook to ensure all ideas are noted. Everyone is given the opportunity to make his or her opinion known, brainstorm and debate the issue openly. Table 4.1 gives an overview of how to facilitate a brainstorming session.

Table 4.1: Brainstorming underlying issues and solutions during community dialogues

Do...	Do not...
<p>Set time limits for specific discussions (e.g. 30 minutes to discuss the underlying causes of the problem, 30 minutes to discuss solutions and 30 minutes to review and plan forward)</p> <p>Capture everything on the board or in the notebook</p> <p>Encourage participation</p> <p>Ask clarifying questions to understand what people mean. The focus should be on “why” a problem exists and “what” can be done about it.</p>	<p>Stop the discussion if people are giving good ideas or there are new ideas still being developed)</p> <p>Force participation by making everybody speak</p> <p>Evaluate or criticise anything in the first round of the discussion</p> <p>Ask judging questions or reject any ideas unfairly (people should be given a chance to explain their opinions and not be proven wrong). Remember, it’s a discussion not an argument</p>
<p>Brainstorming process:</p> <ul style="list-style-type: none"> • Capture and summarise the ideas • Review the ideas • Rank the ideas according to impact 	

- Categorise the ideas into groups (delete similar ideas)
- Compile final list of ideas
- Find solutions and ways forward



TIP: War Room members and the facilitator can identify important stakeholders and change agents during the community dialogues. People enthusiastic about the issue or with good suggestions of how to respond to it should be engaged to join the War Room and Community Dialogue Sub-Task Team (or Social-Ills Sub-Task Team) going forward. It is also important to ensure that all referrals identified during the community dialogue are captured on a *Service Provider Referral Register*.

The following provides an example in which the community is mobilised and a community dialogue arranged (see Table 4.2). In wards where there is low HIV and AIDS Counselling and Testing (HCT) uptake, the War Room plays a role in mobilising the community to address this issue. To do so, the War Room, through the Community Mobilisation Sub-Task Team, engages with relevant stakeholders and community structures to discuss the underlying reasons for low HCT uptake. The War Room and Community Dialogue Sub-Task team leads a HCT dialogue and through the prior community mobilisation process ensures that all relevant community stakeholders participate. When conducting the dialogue, the Community Dialogue Sub-Task Team identifies a Facilitator for the dialogue, with additional support from relevant WTT members.

Table 4.2: Stakeholders participating in a community dialogue about low HCT uptake

DEPARTMENT/PEOPLE INVOLVED IN DIALOGUE	EXAMPLES OF SERVICES AND INPUTS REQUIRED FOR DIALOGUE
Community structures and members	Discuss local experiences, understandings of the issues, potential solutions and community-based responses.
The Community Dialogue Sub-Task Team	Facilitate the discussion; take notes and record decisions made during the dialogue.
Ward AIDS Committee	Present the <i>Quarterly Ward AIDS Report</i> and advocate for behaviour change.
Ward Committee (Sector Representatives)	Provide detailed background of needs and challenges from within the community and the projects and programmes the Municipality is implementing.
Local Municipality	Provide transport for community members, and other logistical support. Share information on programmes and projects.
Traditional Leadership	Represent community members and support and guide discussions during the Dialogue.
Department of Health	Provide statistics and overviews of departmental initiatives, potential dates for HCT campaigns and potential solutions to the issues raised during the Dialogue.
Department of Education	Provide inputs to the discussion such as the linkages between HCT uptake, unsafe sex practices, increasing levels of teenage pregnancy and increased vulnerability of pregnant teens that cannot attend school.
NGOs	Provide information on programmes and services offered; provide inputs and advice during the discussion.
SASSA	Provide information on and implementation of grants to respond to the issues raised.
Subject Matter Specialists	Provide expert information and advice on the issue the dialogue is addressing.

Step 5: Develop a Service Delivery Action Plan

The Sub-Task Team develops a Service Delivery Action Plan that addresses the outcome that is expected, key activities involved, persons responsible and time frames.

Table 4.3: Example of Section Delivery Action Plan

Outcome: Improved HCT uptake by 10% in the next 6 months		
Objective and Activities	Persons/Organisation Responsible	Time Frames
Hold HCT awareness campaign in schools and churches once per month to encourage HIV testing	Department of Education, Faith-Based Organisation (FBO), War Room members with support from the HIV and AIDS Sub-Task Team	For six months (e.g. May to October)
Activities:		
Obtain the testing dates and centres from the local health facility	CCG	Within 7 days
Develop awareness campaign materials	HIV and AIDS Sub-Task Team	Within 7 days
Secure dates and venues for roll out	Department of Education and FBO	Within 14 days
Conduct awareness campaigns	HIV and AIDS Task Team	Two each month
Ensure that <i>Service Provider Referral Register</i> is completed and submitted to WR Secretary for report generation	All members	Ongoing (weekly)

Outcome: Improved HCT uptake by 10% in the next 6 months		
Objective and Activities	Persons/Organisation Responsible	Time Frames
Door-to-door campaign to create awareness and advertise testing dates	Department of Health stakeholders and other War Room Stakeholders	Door-to-door campaigns after every weekly WTT EXCO meeting
Activities:		
Obtain the testing dates and centres from the local health facility	Fieldworkers	Within 7 days
Fieldworkers each visit fifteen (15) households to announce the testing dates to their clients	DoH	Within 14 Days
Develop posters and flyers of the testing dates and centres	War Room members	Within 7 days

Outcome: Improved HCT uptake by 10% in the next 6 months		
Objective and Activities	Persons/Organisation Responsible	Time Frames
Mobile HCT teams to visit the War Room [...]	Health Facility Operations Manager [...]	Weekly [...]
Activities:		

Outcome: Improved HCT uptake by 10% in the next 6 months		
Objective and Activities	Persons/Organisation Responsible	Time Frames
Review of improved HCT uptake [...]	Health Facility/DoH [...]	Quarterly [...]
Activities:		

Step 6: Implement the Service Delivery Action Plan

Once the Sub-Task Team develops the Action Plan, the members responsible for specific activities complete them as expected.

Step 7: Monitoring the Service Delivery Action Plan

The Sub-Task Team presents the Action Plan and updates the War Room on progress during the War Room weekly and monthly meetings. This includes further planning and coordination of upcoming events and activities within the Action Plan.

Step 8: Assessing impacts and evaluating the results of the Service Delivery Action Plan

Progress towards the targeted outcomes are measured on an ongoing basis, in addition to completing the individual tasks of the Action Plan. A final assessment should also be undertaken to determine whether the targets have been achieved. For example, the Health Facility and WAC monitor whether the uptake of HCT has increased by 10% within 6 months in the example above. If the target is not reached, the Sub-Task Team needs to review and revise the Sub-Task Team Action Plan with the War Room, Health Facility and WAC and decide on changes to be made going forward.

Step 9: Providing feedback

It is important that the War Room communicates its successes and challenges to the community. There are five main steps in providing feedback (see Section 6.2). These steps

may vary depending on the types of feedback being given (e.g. door-to-door, meetings etc.), but includes:

1. Collecting information for the feedback
2. Developing the Feedback Report and materials
3. Arranging a suitable venue for the feedback meeting
4. Inviting the community or clients for feedback meeting
5. Presenting feedback

2.2 WARD PROFILING

Purpose of developing a Ward Profile

The *Ward Profile* is a factual account of assets, infrastructure, health and demographic information of the ward (see *Ward Profile Template* in *Appendices* folder on the CD). Once completed, the *Ward Profile* provides an overview of ward statistics and other relevant information that stakeholders can use when hosting Cabinet Days and other events. Developing an up-to-date and comprehensive *Ward Profile* provides the information needed for planning campaigns and interventions by the War Room. The War Room can also use the *Ward Profile* for community mobilisation, as it includes information of what issues the community faces and who the key stakeholders are within the community.

The Ward Committee has a mandate to develop the *Ward Profile* and supports the War Room in this task. Where no *Ward Profile* exists, the War Room takes the lead in developing one in partnership with the Ward Committee.

Resources needed to develop a Ward Profile

The Ward Task Team (the group compiling the *Ward Profile*) requires:

- A ward map with adjacent Wards/Municipalities
- An existing *Ward Profile* (where available)
- The *Ward Profile Template* (see *Appendices* folder on the CD)
- Existing reports and documents relating to the Ward
- Stationery
- A computer/laptop if available

Special training, skills and expertise needed

Ward Committee members may have received training in developing *Ward Profiles*, with support from the Municipality. These will assist this process but are not necessarily required.

Steps involved in Developing the Ward Profile

Developing a Ward Profile includes the following steps:

1. Identifying neighbouring wards and municipalities from the ward map
2. Identifying any existing Ward Profiles
3. Gathering all relevant information (from key stakeholders and according to the *Ward Profile Template*)
4. Compiling the *Ward Profile* (using the Template from the Appendices section of the CD)
5. Using the *Ward Profile*
6. Updating the *Ward Profile*

Step 1: Identifying neighbouring wards and municipalities from the ward map

A ward map provides a visual overview of where the ward is located, what it is surrounded by and where potential services and resources may be obtained. The War Room Secretary can also use it in planning for household profiling. The ward map can be obtained from the Government and Community Information System (GCIS).

Step 2: Identifying existing Ward Profiles

The War Room Chairperson identifies whether there is an existing *Ward Profile* developed by the Ward Committee:

- If there is no *Ward Profile*, the War Room develops a new one with the assistance of the Ward Committee in the Sub-Task Team.
- If there is an existing *Ward Profile*, the War Room together with the Ward Committee updates it, as information may be out of date or incomplete.

Step 3: Gathering information

The Task Team gathers information from a variety of stakeholders to compile an up-to-date *Ward Profile* (see Stakeholder Checklist below). The checklist for the *Ward Profile* (see Step 4 below) provides an outline of the types of information that needs to be sourced.



STAKEHOLDER CHECKLIST: The following stakeholders should be consulted when gathering information to complete the *Ward Profile*:

- War Room Champion (Ward Councillor)
- Ward Committee members
- Ward Task Team members
- Various service delivery stakeholders
- DOE and school teachers/school governing bodies for information on schools and education
- The municipality to provide demographic and household information and statistics such as the number of people in the ward, their age groups etc.
- The police to provide crime statistics, though these may not be up-to-date due to legal restrictions
- Other information to be obtained from surveys in the community, discussions with friends and War Room stakeholders and the list of issues identified in the initial consultation meetings (if available)



TIP: Identifying information and compiling the *Ward Profile* requires a lot of effort. It is best to separate the workload into teams so that different people focus on specific areas. Remember some people may be better at sourcing certain types of information or have access to information that others do not.

Step 4: Compile the Ward Profile

The *Ward Profile* is compiled using all of the information collected in the previous steps. The following provides a guideline of the themes the *Ward Profile* covers.



STAKEHOLDER CHECKLIST: *Ward Profile Template*.

A *Ward Profile* comprises of the following major themes:

- Introduction to the Ward
 - Demographics, for example, Total Population, Males and Females
 - Type of dwellings
 - Languages spoken and literacy levels
- Introduction to the War Room
 - Details of War Room location, members etc
- Education facilities
 - Number of crèches, primary schools, secondary schools, combined schools, Further Education and Training colleges, Universities of Technology, Universities, other institutions
- Health facilities
 - Number of primary health care centres, community health centres, hospital, traditional healers operating, general practitioners, step-down facilities such as Hospice and rehab, pharmacies, clients receiving TB treatment and ARVs
- Safety and security and other services
 - Number of police stations, satellite police stations, post offices, etc
- Infrastructure
 - Access to clean water, sanitation, electricity, modes of transport, the type and number of recreational facilities
- Availability of gardens and vacant space
 - Homestead gardens, awareness of one home one garden, communal gardens, school gardens, clinic/NGO gardens
- Community organisations
 - Identify and engage with sporting organisations, school-governing bodies, community policing forums, street forums, religious organisations, youth organisations, burial organisations, business organisations, taxi associations, cultural organisations, women's organisations, organisations for people with disabilities and other community organisations if they are present
 - Include the contact details of representatives, key activities, expertise and potential resources for each of the organisations
- Issues being faced in the community
 - Outlines of common social-ills and development issues in the Ward

Step 5: Using the *Ward Profile*

The War Room uses the *Ward Profile* for the following activities:

- To identify immediate community-wide challenges that are faced in the ward
- To guide the agenda of Monthly WTT and other War Room meetings
- To identify relevant departments/service providers and services in the Ward
- To identify issues and resources that can be included in the Ward-Based Plan through the Ward Committee
- To organise Awareness Campaigns (see Process Description of Section 4.6)
- To identify existing community resources that can be used for other activities (for example, using underutilised buildings for income-generation activities or housing; using vacant areas for gardening, etc.).
- As a basis for reporting back to the community (use issues outlined in the *Ward Profile* as well as statistics and information)
- Developing up-to-date contact lists for key stakeholders

Step 6: Updating the *Ward Profile*

The War Room Secretary should update the *Ward Profile* continually during WTT and other War Room meetings and when new information and issues are identified. The War Room should revise the *Ward Profile* on an annual basis (following the process from Step 2 above).

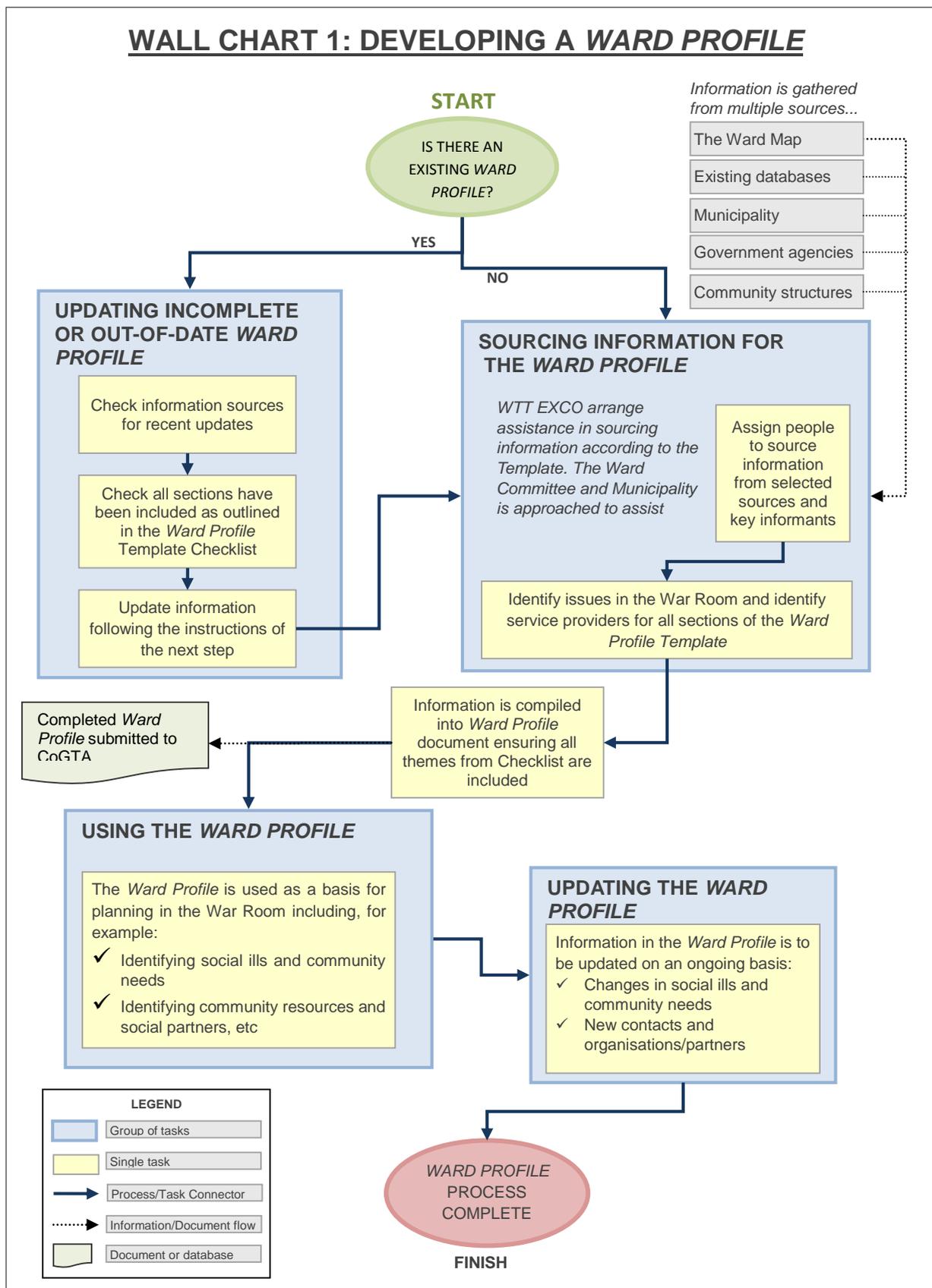


TIP: The *Ward Profile* is a “living document”, meaning that it is updated continually. This makes it useful to plan interventions and identify resources quickly.

Wall Chart 1 provides an overview illustrating the development of the *Ward Profile*.



TIP: The *Appendices* folder on the CD contains a copy of all the Wall Charts. The War Room Secretary can print them as posters to put on the walls of the War Room as reference guides.



2.3 HOUSEHOLD PROFILING

Purpose of Household Profiling

Household profiling is the process of identifying household and community needs so that the War Room can plan interventions and improve service delivery. Identifying needs facilitates integrated services between government and civil society service providers. It also assists with recording cases for follow-up and allows the War Room to engage with the community on services identified.

This process provides War Room members with a detailed and practical guide for household profiling, including resources and linkages to referrals.

Resources needed for Profiling

Figure 4.2: Cover of the War on Poverty Household Profiling Tool

The image shows the cover page of a household profiling tool. At the top, it features the South African coat of arms and the title 'War on Poverty Programme 2011 ver. 1'. Below this, it is labeled 'SECTION 1: Cover Page - Particulars of the household'. The form contains several sections for data entry, including '1.1 EA number', '1.2 Dwelling unit number', '1.3 Household number', and '1.4 Total number of households in the dwelling unit'. There are also sections for '1.5 Total number of households used in the household (e.g. 1, 2, 3)', '1.6 Total number of household members living in the household', and '1.7 Sex' (Male, Female, Total). A '1.8 Dwelling unit description' section is provided for notes. The 'WORLD EDGE' section includes checkboxes for 'Completed', 'Not completed', 'Refused', 'Partly completed', and 'No usable information'. The 'FACILITY' section includes checkboxes for 'Yes', 'No', 'Not applicable', and 'Other'. At the bottom, there are fields for 'Interviewer', 'Supervisor', and 'GA', each with an 'ID Number' field. A date field is also present. The page number 'Page 1 of 26' is visible at the bottom.

To complete the Household Profiling process, the War Room Secretary requires:

- A list of all households in the Ward
- A list of the most vulnerable households to prioritise the household profiling
- *Household Profiling Tools* (paper-based or electronic) (see Figure 4.2)
- *Service Provider Referral Register*
- A ward map for planning the profiling activities
- A computer/laptop where available

The Fieldworker (person who is profiling) requires:

- A Household Profiling Tool (see Appendices folder on the CD)
- A Household Profiling Summary Tool (see Appendices folder on the CD)
- A list of households to profile
- Pencil for completing the Household Profiling Tool
- A notebook and a pen with which to write

Special training, skills and expertise needed

Fieldworkers require training to complete the *Household Profiling Tool* correctly. Training is available from the LTT but the War Room Secretary should also have been trained to teach Fieldworkers how to complete the *Household Profiling Tool*.

Steps involved in Household Profiling

Household profiling includes the following main steps:

1. The War Room develops a list of vulnerable households to prioritise and numbers the households on the list
2. The War Room Secretary allocates these households to the Fieldworkers for profiling
3. Profiling the household using the *Household Profiling Tool (paper-based or electronic)*
4. The War Room Secretary quality assures the completed *Household Profiling Tool (paper-based or electronic)*
5. Recording of identified household needs in the *Service Provider Referral Register* (see also Opening and Closing Referrals process descriptions in Section 3 and Section 5; Wall Chart 3)
6. The War Room Secretary submits the completed paper-based *Household Profiling Tools* to the LTT and ensures electronic Household Profiling Tools are submitted to OTP.



NOTE: OSS focuses on all households that require services but prioritises vulnerable households. Identification of vulnerable households therefore needs to be completed in preparation for immediate household profiling. The respective stakeholders make these lists available to the War Room who consolidate them into one list of Households to be profiled. After a Fieldworker profiles a household, all household needs are entered in the War Room *Service Provider Referral Register*.

Step 1: Develop a list of Households for Profiling

The War Room develops a list of households in the following ways:

1. The War Room Secretary develops a list of households to be profiled and allocates a number to each household. The households are drawn from the following sources:
 - Department of Health's list of follow-up cases e.g. treatment defaulters, chronic medication patients and severe acute malnutrition lists
 - Department of Social Development (DSD) list of poorest households and list of OVCs
 - Municipality's Indigent Household list
 - Ward Councillor
 - Ward Committee
 - Community structures
 - Traditional Councils
 - Phila Mntwana Centres

- Fieldworkers
 - School Governing Bodies
 - NGOs and CBOs working in the area
2. Through “walk ins” and “word of mouth”
 - Community members bring their needs directly to the War Room (a walk in) or inform a WTT stakeholder of their need (word of mouth).
 3. During home visits
 - Households refer other vulnerable households.
 4. During campaigns
 - Vulnerable households are identified during events and campaigns.

Step 2: Households are allocated to the Fieldworkers

The War Room Secretary meets with Fieldworker supervisors to discuss how they should allocate households to Fieldworkers.

	<p>NOTE: existing allocations of households are considered (e.g. DoH CCGs may already be allocated specific households by their CHF or OTL).</p>
---	---

Figure 4.3: Ward Map



The War Room Secretary uses a ward map (obtained from GCIS) to locate and circle households that need to be profiled and to mark off households already profiled.

The number of households that the Secretary allocates per Fieldworker depends on the number of households on the list to be profiled and the number of Fieldworkers available. Any remaining households that require profiling will remain on the list until they are profiled. Volunteers and Fieldworkers from civil society can also be utilised for household profiling. It is important that the War Room Secretary ensures all Fieldworkers are trained before the profiling process takes place.

Step 3: Profiling the Household

The Fieldworker uses the *Household Profiling Tool* to profile the households they have been allocated.

When profiling a household the Fieldworker does the following:

- Introduce OSS and request permission to complete the *Household Profiling Tool* with the head of the household or anyone able to answer the questions

- Explain the household profiling process to the household head or respondent. Explain how long the profiling will take (sometimes more than one hour) and why it is being done (to assist the household by referring their needs for service delivery)
- Ask each question on the *Household Profiling Tool* and complete the answers in pencil. The Fieldworker must make sure that he/she understands the answer by repeating it to the household respondent before recording on the *Household Profiling Tool*
- Record a follow-up date with the household. This date is also entered into the *Household Summary Tool*
- Complete the *Household Summary Tool*; one tool for each household



NOTE: Two to three *Household Profiling Tools* can be completed per day depending on the household size and its location. The Fieldworkers should allocate enough time during the day for quality checking the *Household Profiling Tool* and completing the *Household Summary Tool*.

Step 4: The War Room Secretary quality-assures the completed *Household Profiling Tool*

The War Room Secretary checks the completed *Household Profiling Tool* together with the Fieldworker. The War Room Secretary then:

- Ensures that all the questions are completed
- Highlights mistakes and make corrections with the Fieldworkers
- Advises Fieldworkers to collect missing information
- Updates any missing information if it can be obtained from other parts of the *Household Profiling Tool*



NOTE: The *Household Profiling Tool* contains private information. If the *Household Profiling Tool* is lost, the Secretary and/or Chairperson must visit the household to explain the situation and request permission to report the loss to the police. It is advisable that Fieldworkers should collect and return *Household Profiling Tools* to the War Room during profiling days. This depends on the distance from the War Room to the Households profiled.

Step 5: War Room Secretary completes Service Provider Referral Register (see also 'Opening Referrals' and 'Closing Referrals' process descriptions)¹

The War Room Secretary completes the *Service Provider Referral Register* using information from the *Household Summary Tool* or directly from the *Household Profiling Tools*.

The War Room Secretary enters details for each client needing services into a single row of

¹ Information entered into the *Service Provider Referral Register* initiates the Service referral process outlined later in this Chapter.

the *Service Provider Referral Register*. If a client requires more than one service, the Secretary writes each individual service requirement in a new row (see Opening Referrals description in next section).

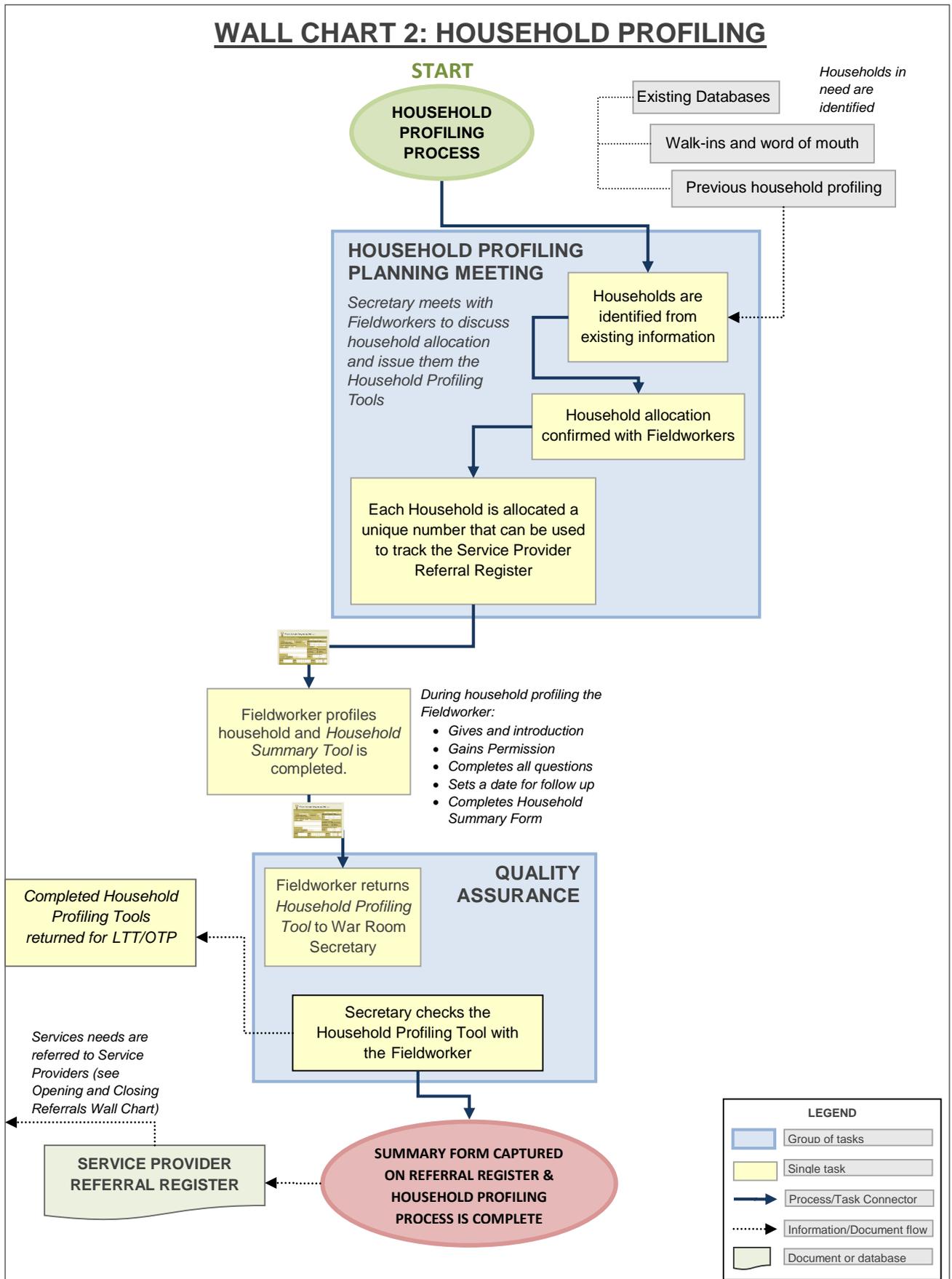
Step 6: War Room Secretary returns the completed *Household Profiling Tools* to LTT

The War Room Secretary submits all completed *Household Profiling Tools* to the LTT or OTP if electronic.

If the LTT returns the *Household Profiling Tool* to the WTT, the War Room Secretary checks the reason for rejection and returns the *Household Profiling Tool* to the Fieldworker to complete.

The War Room Secretary assists the Fieldworker with correcting mistakes and follows the initial path of being quality assured and returned to the LTT.

Wall Chart 2 provides an overview of the Household Profiling Process.



3 REFERRING SERVICES (OPENING REFERRALS)

REFERRALS

3.1 PURPOSE

Referring services, also called opening referrals, means that once service needs have been identified, the War Room Secretary enters the required service in the War Room *Service Provider Referral Register* as a referral. Once needed services are entered in the War Room *Service Provider Referral Register*, they are referred to the relevant departmental/service provider representatives so that services can be provided to households in need.

The *Service Provider Referral Register* is a tool that War Room members use to monitor identified needs until they are resolved. In addition to household profiling (described above), there are other ways in which needs are identified (see below). Each way of identifying household needs is called an *entry point* in which service needs enter the system. The service referral system (see Chapter 5) includes all services that have been referred to the War Room.

Resources needed for Opening Referrals

The War Room Secretary requires:

- Completed *Household Profiling Tool* and *Household Profiling Summary Tool* and information from any other entry points where applicable
- *Household Profiling Summary Tool*
- *Service Provider Referral Register*
- List of departments/service provider representatives contact details
- Computer/laptop if available
- Any available Directory of Services
- *Ward Profile*

Steps involved in Opening Referrals

Steps involved in opening referrals include the following (see Wall Chart 3, which combines Opening and Closing Referrals into one a complete process map):

1. Opening Referrals through identified needs
2. Consolidating referrals
3. Referring services to the Departmental/service provider representatives

Step 1: Opening of referrals

Referrals are opened as a result of the needs identified by the following:

- Household profiling process (described above)
- Community Dialogues (described above)
- Traditional Councils
- Campaigns and Events (described below)

- Walk-ins
- *Ad hoc*/Verbal communication
- OSS call centre
- Phila Mntwana Centres, WACs, Ward Committee, Sub-Task Teams and others
- OVC and Chronic Medication Defaulters Lists (e.g. Defaulters Lists are used to notify people they need to collect medication - no personal details of what chronic medication they are taking is shared)

Once a need is identified, the stakeholder who has identified the need captures it into their individual *Service Provider Referral Register*. Their *Service Provider Referral Register* is brought to the War Room on a weekly basis to be added to the consolidated War Room *Service Provider Referral Register* (see next step).



NOTE: All OSS stakeholders should carry their own *Service Provider Referral Register* so they can add any service needs when they identify them. These referrals are then entered into the War Room *Service Provider Referral Register* for processing. See the example of the War Room *Service Provider Referral Register* at the end of this section.

Step 2: Consolidating of referrals

During the Weekly War Room EXCO meeting, Fieldworkers and other War Room members submit referrals to the War Room Secretary. The War Room Secretary takes all the Fieldworker referrals and adds them into a War Room *Service Provider Referral Register*. The War Room Secretary collates all referrals for a particular department/service provider into a single War Room *Service Provider Referral Register* so that it is clear how many services each individual provider is required to provide.



NOTE: The War Room Secretary completes one *Service Provider Referral Register* per service provider and submits it to the departmental/service provider Representative for action.

Urgent needs identified by War Room stakeholders should be referred to the War Room Secretary immediately. All other needs are brought to the War Room during weekly and monthly meetings.

The War Room Secretary is responsible for completing following sections:

1. Date referral is opened
2. Household profiling tool Bar-code/Reference number
3. Name and surname of client in need

4. ID/Birth certificate number of client in need
5. Residential address (Isigodi) of client in need
6. Contact number of client in need
7. Specific need (service required)
8. Name and contact number of Fieldworker



NOTE: The War Room Secretary issues a unique reference number in the absence of a Bar-code number of the household profiling tool. This unique reference number is entered in the *Service Provider Referral Register*. It is made up as follows:

First 3 letters of the District/first 3 letters of the Local Municipality/Ward Number/Household Number from the list of Households that the Secretary uses to allocate Fieldworkers. See *Service Provider Referral Register* template in Table 4.4 for an example.

Step 3: Referral to service providers

If any urgent needs are referred to the War Room Secretary, they are then referred to the relevant departmental/service provider representatives immediately.

For all other referrals, the War Room Secretary refers the service request to the relevant departmental/service provider representatives. Referrals can be made during the WTT meetings, phone calls or emails sent to the departmental/service provider representatives.

Departmental/service provider representatives advise the War Room Secretary if they have been allocated services incorrectly or if the clients do not qualify for the services. If so, the referral can be reassigned or deleted.

Departmental/service provider representatives should review and discuss the list of needs they receive from the War Room and decide how and when needs will be addressed. They are also responsible for providing feedback to the War Room on the status of the referred needs (see Closing Referrals process description in Section 5).

Departmental/service provider representatives are responsible for completing the following sections:

1. Status of the referral (R-resolved, NR-not resolved, IP-in progress)
2. Comment on status
3. Date referral closed (see Closing Referrals)



TIPS FOR OPENING AND CLOSING REFERRALS

Community members should be empowered to bring their needs directly to the War Room (i.e. as 'Walk ins').

The Fieldworker or War Room stakeholder who brings the need to the War Room remains responsible for follow-up until the referral is closed.

All needs are referred to the War Room Secretary for referral to the relevant service provider. Immediate needs are prioritised.

The War Room Secretary manages the War Room *Service Provider Referral Registers* and provides updates to Fieldworkers on referrals. Names of clients do not need to be discussed at the War Room to ensure confidentiality.

The status of referrals (e.g. 'in progress' and 'closed') should be discussed with service provider stakeholders in the War Room on a weekly basis to avoid backlogs on the *Service Provider Referral Registers* (see example *Service Provider Referral Registers* below)

Clients should be encouraged to inform the War Room Secretary if the service has been provided or is no longer required.

Outstanding referrals are discussed at the War Room and should be included in the War Room report for escalation to the LTT.

Service Provider Referral Registers can be printed at the Local Municipality or local government offices, or through War Room members that have access to printers (e.g. local businesses, etc.).

Table 4.4 provides an example of the War Room *Service Provider Referral Register* showing the Opening and Closing of Referrals.

Table 4.4: Example of a War Room Service Provider Referral Register

Name of District Municipality:	Ugu District
Name of Local Municipality:	Umzumbe Local Municipality
Ward Number and Village/Isigodi:	Ward 7
Name of DTT/LTT/WTT Secretary:	
Department/service provider	Department of Health
Name of departmental /service provider representative contact:	

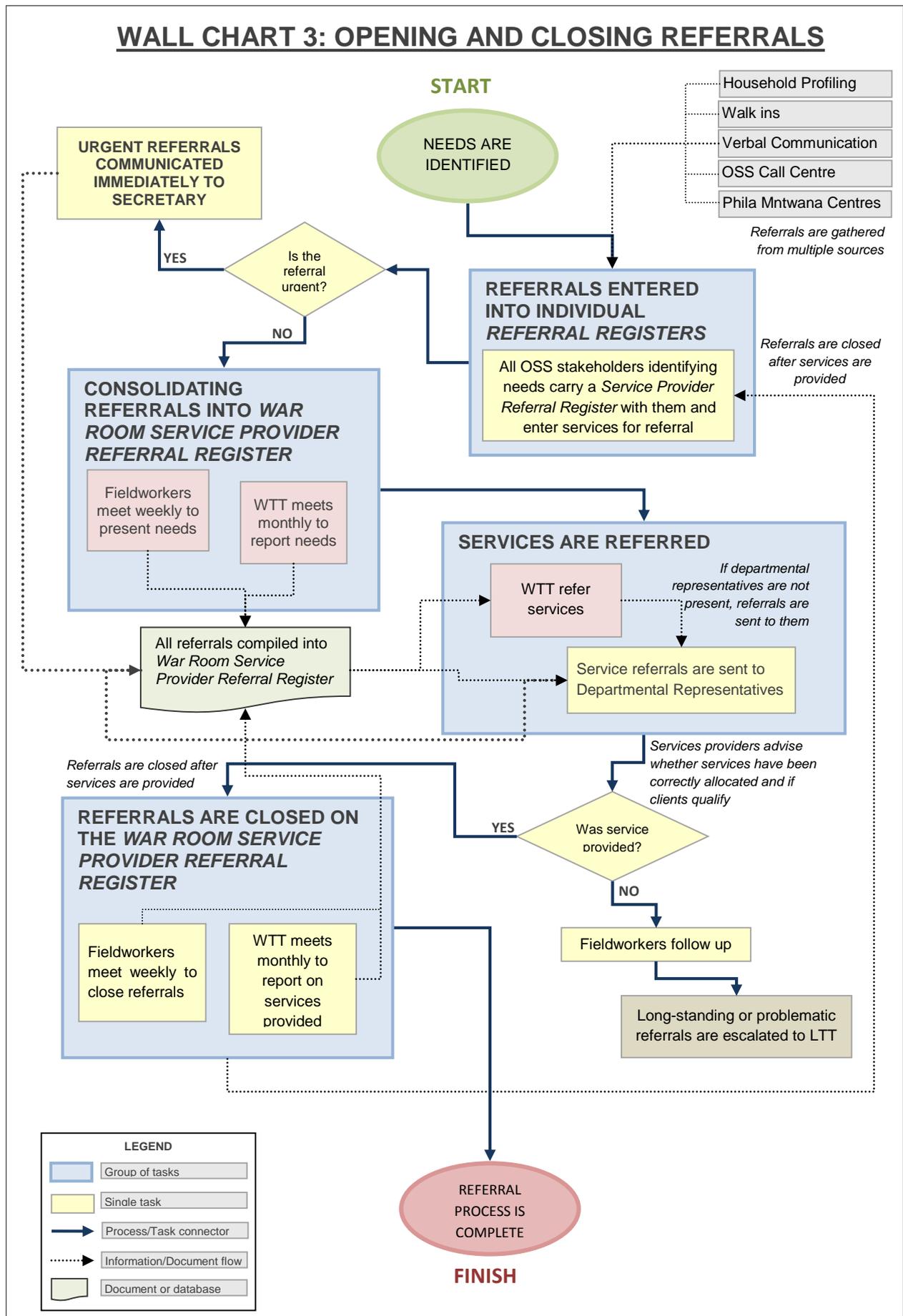
#	Date Referral Opened (dd/mm/yyyy)	Household Profiling Tool Bar Code/Reference Number	Name & Surname of Client in Need	ID/Birth Certificate Number of Client in need	Residential Address (Isigodi) of Client in need	Contact Number of Client in need	Specific Needs (service required)	Status/Outcome <i>R-Resolved</i> <i>NR -Not resolved</i> <i>IP -In Progress</i>	Comment on status	Date Resolved (dd/mm/yyyy)	Name of Field-worker
1	02/04/2015	UTH/NTA/04/01	Thembinkosi Mkhize	760615644404087	Amahlongwa Mission	0715691726	Initiation of ART	NR	Client screened by mobile clinic	06/04/2015	Joy Kubeka
2	02/04/2015	UTH/NTA/04/01	Sipho Ndebele	760615644404087	2 High street, Soweto, 7550	0745691726	TB Screening	R	Patient screened and no need to refer	02/05/2015	Joy Kubeka
3	02/04/2015	UTH/NTA/04/01	Sipho Ndebele	760615644404087	2 High street, Soweto, 7550	0745691726	HCT	IP	Client referred to clinic	-	Joy Kubeka
[..]	[..]	[..]	[..]	[..]	[..]	[..]	[..]	[..]	[..]	[..]	[..]

Unique identifier is made up of first 3 initials of District, first 3 initials of the LM, ward number, and household number from the list of households. In this example it is uThungulu District, Ntambanana, Ward 4, Household

These sections include the contact information of the client (the person requiring the services)

This column includes details of the services that the client requires. If the client requires more than service, each need is entered into a new row.

R-Resolved: The referral is resolved once the specific service has been provided to the client in need
NR-Not Resolved: The referral is not resolved if the specific service has not been provided to the client in need
IP-In progress: 1) Initial processes have been undertaken by the service provider to attend to the need or 2) The need has been escalated to the next level



4 DELIVERING SERVICES

DELIVERING SERVICES

The War Room delivers services in many ways. In some cases, Fieldworkers can respond directly to household needs, for example, when a CCG provides care or advice to households. In other cases, delivering services requires integration and coordination between departments, service providers and War Room members in the War Room. This section describes these integrated and coordinated service delivery processes. These include:

- 4.1. RESOURCE MOBILISATION
- 4.2. INTEGRATING SERVICE DELIVERY
- 4.3. SERVICE DELIVERY CAMPAIGNS
- 4.4. AWARENESS CAMPAIGNS
- 4.5. PHILA MNTWANA CENTRES
- 4.6. DISPENSING AND DISTRIBUTING CHRONIC MEDICATION

4.1 RESOURCE MOBILISATION

Purpose of resource mobilization

Mobilising resources means identifying local financial, natural and human resources and making them available for use through the War Room. The ability to mobilise resources depends on what resources are available and the ability of the WTT members to acquire them. Through OSS, local communities are empowered and supported to take control of their own development.

The success of the War Room rests on community involvement and the resources that are mobilised in response to needs identified. Another purpose for mobilising resources is to improve the use of existing resources (for example, finding alternative uses for existing resources and making sure they are used for maximum impact).

This process description will outline how War Rooms identify and obtain the resources required to meet the community and household needs.

Resources needed for resources mobilization

- An up-to-date *Ward Profile*
- An Integrated Development Plan (IDP)
- A Ward-Based Plan from CoGTA
- Service Delivery Action Plan
- Completed *Service Provider Referral Register*
- War Room databases or contact lists including departmental/service provider representatives (see also the Directory of Services where available)
- A list of potential donor or sponsors (with contact persons where available)
- A proposal or a letter appealing for assistance (see *Appendices* folder on the CD)

Special training, skills and expertise needed

- In some cases negotiation skills may be required in addition to the standard skills required



TIP: People that have already mobilised resources may have useful skills and knowledge from their experience. War Room members should also review past and existing resource mobilisation efforts within the community. This is necessary to ensure that the War Room uses practices that have already worked, whilst exploring new ones if necessary.

Steps involved in mobilising resources

The War Room establishes a Resource Mobilisation Sub-Task Team to focus on resource mobilisation. The War Room Champion plays a central role as resource mobilisation includes building valuable contacts and networks, and garnering the interest, support and in-kind contributions of stakeholders important to the War Room. As the political representative of the community, the War Room Champion has access to a range of resources within the ward and municipality and can approach key stakeholders to assist. Through coordination of the War Room, these can be used effectively and combined with other resources to have maximum impact.

The Resource Mobilisation Sub-Task Team should also engage with the IDP processes and Local Municipality to assess what resources may be available, but also to assist in creating and developing plans going forward. The IDP deals with issues such as poverty and lack of development that lead to the rapid spread of HIV and AIDS. Municipalities are ideally placed to play the coordinating and facilitating role that is needed to make sure that partnerships are built to bring prevention and care programmes to every community affected by HIV and AIDS.



Note: Resource mobilisation refers to both internal and external resources.

1. Internal resources are those that War Room stakeholders can provide for use within the War Room to ensure it remains functional.

Internal (War Room) Resources include:

- War Room furniture (tables and chairs)
- Computer and printer (optional)
- Printing Paper (where necessary)
- Cabinet for storage of valuables and medication
- Home-Based Care Kits
- Condoms

2. External resources are mobilised to deliver services outside the War Room. The War Room uses these resources to benefit the community directly.

The process of mobilising resources includes the following steps:

1. Identifying resources that are required and any resource gaps
2. Capturing needs into the Resource Mobilisation Action Plan
3. Identifying potential sources of needed resources
4. Finalising the Resource Mobilisation Action Plan
5. Mobilising Resources
6. Documentation of all activities involved (for use when mobilising resources in the future)

Step 1: Identify required resources

The Resource Mobilisation Sub-Task Team identifies all necessary resources.

This includes two main resource needs:

1. External resources, which include those resources relating to service delivery but which existing departments/service providers cannot provide. To identify these needs, the Task Team uses the *Service Provider Referral Register* and establishes which needs cannot be provided for.
2. Internal resource requirements to improve War Room functionality. In this case, resources (including human, material or services – see Tip box below), are identified and made into a list of resources required.



TIP: When the War Room assesses the current resource situation, it is not only physical resources that may be required or useful. For items such as tables and chairs, the Resource Mobilisation Sub-Task Team can approach government departments or the business sector at municipality level for their old furniture; for computers and printers. Sometimes, however, it is people's time or knowledge that the War Room needs.

Step 2: Capturing needs into the Resource Mobilisation Action Plan

Using the list of needs from the *Service Provider Referral Register* (see Step 1), the Resource Mobilisation Sub-Task Team establishes the needs that cannot be provided by departments/service providers within the War Room and captures these into the Resource Mobilisation Action Plan.

Step 3: Identifying potential sources of needed resources

The Resource Mobilisation Sub-Task Team identifies potential sources of resources from existing databases and directories (for example from NGOs, service providers, local businesses, community, government departments and other members within the WTT).

All potential sources are captured onto the Resource Mobilisation Action Plan.



TIP: When identifying potential donors and partners to provide resources, the Sub-Task Team can consider organisations with a similar interests or activities as those of the resource required. For example, if the War Room needs resources to develop a community garden in the area, the Department of Agriculture, Agricultural Cooperatives and other agricultural businesses may be able to assist.

Step 4: Resource Mobilisation Sub-Task Team develops the *Resource Mobilisation Action Plan*

After completing Steps 1-3, the Resource Mobilisation Sub-Task Team will have a *Resource Mobilisation Action Plan*, including the resources required and where to find them. Before approaching potential donors and partners, the Sub-Task Team develops the plan of approach. In this step, the *Resource Mobilisation Action Plan* is updated to include who will approach the potential donors, how they will do it and when, giving the team enough time to secure resources needed. When developing this part of the plan, the Sub-Task Team should be mindful of protocols within government and that people may be busy. Sufficient time is required to arrange meetings.

Step 5: Mobilising Resources by implementing the *Resource Mobilisation Action Plan*

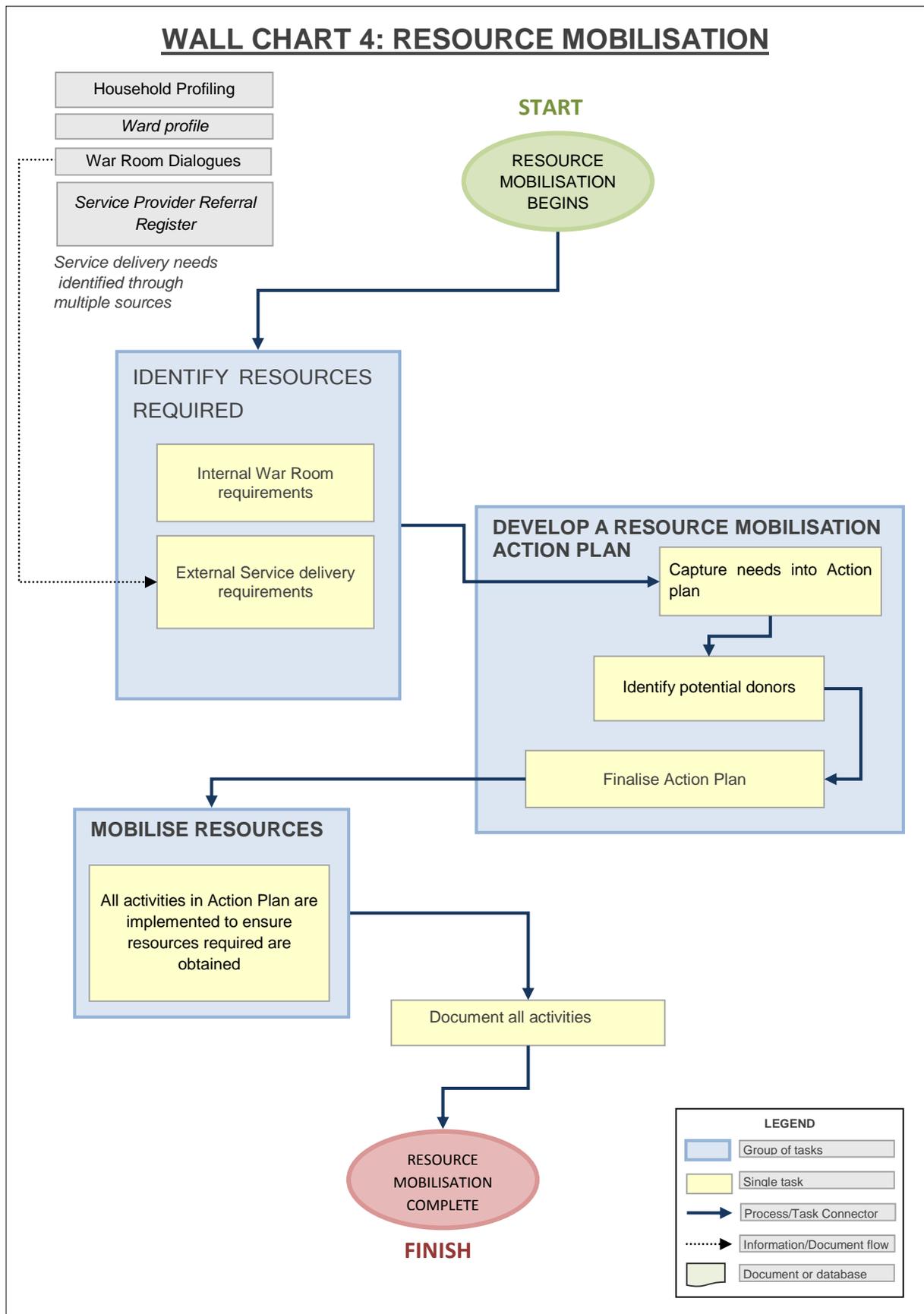
Following the *Resource Mobilisation Action Plan*, the Resource Mobilisation Sub-Task Team mobilises resources. The Sub-Task Team can mobilise other War Room members outside the Sub-Task Team to use their networks, skills and resources, such as access to computers or to set up meetings with potential donors.

Once resources are mobilised, the War Room uses them to deliver services and maintain the functionality of the War Room. The Resource Mobilisation Sub-Task Team continually updates *Resource Mobilisation Action Plan* to reflect the resources that they have successfully obtained and those that they still required.

Step 6: Documentation of all activities

The Resource Mobilisation Sub-Task Team or War Room Secretary should ensure that all activities conducted, meeting minutes, copies of letters and response letters are kept with the War Room Secretary in a Resource Mobilisation File. Where necessary, they can also update the *Ward Profile*.

Wall Chart 4 provides an overview of the Resource Mobilisation Process.



4.2 INTEGRATING SERVICE DELIVERY

Purpose

Integrating service delivery has multiple purposes. Remembering that the motto for integration is to "become one", integrated service delivery should unite all departments/service providers so that they deliver services in ways that:

- Combine the resources available and reduce costs to both the providers and clients
- Minimise the number of departments/service providers visiting the same household (e.g. households may have multiple needs but don't need to be visited multiple times to find this out)
- Increase accessibility to services and information on eligibility through the War Room
- Ensure planning and implementation with all departments/service providers occurs
- Ensure information is shared and appropriate services are provided against the identified needs and gaps in service delivery filled
- Ensure all stakeholders use the prescribed OSS tools and processes
- Ensure greater impact to the household because they receive many different services at the same time or as planned.



NOTE: OSS aims all of its processes towards integrating service delivery in the War Room, irrespective of who provides the service.

Four key principles of integrating service delivery include:

1. **Integrating Service Providers** in which departmental/service provider representatives actively participate in the War Room and support the War Room in developing a list of services. The War Room can integrate this list of services and match them to the service needs identified through profiling.



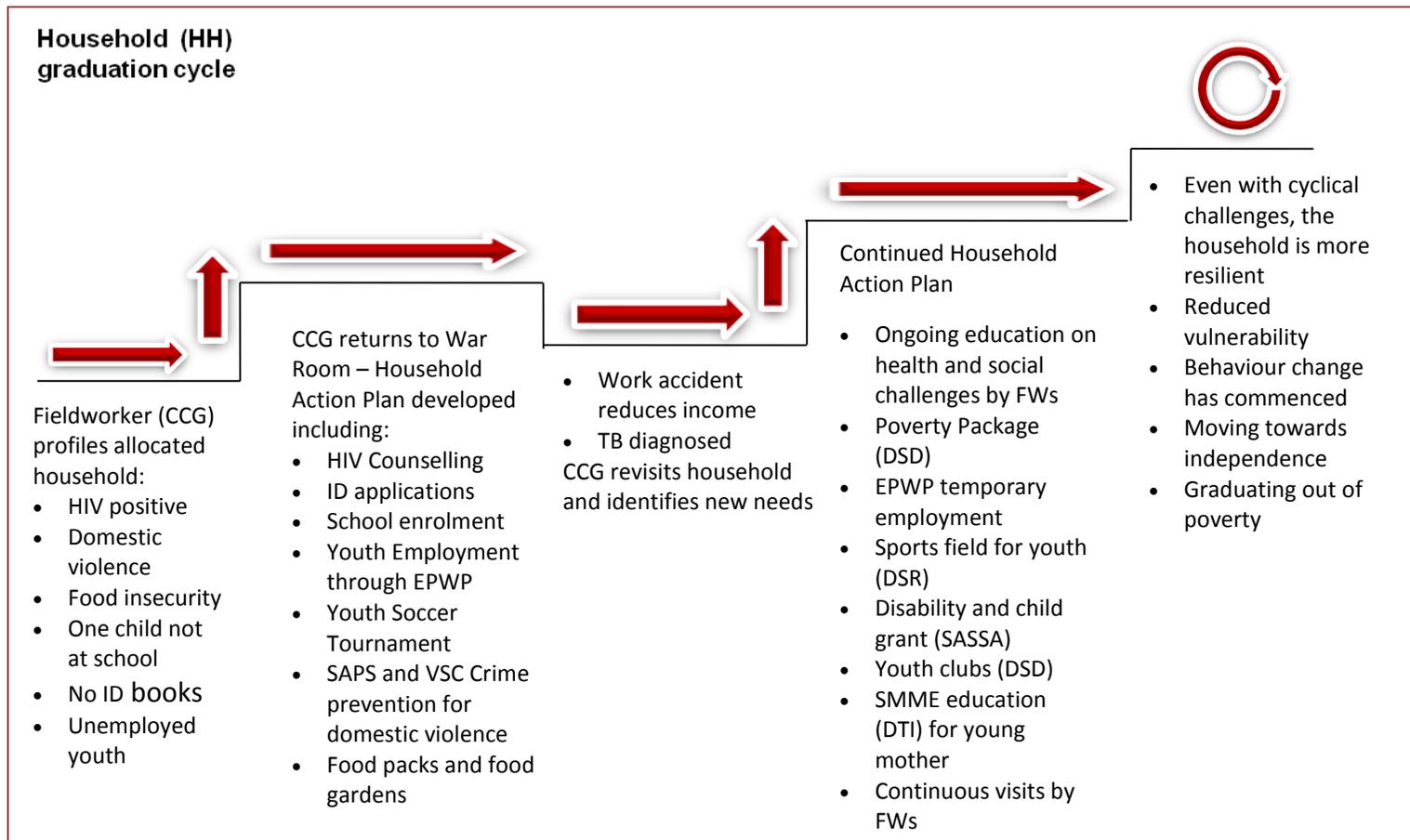
TIP: Remember the slogan "*Ubucu obuhle obuhamba ngabubili*", which means that two heads are better than one.

2. **Integrating Fieldworkers** that government departments and other service providers appoint. Fieldworkers conduct household profiling and the War Room Secretary coordinates the referrals and service delivery and completes the *Service Provider Referral Register*.

For example, before profiling begins, the War Room Secretary holds a planning meeting to ensure Fieldworkers are allocated houses to profile. When the Community Caregiver (CCG) profiles an allocated household using the *Household Profiling Tool*, he/she identifies multiple household needs: a person who is HIV positive, a child with poor nutrition, a woman that has been abused, a child not at school, a parent without an identity document, and one unemployed youth (see Figure 4.4). Usually, these are issues that the CCG could not address himself/herself. By bringing them to the War Room, the War Room Secretary can use this information to open referrals using the

Service Provider Referral Register and pass on referrals to the other Fieldworkers and departments/service providers in line with the War Room list of services (see discussion above). This process continues and through the continued profiling of the household, new needs are identified and services are provided to ensure the household graduates from poverty. The Fieldworkers finally ensure that the War Room Secretary confirms and documents the household's graduation out of poverty.

Figure 4.4: Fieldworkers integrating service delivery



3. **Integrating the Community** in which community members are able to bring forward their needs and assist with integrated service delivery. Through ongoing co-operation, community members will begin to understand the role played by each stakeholder and work together to avoid duplication.

The War Room achieves integration of the community by ensuring the participation of the community structure representatives (see Section 2.1. for the list of community structures). These structures are responsible for identifying community needs as well as delivering services in response. For example, the School Governing Body representative assists by identifying children in need of school uniforms. Once the resource mobilisation process makes the school uniforms available, the School Governing Body representative can assist in delivering the school uniforms to the identified children and then closes the referral.

4. Combining the above to **develop integrated service delivery plans**. War Room Service Delivery Action Plans are informed by the needs identified and listed in the *Service Provider Referral Register*, as well as the issues identified in community dialogues amongst others. Integrated Service Delivery Action Plans at household and community level coordinate service providers when responding to households and communities with multiple needs (see Table 4.5). The plan lists community needs with the respective service providers and activities to be undertaken.

Table 4.5: Extract from a War Room Service Delivery Action Plan

List of needs	Service needed	Recommendations/ objective	Department/service provider	Turnaround time	Contact details of departmental/ service provider representative			
Low HCT uptake	Awareness Campaigns and dialogues	Increase awareness of HCT days at local Health Facility	HIV and AIDS Sub-Task Team/War Room	Immediate	All contact detail for Members of Community Mobilisation and Community Dialogue Sub- Task Teams			
Low HCT uptake	HCT provision	Increase HCT testing by 10% in 6 months	Health Facility/mobile clinic	Immediate	[Name]	[Address]	[Telephone]	[Email]
Malnutrition	Immune booster and nutrition information	Improve nutrition of OVCs and clients	DoH	Immediate	[Name]	[Address]	[Telephone]	[Email]
Shortage of Food	food parcel	Distribute 300 food packs to vulnerable households identified	DSD and NGOs	Immediate	[Name]	[Address]	[Telephone]	[Email]
Shortage of food	Seeds for home garden	Establish 300 home food gardens through One home one garden programme	Department of Agriculture and Office of the Ward Councillor	Medium	[Name]	[Address]	[Telephone]	[Email]
Increased cases of STIs.	Ongoing Safe-Sex Awareness campaigns and condom distribution	Distribute 1000 condoms each month and increase awareness of Safe sex.	War Room (DoH as lead department)	Immediate and Medium	[Name]	[Address]	[Telephone]	[Email]
School going children are not informed about HIV and AIDS	Awareness campaigns and	Provide awareness campaigns to schools	HIV and AIDS Sub-Task Team	Short to Medium term (3 months to 1 year)	[Name]	[Address]	[Telephone]	[Email]
School going children are not informed about HIV and AIDS	HIV and AIDS curriculum in schools	Include HIV and AIDS in school curriculum within one year	Department of Education	Over 1 year				
High rate of unemployment	Local Economic Development	Create fifty sustainable jobs	War Room and Municipality	Long term (over 1 year)	[Name]	[Address]	[Telephone]	[Email]
[...]	[...]		[...]	[...]	[...]	[...]	[...]	[...]



NOTE: These action plans need to be monitored on a weekly basis during War Room meetings.

Resources required for integrated service delivery

- Ward Profile
- Service Provider Referral Register
- Fieldworkers
- Database of government departments and service providers
- WTT members

Steps involved in the Integrated Service Delivery Approach

The steps involved in integrating service delivery include:

1. Listing all household and community needs
2. Develop required Service Delivery Action Plans (e.g. at household and community level)
3. Mobilise resources if required
4. Implement the action plan
5. Monitor and report on progress according to the action plan

Step 1: War Room Secretary analyses community and household needs

The War Room Secretary identifies all community and household needs from the *Service Provider Referral Register*, the *Ward Profile* and other sources.

Step 2: The WTT develops the Household and Community Service Delivery Action Plan based on the needs

All departments/service providers give details about the services they can offer in response to the needs identified. The Service Delivery Sub-Task Team should list all identified needs to give a full picture of services that are required. Using the list of services required, the Service Delivery Sub-Task Team develops Action Plans to respond to the needs that are identified. These plans assign household and community needs to relevant departmental/service provider representatives, or resources are mobilised to address gaps in service delivery.



TIP: Departmental/service provider representatives need to take into consideration their own departmental plans and that of the War Room Service Delivery Action Plan when planning and executing service delivery.

Step 3: Mobilise resources required

The Service Delivery Action Plan establishes whether the engagement of all the identified needs have been committed to by a service provider. When there are service needs that are not fulfilled due to lacking resources, the Service Delivery Sub-Task Team links with the Resource Mobilisation Sub-Task Team and other Sub-Task Teams (see Chapter 3) to ensure

that resources are mobilised.



TIP: Where resources or service needs are not available in the list of services required, the Resource Mobilisation Sub-Task Team assists.

Step 4: Implement the Service Delivery Action Plan

The Service Delivery Sub-Task Team takes the lead in coordinating the service delivery according to the Service Delivery Action Plan. All departments/service providers ensure that the services or resources that they provide are available when required. All departments/service providers review and update the Service Delivery Action Plan to assess when and where their services are required and delivered.

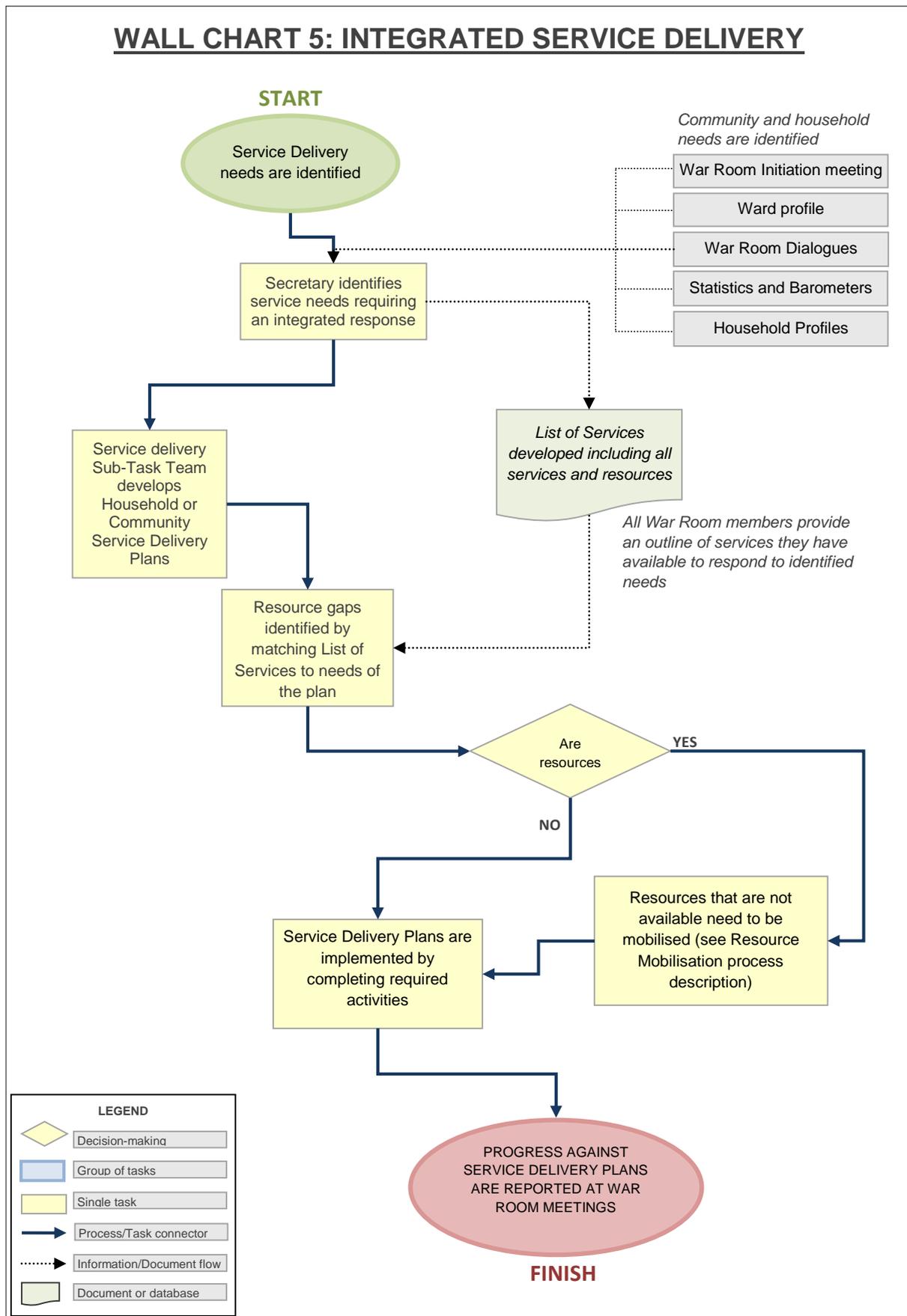
Step 5: Monitoring and reporting

Progress on the Service Delivery Action Plan is monitored at WTT meeting with departments/service provider representatives providing feedback on services provided according to the plan. Chapter 5 discusses monitoring, evaluation and reporting on service delivery .



TIP: A practical approach to integrating service delivery is through holding Service Delivery Campaigns in which multiple department/service providers come together to respond to multiple household and community needs at the same time. Integrated service delivery can take different forms. These include Service Delivery Campaigns and the Social-Ills Awareness Campaigns, which are discussed in the next sections.

Wall Chart 5 provides an overview of the Integrated Service Delivery Process.



4.3 SERVICE DELIVERY CAMPAIGNS

Purpose

By bringing together departments/service providers, service delivery campaigns respond to widespread service needs by delivering services to the community at large (for example through Operation Mbo) or addressing specific target groups of the community at the same time. The campaign approach of Operation Mbo uses joint departmental planning and the provision of integrated services to contribute towards poverty eradication, human development and improved quality of life. Service delivery campaigns not only deliver services but also create awareness on healthy lifestyle choices.

Resources needed for Service Delivery Campaigns

- Service Delivery Sub-Task Team
- *Service Provider Referral Registers* (to open and close referrals during the Campaign)
- Venue for the campaign
- The contact list of service provider representatives using Directory of Services (where available)
- Posters, social media and other multimedia methods can be used to advertise the service delivery campaign
- IEC material containing key messages (Posters, Pamphlets, etc)
- Templates:
 - Campaign Planning Template (see Appendices folder on the CD)
 - Letters for mobilising additional resources for the campaign (see Resource Mobilisation Letter Template in the Appendices folder on the CD)
 - Campaign invitation letters to stakeholders (see Campaign Invitation Letter Template in the Appendices folder on the CD)



TIP: The War Room can access support for planning campaigns from the Special Programme or Public Participation units within the Local Municipality via the Municipal Manager. Government departments should be approached to provide additional resources such as tents, etc.

The WTT engages with the Traditional Council to participate in the campaign and to assist with resource mobilisation.

Steps involved in Service Delivery Campaigns

The general process for all service delivery campaigns and events involves the following:

1. Initiation meeting by the Service Delivery Sub-Task Team
2. Identification of the issues or service needs
3. Identification of venue
4. Invitation of service delivery stakeholders and mobilisation of the community
5. Carrying out the campaign
6. Monitoring and follow-up
7. Escalation of any unresolved issues and the planning of further interventions

Step 1: Initiation meeting by the Service Delivery Sub-Task Team

Membership of the Service Delivery Sub-Task Team are drawn from community structures and departmental/service provider representatives. The Service Delivery Sub-Task Team meets to discuss the proposed Campaign. An action plan detailing the activities and responsible people can be developed at the initiation meeting.

Step 2: Identify service needs

The War Room identifies service delivery needs through Household and Community Profiling, community dialogues, school meetings, War Room discussions, social and political functions and other events. It is important that the relevant statistics on the number and types of services required have been identified so adequate preparation can take place.



NOTE: Local Task Teams also arrange Service Delivery Campaigns in their municipality as they receive information from all the War Rooms on an ongoing basis. The War Room should engage with the LTT before they arrange their own Service Delivery Campaign

To arrange Service Delivery campaigns in the municipality the LTT:

- Identifies what services are required within the wards
- Identifies suitable dates to have the campaigns in the wards by:
 - Setting up a roster so that each ward is visited at different dates
 - Combining with other events planned in the wards for greater impact
- Ensures that War Rooms are notified of the dates of the events and venues so they can notify and mobilise the communities

Step 3: Identify venue

Once needs are identified, the War Room identifies a suitable venue for the Service Delivery Campaign to take place. This War Room may also complete this step after approaching departments/service providers in Step 4. For delivering messages during community awareness campaigns, the War Room may be able to take advantage of already organised events or visit churches and schools to get the message to the target groups.

Step 4: Invite departmental/ service provider representatives and mobilise the community

Departmental/service provider representatives that are able to respond to the needs identified in Step 2 are approached to participate in the Service Delivery Campaign (note that sometimes departmental/service provider representatives from outside the War Room may need to be invited). When approaching departments/service providers, the War Room compiles a letter providing details of the needs (including the number of people requiring services) and details of when it will hold the campaign. Where there are departmental/service provider representatives within the War Room, they should be consulted first. With this information, departmental/service provider representatives and other stakeholders can adequately prepare for the Service Delivery Campaign and bring the required services.

The community should also be informed and mobilised in preparation of the Service Delivery Campaign. (For a discussion of how to mobilise the community refer to Chapter 3.)



TIP: Questions the War Room should answer before approaching Departmental/Service Provider Representatives include:

1. Which government department(s) can provide the services required for this campaign?
2. Who is the relevant person to approach within that department?
3. How will the person be approached and who will approach them? (Note: Usually it is the War Room Chairperson, Secretary or War Room Champion that should approach Departmental/Service Provider Representatives).
4. Has the War Room Champion been informed about this activity as well as the Service delivery Stakeholders at LTT level to avoid clashing with other activities and to enhance integration?

Step 5: Carry out the Campaign

Ensure that all equipment, tools and templates needed for monitoring, materials, sanitation and drinking water is available. The campaign may begin with a keynote address containing behavioural change messages followed by the delivery of services. The community may be engaged in discussions on specific topics (see the community dialogue process in Section 2.1 above).

On the day of the campaign, Fieldworkers and War Room stakeholders should focus on opening and closing referrals in relation to the needs that the Service Delivery campaign is targeting.



NOTE: Service delivery campaigns differ from awareness campaigns and focus on delivering specific services. They require departments/service providers to make services available on the day of the campaign rather than providing information. For example, on World AIDS day, service delivery campaigns emphasise HIV Counselling and Testing (HCT) in addition to providing information about HIV and AIDS.

Step 6: Monitor and follow-up

The War Room compiles a Campaign Report outlining attendance, number of services opened and closed on the day of the campaign. The Service Delivery Sub-Task Team follows up with community structures to ensure that the services delivered made a difference in the lives of the beneficiaries.

Step 7: Escalate any unresolved issues and plan further interventions

Any issues that are not resolved are followed-up at the War Room and unresolved referrals are escalated to the LTT.

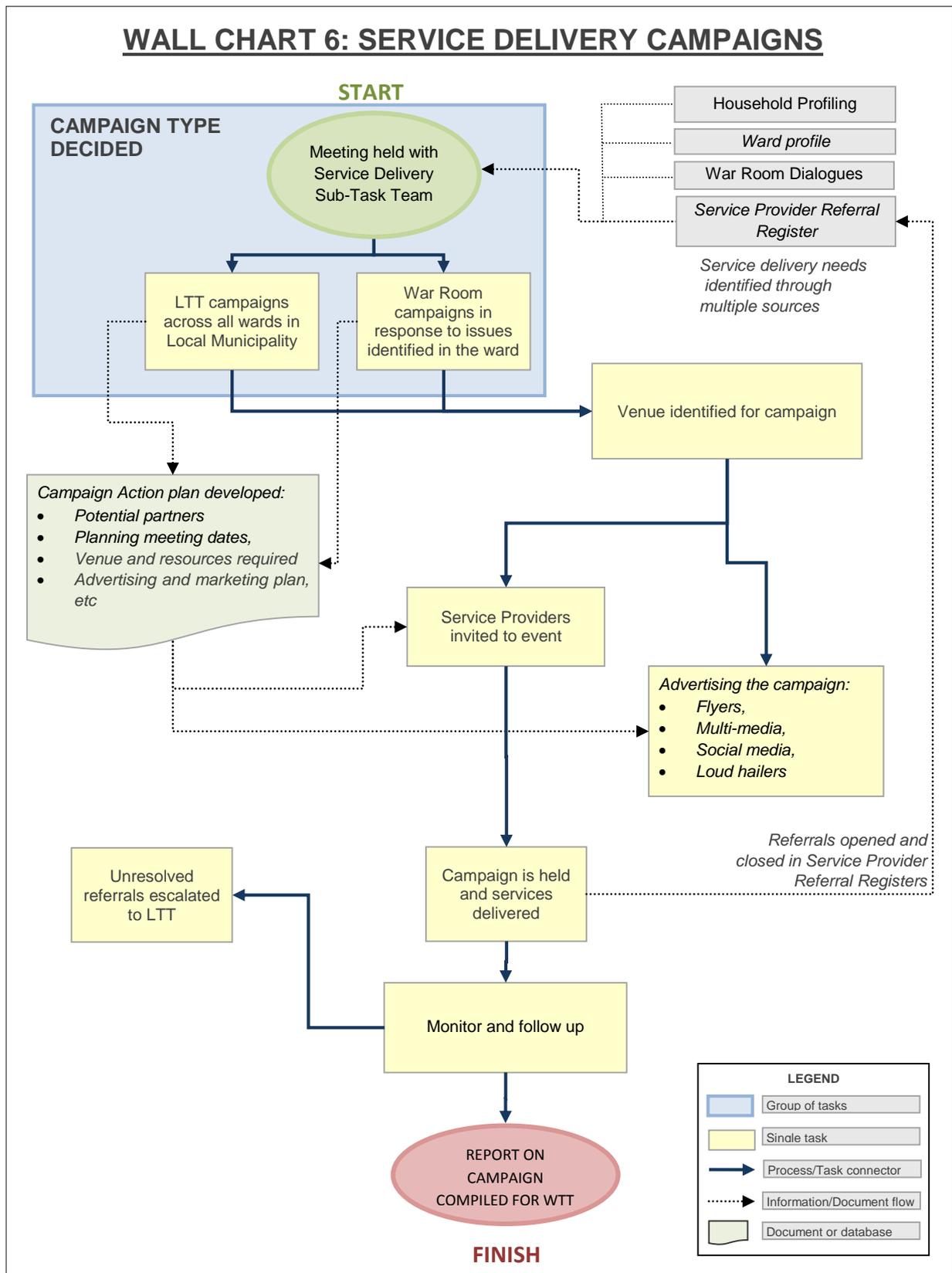
Types of Service Delivery Campaigns and Events

OSS delivers services through a number of service delivery campaigns including:

- **OSS Cabinet Days, Premier's Imbizos and MEC Days**
These 'Cabinet Days' are themed community-outreach events led by the Premier and Members of the Executive Committee to assess the effectiveness of OSS as a service delivery vehicle. The Provincial Task Team together with District Chairpersons arranges the events according to a monthly schedule of themes (e.g. Human Rights, Women's Month, Healthy Lifestyles, etc.). They give MECs the opportunity to hear stories of effective and efficient social partnerships in the provision of integrated and comprehensive services to people at community level. Government departments and service providers can use cabinet days to deliver services directly to the community. Similar to Cabinet Days, MECs arrange their own days in the districts they are assigned to and the Premier holds Imbizos in different wards from time to time.
- **Director-General Community Dialogues**
During Director-General Community Dialogues, the Director-General returns to the community where a Cabinet Day was held to provide feedback on interventions provided and discuss those that are still in progress or required. Amongst other things, the Director-General responds the community regarding any development issues, assists in strengthening OSS at Community Level, assesses the impact of War Room Interventions, provides a platform for public participation and community engagement and monitors the impact of service delivery programmes.
- **Public Service Volunteer Weeks (PSVW) and Mandela Day**

The Public Service Volunteer Week (PSVW) is held during the week leading up to the late President Nelson Mandela's Birthday on 18 July. The purpose is to promote the spirit of giving and *Ubuntu* by participating in projects of goodwill to assist and empower the less privileged, vulnerable and disadvantaged.

Wall Chart 6 provides an overview of the Awareness Campaigns Process.



4.4 AWARENESS CAMPAIGNS

Purpose

Awareness campaigns inform and equip community members with information about their health and what related services are accessible. Awareness campaigns bring communities together in a common cause to change their behaviour and resolve the problems such as social ills and community-wide challenges that have been identified.



NOTE: Some common social ills, also referred to as ‘social problems’ or ‘social issues’, include:

- Crime
- Stigma and discrimination
- Drug and substance abuse
- Gender-based violence
- Child abuse
- Sexual exploitation/assault

Many of these are interrelated with negative outcomes such as unsafe sexual practices potentially leading to a high prevalence of HIV and AIDS, teenage pregnancies and other challenges.

Campaigns are an effective tool to mobilise community resources and respond to the challenges communities face through awareness and collective effort, particularly in response to social ills. There is also a prescribed set of monthly campaign themes set out by government (See Figure 4.5 in Section 6.1). The War Room develops a schedule of events to match these themes and to respond to *ad hoc* or emerging issues that are identified.



NOTE: The KZN Government has developed themes for each month of the year, combining the National Calendar days with Government Departmental themes. Each theme has an allocated lead department, allowing them the opportunity to distribute key messages contained in pamphlets, posters, booklets or training material. These themes also represent topics of discussion for community dialogues and awareness campaigns. War Rooms can also distribute pamphlets and information documents at key events. The relevant material is available for each of the themes from the lead departments.



TIP: Two examples of *ad hoc* awareness campaigns include fire-safety campaigns after a community experienced increasing numbers of shack-fires and water-safety campaigns after children drowned while trying to cross a flooded river. These campaigns focussed on raising awareness about the problems and provided health and safety information to prevent similar situations in future.

Examples of healthy lifestyle awareness campaigns are:

- HIV and AIDS, STIs and TB
- Teenage pregnancy
- Forced marriage (*ukuthwala*)
- Unsafe sexual practices (e.g. multiple partners, not using protection)
- Obesity

Resources needed for Awareness Campaigns

- Venue for the campaign
- *Ward Profile*
- War Room Service Delivery Action Plans
- Posters, social media and other multimedia methods can be used to advertise the social ills campaign
- Templates:
 - Campaign Planning Template (see Appendices folder on the CD)
 - Campaign Invitation and support letters (see Appendices folder on the CD)
 - Event guidelines and other campaign resources from lead department (if available)

Steps involved in organising social-ills awareness campaigns



TIP: The general process for all campaigns and events involves the following:

1. Identify the issues and the campaign required
2. Hold the campaign
3. Follow-up after the campaign
4. Escalate any unresolved issues and plan further interventions.

The discussion below has further details specifically for Awareness Campaigns.

Step 1: Core issues facing the community are discussed and selected at the War Room

Awareness campaigns should focus on key issues within the community. For example, once the *Ward Profile* is developed and the War Room begins household profiling and dialogues with the community, specific social ills the community faces are identified and discussed. Where possible, statistics should inform the discussion, for example, using the HIV Counselling and Testing (HCT) Barometer and the Planning Assistance Tool (PAT) to review changes that have occurred in the Ward. (Statistics are also important in developing the possible information campaigns that need to take place in response).



TIP: Identifying issues to be addressed through awareness campaigns

Key informants are important in identifying potential issues to be addressed through awareness campaigns. For example, members of school governing bodies and NGOs interact with children on a daily basis and may have added insights into challenges the youth face.

Other issues that may require awareness campaigns are also identified from sources such as:

- Household profiling
- Community dialogues
- School meetings
- War Room discussions
- Social and political functions and events
- The Councillor's office

For *ad hoc* awareness campaigns that respond to social ills, the War Room identifies all social ills, and ranks them according to most urgent or important. Thereafter, they can develop a schedule of campaigns, starting with the most urgent.



NOTE: Some social ills may take longer to resolve than others. Some may only require increased awareness and information sharing with the community to have significant impact. The War Room arranges these campaigns first to have immediate impact.

In addition to the collective knowledge of the War Rooms, experts can assist War Rooms in developing a focussed response. The War Room can also consult War Room mentors and the LTT.

For monthly themed awareness campaigns, the War Room reviews the Calendar of events to identify the relevant theme.

Step 2: Establish a Sub-Task Team if required

For *ad hoc* campaigns, if there is not already a Social-Ills Sub-Task Team focussing on the identified social ill, the War Room EXCO appoints one. This is encouraged irrespective of whether there is high-level political support (e.g. the Premier or Ministers) of the social ill awareness campaign. The Community Mobilisation Sub-Task Team (see Chapter 3) may also be able to assist or take the lead in the planning of the campaign, particularly monthly themed campaigns.

Step 3: Develop a preliminary Awareness Campaign Action Plan

The Social-Ills Sub-Task Team develops a preliminary plan, including delegating initial tasks to War Room members and other stakeholders and setting up the date for the first planning meeting.



TIP: Not all campaigns need to be large events in the way government Service-Delivery stakeholders conduct them. In the preliminary plan, Task Teams consider what resources are immediately available and develop smart approaches to raising awareness. A large event might not be necessary if a door-to-door campaign is possible. Fieldworkers and WTT members may be able to take advantage of upcoming events or visit churches and schools to get the message to the community. For example, sexual awareness campaigns could include handing out condoms door-to-door, noting the expiry date of the condoms in referral registers and returning to provide more when they expire.

Step 4: Recruiting additional Social-Ills Sub-Task Team members

The Social-Ills Sub-Task Team meets to identify additional stakeholders, using the *Ward Profile*, existing networks and brainstorming of potential and additional members. Potential members should be experts or offer services that the campaign needs, or respond to the social ill being addressed. The Chairperson or War Room Secretary drafts letters inviting potential members that have been identified to join the Task Team.

The letter includes:

- Some background to the social ill (e.g. statistics and why it is a problem in the ward)
- Why the stakeholder has been nominated (e.g. their expertise, resources or services needed, etc)
- An invitation to join the Task Team meeting (to assist with planning and implementation)

They should follow up the initial letter with emails or phone calls to ensure the invitees have received it and whether they will join or not. If they cannot join, thank them for their time and ask if they may know anyone else that can be approached.

Step 5: Social-Ills Sub-Task Team develops the Awareness Campaign Action Plan

The delivery plan includes a register of all key stakeholders and their contact details (including those for the members of the Social-Ills Sub-Task Team), the date, time and venue for the Awareness Campaign, marketing approaches, key stakeholders, and resources required. The delivery plan also includes a timetable of meetings and tasks that the Task Team and other stakeholders need to complete.

Individual tasks may include:

- Approaching service providers and other stakeholders to request resources
- Approaching local businesses and community structures for contributions (including potential speakers or role models for the campaign). The *Ward Profile* can assist with identifying potential stakeholders
- Meeting to identify any resource gaps, plan the event logistics and final programme (including a list of speakers)
- Identifying a venue if necessary (holding campaigns during other events can also be used to avoid duplication and the need for venues to be arranged)

- Developing marketing materials and a marketing strategy in which communities are informed and mobilised, including:
 - Social media (Facebook, Whatsapp, Mixit, Twitter, etc) as a cost-effective way to communicate and advertise the event
 - Advertising using multimedia such as radio, TV, newspapers etc. There is often free advertising for community events in the media
 - Taxi owners and transportation companies may be approached to put posters in their windows
 - Handing out pamphlets during pension days, sports events and at schools
- Hold any preliminary workshops – such as educational sessions or clean-up campaigns before the main event



NOTE: The above marketing strategies can also be used as part of the awareness campaigns themselves in addition to advertising the main event.

Campaigns may involve a lot of planning. More than one Sub-Task Team meeting may be required and the Sub-Task Team should be in constant communication to ensure the campaign is successful. The Sub-Task Team updates all relevant stakeholders throughout the planning process. Where there are resource constraints within the ward, campaigns are planned in conjunction with the Local or District Municipalities and other partners if possible.

Step 6: Holding the Awareness Campaign

Some awareness campaigns may take place over a period of time rather than once off, for example by distributing condoms to the community over a period of a week or longer. Other awareness campaigns are one-day events. For these events, the day before the awareness campaign begins, the Resource Mobilisation Sub-Task Team ensure resources required are available. This includes, amongst other things:

- Transportation for community members
- Sanitation (e.g. mobile toilets where necessary)
- Drinking water for the attendees

The venue is checked at least an hour before the campaign starts to ensure everything is in place.

The campaign begins with the Keynote address that discusses key behavioural change messages. Other activities for the day will depend on the Awareness Campaign Action Plan.



TIP: During the campaign opening and closing referrals is a key activity. When the community is informed, people may realise they require services they have not received. Identifying new stakeholders for the Sub-Task Team is also an important focus when engaging with community members.

Step 7: Post-Campaign review and reflection

Once campaigns have been completed, the Sub-Task Team develops a report on the success and challenges (self-assessment) experienced in planning and implementing the campaign. This should include the number of people that attended the event.

- At larger events the number of people may be estimated from counting the number of chairs available or the amount of people using transport
- For smaller events, the organisers can circulate an attendance register

The War Room Secretary adds these self-assessments to the War Room Activities folder so they can be used for future reference.

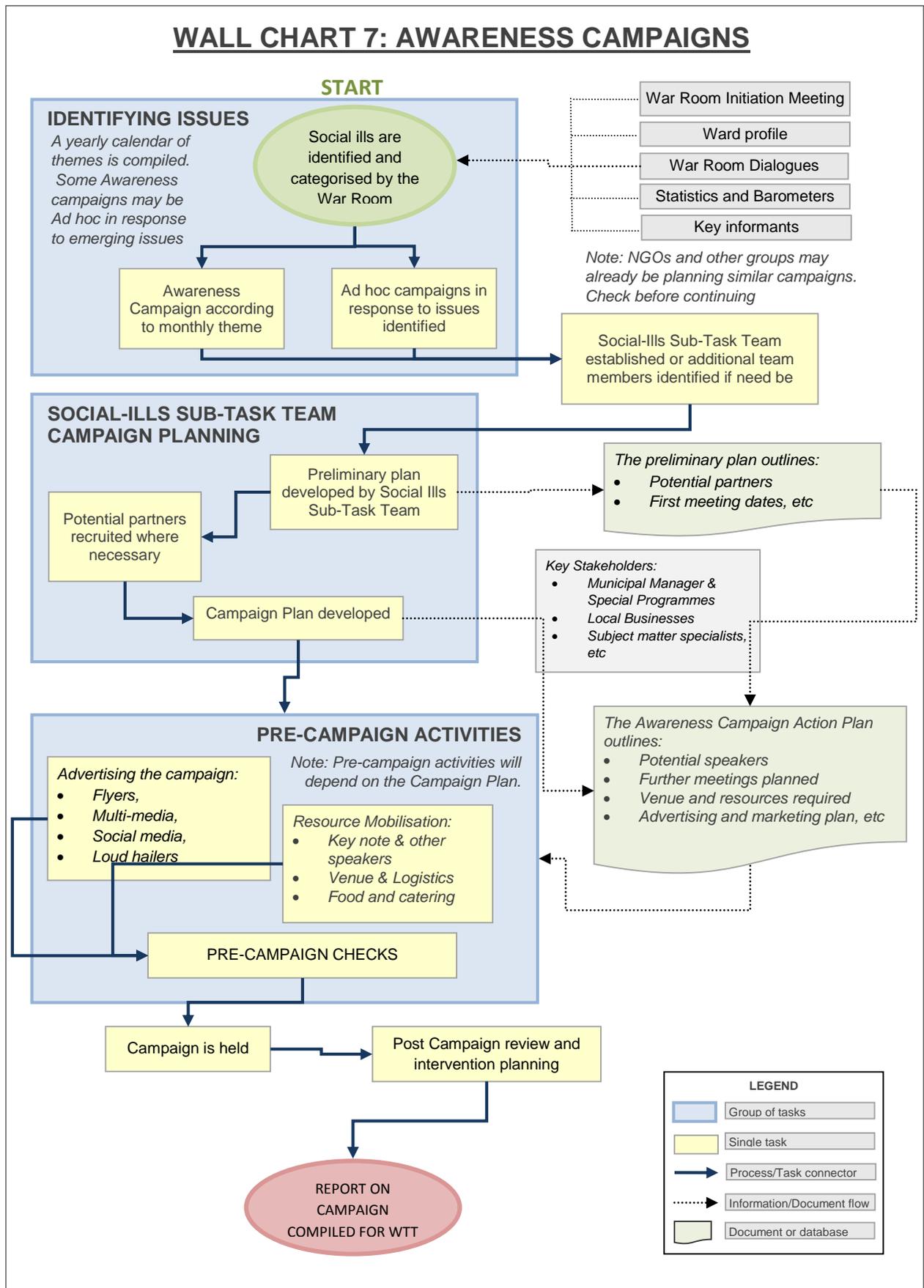
The War Room or relevant service provider representatives follow-up with schools or other community structures to identify whether the target population is more aware of the social ills.

The Sub-Task Team continues to implement the Plan of Action. For example, the Department of Social Development follows up on teenage pregnancies after the event and compares it to the baseline before the event. If there are no changes, different approaches are required and action plans need to be redeveloped.



TIP: Sub-Task Teams can provide additional services to the community in response to social ills. For example, Social-Ills Sub-Task Teams can arrange support groups for those in need by approaching counsellors and other partners that can assist.

Wall Chart 7 provides an overview of the Awareness Campaigns Process.



4.5 PHILA MNTWANA CENTRES

Purpose

The purpose of this process is to assist War Rooms in establishing, operating and ensuring the community benefits from Phila Mntwana Centres.

Phila Mntwana Centres aim to reduce morbidity and mortality from preventable conditions by providing a comprehensive prevention (including early identification of malnutrition, tuberculosis, HIV, pneumonia, diarrhoea and other illnesses) and health-promotion package for children less than five years of age at community level.



TIP: The way in which War Rooms establish and utilise Phila Mntwana Centres serves as an example of how other programmes and projects can be assisted and benefit from integrating with OSS through the War Room.

Resources needed for the Phila Mntwana Centre (PMC)

Resources needed for the Phila Mntwana Centre include:

- Furniture (e.g. tables and chairs)
- Lockable storage cabinet
- Condom Demonstration Devices: Male and Female Dildos
- Condo-cans
- Middle-upper arm circumference (MUAC) measuring tapes
- Phila Mntwana data-collection and reporting tools (see *Phila Mntwana Toolkit* in the *Appendices* folder on the CD):
 - Phila Mntwana Register
 - Phila Mntwana Implementation Toolkit
 - Daily, Weekly and Monthly Reporting Tools
 - Wall Charts/Graphs (of statistical indicators such as diarrhoea and malnutrition)
 - Desk Aids including:
 - Posters
 - Fact sheets
- IEC Material
- Other requirements:
 - Health education book
 - Log Book
 - One-Litre (1l) container for sugar salt solution
 - Hand spray
 - Baby weighing scales (where available)

Special training, skills and expertise needed

- CCGs, CCG supervisors and Community Health Facilitators (CHF's) require foundation training on Phila Mntwana Centres operations
- Supervisors and Managers at a PHC level also require orientation

- The WTT, LTT, DTT's are also orientated on Phila Mntwana processes
- All clinic staff are orientated on the OSS referral system, especially the clinic administrators that are the first people to attend to the client when they enter the clinic

Process involved in establishing and utilising the Phila Mntwana Centre

There are three main activities involved in setting up the Phila Mntwana Centre and its ongoing operations that are discussed here:

1. Establishing the Phila Mntwana Centre
2. Operating the Phila Mntwana Centre
3. Opening and closing referrals

Step 1: Establishing the Phila Mntwana Centre

Phila Mntwana Centres can be located in different existing community structures. The War Room leadership decides where the Phila Mntwana Centre will be located. Potential locations include but are not limited to the following community structures:

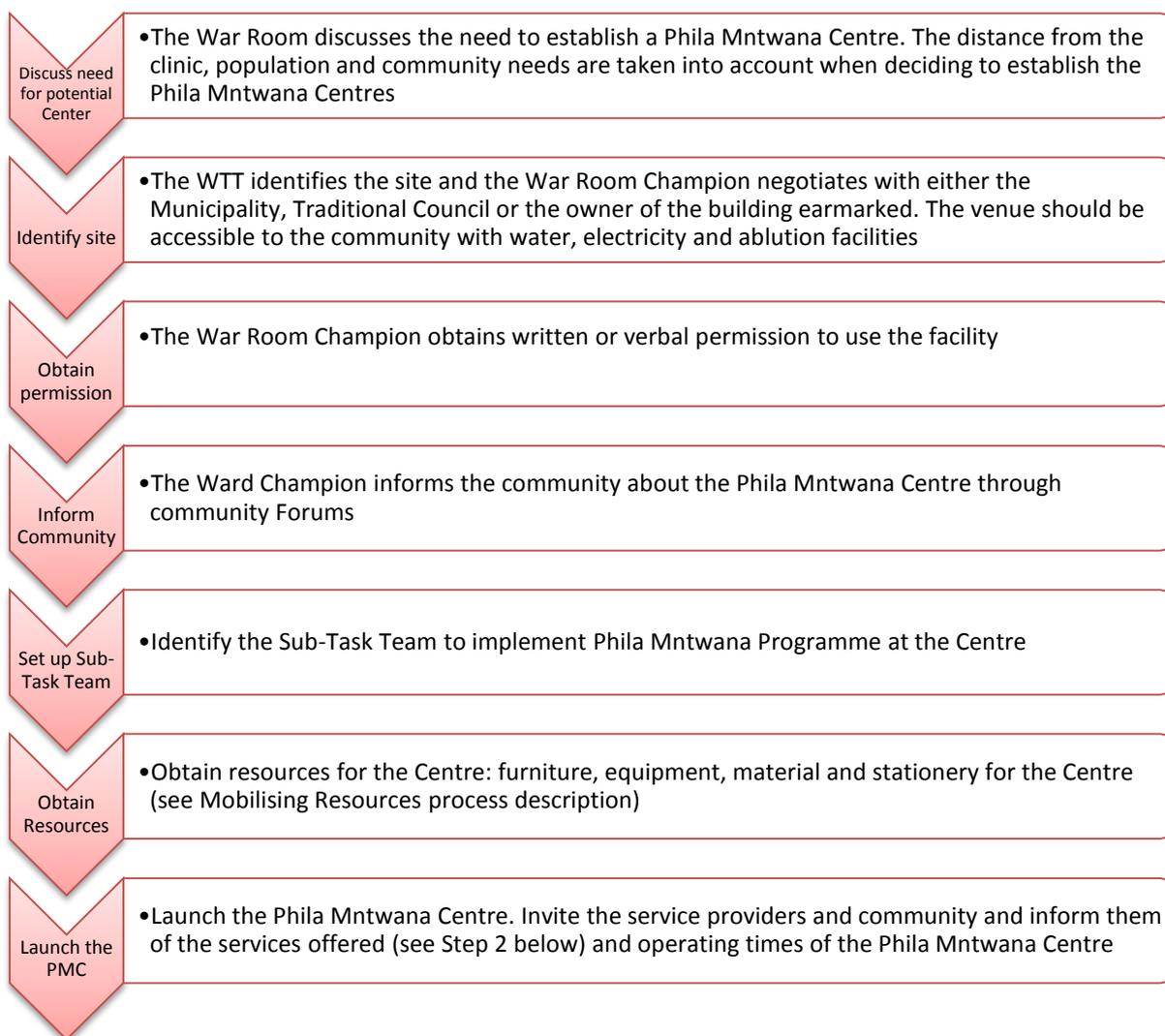
- War Rooms
- Early Childhood Development Centres (ECDs)
- Elderly Luncheon Clubs
- Any other point in the ward depending on the number of children under 5 years and whether clients are able to access the centre easily



NOTE: Each Phila Mntwana Centre should be linked to a local Primary Healthcare Clinic, facility or Family Healthcare Team

The CCGs will be responsible for staffing the Phila Mntwana Centres. The CCG Supervisor will be responsible for a staff rotation roster (timetable) to ensure services are provided at all times. A CCG should be available within the Phila Mntwana Centre during office hours, Monday to Friday. The Phila Mntwana Task Team includes government and service providers (NGOs), the Municipality and District Phila Mntwana Task Team. Including all these stakeholders promotes integration of the Phila Mntwana Centre.

Specific activities involved in establishing the Phila Mntwana Centre are as follows:



NOTE: Monitoring and reporting of Phila Mntwana Centre activities is a standing War Room Meeting agenda item.

Step 2: Operating the Phila Mntwana Centre

The following are the main services rendered by the Phila Mntwana Centre:

1. Monitoring malnutrition using MUAC measuring tapes
2. Growth monitoring and promotion
3. Oral rehydration
4. Breastfeeding
5. Immunisation
6. Wellness services: Vitamin A supplementation, de-worming, TB screening, Condom, PICT, Health promotion
7. Social services: monitoring of Early Childhood Development enrolment, identifying and referring OVCs, identifying and referring clients eligible for child support grants,

identifying and referring children with suspected or confirmed mental and physical disabilities

Phila Mntwana Centre personnel use the existing standard operating procedures and work according to prescribed Phila Mntwana norms and standards (see *Phila Mntwana Toolkit* in the *Appendices* folder on the CD). Standard operating procedures are provided for the following:

- | | |
|------------------------------|--|
| 1. Welcoming the mother | 11. PICT |
| 2. Reviewing RTHB | 12. ART support |
| 3. Nutrition | 13. De-worming screening |
| 4. Growth monitoring | 14. Developmental screening |
| 5. Vitamin A supplementation | 15. Birth registration |
| 6. Infant feeding | 16. OVC |
| 7. Diarrhoea | 17. ECD centres |
| 8. Immunisation | 18. Child Support Grant |
| 9. TB screening | 19. Other referrals and health education |
| 10. HIV exposure | |



TIP: Every Phila Mntwana Centre has an implementation tool kit that CCGs can use when doing the above screening and assessments.

The Phila Mntwana Centre should be open from Monday to Friday. In some cases, due to staff shortages, they can operate two or three times a week.

Step 3: Referring services to the War Room and closing referrals

Each Phila Mntwana Centre has its own *Phila Mntwana Service Provider Referral Register*. These registers are taken to the War Room to be entered onto the War Room *Service Provider Referral Register* (see 'Opening Referrals' and 'Closing Referrals' process descriptions of Section 3 and Section 5). Guidelines for CCGs at the Phila Mntwana Centres include:

1. Each CCG keeps a record of the clients with the referrals they make to the Health Facility and departmental/service provider representatives. The War Room Secretary coordinates all referrals and channels them to relevant departmental/service provider representatives.
2. Once services are provided through the War Room, the War Room Secretary provides feedback to the Community Health Facilitator (CHF)/CCG/clinic nurse for closing of referrals in the *Phila Mntwana Service Provider Referral Register*.
3. When clients are referred to the nearest clinic by CCGs, the nurse places the Referral Slip into the referral box after the service has been provided. The CCG can then close the referrals by looking at the Referral Slips.
4. All clinic staff are orientated on the referral system, especially the clinic administrator who will be receiving the clients first. They are expected to keep a book for all OSS referrals in which they record all clients that are referred from the Phila Mntwana Centre/War Room. The book provides a backup, in case the Referral Slip is lost.

5. Each CCG is given time to visit the health facility once a week to check whether the clients they referred have visited the health facility. The CCG checks whether referral slips are available to confirm the client has been assisted. The CCG also checks the backup referral book if they do not find a referral slip. If neither is available, the CCG follows up with the client to identify whether services have been provided elsewhere.
6. The CCG use the referral slips in order to close the referral in the *Phila Mntwana Service Provider Referral Register* and, with the War Room Secretary, updates the *War Room Service Provider Referral Register* (see Closing Referrals process description). All referral slips are then filed in case they are needed in the future.



NOTE: The War Room Secretary captures Phila Mntwana monthly data in the *WTT Monthly Report*. The data sent to the clinic should be the same as that sent to the War Room.

The Clinic representative is a member of the War Room and is expected to provide data on Phila Mntwana Centre services and to inform the War Room on referrals that are closed.

4.6 DISPENSING AND DISTRIBUTING CHRONIC MEDICATION THROUGH WAR ROOMS

Purpose

Selected War Rooms both dispense and distribute while others only distribute chronic medication packs on behalf of health facilities. This ensures that medicine is easily accessible to clients in the Ward.

The process steps of dispensing and distributing chronic medication will be described from the time the War Room has been selected to do so. Dispensing medication means that the medicine that would usually have been prepared by the health facility is prepared in the War Room. In other words, the War Room is being used as a substitute or stand-in health facility, where other health and social services can be integrated.

Before the War Room is allowed to dispense and distribute chronic medication, it must meet minimum standards. The health facility screens the War Rooms to ensure they meet the minimum standards, including having a private room for issuing the medicine. The screening process includes:

- An audit of the number of patients receiving chronic medication in the area
- Checking how easy it is to access the War Room
- Checking whether there is suitable office furniture and storage space, e.g. is there a place to store the medication safely for short periods
- Assessing the distance from the nearest clinic to the War Room

The health facility prepares chronic medication packs that are sealed and delivered to the War Room for issuing to clients. The health facility then sends SMS notifications to remind

clients when to collect their medication at the War Room.

- Medication packs are labelled with:
 - The name of the client
 - The contact details(cell phone number) of the client
 - The current collection date
 - The future collection date as a reminder for the client
 - Dates for further examination, blood tests etc. at the health facility

Resources required for dispensing and distributing Chronic Medication

- The professional Nurse and the health facility team, to provide medication services at selected War Rooms on specific days
- Chronic medication patient list with appointment dates
- A CCG at the selected War Room for distribution
- Adequate furniture (tables, chairs, etc) according to the needs prescribed by the health facility

Process of dispensing and distributing Chronic Medication in the War Room

The Chronic Medication Dispensing and Distribution process involves:

1. The Professional Nurse from the health facility meets with War Room EXCO
2. Health facility confirms dispensing and distribution with the clients
3. Delivering of medication and pre-packed Chronic Medication Packs for dispensing and distribution at the War Room
4. Dispensing and distribution of Chronic Medication at the War Room
5. Compiling a Chronic Medication Defaulters List and returning uncollected medication to the health facility
6. Follow-up on Defaulters List



NOTE: This process is only used for registered patients on chronic medication. A two-month supply of medication is provided at a time. The client is still required to go to the clinic for blood tests and check-ups as prescribed.

Step 1: The Professional Nurse from the health facility meets with War Room EXCO

Before medication can be dispensed or distributed, the Professional Nurse meets with the selected War Room to ensure it is in a state of readiness. This means that the Professional Nurse confirms that the War Room has met the minimum standards for distributing medication and completes final preparations.

Step 2: Health Facility confirms with clients

Before adding the clients on the distribution lists, the health facility:

- obtains confirmation that the client is able to collect their medication from the War Room

- informs the client of the collection date and War Room address
- provides other information on follow-up treatments at the health facility



NOTE: Clients are instructed that if the seal is broken or has been tampered with, they should not accept the package and report to the nurse or clinic. Clients are reminded when to go for their next clinic visit.

Step 3: Delivery of Chronic Medication Packs to the War Room

All Chronic Medication Packs and client collection notes are delivered to the War Room on the specified chronic medication collection day. A professional nurse delivers the chronic medication packs to the CCG in the War Room.

War Rooms that dispense medication prepare Chronic Medication Packs for clients in preparation for their arrival where applicable.

Step 4: Issuing of Chronic Medication Packs

Where medication is first to be dispensed, the Nurse will prepare the required medication. Dispensed and pre-packed medication packs are issued to clients in a private room. Once the client is issued with their chronic medication pack, the CCG completes the DoH collection note confirming receipt.

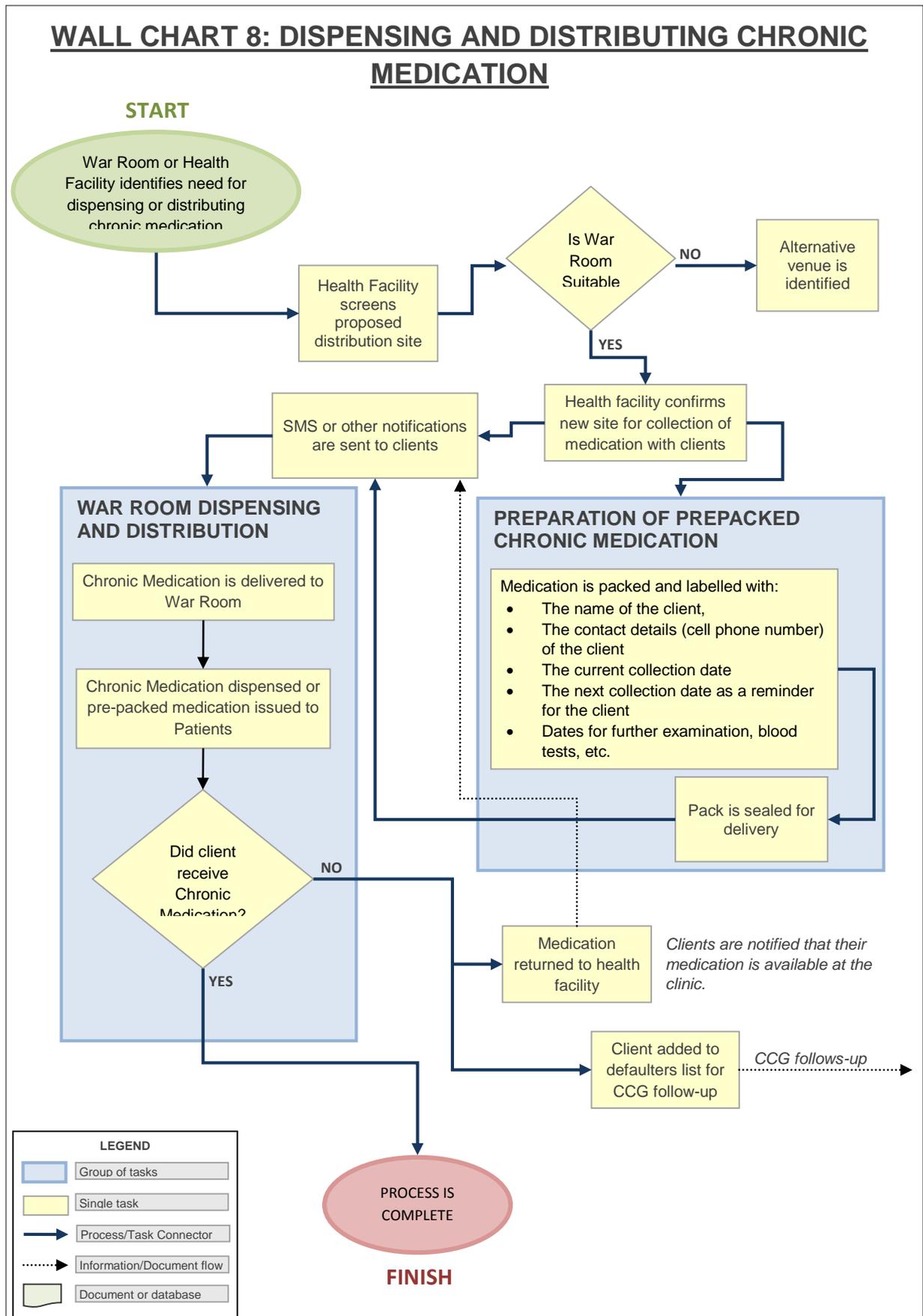
Step 5: Compiling a Chronic Medication Defaulters List and returning uncollected medication to the health facility

If clients do not collect their medication, a defaulters list is compiled for CCGs to follow-up with them. Medication that is not collected is sent back to the health facility and their names are added to the Chronic Medication Defaulters List. If clients come to collect their medication after it the War Room has returned it to the health facility, they are told to go to the health facility for collection. Once they have received it, the Nurse or CCGs remove them from the defaulters list.

Step 6: Follow-up on Chronic Medication Defaulters List

Community Caregivers and other Fieldworkers review the Chronic Medication Defaulters List and follow-up to remind clients that they have not collected their medication and tell them it is available at the health facility. The CCGs report progress to the War Room and health facilities.

Wall Chart 8 provides an overview of the process of dispensing and distributing Chronic Medication.



5 CLOSING REFERRALS

CLOSING REFERRALS

Purpose

Closing referrals ensures that services delivered by departments/service providers and Fieldworkers are recorded and closed on the *Service Provider Referral Register*. By keeping the War Room *Service Provider Referral Register* up to date with closed referrals, the War Room can escalate any unresolved services to the LTT. The service referral system includes all services that have been referred through the War Room. Recording closed referrals allows the War Room to monitor progress.

Resources needed for Closing Referrals

The War Room Secretary requires:

- War Room Service Provider Referral Register
- Individual Service Provider Referral Registers from departments/service providers and Fieldworkers
- Referral Slips and proof of services delivered (where available)
- Contact details of Departmental/service provider representatives for follow-up
- Computer/laptop if available

Steps involved in Closing Referrals

Closing referrals takes place through the following steps:

1. Services are delivered and noted on individual *Service Provider Referral Registers*
2. Departmental/service provider representatives and Fieldworkers report closed referrals to War Room and update the *War Room Service Provider Referral Register*
3. Fieldworkers follow-up on closed referrals where required
4. Fieldworkers follow-up on open referrals where required

Step 1: Services are delivered and noted in individual Service Provider Referral Registers

Closing referrals is part of a larger process in which services are referred through the *Service Provider Referral Register* (see Section 3 above). When service providers fulfil these service needs, the closing of referrals can begin (a Wall Chart combining Opening and Closing Referrals can be found in Wall Chart 3 in Section 3). Fieldworkers and service providers note when services are delivered using their own individual *Service Provider Referral Registers*.

Step 2: Closing Referrals on the War Room Service Provider Referral Register

The departmental/service provider representative, Fieldworker or feedback from clients informs the closing of referrals.

Reports on services provided are given to the War Room on a weekly basis using their individual *Service Provider Referral Register*. Once a service has been provided and reported, the War Room Secretary closes the referral on the War Room *Service Provider Referral Register* by entering the date the service was provided. The CCG can also close referrals

through weekly staff meetings (e.g. at clinics or social service offices) in their own *Service Provider Referral Register*. These closed referrals need to be sent to the War Room Secretary at the War Room to complete the War Room *Service Provider Referral Register*.

Step 3: Follow-up on closed referrals

In some cases, it may be necessary for Fieldworkers to follow-up households to ensure that they received services. This is especially important where the services were urgent or where there has been no proof that the service was provided.

Step 4: Follow-up on open referrals

When referrals have **not** been closed for an extended period of time on the War Room *Service Provider Referral Register*, the War Room Secretary advises the Fieldworker to follow-up by revisiting the household and escalating the referral to the LTT if need be. Services that were urgent should be followed-up as a priority.



NOTE: Other Fieldworkers visiting the household can also follow-up with them on services delivered. The Secretary can coordinate this at the weekly War Room meetings.

Step 5: Analysis and reporting

The MER Sub-Task Team at the War Room is responsible for collating information on all referred cases and the status of these cases on a monthly basis. Once information is collated into the WTT report, the MER Sub-Task Team analyses the information and prepares an analysis report to provide feedback. Chapter 5 provides a detailed description of MER.

Feedback is provided at two levels:

1. MER Sub-Task Team provide feedback on referrals made and those resolved/closed during WTT meetings
2. War Room Champions (Ward Councillors) provide feedback to communities on the status of referred cases in the Ward.

Wall Chart 3 provides an overview of the Opening and Closing Referrals Process in Section 3 above.



TIPS FOR OPENING AND CLOSING REFERRALS

The status of referrals (e.g. 'in progress' and 'closed') should be discussed with departmental/service provider representative in the War Room on a weekly basis to avoid backlogs on the War Room *Service Provider Referral Registers*.

Clients should be encouraged to inform the War Room *Secretary* if the service has been provided, if it has not been provided or is no longer required.

Outstanding referrals are discussed at the War Room and should be included in the War Room report for escalation to the LTT.

The War Room *Secretary* should be informed in cases where community members have moved, no longer require the services or are deceased so they can update the War Room *Service Provider Referral Register*.

War Room Service Provider Referral Registers should be printed at the Local Municipality or local government offices, or through War Room members who have printers (e.g. Local businesses, etc.).

6 WAR ROOM ADMINISTRATION AND FUNCTIONALITY

DELIVERING
SERVICES

This final section describes activities that keep the War Room functional and that allow it to complete the processes detailed above. The section includes the following:

- 6.1. WAR ROOM MEETINGS
- 6.2. FUNCTIONALITY ASSESSMENTS
- 6.3. FEEDBACK TO THE COMMUNITY
- 6.4. WAR ROOM MENTORING

6.1 WAR ROOM MEETINGS

Purpose of meetings

Meetings at the War Room are important to ensure there is continuous planning, referral of services and feedback and reporting. War Room mentors discuss issues with one another and develop plans of action to respond to issues raised (including service referrals) at the WTT meetings. They also allow members of the community and departmental/service provider representatives to present their information and engage with the War Room.

Resources needed for meetings



CHECKLIST: The Ward Task Team meeting is used to:

- Discuss household and community needs
 - Plan community dialogues
 - Decide on how to respond to issues raised
 - Monitor health and other indicators in the ward
 - Open and close referrals
 - Record cases for follow-up
 - Plan events and service delivery campaigns
 - Complete OSS reports
- A suitable venue with chairs for participants and a desk for the War Room Chairperson and Secretary
 - The War Room Secretary requires the following:
 - A *Ward Profile* (see Developing a *Ward Profile* process description above) to look up any information and identify service provider stakeholders when necessary
 - Completed *Household Profiling Tools* and or completed *Household Profiling Summary Tools*
 - The War Room *Service Provider Referral Register*
 - List of poorest households with unique identifiers and allocation to Fieldworker
 - A computer/laptop or a pen and paper/exercise book to take the minutes (see example below)
 - The pre-populated attendance register (see *War Room Attendance Register* in the *Appendices* folder on the CD)
 - Copies of the agenda and minutes from the last meeting

- *OSS Operations Handbook*
- War Room members need the following:
 - Their completed *Service Provider Referral Registers* with open and closed referrals
 - A diary to make notes and plan any follow-up visits and other tasks that may be given to them
 - Copies of War Room reports compiled for the meeting
 - Any referral slips or evidence of completed referrals

Steps involved in holding meetings

There are four main steps involved in completing WTT meetings:

1. Establishing a meeting schedule so participants know when major meetings will be held
2. Planning and preparations before the meeting
3. Activities during the meetings
4. Follow-up after the meeting is held

Step 1: Plan the meeting date and establish a schedule of meetings

It is important that everyone knows what dates the WTT meetings will happen. A calendar should be used to set dates for the whole year and have a common day for the meeting (for example, “every Wednesday” for weekly meetings or “every last Thursday of the month” for monthly meetings). It is important that the meeting day is convenient to as many WTT members as possible so that more members can attend. Remember to also note public holidays or other special days; dates for meetings may have to be moved to accommodate these holidays in advance. An example of a calendar of meetings is provided at the end of this section.

Step 2: Before the meeting

A number of activities are required to prepare attendees for the meeting and ensure everyone is informed and available to attend. Good preparation will allow members to make meaningful contributions during the meeting.

Preparation includes:

- Communicating the time and place of the meeting a few weeks in advance (not less than 3 days before). The War Room Secretary is responsible for notifying members but all stakeholders have a responsibility to make themselves available and ensure they know when forthcoming meetings are planned.
- Preparing the agenda. This is the responsibility of the Chairperson, with the War Room Secretary providing support. To prepare an agenda the Chairperson thinks about the expected outcomes of each discussion point. Knowing what is to be achieved means that the Chairperson can give each agenda item enough time during the meeting. Important issues will require longer discussion. A war Room Monthly meeting agenda and is provided later with descriptions for each agenda item; an example and template of a *WTT Meeting Agenda* can be found in the *Appendices* folder on the CD.
- Identifying guest presentations. War Room members may also identify any guest

presenters and arrange with the Chairperson or War Room Secretary for them to be included in the meeting agenda. War Room Sub-Task Teams also present feedback on their progress and forthcoming activities.

- Distributing the agenda to members well before the meeting so they know what the meeting will be about and can prepare. Sometimes there will need to be a special report on services delivered or other activities. If the departments/service providers know this, they can prepare and report to the War Room on time.
- War Room members complete and submit reports detailing services delivered and any new referrals to the War Room Secretary before the meeting.



CHECKLIST: PRIOR TO THE MEETING THE SECRETARY:

- Sends out emails/faxes to all stakeholders including the following details (this should be done at least two weeks before the meeting):
 - The time, date and location of the next meeting
 - Agenda for the meeting (the agenda must be finalised by consulting with the Champion/Chairperson)
 - The minutes from the last meeting
 - Any specific requests (e.g. inviting other stakeholders referred by other War Room members)
- Makes phone calls or sends SMS/Whatsapp messages as reminders
- Prepares the venue on the day of the meeting. Ensure desks and chairs are organised and the area tidied before people arrive

Step 3: During the meeting

The Chairperson opens the meeting and ensures that the 'ground rules' of the meeting are understood.

The War Room Secretary records members who are present using the pre-populated attendance register. Attendees sign the register.

The War Room Secretary also records the following:

- Apologies from those people who sent notice that they were unable to attend (members should always tell the War Room Secretary when they cannot make the meeting. This is what is known as giving an apology.)
- Members that are absent.



NOTE: People are noted as 'absent' when they do not send any notice that they will not attend the meeting.

The Chairperson goes through the minutes of the previous meetings. The attendees confirm the minutes as an accurate reflection of the previous meeting by all attendees. The War Room Secretary records any changes to be made.

All items on the agenda are discussed in the time they are allocated one after the other (the timekeeper must check that this happens). This includes 'matters arising', which are the issues that needed some action to be taken after the last meeting.

The War Room Secretary takes minutes of all the important points of the discussion and the decisions made (including service referrals). When taking minutes the following is included:

- What the decision or issue being discussed is about
- What must be done about it
- Who should do it
- When it should be done by

Step 4: After the meeting

After the meeting, the Chairperson signs the agenda and the minutes of the previous meeting for the War Room Secretary to file. The War Room Secretary types out the latest meeting minutes for the Chairperson to check. The minutes are sent to all members, including those that were absent or apologised.

The War Room Secretary documents any changes to the previous meeting minutes if any inaccuracies were identified during the meeting.

Departmental/service provider representatives deliver the services allocated to them and prepare reports for the next meeting.

Wall Chart 9 provides an overview of the Meeting Planning Process.

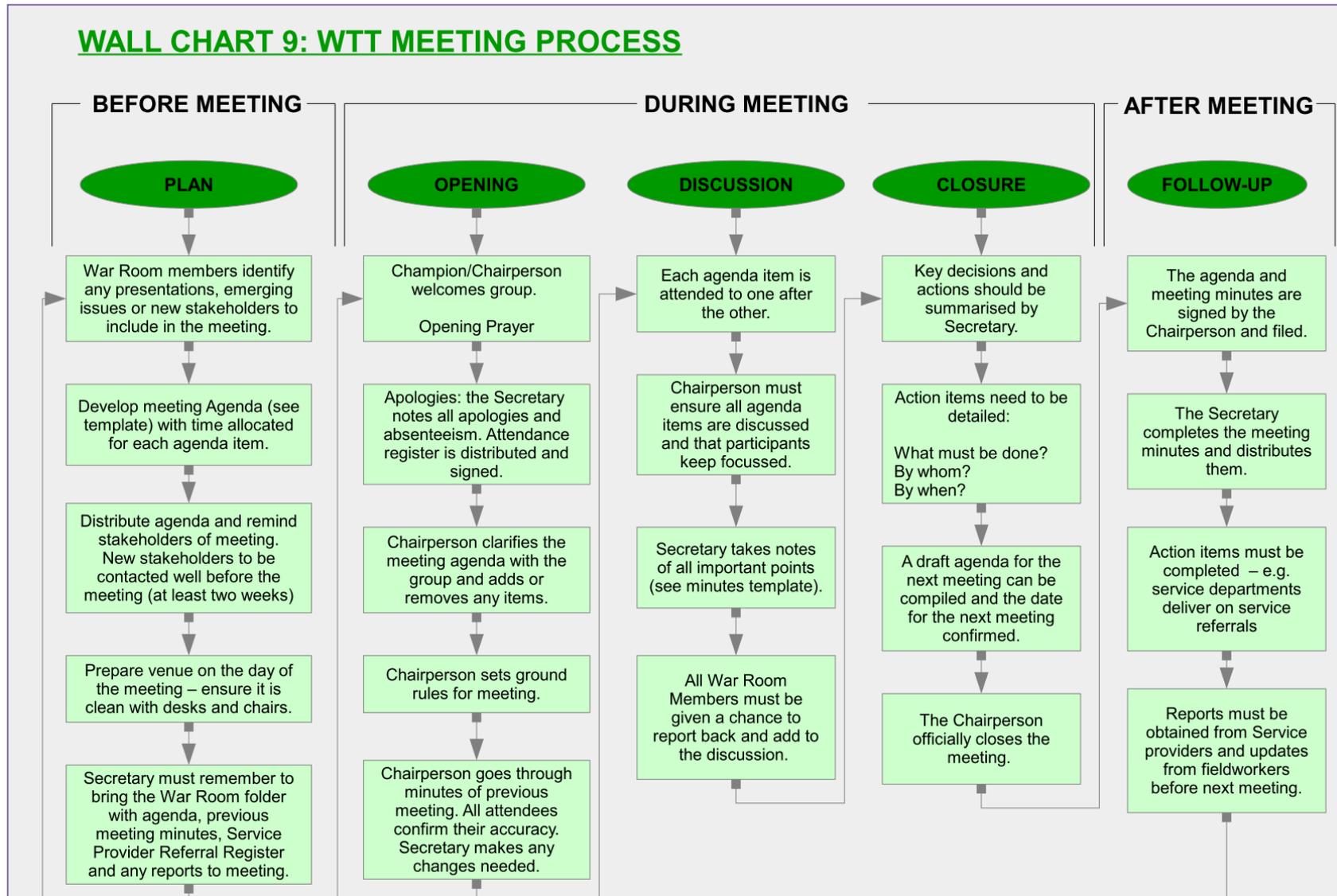


Figure 4.5: Example of calendar of War Room meetings and events

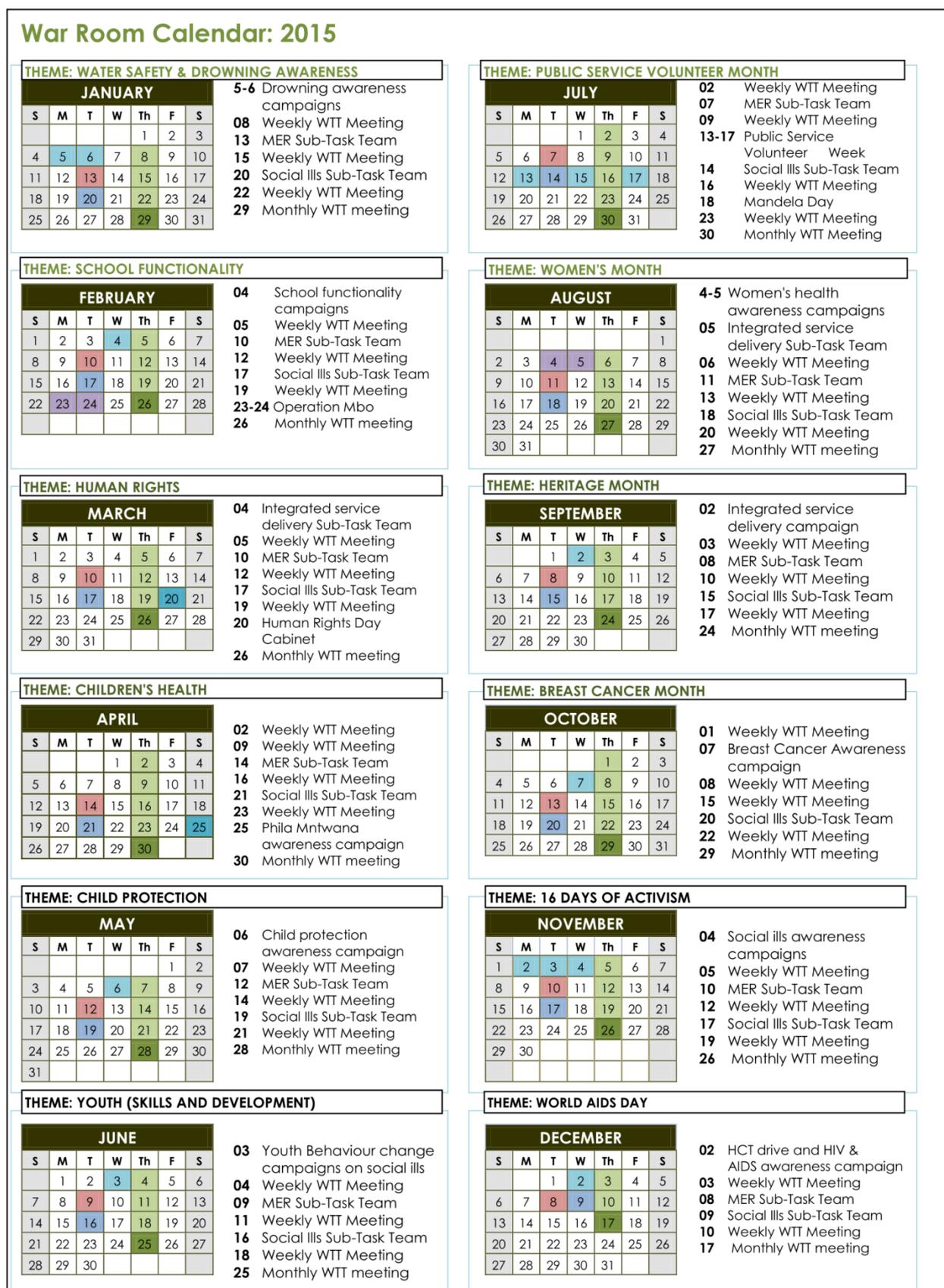


Table 4.6: Example of a WTT Monthly Meeting Agenda

MEETING DETAILS

MEETING	Umdoni Ward 9 Ward Task Team Meeting				
DATE OF MEETING	31 May 2015...	Start Time	10h00...	End Time	13h00...
LOCATION OF MEETING	Mlangeni Thusong Centre				
MEETING CHAIRPERSON	Rev Paul Khumalo	PHONE & EMAIL		...	
WAR ROOM SECRETARY	CDW Bongzi Dlamini.	PHONE & EMAIL		...	

NOTE: All details of the meeting should be provided. The Secretary's contact details are included for people to confirm attendance or send apologies. Umdoni Ward 9 has been used as an example.

MEETING AGENDA

Item	Description	Responsible persons	Time allocated
1	Opening and Welcome (Prayer)	Champion/Chairperson	2 minutes
2	Introductions and apologies	All members	5 minutes
3	Adoption of the agenda	All members	2 minutes
4	Review and adoption of previous meeting's minutes and matters arising	All members (Individuals responsible for feedback on matters arising are noted in previous minutes)	5 minutes (depending on number of matters arising)
5	Adoption of previous meeting's minutes	All members	1 minute
6	Presentations	Invited guests/members/all Sub-Task Teams	15 minutes per presentation
7	Report by LTT Representative/WTT Mentor	LTT Representative or Mentor	[...]
8	Report by War Room Chairperson	WTT Chairperson	[...]
9	Report from War Room Secretary and from members on opening and closing referrals.	War Room Secretary and all War Room members (using <i>Service Provider Referral Register</i>)	[...]
10	Reports from Fieldworkers	All members, including CCGs, Service Delivery Stakeholders (DoH, DAERD; DoE; SASSA, DSD, DHA, CoGTA, DSR, etc.)	[...]
11	Reports from Community Structures	Community structures	[...]
12	Reports from departmental/service provider Representatives	Departmental/service provider representatives	[...]
13	Sub-Task Team Reports	All Sub-Task Teams	[...]
14	WAC Report	Representative from WAC	[...]
14	General/other issues	All members	[...]
15	Announcements and planned activities for the month (Service Delivery Campaigns, Community Dialogues, service delivery events, etc.	Secretary/Chairperson and all members	[...]
16	Date of next meeting	War Room Secretary/Chairperson	2 minutes
17	Summary and closure	War Room Secretary/Chairperson	5 minutes
	Chairperson	(Signature)	(Date)

NOTE:

- The responsible person is the person that needs to lead the discussion by providing information and reporting to the War Room. When it is a discussion for the whole group, "All members" are responsible and involved. When it is a specific person or group, they are named accordingly. For example, the "MER Sub-Task Team" is responsible for the "Monitoring and Evaluation report".
- Sufficient time should be given to each item. Some items may take longer than what is included in the example.
- The Chairperson needs to sign the adopted agenda as a formal recording of what was to be discussed. The signed agenda must be filed with the meeting minutes.

Table 4.7: Description of Agenda Items (according to agenda items in Table 4.6)

Number and agenda item	Description
1. Opening and Welcome	The Chairperson opens the meeting and welcomes all guests. A War Room member may also be nominated to open with a Prayer.
2. Introductions and apologies	The Secretary notes all members that have apologised for not making it to the meeting as 'apologies'. Members that do not come to the meeting but have sent no apology are marked as 'absent'.
3. Adoption of the agenda	The Chairperson asks if any other items need to be added to the agenda. The Secretary records any adopted changes.
4. Review of previous meeting's minutes and matters arising	At all meetings, War Room members may be given specific tasks to complete. The War Room members give the Chairman feedback on these tasks. The War Room Secretary notes them in the minutes.
5. Adoption of previous meeting's minutes	It is important that the War Room members confirm the minutes from the previous meeting as accurate. The War Room Secretary notes any changes required.
6. Presentations	It is useful for NGOs and CBOs to present an overview of what they do and areas of collaboration to the War Room. The Chairperson should arrange these and give representatives time to present to the War Room.
7. Report by LTT Representative/WTT Mentor	The LTT Representative or War Room Mentor provides feedback on resolutions from the LTT and closure of escalated referrals. They also present operational progress reports to the War Room.
8. Report by War Room Chairperson	The Chairperson keeps the War Room informed by providing an overview of activities, challenges, successes and progress according to the War Room Action Plan.
9. Report by War Room Secretary	The War Room Secretary presents a general report and, with input from all the War Room members, closes all outstanding referrals using <i>Service Provider Referral Register</i> .
10. Reports from Fieldworkers on service delivery activities referrals (opening and closing)	All members and structures provide reports on activities and service delivery (e.g. number of households profiled, number of services identified, and number of services provided to households). When members present reports, there will be issues that need to be addressed by War Room other members. There may also be community issues that need to be resolved at the meeting. It is important to discuss <u>what the issue is</u> , <u>what must be done</u> , <u>who</u> must do it and <u>by when</u> . Opening and Closing referrals must be a focus of the discussion.
11. Reports from Community structures	
12. Reports from departmental/service provider representatives	
13. Sub-Task Team Reports	All Chairpersons of Sub-Task Teams should present updates at

	the WTT meeting. For example, the MER Sub-Task Team provides a summary of key indicators in the Ward. Health indicators and Phila Mntwana Centre are a standing agenda, as are opening and closing referrals.
14. WAC Report	A WAC representative provides an overview of the <i>WAC Quarterly Report</i> . (These are developed every three months)
15. General/other issues	If the War Room adds any issues to the Agenda, they are usually discussed in this section. Any new issues can also be discussed here.
16. Planned activities for the month	The War Room Secretary/Chairperson informs the War Room of upcoming events planned in the War Room Action Plan, including community dialogues, service delivery campaigns and other events.
17. Date of next meeting	Before closing, the Chairperson confirms the date of the next meeting. It is easier to do so while all the members are at the meeting rather than contacting individuals afterwards.
18. Summary and closure	It is important that the War Room Secretary or Chairperson summarises the main issues arising and what members and Sub-Task Teams must do before the next meeting. If there is too much to summarise, the Chairperson must confirm that everyone at the meeting knows what to do before the next meeting. The Secretary notes all issues in the meeting minutes.

Types of War Room Meetings

Meetings are an important part of ensuring that War Rooms remain functional and are able to coordinate service delivery. Monthly meetings, which involve all Ward Task Team members and departmental/service provider representatives and weekly meetings, which include the War Room Secretary, Fieldworkers and Task Team members responsible for reporting on activities and planning activities such as profiling, opening and closing referrals. In addition to the monthly WTT and weekly War Room EXCO meetings, there are a number of other meetings that need to take place to ensure operations continue in the War Room. These include:

1. Referral meetings:

These meetings are used to ensure the War Room *Service Provider Referral Register* is updated by Fieldworkers and other War Room members with the War Room Secretary.

2. Sub-Task Team meetings:

When arranging Social-Ills Awareness Campaigns, mobilising the community and other activities and interventions, the various Sub-Task Teams meet to develop action plans and oversee their implementation. This may involve only one Sub-Task Team meeting to discuss issues or inviting additional Sub-Task Teams where extra support is needed. For example, the MER Sub-Task Team joins the Social-Ills Sub-Task Team to assist with the monitoring and evaluation of an awareness campaign. Remember to give other Sub-Task Teams notice of any meetings in good time so that they can plan their diaries.

3. Reporting meetings:

The MER Sub-Task Team arranges these meetings to gather information and compile any reports needed for the WTT meetings or submission of the *Monthly War Room Report* to the LTT. The focus at these meetings should be on what the information can tell the War Room about its performance against targets and how service delivery is improving in the Ward.

4. Household Profiling planning meetings

These are meetings that occur before Fieldworkers profile households. The War Room Secretary allocates households to Fieldworkers and begins to integrate the different Fieldworkers into a single unit during these meetings. As mentioned, Fieldworkers also meet once a week with the War Room Secretary to discuss profiling issues and share experiences on resolving them. At this meeting, the War Room Secretary closes referrals on the War Room *Service Provider Referral Register* and collects data for compiling the *WTT Monthly report*.

5. War Room Executive Committee meetings

The War Room EXCO meets independently of the WTT to address any operational issues and complete any planning for upcoming meetings or activities. The War Room EXCO meeting is also used by the War Room Mentor to give feedback and develop mentoring plans (see War Room mentoring description in Section 6.4).



NOTE: All meetings are administered according to the process description above, including planning before the meeting, opening discussions, closing the meeting and following up afterwards. The War Room Mentor can be approached for guidance on how to run effective meetings.

6.2 WAR ROOM FUNCTIONALITY ASSESSMENTS

Purpose

A functional War Room is one in which the integrated service delivery model is fully institutionalised (see Figure 4.1 above), has ongoing participation from members, holds regular meetings, delivers services and continually reports on progress made. This process description will assist War Rooms in assessing their functionality status so that they can continually improve. The *War Room Functionality Audit Questionnaire* includes five areas that are assessed.



NOTE: The Five Sections of the *War Room Functionality Audit Questionnaire* include

Section A: Institutionalisation

Section B: Administration

Section C: Service Delivery

Section D: Reports

Section E: Stakeholder participation in the War Room

Resources needed to complete the *Functionality Audit Questionnaire*

- War Room Functionality Audit Questionnaire
- WTT Monthly Reporting Template
- Previous War Room Quarterly Reports
- WTT meeting minutes with Attendance Registers (in the War Room folder)
- Laptop computer (where available)

The Process of completing the *Functionality Audit Questionnaire*

The War Room EXCO can follow the instructions to complete the *Functionality Audit Questionnaire*. Although reports are required every six months, it is best practice that the War Room EXCO considers functionality criteria on an ongoing basis and continues to improve going forward.

The steps involved in completing the War Room Functionality Audit include the following:

1. The War Room EXCO holds a Functionality Audit meeting
2. The War Room EXCO completes the *Functionality Audit Questionnaire* (see *War Room Functionality Audit Questionnaire* Excel spreadsheet in the *Appendices* folder on the CD)
3. Completed Audit Questionnaires are sent to OTP
4. Develop a Functionality Improvement Plan to respond to issues identified
5. Implement and monitor the Functionality Improvement Plan

Step 1: The War Room Executive Committee arranges a War Room Functionality Audit meeting

The War Room EXCO completes the *Functionality Audit Questionnaire* every six months (January and July).

Step 2: Completing the Functionality Audit Questionnaire

During the meeting, the War Room Secretary opens the War Room *Functionality Audit Questionnaire* so that it can be completed.



TIP: When completing the Functionality Audit, the War Room uses the previous audit to make comparisons.

The War Room *Functionality Audit Questionnaire* comprises three individual sheets in an Excel Spreadsheet (printed copies are also available)

1. The first section provides instructions on how to complete the War Room *Functionality Audit Questionnaire* and presents the Functionality Score (see screenshot of Figure 4.6).



NOTE: When the *War Room Functionality Audit Questionnaire* is completed electronically, the scores are calculated automatically. They can be seen at the bottom of the first sheet under the heading "Scoring for Part B". If the Audit is completed manually then the scores will also need to be calculated manually.

2. The second sheet (called *Part A_WR Basic Info*) is completed to provide general information about the War Room. To open this sheet, click the 'Tab' at the bottom of the Excel spreadsheet that says *Part A_WR Basic Info* (see screenshot of Figure 4.6 below).
3. The third sheet (called *Part B_WR Audit*) is completed to assess the functionality of the War Room. To open this sheet, click the Tab at the bottom of the Excel spreadsheet that says *Part B_WR Audit* (see screenshot of Figure 4.6 below).

When completing Part B, the War Room includes information on:

- the current status to discuss the situation at the time the audit is completed
- Where the War Room answers 'No' to any question they explain what corrective action is planned to improve the situation, and
- Monitoring and documentation of progress or any improvements
There are individual blocks provided for this information

Figure 4.6: Screenshot of the War Room Functionality Audit Questionnaire in Excel

General Instructions:

i) Complete Part A which is a request for general information on the War Room
 ii) Complete Part B which is an audit questionnaire that will highlight the areas you are
 iii) Once completed, email back to the OSS Secretariat:
 YANDISA.THABETHE@kznpremier.gov.za
 iv) If no access to email, complete manually and send to LTT Convener to bring to the LTT

Instructions for Part A:

i) Answer all Questions in rows 3 to 24, manually or electronically

Instructions for Part B:

i) This sheet can be answered manually or electronically; if electronic the totals are
 ii) Answer all Questions
 iii) Enter 1 for "Yes" answers and zero (0) for "No" answers, and sub-total per section in the
 iv) Total up all scores in the space provided at the end of the questionnaire to determine
 v) Sign and send to the OSS Secretariat
 vi) This Audit is to be completed in January and July of each year and will guide the Task

Scoring for Part B:

	A	B	C	D	Total
Max Scores	8	16	7	13	44
Enter Ward Score 2	0	0	0	0	2
Percentage					0.045455
Your War Room is					

Functionality Status:

	Not Functional	Partly Functional	Functionally	Fully Functional
	< 40%	40 - 59%	60 - 79%	80 - 100%

1. When you open the Functionality Audit, the first sheet provides General Instructions as can be seen in the picture

2. When you click this Tab, Part A will open and the general information can be completed

3. When you click this tab, Part B will open and the Audit questions can be completed

These instructions will guide the War Room & Mentor in completing the Functionality Audit

The functionality scores can be seen here once Part B is completed. If the Audit is completed manually, the scores will need to be calculated manually

Step 3: Send the completed Audit to OTP

Once the Functionality Audit is completed, the War Room Secretary saves the document and emails it back to OTP. If there is no access to email or the Audit was completed manually, it is sent to LTT Chairperson to send to OTP.

Step 4: Develop a Functionality Improvement Plan to respond to issues identified

Together with the War Room Mentor, the War Room reviews all the areas where the War Room is not performing well and prepares a Functionality Improvement Plan to respond to

performance gaps. Like other action plans described in this *Handbook*, the Functionality Improvement Plan should include what the tasks are, who will be completing them and the date they should be completed.

Step 5: Implement and monitor the Functionality Improvement Plan

Once the Functionality Improvement Plan is complete, members responsible for the various activities complete them according to the plan. The Functionality Improvement Plan is monitored monthly until the next Audit to ensure that progress is being made and activities are completed.

6.3 FEEDBACK TO THE COMMUNITY

Purpose

In addition to meeting with War Room members on an ongoing basis, it is important to continually report back to the community and War Room clients. Providing community feedback is a critical element to report on successes and challenges, and to have successful community engagements. Feedback enables community members to assess whether the War Room has understood their needs. By providing timely feedback, the War Room Champion enhances partnerships with communities and creates a level of motivation needed to achieve service delivery outcomes together. This creates a better understanding of the service delivery plan and establishes a platform from which the War Room can assess and readjust the plan.

The War Room Champion takes responsibility for giving feedback to the community. The War Room Champion may call upon other War Room members to assist where necessary.



NOTE: The War Room can give the community feedback in the following ways:

- Door-to-door feedback during home visits
- Weekly War Room meetings
- Community meetings
- At meetings of community structures

Resources required

- WTT Monthly/Quarterly reports
- LTT feedback reports
- Other relevant information or statistics (e.g. WAC reports)
- Venue

Steps involved in providing feedback

There are five main steps in providing feedback, though these will depend on the types of feedback (e.g. door-to-door, meetings etc.):

1. Collecting information for the feedback
2. Developing the Feedback Report and materials
3. Arranging a suitable venue for the feedback meeting
4. Inviting the community or clients for feedback meeting
5. Presenting feedback

Step 1: Collecting information

The War Room Champion obtains information from the War Room and from the council meetings relating to HIV and other social ills impacting on the health and wellbeing of the community.



NOTE: If the community structure is not represented in the War Room, the War Room Champion should obtain the information from them directly.

Step 2: Compiling a feedback report or materials

The War Room Secretary assists the War Room Champion compile the Community Feedback Report. This may also include a power point presentation or other pamphlets or posters that can be handed out or displayed to give the community feedback on the War Room operations.

Step 3: Arrange a venue for the feedback meeting

Where necessary, select a suitable venue to accommodate the number of people that have been invited to the feedback session. Care should be taken to ensure that the venue is wheel chair friendly, accessible and has adequate services, such as toilets, electricity and water.



NOTE: The War Room Champion can also provide feedback at community events such as service delivery campaigns, community dialogues as well as other community events such as sporting or religious events. Ensure that community feedback is on the agenda of these events.

When using posters for feedback, the War Room should choose places that will have maximum visibility (lots of people seeing them). If door-to-door feedback is being provided, a plan for going door to door replaces the planning of the venue. Any pamphlets or handouts should also be printed and other preparations made.

Step 4: Invite the community

The War Room Champion or Chairperson invites the community or clients using similar channels as campaigns and other events (e.g. War Room, flyers, word of mouth, schools, churches, clinics, public transport, loudhailers, social media and multi-media).

Step 5: Present feedback

At the feedback event, the War Room Champion or Chairperson presents the Community Feedback Report developed in Step 2. The War Room Champion or War Room Chairperson answers any questions from the community.

During the event, further service referrals may be documented in the *Service Provider Referral Register* and submitted to the War Room for processing.



NOTE: Feedback can also be given through various other platforms such as:

- Integrated Development Plan road-shows
- Community feedback workshops
- Community meetings held in the local area
- Various stakeholder forums e.g. School Governing Bodies, Ward Safety Councils, Community Policing Forums

6.4 WAR ROOM MENTORING

Purpose

All of the above sections provide instructions as to how to ensure the War Room is functional and delivers services. Where functionality or performance gaps remain, the War Room can access a War Room Mentor by contacting the LTT or DTT to allocate a Mentor. War Room Mentors provide mentoring support to Ward Task Teams to transfer skills and knowledge, thereby ensuring that War Rooms become fully functional. Mentoring means that the War Room works under the guidance of a more experienced colleague who can pass on knowledge and skills relating to all processes discussed in this Handbook.



NOTE: Mentoring is not about completing tasks for other people and completing their work for them. This is disempowering as it means they will never learn to do it themselves. Mentoring should empower people by giving them the support required to fulfil their roles and responsibilities on their own.

Resources needed for Mentoring War Rooms

- War Room Functionality Audit Questionnaire (completed by War Room EXCO)
- OSS reporting templates
- Previous WTT Monthly and Quarterly Reports
- OSS Operations Handbook

Special training, skills and expertise needed

All War Room Mentors complete the OSS Mentorship Programme training.



TIP: War Room Mentors carry hard and soft copies of all OSS Reporting Templates, *Service Provider Referral Registers*, the *OSS Operations Handbook CD* and other manuals. The Secretary and other War Room members may be require these on an ongoing basis.

The process of mentoring War Rooms

Mentoring War Rooms focuses on enabling the War Room to achieve full functionality status as defined by the War Room *Functionality Audit Questionnaire*. The following steps apply to all aspects of OSS functionality and assist stakeholders in identifying, analysing, prioritising and responding to the issues that need to be addressed.

Step 1: Assigning and Introducing War Room Mentors to War Room EXCO

The Local Task Team Chairperson allocates and introduces the War Room Mentors to the War Room EXCOs at the LTT meeting. War Room EXCOs can then engage with the War Room Mentors for guidance and support.



NOTE: Allocation of War Room Mentors is completed during initial discussions between the LTT and in consultation with the War Room EXCO.

Step 2: The WTT Chairperson introduces the War Room Mentor to the WTT

At the WTT meeting, the War Room Mentor is introduced to the War Room members. The introduction serves two main purposes. First, it is to give the War Room members a chance to meet the War Room Mentor and be orientated on the role of the Mentor. Second, it gives the War Room Mentor a chance to observe the meeting and to complete a situation analysis to feed back to the EXCO (see Steps 3 and 4 below).



NOTE: The War Room Mentor does not assist all members of the Task Team individually. Rather, the War Room Mentor focuses on the War Room EXCO and empowers them to better manage and facilitate the needs of the War Room.

Step 3: Conduct Functionality Audit and identify War Room functionality gaps

All Mentors assess their War Rooms using the War Room *Functionality Audit Questionnaire* and completing all five sections (see Functionality Audit process above). Mentors also physically observe the War Rooms and associated activities to identify any issues or challenges that require mentoring in response. These activities inform the War Room Mentor's situational analysis and baseline, which highlights the processes and activities with which the War Room is struggling.

Step 4: Feedback to identify root causes and critical success factors

Once the War Room *Functionality Audit Questionnaire* has been completed and specific functionality gaps are identified, the War Room Mentor provides feedback to the War Room EXCO to discuss and clarify the issues at the War Room EXCO meeting.

It is important that the root causes and the critical success factors of the functionality gaps are understood; common root causes include personal problems, technical issues, institutionalisation or political constraints amongst other things.



TIP: To identify root causes, it is important to question **why** the War Room is encountering problems to find out the underlying reasons. To identify critical success factors, it is important to ask **what is needed** to ensure the problem is resolved, by responding to the root cause. If the underlying cause is not identified correctly, the solution developed may not solve the problem. There may also be more than one issue that is presenting the War Room difficulties. The War Room Mentor should identify all challenges and support the WTT EXCO to prioritise which ones to respond to first based on their root-causes and/or critical success factors.

Step 5: Develop a War Room Mentoring Plan

Part of the feedback session includes brainstorming solutions to the existing functionality gaps. Together with the War Room EXCO, the Mentor drafts a Mentoring Plan to respond to the identified issues. (It is important to check whether the War Room has developed a *Functionality Improvement Plan* and link that to any new Mentoring Plans).

The Mentoring Plan focuses on closing the gaps identified by the War Room Mentor. The nature of the gap/s involved determines the duration of the plan; some may require short interventions others may require longer periods of support. Feedback to the War Room is important to get buy-in from the EXCO and War Room members and ensure they understand the challenges. In this discussion, it is especially important to ensure that the War Room members confirm issues identified by the Mentor and that any underlying root-causes are correctly identified.

The Mentoring Plan also provides details on when the Mentor will attend WTT meetings (usually once a month) to provide mentorship in person. Mentors might also assist on the phone or by email. The Mentorship Plan will also include details about how frequently the War Room requires mentorship and methods of communication.



TIP: The Mentoring Plan should include the following:

- Objectives that are Specific, Measureable, Achievable, Realistic/Relevant and Time-bound (SMART)
- Performance Targets and indicators to measure success
- Activities to be undertaken
- Members responsible for completing tasks involved
- The times at which activities should be completed

Step 6: Implement the War Room Mentoring Plan

The War Room Mentor and War Room EXCO implements the War Room Mentoring Plan.

The War Room Mentor provides the mentoring, facilitation and guidance where required (The Mentorship Programme provides War Room Mentors with required skills such as motivation techniques, time management and change management principles).

The War Room EXCO implements the action plans by attending to the issues identified and following the advice of the War Room Mentor. This includes completing the tasks and activities outlined in the Mentoring Plan, coordinating stakeholders, and delegating work responsibilities.



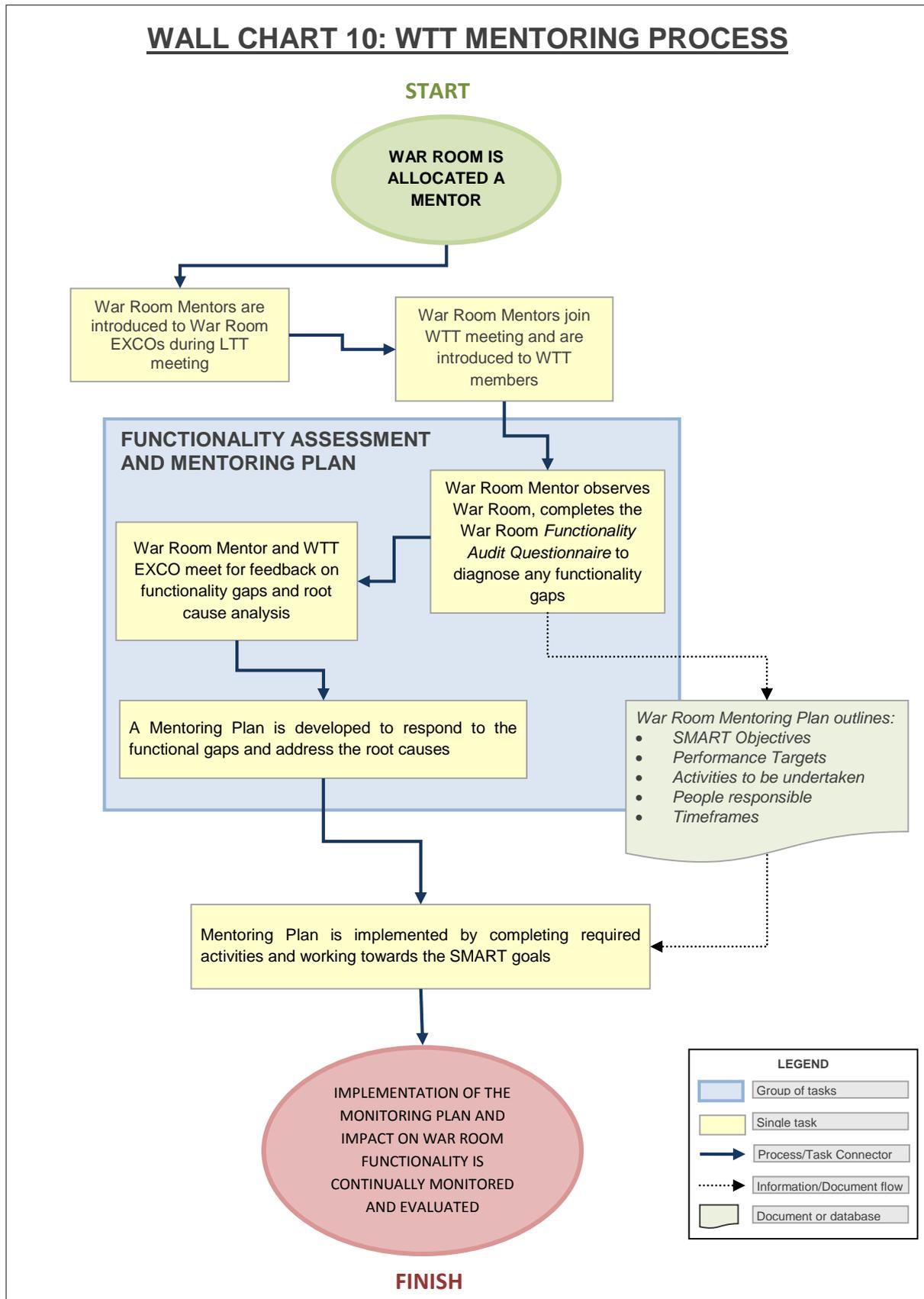
NOTE: Where the Mentor identifies significant challenges, they should spend at least four days a month assisting poorly functional and non-functional War Rooms. They only need to visit functional and fully functional War Rooms less regularly, for example, once a month.

Step 7: Monitoring the plan

The War Room mentor and War Room EXCO will monitor the plan and the outcomes. The *Functionality Audit Questionnaire* is used to measure the success of the Mentoring Plan and identify whether the War Room is performing better. The War Room Mentor develops a Mentoring Report to report progress through the OSS reporting channels.

The War Room Mentor refers and reports any challenges that they cannot resolve to the Mentorship Sub-Task Team at the DTT level and the Local Task Team.

Wall Chart 10 provides an overview of the Mentoring Process.



Chapter 5

Monitoring, Evaluation and Reporting

CHAPTER 5

MONITORING, EVALUATION AND REPORTING

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ACRONYMS USED IN CHAPTER 5

AIDS	Acquired Immunodeficiency Syndrome
CBO	Community-Based Organisation
CD	Compact Disk
CDW	Community Development Worker
DTT	District Task Team
EXCO	Executive Committee (of Task Teams)
EPWP	Extended Public Works Programme
FBO	Faith-Based Organisation
HIV	Human Immunodeficiency Virus
ID	Identity Document
LTT	Local Task Team
MER	Monitoring, Evaluation and Reporting
NGO	Non-Government Organisation
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
OVC	Orphans and other Vulnerable Children
PTT	Provincial Task Team
STIs	Sexually transmitted infections
TB	Tuberculosis
WAC	Ward AIDS Committee
WTT	Ward Task Team

DEFINITIONS OF TERMS USED IN CHAPTER 5

Analysis: This refers to the processing of data and information to gain a better understanding of the situation. In OSS it refers to the process of using data and information to gain a better understanding of what is happening in various situations. For example, analysis can show whether Task Teams are performing against their targets and where there are challenges and performance gaps.

Assessing: This refers to the process that attempts to determine the merits or value of an intervention as systematically and objectively as possible.

Chairperson: This refers to the person that leads a meeting, committee or Task Team.

Data: This refers to counts or measures (facts and figures) of particular events or factors.

Database: This refers to a collection of related data, organised for convenient access, generally in a computer (such as an excel spreadsheet). Databases are usually designed and structured so that the data within them are easily accessible to the user.

Data capturing: This refers to the entering of routine data into the standardised *OSS WTT Monthly Reporting Template*. This is done either manually (paper copy) or electronically (computer).

Data collection: This refers to the act of gathering data for purposes of measurement. Data collection in OSS is done through prescribed data collection tools such as the *Household Profiling Tool*.

Data elements: This refers to a particular event or factor that must be detailed, counted or measured. For example, data elements may include people's names and contact details, or measurements such as the number of children screened for TB or the number of condoms distributed. The *WTT Monthly Reporting Template* consists mainly of data elements.

Data source: This refers to the point or place where data is collected. It can also refer to the tool that is used to collect the data.

Departmental/service provider representative: This refers to the person responsible for communicating or providing specific services from a government department, civil society, business, non-governmental organisation or other community structures. For example, the departmental representative is the contact person that receives and communicates all referrals and provides services on behalf of his or her department or organisation.

Escalation: This refers to the process of raising an issue to the next level. In OSS, this usually means referrals that require support from the OSS champion or Task Team at the next level. For example, if a WTT cannot resolve an issue, they may escalate it to the LTT.

Evaluation: This refers to the process of collecting and analysing periodic data in order to

determine whether and to how well a process, project or programme has achieved what it had intended to achieve.

Function: This refers to the intended purpose of a person, organisation or tool in a specific role. For example, the function of the Department of Education is to oversee educational services and the function of the Department of Health is to provide health services. The function of the *Household Profiling Tool* is to assist Fieldworkers identify household and community needs.

Household: This refers to a group of people who live together at least four nights a week, eat together and share resources. A single person who lives alone is defined as a household.

Impact: This refers to long-term, developmental goals that are realised through completing a process. For example, once TB screening and treatment services are provided for children, the impact these services may have is reduction in TB infection in children.

Indicators: This refers to variables that provide simple and reliable means to measure achievements resulting performing different activities. Indicators therefore convert raw data into measurable information that can be interpreted and used for decision-making. Indicators can be in the form of numbers or figures or descriptions.

Inputs: This refers to the various resources needed to complete a task. For example, the inputs needed to screen children for TB would be the number of trained CCGs available in the Ward and the number of *TB Screening Tools* available.

Information: This refers to the knowledge generated from the collation, analysis and organisation of data.

Integrated Development Plan (IDP): This refers to a five-year plan developed by local government to respond to the development needs of the municipality. The IDP process involves the entire municipality and community members in finding the best solutions to achieve long-term development.

Integration: This refers to the act of combining or adding parts to make a larger unified whole. Operation Sukuma Sakhe integrates services by bringing together service providers in the War Rooms.

Member: This refers to a person that forms part of a group, organisation or community. For example, Fieldworkers are important members of the War Room.

Monitoring: This refers to the routine tracking of data to measure what is happening against a common set of service delivery plans.

Operation Mbo: This refers to integrated service delivery events within a particular area to ensure services are delivered to many community members at the same time.

Operation Sukuma Sakhe: This refers to an integrated service delivery model bringing together all service delivery stakeholders to provide services in an integrated manner.

Oversight: This refers to the process of supervising, managing or watching over a task performed by others. It may include quality assurance, the giving of advice, addressing escalated challenges and setting rules, regulations and processes.

Performance gaps: This refers to the difference between the current and the intended situation. For example, if a War Room needs to profile 20 households and manages to profile 15 households, the performance gap is five households.

Process: This refers to the set of activities or tasks in which human, financial and other resources are used to achieve the expected results.

Outcomes: This refers to the immediate results produced by undertaking activities or projects. For example, proportion of children screened for TB in the ward is an output of the TB screening process.

Outputs: This refers the number of processes that are completed or the immediate results obtained or produced by completing the processes. For example, the proportion of children screened for TB in the ward is an output of the TB Screening process.

Referral: This refers to the information relating to household and community needs that have been identified, which is brought to the War Room and forwarded to the relevant departments/service providers for response. For example, when members of a household require social grants, this information is sent to SASSA as a referral.

Stakeholder: This refers to a person that has an investment, share or interest in something. For example, community members are important stakeholders to OSS.

Service: This refers to actions that fulfil a function or a need. To provide services means to respond to the needs of the community by performing specific tasks. For example, to fulfil part of its function, the municipality provides water and electricity services to households.

Sustainability: This refers to the ability to continue or survive for a long time. To be sustainable means that a project or outcome can be maintained on an ongoing basis.

War Room: This refers to a physical space where the coordinating task team at ward level provides a direct link to the community, coordinates profiling and integrates service delivery.

1 INTRODUCTION

The previous chapters provided detailed process descriptions to ensure War Room functionality. Chapters 1, 2 and 3 explain how OSS is institutionalised, the roles and responsibilities of various stakeholders and how the War Room is established. Chapter 4 focused on the various processes required to manage referrals in the War Room.

This chapter provides an overview of how the War Room and other OSS Task Teams obtain data, analyse and share data, information and reports so that stakeholders are aware of whether progress is being made or not and how to make improvements if necessary. Monitoring, Evaluation and Reporting (MER) is the way in which various stakeholders and structures collect, capture, organise, analyse and share data within OSS.

This Chapter includes the following topics:

- An introduction to MER, including definitions and in particular the benefits of
 - Monitoring
 - Evaluation
 - Reporting
- Monitoring and reporting processes within the War Room, including establishing the MER Sub-Task Team
- The roles and responsibilities of the MER Sub-Task Teams
- Monitoring and reporting processes within the Local, District and Provincial Task Teams
- Evaluations and technical reviews that are completed in OSS
- Case studies completed by the War Rooms (War Room Case Studies and Household Case Studies)
- Knowledge management approaches in the War Room

2 DEFINITION OF KEY MER CONCEPTS

This section provides the basic definitions of Monitoring, Evaluation and Reporting (MER).

2.1 MONITORING

Monitoring is the routine tracking of data to measure what is happening against a common set of service delivery plans.

Monitoring generally focuses on short-term and ongoing activities using selected data elements and indicators to track progress, for example the number and types of services being

delivered by the War Room against the identified needs. In this way, the different Task Teams are able to identify service delivery gaps (performance gaps) that may exist and can early in the process, adjust existing activities to close the gaps and reach targets.

For example, monitoring will help the Task Team in obtaining answers to the following types of questions:

- What services are required in the ward as obtained through Household and Ward Profiling, such as:
 - How many screened clients require TB testing?
 - How many clients require Identity Books?
 - How many clients require child-care grants?

- What services are provided to OSS clients (in what quantity), for example:
 - The number of referred clients who received TB tests
 - The number of referred clients who received ID books
 - The number of referred clients who received child-care grants

- How well is the War Room functioning, such as
 - How many task team meetings have been held as per schedule?
 - How many Task Team meetings were attended by 70% of the designated members?
 - How many War Rooms are convened by community leaders?

2.2 EVALUATION

Evaluation helps to determine whether and to what degree the goals and objectives have been achieved. Evaluation measures how well War Rooms and OSS structures have performed and the impact they have had on the lives of clients. Unlike monitoring which is done routinely, evaluation is time-bound and can be done annually, at mid-term and at the end of the term of a plan period.

Doing an evaluation means responding to specific questions. For example:

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



EXAMPLE: Condoms are distributed by the Fieldworkers to help reduce unplanned pregnancy, STIs and new HIV infections. Monitoring would look at how many condoms Fieldworkers have distributed on a monthly basis against the targeted number. After distributing the condoms for three years, an evaluation can be done to test whether there was a reduction in unplanned pregnancies, reduction in STIs and HIV new infections in the ward.

2.3 REPORTING

Reporting involves providing information of the current situation following implementation of a set of activities. The primary purpose of reporting is to share information and to show whether targets, objectives or goals are being achieved or not. Sharing information through reporting can help Task Teams in determining what next steps to take.

Standardised Task Team Reporting Templates (see *WTT Monthly Reporting Template* in the *Appendices* folder on the CD) simplify reporting in OSS. The War Room should circulate reports generated from these templates to stakeholders at ward level and discuss them in relevant meetings, specifically the Task Team meetings. Feedback is provided to key stakeholders on the planning, programming and implementation decisions made.



NOTE: The OSS Reporting Templates have been designed in such a way that once data is entered into the Templates, it is collated into specific categories automatically. This also allows for simple analysis and interpretation on a monthly and quarterly basis.

3 BENEFITS OF MONITORING, EVALUATION AND REPORTING

Monitoring, Evaluation and Reporting (MER) helps Task Team members and stakeholders to understand whether service delivery is progressing according to plan and to ensure that resources are used appropriately. Through MER on OSS activities, the Task Team will be in a better position to:

- Determine whether the resources (Task Team members, money, tools) committed to OSS are utilised appropriately
- Be able to record and count the different types of services and support provided to the clients
- Be able to record and count the number of referred cases to the different government departments and service providers
- Be able to record and count the number clients for whom services were provided by government departments such as Agriculture, Home Affairs, Health and Social Development and other service providers
- Identify service delivery 'gaps' and devise ways to improve and enhance the quality of service delivery to the targeted clients

4 THE MONITORING AND REPORTING PROCESS AT THE WARD LEVEL

4.1 PURPOSE

The process of monthly and quarterly monitoring and reporting allows the War Room to measure their performance and to review the progress they are making at community level and share this information with the community and the Local Task Team. The War Room uses prescribed tools to do this.

4.2 RESOURCES NEEDED

- WTT Monthly Reporting Template
- War Room Service Provider Referral Register
- Fieldworker and other Service Provider Referral Register
- Fieldworker and departmental/service provider reports
- Minutes of WTT meetings, including attendance registers
- Computer (where available)
- Calculator
- Cell phone or any other mobile device (where available)
- Stationery for example pens, pencils, notebooks, etc
- Wall charts
- Filing and storage cabinets

4.3 STEPS INVOLVED IN MONITORING AND REPORTING AT THE WAR ROOM

The steps involved in monitoring and reporting are as follows:

1. Establishing a War Room MER Sub-Task Team
2. Data collection
3. Data coordination and integration
4. Data quality checks
5. Data analysis and interpretation
6. Data and information storage
7. Reporting and feedback
8. Dissemination of reports
9. Escalating un-closed (outstanding) referrals

Step 1: Establishing the War Room MER Sub-Task Team

MER Sub-Task Teams take on the responsibility for monitoring, evaluation and reporting function of OSS. Establishing a dedicated Sub-Task Team for MER ensures there is consistent monitoring and reporting and that quality reports are developed and submitted through the OSS structures and the community is provided with feedback.

The MER Sub-Task Team takes ownership of relevant Task Team reports; though working in partnership with all Task Team members and OSS stakeholders. This means focussing on activities taking place in regard to profiling, service delivery, and the functionality of the War Room.

The process of establishing the MER Sub-Task Team involves the following

1. Inviting departments and other service provider representatives responsible for reporting to a meeting with a view to nominating one or two members per department or service provider to be part of the MER Sub-Task Team
2. Appointing Chairperson and Secretary of the Sub-Task Team
3. Orientating MER Sub-Task Team on their roles and responsibilities (see Table 5.1)
4. MER training should be provided to MER Sub-Task Team members to ensure they have the required skills and knowledge, including:
 - Understanding OSS reporting templates and reports
 - Data verification skills
 - Quality assurance skills
 - Ability to analyse and interpret data
 - Ability to present information in a format that will enable WTT to make decisions
5. Setting calendar dates for Sub-Task Team meetings

Table 5.1 outlines the roles and responsibilities of the MER Sub-Task Team.

Table 5.1: The War Room MER Sub-Task Team

TITLE	ROLE
WTT MER Sub-Task Team	<ul style="list-style-type: none"> • Collecting data and information • Quality checking data and information received • Compiling WTT Report from source documents collected from War Room members • Submitting completed, monthly WTT report to LTT • Updating War Room wall statistics on wall charts of key indicators • Assist with completion of <i>War Room Functionality Questionnaire</i>
RESPONSIBILITIES RELATING TO ROLES	
<p>Collecting data and information</p> <ul style="list-style-type: none"> • Request reports from Fieldworkers, departmental/service provider representatives, all War Room Sub-Task Teams and other stakeholders for monthly reporting • Collect information and evidence to complete War Room functionality assessment • Facilitate data gathering from the WAC and Ward Committee <p>Quality checking data and information received</p>	

- Ensure standardised data collection and reporting templates are used
- Ensure submitted reports are completed correctly with required information
- Check that information is correct
- Ensure reports from stakeholder are received within the set time

Compiling WTT Report from source documents collected from War Room members

- Extract relevant information from source documents into the *WTT Monthly and Quarterly Report* (see *WTT Monthly Reporting Template* in the *Appendices* folder on the CD)
- Update information in the *WTT Monthly Reporting Template*
- Quality check WTT reports
- Present draft *WTT Monthly and Quarterly Report* to the WTT
 - Provide feedback on closed referrals using data gathered
 - Assess the performance of WTT in terms of achieving specified targets, attendance and participation (submitting reports and opening and closing referrals) in War Room activities (performance review)
- Incorporate contributions from WTT members into the final *WTT Monthly and Quarterly Report*
- Have the completed report verified and approved by the War Room Chairperson
- Update *Ward Profile* with any relevant information

Submission of monthly and quarterly WTT reports

- Ensure the *WTT Monthly and Quarterly Report* is submitted to the LTT according to prescribed timeframes
- Facilitate the presentation of the *WTT Monthly and Quarterly Report* during the LTT meeting
- Facilitate the presentation of the *WTT Monthly and Quarterly Report* to Ward Committee
- Facilitate the presentation *WTT Quarterly Report* to the WAC, and Traditional Councils, when necessary and or when required

Updating War Room wall statistics on wall charts of key indicators

- Review and update the information on War Room wall charts using information and reports collected.
- Encourage WTT members to use information in decision-making
- Review progress against War Room Service Delivery Action Plan using data gathered

Assist with completion of *War Room Functionality Questionnaire*

- Complete the *War Room Functionality Audit Questionnaire*
- Submit the *War Room Functionality Questionnaire* to the LTT and OTP

Step 2: Data collection

To be able to track service delivery, the War Room has to collect data. Data is collected using the following tools, templates and sources.

Figure 5.1: The front page of the War on Poverty Household Profiling Tool

- **Household Profiling Tool:** The Household Profiling Tool collects information identifying any needs within the household. It also collects information about the people living in the ward.
- **Household Profiling Summary Tool:** This is a summary of needs per household that is kept by the Fieldworker to enable follow-ups to check on services delivered and outstanding.
- **Ward Profile:** Services required from the ward profile is entered into the *Service Provider Referral Register*.
- **Service Provider Referral Register:** This is a tool that Fieldworkers and departmental/service provider representatives use to document referrals and to close referrals once they have provided services. These also pertain to service delivery events and campaigns held in the ward.
- **Walk-in Register:** Some War Rooms use *Service Provider Referral Registers* as Walk-in Registers to open cases for referral. The War Room Secretary transfers information from the *walk-in register* to the *Service Provider Referral Register*.
- **Departments/service provider reports:** Departments/service providers should provide service delivery reports to the War Room. This information should be ward specific and relevant to the data elements on services provided in the ward.
- **War Room Minutes:** Information is collected during WTT Meeting and other War Room meetings.



NOTE: Samples of all tools and templates are found in the *Appendices* folder on the CD.

Step 3: Data coordination and integration

War Room members present data to the War Room using the data collection tools listed above. The War Room coordinates the reports from various stakeholders and integrates them into one *WTT Monthly Reporting Template*.

The *WTT Monthly Reporting Template* is a useful way of both collecting and integrating data into the WTT report during the reporting meetings. The *WTT Monthly Reporting Template* provides a column with the name of the department that is responsible for specific information. At the War Room reporting meeting, this will mean requesting information from the relevant departments/service providers and entering it into the appropriate section of the *WTT Monthly Reporting Template*. This will result in the *WTT Monthly Report* being completed. The Chairperson will once again quality check and sign off the Report after being verified at the meeting.

The key departments that reports are expected from are:

- Department of Arts and Culture
- Department of Agriculture and Rural Development
- Department of Cooperative Governance and Traditional Affairs
- Department of Community Safety and Liaison
- Department of Economic Development and Tourism
- Department of Education
- Department of Health
- Department of Human Settlements
- Department of Home Affairs
- Department of Labour
- Department of Public Works
- Department of Social Development
- Department of Sport and Recreation
- Department of Transport
- South African Social Security Agency
- South African Police Services

Step 4: Data quality checks

When compiling the information into the monthly reporting template it is important that the MER Sub-Task Team checks all data for quality. The types of errors they should check for include:

- There may be 'typos' such as when the number nine (9), might be typed or written as a zero (0)
- Some data may not have been filled in at all (called omissions)
- Check that the data make sense and ask questions if the numbers are very high or too low
- Information has been 'cut and pasted' from previous reports incorrectly or,
- There is repetition in which the same values appear again and again

The MER Sub-Task Team checks the quality of routine data to ensure the correct information is ready for the *WTT Monthly Report* when it is time to compile it. If there are errors, Fieldworkers must return to gather correct information where required. (The MER Sub-Task Team and War Room Secretary should also check the quality of other data capturing processes such as Household Profiling.)



NOTE: Information is gathered on a weekly basis and entered at the monthly reporting meeting. The reporting meeting is held to collect and collate information into the *WTT Monthly Reporting Template*, it is then analysed and reported back at the next WTT meeting.

Step 5: Data analysis and interpretation of data

Analysing data means looking at service delivery achievements against the targets or the needs identified to provide the evidence for service delivery performance. Looking at the analysis can help answer some key questions, such as:

- Is the War Room making a difference in service delivery?
- Where should the War Room focus its effort to achieve its service delivery targets?
- What data elements or indicators the War Room should prioritise to improve the health and well-being of citizens in the ward?

Once the data is entered into the *WTT Monthly Reporting Template*, it should be organised according to intervention category and described using Tables or Charts to show trends and comparisons against the previous month or quarter. Examples of intervention categories are: Services provided to children less than five years old, crime and security, food security interventions, vital registrations, social services, basic services, services provided to Orphans and other Vulnerable Children (OVCs) as well as people with disabilities, educational issues and HIV Counselling and Testing (HCT). The data is interpreted by assessing the degree of change that has occurred and identifying the reasons for it. It will also help prepare the *Service Delivery Action Plan* for the next month and quarter.

To analyse the data, a date is set each month to meet and review the data from the previous *WTT Monthly and Quarterly Report* in relation to figures for the current month and quarter. The planned meetings should also allow enough time for any errors to be corrected and communicated before the report is presented to the War Room.

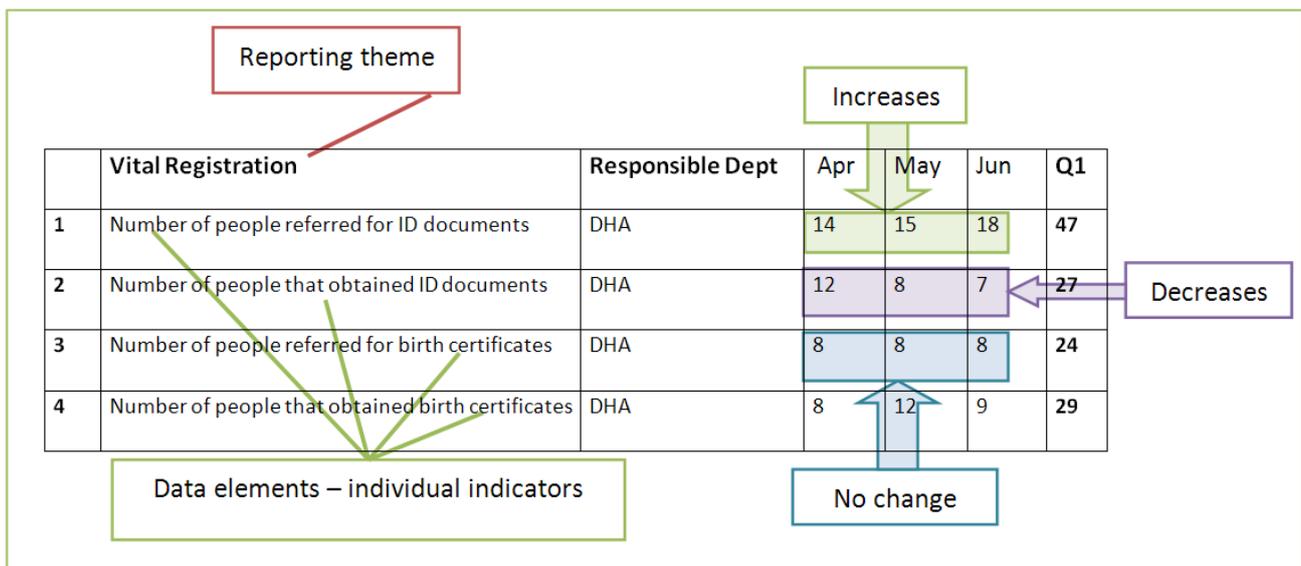
Figure 5.4 provides an example of an analysis using the data in the *WTT Monthly Reporting Template*. The most common analysis done at the War Room is looking at increases (numbers increase between monthly columns), reductions (numbers decrease between columns) or areas of no change (numbers stay the same in each month). Looking at these numbers allows the War Room to track progress. For example, in Figure 5.4, the data relating to Vital

Registration has been obtained from the Department of Home Affairs. We can see here that for the Quarter (Q1), 47 people have been referred for Identity Documents (IDs). There has also been a steady increase in the number of people that have been referred for IDs each month (green shading). This could mean that different CCGs and other Fieldworkers are focusing on finding individuals without ID Documents, or that new areas have been identified where case finding is occurring.

The analysis also shows that the War Room is not keeping up with issuing of ID documents, that is, of the referred 47 people, only 27 received their ID documents. We also know that ID documents take at least 6 weeks to process so this is understandable. It will be good to analyse delivery over two quarters to see how big the lag (performance gap) really is. *The Service Provider Referral Register* will help identify how long some of the individuals are waiting for their ID Documents. Through this analysis, we can then see that there may be some challenges in obtaining the number of ID books that are required. Through monitoring these numbers, it is then important that the MER Sub-Task Team investigate reasons why some ID books were not received and the performance gap filled.

In the row outlining the number of people referred for birth certificates, the 'no change' might be a data issue. It should be investigated if it is the same eight (8) children identified in the prior month or eight (8) new people identified each month. War Rooms often experience this problem when the War Room enter cumulative data instead of a specific month's data.

Figure 5.2: Example of Household Reporting Template analysis





NOTE: For some of the data elements, no change does not reflect an inefficiency or performance gap. For example, having one CDW every month is one example of "no change" but it does not reflect a decrease in performance. Additionally, an increase between columns does not mean a positive change. For example, finding new people without Identity Documents each month is not necessarily a positive change. On the other hand, while it is important to register all newly identified child-headed households, if this number keeps increasing it may reflect a social ill or wider challenges in the community. Interpreting the data therefore is important. Sometimes, the interpretation may require further investigation.

Step 6: Data and information storage

The *WTT Monthly Report* should be stored either electronically or manually in a folder in the War Room. If stored manually, the War Room Secretary keeps the file in a secure filing cabinet. Electronic storage of data means data is stored in a file in a computer. Electronic data should be stored securely using passwords where possible. Data and information should be stored in such a way that it is easily accessible. The War Room submits data to the LTT where it is also stored.

Step 7: WTT Monthly and Quarterly Reports and feedback

All reports submitted by WTT should be of good quality. Quality reports are those that:

- Are submitted on time and covering all relevant activities for the specified period. All sections are completed in full. All data is filled and there are no omissions
- Are written clearly and are easy to interpret
- Have no errors. There should be no "typos" such as when the number nine (9), is mistyped or written as a zero (0)
- Have reliable data that can be verified (e.g., evidence is provided). That is, the same data appears at the source when traced back. There is no repetition in which the same values appear again and again

Once data is quality assured and captured into the *WTT Monthly Reporting Template* (see Figure 5.3), it is presented to the Ward Task Team for comment and further clarification. The War Room Chairperson then signs, submits and presents it at the LTT monthly meeting. The completed report is submitted to the LTT five days before the LTT monthly meeting. The Chairperson should include the analysis and interpretation of the data when presenting the report to the LTT. This can involve, for example looking at whether services have been provided within the prescribed time, or why the various indicators or data elements have changed the way they have.

The *WTT Monthly Report* is aggregated over three (3) months to generate the *WTT Quarterly Report*, which is shared with the Ward Committee, Ward AIDS Committee, War Room stakeholders and LTT.

Data on key indicators or data elements should be put into a table format, printed and pasted on the War Room walls (with associated wall charts where possible).

Once the WTT reports are available, the War Room Champion provides feedback to the community and other stakeholders.



Note: The War Room Champion has a responsibility to share the *WTT Monthly Report* with the Ward Committee and *WTT Quarterly Report* with the Ward AIDS Committee.

Figure 5.3: A snapshot of the WTT Monthly Reporting Template

Step 8: Dissemination of reports

The WTT Secretary disseminates the WTT reports to the following stakeholder groups:

- LTT members
- Ward Committee
- Clinic Committee
- Ward AIDS Committee and Traditional Councils

Step 9: Escalating un-closed (outstanding) referrals

The War Room Secretary monitors all outstanding referrals that are unresolved through the War Room *Service Provider Referral Register*. Any referral that remains un-closed for longer than 90 days should be escalated to the LTT for assistance. Outstanding referrals are part of the *WTT Monthly Report* that is presented and provided to the LTT at the monthly meeting.

5 THE MONITORING AND REPORTING PROCESS AT THE LTT LEVEL

5.1 PURPOSE

Local Task Team (LTT) *Monthly and Quarterly Reports* allow the LTT to measure their own performance as well as review the progress War Rooms are making at community level within their respective local municipality.

5.2 RESOURCES NEEDED

- The Local Task Team Reporting Template
- Completed WTT Monthly and Quarterly Report
- Escalated Service Provider Referral Registers
- Department/service provider reports on escalated issues
- Computer
- Calculator
- Cell phone or any other mobile device (where available)
- Stationery for example Pens, pencils, notebooks, etc
- Filing and storage cabinets

5.3 STEPS INVOLVED IN MONITORING AND REPORTING IN THE LOCAL TASK TEAMS

Monitoring within and reporting amongst the Local Task Team is an ongoing cycle in which data is gathered about progress to date and compiled into reports to be shared with the Ward, Local and District Task Team. The process of reporting includes:

1. Establishing the MER Sub-Task Team at LTT level
2. Data collection
3. Data collation and quality checking
4. Data analysis and interpretation
5. Data and information storage
6. Reporting and feedback
7. Dissemination of reports
8. Escalating un-closed (outstanding) referrals

Step 1: Establishing the MER Sub-Task Team

The LTT MER Sub-Task Teams takes on the responsibility for monitoring, evaluation and reporting of OSS at local municipality level. The LTT establishes a dedicated MER Sub-Task Team to ensure there is consistent monitoring and evaluation and that quality reports are developed and submitted through the OSS structures.

The MER Sub-Task Team takes ownership of relevant Task Team reports; though work in

partnership with all Task Team members and OSS stakeholders at the respective levels. At the Local Task Team levels, the focus is on how well ward-level OSS structures are performing by combining all the individual reports and analysing them collectively.

The process of establishing the MER Sub-Task Team involves the following

1. Discussing the formation of the MER Sub-Task Team at the LTT meeting
2. Nominating members into the MER Sub-Task Team from the LTT members
3. Appointing the Chairperson and Secretary of the MER Sub-Task Team
4. Orientating MER Sub-Task Team members on roles and responsibilities the (see Table 5.1)
5. Setting calendar dates for MER Sub-Task Team meetings
6. MER training should be provided to MER Sub-Task Team members to ensure they have the required skills and knowledge, including:
 - Understanding OSS reports
 - Data verification skills
 - Quality assurance skills
 - Ability to analyse and interpret data
 - Ability to present information in a format that will enable LTT to make decisions

Step 2: Data collection

The Local Task Team collects data from all the War Rooms within the Local Municipality so that it can complete its own *LTT Monthly* and *Quarterly Reports*. The Local Task Team also collects its own routine data and information relating to escalated referrals opened and closed by the War Room (using their *LTT Service Provider Referral Register*). As such, the LTT should have access to the *WTT Monthly* and *Quarterly Reports* and departmental/service provider reports that reflect the escalated referrals at LTT level.



NOTE: SERVICE PROVIDER REPORTS

All service providers submit their reports to the LTT regarding escalated referrals, as well as other useful information. This should include successes and challenges that allow the Local Task Team to develop solutions and plan forward.

Step 3: Data collation and quality checking

At the LTT level, the MER Sub-Task Team takes data and information *WTT Monthly Reports*, adds together and then incorporates it into the *LTT Reporting Template*. The format of the *LTT Monthly Report* corresponds to the *WTT Monthly Reporting Template* (see *WTT Monthly Reporting Template* in the *Appendices* folder on the CD).

The LTT has the responsibility of quality checking data and information. Where the Sub-Task Team finds errors, the data and information must be sent back to the source War Room for action.

When compiling the information into the monthly reporting template it is important that the MER Sub-Task Team checks all data for quality. The types of errors they should check for include:

- There may be 'typos' such as when the number nine (9), might be typed or written as a zero (0)
- Some data may not have been filled in at all (called omissions)
- Check that the data make sense and ask questions if the numbers are very high or too low
- Information has been 'cut and pasted' from previous reports incorrectly or,
- There is repetition in which the same values appear again and again

Step 4: Data analysis and interpretation

The MER Sub-Task Team analyses the LTT report and reviews service delivery performance. This means looking at service delivery achievements against the targets or the needs identified to provide the evidence for service delivery performance. It also involves comparisons against the previous report and across War Rooms. The WTT reports are also analysed to assess which War Rooms are not fully functional and therefore require further support.

Looking at the analysis can help answer key questions, such as:

- Is the LTT support making a difference in service delivery in the War Room?
- Which War Rooms are making most difference in service delivery in their localities?
- Where should the LTT focus its effort to achieve its service delivery targets?
- What data elements or indicators should be prioritised to improve the health and well-being of community members in the wards?

Once the MER Sub-Task Team enters data into the *LTT Reporting Template*, it should be organised according to intervention category and described using Tables or Charts to show trends and comparisons against the previous month or quarter.

To analyse the data, a date is set each month to meet and review the data from the previous *LTT Monthly* and *Quarterly Report* in relation to figures for the current month and quarter. The planned meetings should also allow enough time for any errors to be corrected and communicated before the report is presented at the LTT meeting.

The most common analysis done will be looking at increases (numbers increase between monthly columns), reductions (numbers decrease between columns) or areas of no change (numbers stay the same in each month). Looking at these numbers allows the LTT to track progress.

Step 5: Data and information storage

The *LTT Monthly Report* should be stored either electronically or manually in a folder. If stored manually, the Secretary should keep the file in a secure filing cabinet. Electronic storage of

data means data is stored in a file in a computer. Electronic data should be stored securely using passwords where possible. Data and information should be stored in such a way that it is easily accessible. The LTT submits data to the DTT where it is also stored.

Step 6: Reporting and feedback

Once the LTT report has been finalised, it is quality assured and presented to the Local Task Team for verification. It is then signed by the LTT Chairperson and submitted to the District Task Team. The LTT Chairperson also presents the report to the DTT meeting.

The monthly LTT report is aggregated over 3 months to generate the quarterly report which is shared with the Local AIDS Council, LTT stakeholders and the DTT.

All reports submitted to the LTT by the WTT should be of high-quality. Quality reports are those that:

- Are submitted on time and covering all relevant activities for the specified period. All sections are completed in full. All data is filled and there are no omissions.
- Are written clearly and are easy to interpret
- Have no errors. There should be no “typos” such as when the number nine (9), is mistyped or written as a zero (0).
- Have reliable data that can be verified (e.g. evidence is provided). Same data appears at source when traced back. There is no repetition in which the same values appear again and again.

Once the LTT reports are available, feedback should be provided to the WTT and other stakeholders.

Step 7: Dissemination of reports

The LTT Secretary disseminates the *LTT Monthly* and *Quarterly Reports* to the following stakeholder groups:

- DTT members
- Local AIDS Council and local House of Traditional Leaders
- Local Municipality Executive Committee

Step 8: Escalating un-closed (outstanding) referrals

The LTT Secretary monitors all outstanding referrals that are unresolved/un-closed using the *LTT Service Provider Referral Register*. Any referral that remains un-closed for longer than ninety days should be escalated to the DTT for assistance. Outstanding referrals are part of the *LTT Monthly Report* that is presented and provided to the DTT at the monthly meeting.

6 THE MONITORING AND REPORTING PROCESS AT THE DISTRICT TASK TEAM LEVEL

6.1 PURPOSE

District Task Team (DTT) Monthly and Quarterly Reports allow the DTT to measure its performance as well as to review the progress Local Task Teams are making at local municipality level.

6.2 RESOURCES NEEDED

- The District Task Team Reporting Template
- Completed LTT Monthly and Quarterly Reports
- Escalated Service Provider Referral Registers
- Department/service provider reports on escalated issues
- Computer
- Calculator
- Cell phone or any other mobile device (where available)
- Stationery for example Pens, pencils, notebooks, etc
- Filing and storage cabinets

6.3 STEPS INVOLVED IN MONITORING AND REPORTING IN THE DISTRICT TASK TEAMS

Monitoring within and reporting between the District Task Team is an ongoing cycle in which data is gathered about progress to date and compiled into reports to be shared with the District Task Team, the Local Task Team and the Provincial Task Team. The process of reporting includes:

1. Establishing the MER Sub-Task Team at LTT level
2. Data collection
3. Data collation and Quality checking
4. Data analysis and interpretation
5. Data and information storage
6. Reporting and feedback
7. Dissemination of reports
8. Escalating un-closed (outstanding) referrals

Step 1: Establishing the MER Sub-Task Team

The District MER Sub-Task Teams take on the responsibility for monitoring, evaluation and reporting of OSS at District Municipality level. It also oversees the monitoring and reporting functions for the LTT. The LTT establishes a dedicated MER Sub-Task Team to ensure there is consistent monitoring and evaluation and that quality reports are developed and submitted through the OSS structures.

The MER Sub-Task Team takes ownership of relevant Task Team reports; though work in partnership with all Task Team members and OSS stakeholders at the respective levels. At the

District Task Team levels, the focus is on how well OSS structures are performing by combining all the LTT reports and analysing them collectively.

The process of establishing the MER Sub-Task Team involves the following

1. At the DTT meeting discuss the formation of the MER Sub-Task Team
2. Nominating members into the MER Sub-Task Team from the DTT members
3. Appoint Chairperson and Secretary of the MER Sub-Task Team
4. Orientating MER Sub-Task Team members on roles and responsibilities the (see Table 5.1)
5. Setting calendar dates for MER Sub-Task Team meetings
6. MER training should be provided to MER Sub-Task Team members to ensure they have the required skills and knowledge, including:
 - Understanding OSS reports
 - Data verification skills
 - Quality assurance skills
 - Ability to analyse and interpret data
 - Ability to present information in a format that will enable LTT to make decisions

Step 2: Data collection

The District Task Team collects data from all the Local Task Teams within the District Municipality so that it can complete its own *DTT Monthly* and *Quarterly Reports*. The *DTT Reporting Template* corresponds to the *LTT Reporting Template*. The District Task Team also collects its own routine data and information relating to escalated referrals opened and closed by the Local Task Team (using the *DTT Service Provider Referral Register*). The DTT obtains escalated referrals from LTT reports and departmental/service provider reports.



NOTE: SERVICE PROVIDER REPORTS

All service providers report to the DTT escalated referrals, as well as other useful information and analysis. This should include successes and challenges that allow the Local Task Team to develop solutions and plan forward.

Step 3: Data collation and quality checking

At the DTT level, the MER Sub-Task Team takes data and information from *LTT Monthly Reports*, adds it together and then incorporates it into the DTT Reporting Template. The format of the *DTT Monthly Report* corresponds to the *LTT Reporting Template* (see *WTT Monthly Reporting Template* in the *Appendices* folder on the CD).

The DTT has the responsibility of quality checking data and information. Where errors are found, the data and information must be sent back to the source LTT for action.

When compiling the information into the monthly reporting template it is important that the MER Sub-Task Team checks all data for quality. The types of errors they should check for

include:

- There may be 'typos' such as when the number nine (9), might be typed or written as a zero (0)
- Some data may not have been filled in at all (called omissions)
- Check that the data make sense and ask questions if the numbers are very high or too low
- Information has been 'cut and pasted' from previous reports incorrectly or,
- There is repetition in which the same values appear again and again

Step 4: Data analysis and interpretation

The DTT report is analysed and the service delivery performance is reviewed. This means looking at service delivery achievements against the targets or the needs identified to provide the evidence for service delivery performance. It also involves comparisons against the previous report and across LTTs. The LTT reports are also analysed to assess which LTT is not fully functional and therefore require further support.

Looking at the analysis can help answer key questions, such as:

- Is the DTT support making a difference in service delivery in the LTT?
- Is the LTT support making a difference in service delivery in the War Rooms?
- Which LTTs are making most difference in service delivery in their localities?
- Where should the DTT focus its effort to achieve its service delivery targets?
- What data elements or indicators should be prioritised to improve the health and well-being of community members in the local municipalities?

Once the MER Sub-Task Team enters data into the *DTT Reporting Template*, it should be organised according to intervention category and described using Tables or Charts to show trends and comparisons against the previous month or quarter.

To analyse the data, a date is set each month to meet and review the data from the previous monthly and quarterly report in relation to figures for the current month and quarter. The planned meetings should also allow enough time for any errors to be corrected and communicated before the report is presented at the DTT meeting.

The most common analysis done will be looking at increases (numbers increase between monthly columns), reductions (numbers decrease between columns) or areas of no change (numbers stay the same in each month). Looking at these numbers allows the DTT to track progress.

Step 5: Data and information storage

The *DTT Monthly Report* should be stored either electronically or manually in a folder. If stored manually, the file should be kept in a secure filing cabinet. Electronic storage of data means data is stored in a file in a computer. This should also be stored securely, using for example, passwords. Data and information should be stored in such a way that it is easily

accessible. It is submitted to the PTT where it is also stored.

Step 6: Reporting and feedback

Once the DTT report has been finalised, it is quality assured and presented to the District Task Team for verification. It is then signed by the DTT Chairperson and submitted to the Provincial Task Team. The DTT Chairperson also presents the report to the PTT meeting.

The monthly DTT report is aggregated over 3 months to generate the quarterly report which is shared with the District AIDS Council, DTT stakeholders and the PTT.

All reports submitted to the DTT by the LTT should be of high-quality. Quality reports are those that:

- Are submitted on time and covering all relevant activities for the specified period. All sections are completed in full. All data is filled and there are no omissions.
- Are written clearly and are easy to interpret
- Have no errors. There should be no “typos” such as when the number nine (9), is mistyped or written as a zero (0).
- Have reliable data that can be verified (e.g., evidence is provided). Same data appears at source when traced back. There is no repetition in which the same values appear again and again.

Once the DTT reports are available, feedback should be provided to the LTT and other stakeholders.

Step 7: Dissemination of reports

The DTT Secretary should ensure that the DTT report is disseminated to the following stakeholder groups:

- PTT members
- District AIDS Council and House of Traditional Leaders
- District Municipality Executive Committee

Step 8: Escalating un-closed (outstanding) referrals

The DTT monitors all outstanding referrals that are unresolved/un-closed through the DTT *Service Provider Referral Register*. Any un-closed case for longer than ninety days should be escalated to the PTT for assistance. Outstanding referrals are part of the *DTT Monthly Report* that is presented and provided to the PTT at the monthly meeting.

7 THE MONITORING AND REPORTING PROCESS AT THE PROVINCIAL TASK TEAM LEVEL

7.1 PURPOSE

Monthly and quarterly reports allow the Provincial Task Team to measure its performance as well as to review the progress that District Task Teams are making at district municipality level.

7.2 RESOURCES NEEDED

- The Provincial Task Team Reporting Template
- Provincial Monitoring and Evaluation Framework
- Completed District Task Team Reports
- Escalated Service Provider Referral Registers
- departmental/service provider reports on escalated issues
- Computer
- Calculator
- Cell phone or any other mobile device (where available)
- Stationery for example Pens, pencils, notebooks, etc
- Filing and storage cabinets

STEPS INVOLVED IN MONITORING AND REPORTING IN THE PROVINCIAL TASK TEAM

Monitoring is an ongoing cycle in which data is gathered about progress to date and compiled into reports to be shared with Cabinet, Executive Clusters, the Provincial Task Team, and the District Task Teams. The process of reporting includes:

1. Establishing the MER Sub-Task Team at PTT level
2. Data collection
3. Data collation and Quality checking
4. Data analysis and interpretation
5. Data and information storage
6. Reporting and feedback
7. Dissemination of reports
8. Escalating un-closed (outstanding) referrals

Step 1: Establishing the MER Sub-Task Team

The Provincial MER Sub-Task Teams take on the responsibility for monitoring, evaluation and reporting of OSS at Provincial level. It also oversees the monitoring and reporting functions for the DTT. Establishing a dedicated MER Sub-Task Team ensures there is consistent monitoring and evaluation and that quality reports are developed and submitted through the OSS structures.

The MER Sub-Task Team takes ownership of relevant Task Team reports; though work in partnership with all Task Team members and OSS stakeholders at the respective levels. At the Provincial Task Team level, the focus is on how well OSS structures are performing by combining all the DTT reports and analysing them collectively.

The process of establishing the MER Sub-Task Team involves the following

1. At the PTT meeting discuss the formation of the MER Sub-Task Team
2. Nominating members into the MER Sub-Task Team from the PTT members
3. Appoint Chairperson and Secretary of the MER Sub-Task Team
4. Orientating MER Sub-Task Team members on roles and responsibilities the (see Table 5.1)
5. Setting calendar dates for MER Sub-Task Team meetings
6. MER training should be provided to MER Sub-Task Team members to ensure they have the required skills and knowledge, including:
 - Understanding OSS reports
 - Data verification skills
 - Quality assurance skills
 - Ability to analyse and interpret data
 - Ability to present information in a format that will enable DTT to make decisions

Step 2: Data collection

The Provincial Task Team collects data from all the Districts Task Teams in the province so that it can complete its own *PTT Monthly* and *Quarterly Reports*. The PTT monthly/quarterly reporting template corresponds to the DTT monthly/quarterly reporting template. The Provincial Task Team also collects its own routine data and information relating to escalated referrals opened and closed by the District Task Team (using the *PTT Service Provider Referral Register*). The escalated referrals are obtained from DTT reports and departmental/service provider reports.

Step 3: Data collation and quality checking

At the PTT level, the MER Sub-Task Team takes information from *DTT Monthly Reports*, adds it together and then incorporates it into the *PTT Reporting Template*. The format of the *PTT Monthly Report* corresponds to the *DTT Reporting Template* (see *WTT Monthly Reporting Template* in the *Appendices* folder on the CD).

The PTT has the responsibility of quality checking data and information. Where errors are found, the data and information must be sent back to the source DTT for action.

When compiling the information into the monthly reporting template it is important that the MER Sub-Task Team checks all data for quality. The types of errors they should check for include:

- There may be 'typos' such as when the number nine (9), might be typed or written as a zero (0)
- Some data may not have been filled in at all (called omissions)

- Check that the data make sense and ask questions if the numbers are very high or too low
- Information has been 'cut and pasted' from previous reports incorrectly or,
- There is repetition in which the same values appear again and again

Step 4: Data analysis and interpretation

The PTT report is analysed and the service delivery performance is reviewed. This means looking at service delivery achievements against the targets or the needs identified to provide the evidence for service delivery performance. It also involves comparisons against the previous report and amongst the District Municipalities to determine those that require further support.

Looking at the analysis can help answer key questions, such as:

- Is the PTT support making a difference in service delivery in the DTTs?
- Is the support of the DTTs making a difference in service delivery in the District Municipalities?
- Which DTTs are making most difference in service delivery in their districts?
- Where should the PTT focus its effort to achieve its service delivery targets?
- What data elements or indicators should be prioritised to improve the health and well-being of community members in the district municipalities?

Once the PTT enters data into the *PTT Reporting Template*, it should be organised according to intervention category and described using Tables or Charts to show trends and comparisons against the previous month or quarter.

To analyse the data, a date is set each month to meet and review the data from the previous monthly and quarterly report in relation to figures for the current month and quarter. The planned meetings should also allow enough time for any errors to be corrected and communicated before the report is presented at the PTT meeting.

The most common analysis done will be looking at increases (numbers increase between monthly columns), reductions (numbers decrease between columns) or areas of no change (numbers stay the same in each month). Looking at these numbers allows the PTT to track progress.

Step 5: Data and information storage

The *PTT Monthly Report* should be stored either electronically or manually in a folder. If stored manually, the file should be kept in a secure filing cabinet. Electronic storage of data means data is stored in a file in a computer. This should also be stored securely, using for example, passwords. Data and information should be stored in such a way that it is easily accessible.

Step 6: Reporting and feedback

The *PTT Quarterly Report* is an aggregation of the DTT quarterly reports, which the PTT

submits to the OSS Special Projects Office once it has been quality checked and verified. The *PTT Quarterly Report* is then shared with the Provincial Council on AIDS, the DTT and the PTT.

Reports submitted to the OSS Special Projects Office and shared with stakeholders should be of high quality. Quality reports are those that:

- Are submitted on time and covering all relevant activities for the specified period. All sections are completed in full. All data is filled and there are no omissions.
- Are written clearly and are easy to interpret
- Have no errors. There should be no “typos” such as when the number nine (9), is mistyped or written as a zero (0).
- Have reliable data that can be verified (e.g. evidence is provided). Same data appears at source when traced back. There is no repetition in which the same values appear again and again.

Once the DTT reports are available, feedback should be provided to the LTT and other stakeholders.

Step 7: Dissemination of reports

The PTT Secretary disseminates the PTT Reports to the following stakeholder groups:

- Cabinet, Executive Clusters, COHOD, PTT, DTT
- Provincial AIDS Council
- OSS stakeholders

Step 8: Escalating un-closed (outstanding) referrals

The PTT monitors all outstanding referrals that are unresolved/un-closed through the *PTT Service Provider Referral Register*. Any referrals that remain un-closed for longer than ninety days should be escalated to COHOD for assistance. Outstanding referrals are part of the *PTT Monthly Report* that is presented and provided to the PTT at the monthly meeting.

8 OSS REPORTING PROCESS FLOW

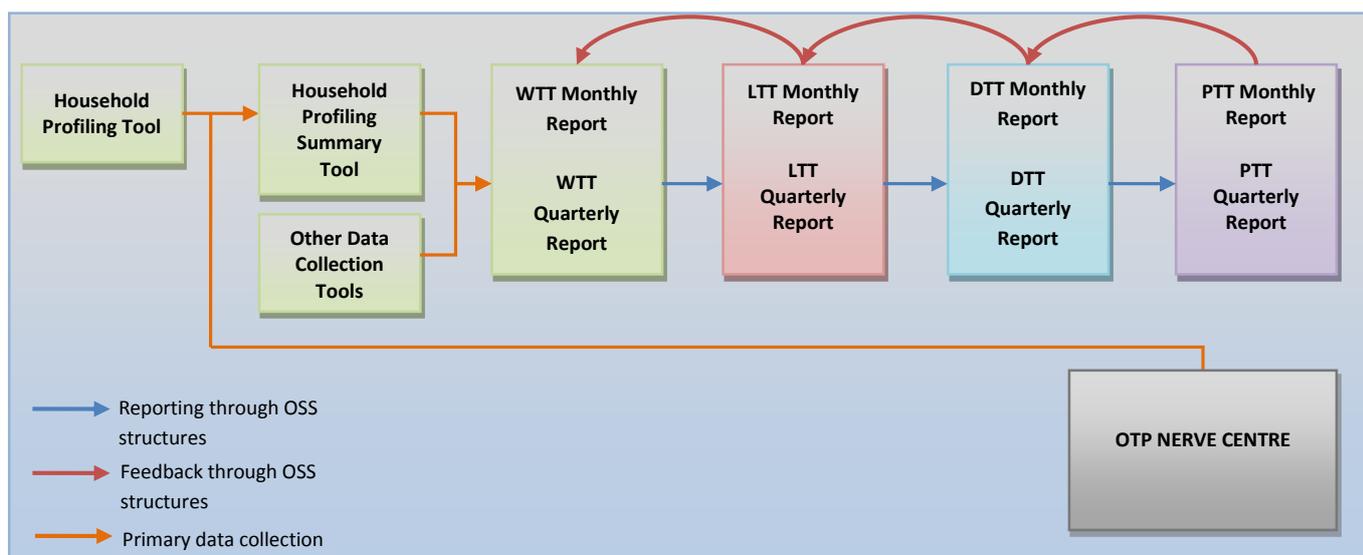
Figure 5.4 summaries the process of reporting data through OSS reports.

1. The War Room monthly report is generated from the data collection tools, which are captured in the War Room and sent to the Nerve centre.
2. The War Room submits *WTT Monthly* and *Quarterly Reports* to the LTT. Quarterly reports are discussed in extended Quarterly Review Meetings.
3. The LTT collects and collates the data from War Room reports as well as through from department/service providers within the LTT to compile their monthly or quarterly LTT reports. Likewise, the LTT has its own Quarterly Review Meetings in which it discusses and prepares the *LTT Quarterly Report*. They submit this to the DTT.
4. The DTT submits monthly reports to the PTT. The DTT report is a collation of LTT reports

based in the specific district. The DTT can then consolidate the monthly reports on a quarterly basis and discuss the quarterly report during the extended Quarterly Review Meetings.

5. The DTT makes presentations on their reports to the PTT.
6. Feedback from all of these reports is given back to the Task Teams from which the reports have come.

Figure 5.4: OSS Reporting Process Flow



9 EVALUATION IN OPERATION SUKUMA SAKHE

Evaluation gives an objective overview of progress against targets and achievements in terms of both successes and challenges. Various forms of evaluation can take place at the different levels of OSS. At the ward level, documenting War Room and household case studies is one way of evaluating the impact the War Room is having in the community. At the local, district and provincial level, OSS structures can evaluate their impact against service delivery objectives and outcome indicators. The focus of this section will be on compiling case studies.

9.1 COMPILING CASE STUDIES AT WARD LEVEL

Purpose

Evaluations in the form of case studies are important to demonstrate the impact the War Rooms and OSS have had on the community members within the ward. Through reflecting on case studies, War Rooms can document lessons to enable OSS stakeholders to repeat what has worked best to achieve certain objectives. Evaluations demonstrate impact but also provide evidence of which interventions have had the most impact.

In OSS, the most common type of case study is an “illustrative” case study, which includes the War Room and Household case studies:

1. *War Room case studies* highlight how War Rooms have been established, the services they delivered, common challenges they face in their wards and how they have overcome them to actively provide support and services to communities. The focus of these case studies is therefore on the processes and programmes through which War Rooms deliver services and thereby positively changing the communities. *War Room case studies* seek to answer the key question: How has the existence of the War Room benefited the community?
2. *Household case studies* look more closely at the specific challenges facing a household and how they have been resolved through support from the War Room. Once again, it is important for War Rooms to illustrate how they have assisted families so that other War Rooms and households can do the same. When developing household case studies, it is important to confirm that the household has given the War Room permission to use their stories and that their identities are kept anonymous. *Household case studies* seek to answer the key question: How has the existence of the War Room benefitted the household?

Documenting activities through case studies is also important to ensure War Room do not repeat mistakes. It is therefore important to share stories and case studies as an inspiration to others. This section provides an overview of how to compile case studies, followed by examples of a Household and War Room case study.

Resources required

- Data and information that may be relevant to the case study, including the WTT Reports, *Service Provider Referral Registers* and data on the population of the ward
- *Household and War Room Case Study Template* (see *Appendices* folder on the CD)
- Camera or photos (where available)
- Computer (where available)
- Stationery

Steps involved in completing a case study

The War Room compiles the two types of case studies in very similar ways. The following are the general steps taken when compiling a case study:

1. Choose the appropriate case study template (*War Room Case Study Template* or *Household Case study Template*)
2. Data Collection (this involves identifying the relevant stakeholders, reviewing data and information from the reports, service provider referral registers, collection of photos, and determining appropriate photos and doing interviews to answer the questions in the case study templates)

3. Writing the case study (this will involve completing the templates and the use of pictures and data and information gathered, etc.)

Step 1: Identify the focus of the case study

As mentioned, there are two types are case study:

- The War Room case study
- Household case study

Once either of these is selected, the data is collected in the next step.

Step 2: Collect data

The templates outline all data that are required (see Table 5.2 and 5.3). Data can be gathered from existing documents, completed *WTT Reports*, minutes of WTT meetings, completed *War Room Functionality Audits* and from interviewing key informants.



Note: Before developing a case study, it is important to ensure you have obtained consent to use any photos or pictures and to tell the story.

When completing case studies there are two types of data that are used:

1. *Quantitative data* tells us the measurements of different elements in the case study, using figures and statistics. For example, the number of households the War Room has profiled is something that we can measure with data, so it is quantitative.
2. *Qualitative data* tells us about the qualities of different elements of the case study, using descriptions (including who, what, how, when and why). For example, when describing what process the War Room uses to inform departments of service needs, there are no measurements that need to be made so the information is qualitative.

When completing case studies, the following sources of information are used:

1. Interviews are conducted to get various opinions and information relating to the case study. For example, the researchers (the WTT members collecting the data) can interview, Fieldworkers and the household members for the Household case studies. Be sure to prepare relevant questions for the interviews based on the existing templates. During interviews it is also useful to ask informants what other information they think should be included in the case study.



TIP: When identifying informants, find knowledgeable people to interview, preferably those that have been actively and directly involved in the case being studied. Determine whether you will interview an individual or a group of individuals to serve as examples in your case study and what kinds of questions you will ask them.

2. Documents, for example past reports are collected and reviewed for information relating to the case study.
3. Data are gathered from the MER Sub-Task Team or other sources (e.g. service departments, *WTT Monthly* and *Quarterly Reports*, the local municipality, the *Ward Profile*, etc.)
4. The War Room can use photographs and newspaper articles to show their achievements implementing OSS and providing integrated services.



NOTE: If information is not readily available, this step also includes identifying where you might find the necessary information, for example, what documents might have information, the informants you need to talk to about their involvement in the process or any data that may be available from other sources.

The following Tables outline the main elements of the *Case Study Templates* (see *War Room* and *Household Case Study Templates* in the *Appendices* folder on the CD)

Table 5.2: Key elements of the War Room Case Study

WAR ROOM CASE STUDY OUTLINE
The Ward Task Team (WTT) submits information for the Case Study under seven broad headings:
<ul style="list-style-type: none"> • Background to community and history of the War Room, including: <ul style="list-style-type: none"> ○ Its name and location (using a map if available) in relation to the other wards of the district municipality and local municipality ○ Information on the population of the ward ○ Information on the household within the ward ○ The socio-economic status of the ward in relation to the District Municipality and Local Municipality ○ Information on the health services within the ward
<ul style="list-style-type: none"> • War Room Functionality Status, using information from the <i>War Room Functionality Audit Questionnaire</i>, including: <ul style="list-style-type: none"> ○ When the Task Team was established ○ The composition of the membership ○ How meetings are arranged and activities monitored ○ Successes and challenges (including how challenges were resolved)
<ul style="list-style-type: none"> • Referral System and Service Delivery, including:

<ul style="list-style-type: none"> ○ How many households have been profiled and how their needs are prioritised ○ Feedback on referrals that are closed by departments/service providers ○ The number and types of service delivery and integrated service delivery plans that are developed ○ Successes and challenges that have been resolved
<ul style="list-style-type: none"> • Community, Champion and multi-stakeholder involvement, including: <ul style="list-style-type: none"> ○ How active participation in the War Room is, and processes through which the War Room involves the community and stakeholders in the service delivery model ○ How grievances and complaints are resolved ○ Feedback to the community ○ Success and challenges that have been resolved
<ul style="list-style-type: none"> • Training that Fieldworkers have received, its relevance and the achievements and benefits attained.
<ul style="list-style-type: none"> • Submission of OSS reports, including: <ul style="list-style-type: none"> ○ The tools used to gather data ○ How data is reported and how often ○ Success and challenges that have been resolved
<ul style="list-style-type: none"> • Sustainability of War Room, including a discussion on what the War Room thinks about sustainability and any plans it has to address sustainability.

Table 5.3: Key elements of the Household Case Study

HOUSEHOLD CASE STUDY OUTLINE
<ul style="list-style-type: none"> • The household case study is split into two main areas: <ul style="list-style-type: none"> ○ The Before Situation (the baseline) ○ The After Situation (however many years after the interventions)
<p>The Before Situation</p> <p>When completing the before situation, the following questions are answered with detailed descriptions provided:</p> <ul style="list-style-type: none"> ○ Who lived in the household in relation to the head of the household ○ What was the type of housing, its condition and number of rooms ○ Did the adults have Identity Documents ○ Did the children have birth certificates ○ What was the health status of the members ○ Was there an electricity connection ○ Was there access to clean, piped water ○ Was there adequate sanitation ○ Were any household members economically active ○ Was there adequate amounts of food or any food gardens ○ What were the education levels and were children of school going age attending school ○ What support was required to ensure the children received an education ○ Were any household members qualified to attend university but could not

The After Situation

This section of the case study aims to demonstrate how War Room interventions have assisted the households over a certain period of time. This is achieved by answering questions such as:

- What is the general situation of the household after interventions were put in place to address their identified needs
- What was done to improve the condition of the house
- Have those household members requiring vital registration received IDs and/or birth certificates
- Has the health status changed
- Has the house received electricity, water and sanitation services if so required
- Has the status of employment changed and how
- Has food security improved and how
- Has the education status changed and how
- Is there any other important information available, such as how households have graduated from poverty or how their lives have changed as a result of the War Room interventions

Step 4: Write the Case Study according to the Case Study Templates

Once data is gathered, it is grouped together so that all the data about a particular issue or subject is available and can be compiled into the template. The templates provided are only a guideline and additional information can be added to make the case study more detailed. If a computer is available, the Case Study should be typed as a word document with any pictures added in.



TIP: Use illustrations to provide visual information

Pictures are useful to give readers a sense of the situation and can provide extra details that are difficult to explain in words. Remember to include proper captions or titles for the pictures that are included in the case study. Remember to ensure you have obtained consent to use any photos or pictures.



TIP: Although case studies should show successes, it is also important to include what War Rooms and OSS stakeholders should not do, or things that did not work so that other War Rooms do not make the same mistakes.

Step 5: Review the Case Study

To ensure the case study is accurate, it is given to key stakeholders to review it. These stakeholders then give their inputs (if any) to improve the accuracy of the case study. Present the case study to the WTT for verification.

Step 6: Submit case study to OSS structures

Once verified, the Chairperson signs the case study and submits to the LTT who will then

submit to DTT who submit to PTT. War Rooms should target to submit case studies with the *WTT Quarterly Report* to demonstrate how OSS has graduated households out of poverty.

EXAMPLE OF WAR ROOM CASE STUDY

War Room Case Study: Ntambanana Ward 5, uThungulu District



Ntambanana, uThungulu District

Ntambanana Municipality was established in 2000 under the administration of uThungulu District. It is located in north-eastern parts of the province. Ward 5 in Ntambanana is about 28 km from Empangeni town and 65 km from uThungulu District Offices.

The ward comprises a population of 10,707 (5,686 females; 5,021 males) and around 1,935 households (approximately 5.5 persons per household). The majority of households' access water from roadside taps or from water tankers that stopover twice a week. Pit toilets are widely used in the ward.

The War Room launch



There are two schools in the ward and seven Early Childhood Development Centres subsidised by the Department of Social Development (DSD) and the municipality for their staffing and equipment fields. There is one sports field and two community halls.

Health services are provided by two clinics in the ward. A mobile health service visits one village each month. Health services are also provided by Luwamba, an OSS stakeholder funded by the DSD. The incidence of HIV and AIDS in the area is low compared to the District.

The War Room, launched in May 2013, is located in the Buchanana Service Centre. The office is open Monday to Friday between 8am and 4pm. The Ward Task Team (WTT) meets every Thursday when office-bearers, additional members and Fieldworkers meet to coordinate the implementation of OSS and its programmes.

Computers donated to Sabokwe Primary School at the request of WTT used also for referrals to relevant departments



The War Room has a register that is being used to record walk-in cases. This register and other reports are used to complement the other information gathered by Fieldworkers through household profiling. Community members also report their needs during community meetings held by Councillors. All cases are logged in the referral register and referred to relevant departments/service providers. The Secretary faxes or emails referred cases and calls to follow up on referrals. Cases are recorded as closed at the War Room only when the Fieldworkers confirm service provision with household members as communicated by departments/service providers. Some cases that could not be addressed at the WTT are escalated to the LTT through the monthly WTT report.

Launching the Luwamba Project



To date, an estimated 1,500 households have been profiled by Fieldworkers, assisted by a force of 60 volunteers. The War Room actively works to service identified needs and facilitate the establishment of projects to ensure that needs are served. Here are some of the achievements in service delivery:

- The **Serati-Luwamba project** is a community initiative that trains community residents in bricklaying, sewing, computer studies, poultry, farming and gardening so that they are enabled to join cooperatives and create businesses. To date 104 local people have participated in the project. The project has established a luncheon club for 35 senior citizens who meet three times a week to do beadwork, make grass mats, and engage in gardening and sports.
- The **Vukuzakhe Programme** employs 25 widows to clear verges and forests on eight days a month, for which they are paid R550. A further 15 posts are being planned for the upcoming year.
- A **Water Project** has been established for the digging of trenches and laying of pipes. Thirty people have been employed so far.
- The **Community Works Programme** recruits youths and adults in short-term maintenance jobs. Approximately 118 youths and adults are registered in the programme, working eight days a month and earning R520. A taxi rank construction project, for example, employed up to 16 youths
- The **Expanded Public Works Programme** employs 10 youths as cleaners in the clinic, municipal premises, a crèche and the Luwamba project, each earning R1500 a month.

Donations facilitated by War Room to local crèches



Various OSS stakeholders have made donations to the War Room projects: Serati donated 50 chairs and 10 tables to Mbonga crèche; the Department of Health has issued eight people with wheel chairs and six people with walking sticks; the War Room has established fenced communal gardens at two sites; sixty learners have been assisted with school uniforms.

Youths identified as needing career guidance and support, have been assisted to enrol for a computer course at the local uMfolozi further education and training college. As a result, one of the youths is now employed by the Community Works Programme. Twelve households have been approved for RDP housing and 22 more have been referred for intervention to the Department of Human Settlement's special programmes.

The **Ward AIDS Council** has facilitated the creation of two support groups: the Abahleli bempilo group, comprising 125 members and Thandimpilo, comprising 30 members. The groups inclusive of traditional health practitioners meet monthly to discuss HIV and AIDS issues and social problems experienced by HIV-positive people. Both support groups have started food gardens. They monitor antiretroviral treatment (ART) adherence and report defaulters. They have also made an effort to promote HIV Counselling and Testing by establishing a beauty contest in the ward. Miss Ward 5 will act as an ambassador for HIV prevention. The War Room has been active in setting up **children's dialogues** to promote children's rights and to provide opportunities for youth to be addressed on teen pregnancy

and substance abuse. The Department of Home Affairs has issued identity documents and birth certificates to those who were in need and referred for these.

The War Room in Ward 5 has also seen success in the number of income-generating activities now operational in the area. Although these are temporary for the large part, they contribute to poverty alleviation and stimulate job-seeking in cooperative ventures. The households that have received assistance have helped to market the existence and functioning of the War Room.

Reflecting on OSS success in Ntambanana Ward 5

Since its launch, the War Room has concentrated its efforts in a number of areas requiring service interventions and as is evident, has fuelled positive change and community impact. Importantly, the community is aware of the War Room and approximately five persons visit the War Room each day with requests for assistance.

Community dialogues have been particularly effective in providing insight into the causal factors of social issues, for example high crime rates, HIV disclosure and violence against women.

More plans are taking place to mobilise support groups to help those affected by HIV and to deal with community needs such as improved policing, care and support of vulnerable children, improved roads, reducing school dropout rates and creating a library in the area.



Income-Generation Activities

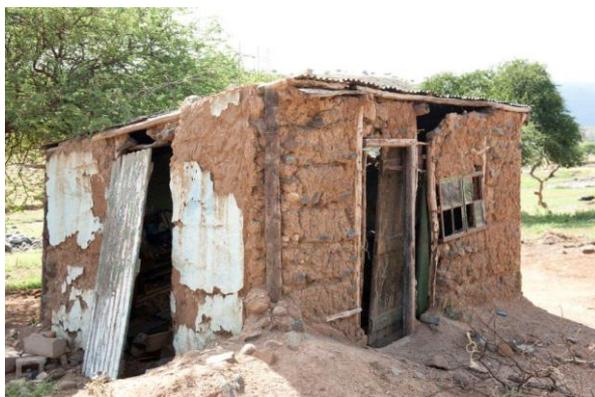
EXAMPLE OF HOUSEHOLD CASE STUDY

Household Case Study from Msinga

Households described their experience as follows:

“In 2008, 17 of us children, ranging from 2 to 22 years of age, lived with our grandmother in a one-bedroom mud shack in Msinga. It was initially three bedrooms before parts of the house collapsed. There was no electricity in our community, nor did we have safe ablutions. We had no access to clean water and used to collect water from the stream.

“During profiling we were visited by representatives from the Department of Health (DoH) who found us all healthy except for our aunt. No one was working except. Our only source of income was the old-age grant for granny and nine child support grants for the children. We often relied on neighbours to provide us with meals when our food ran out. One teenager dropped out of school due to pregnancy.”



Household's housing conditions before and after OSS intervention

In 2011, the Department of Human Settlements (DHS) built us a house that was handed over to the household by former Deputy President, the K. Motlanthe, the then Premier, Dr Z.L. Mkhize and then MEC Champion Dr M. Radebe. All children were assisted by the War Room to obtain identity documents and birth certificates. The Department of Water Affairs and Forestry (DWAF) helped establish a food garden tunnel and planted fruit trees. We received an environmentally friendly stove from the Greengel Company. We make use of pre-paid electricity and now have upgraded ablution facilities thanks to the installation of two water tanks.



“By 2014, we are now out of poverty. Our change agent is now economically active having qualified as a professional nurse thanks to the eThekweni Metro learnership programme. We continue to receive child support grants and the old age pension grant. All children attend no-fee paying schools and receive nutritional support at school. The tunnel garden provides us with food security together with our earned income. We are glad to report that we are out of poverty. We are forever grateful to the War Room.”

Former Deputy President Mr Motlanthe and former Premier Dr Mkhize speak to a child in the family.

The above testimonials provide a glimpse of the many challenges experienced by households and that each household is faced with a different set of obstacles to surmount. Yet despite such deeply entrenched poverty, the narrative above instils within us immeasurable hope in that the joint action of various departments and stakeholders, can provide the impetus to assist households graduate out of poverty.

10 KNOWLEDGE MANAGEMENT

10.1 PURPOSE

Knowledge management is the efficient manner in which War Rooms document, store and share information. The purpose of knowledge management is to share ideas, experience and information. Knowledge management improves efficiency by reducing the need to rediscover and rewrite knowledge gained. This process description outlines the types of knowledge that War Rooms should be capture, share and use effectively to make informed War Room decisions. Knowledge in the War Room is created through databases, stakeholder and community interactions, household and community profiling, service delivery and reporting.

10.2 RESOURCES NEEDED FOR KNOWLEDGE MANAGEMENT

- Existing databases of WTT stakeholders; Fieldworkers, departmental/service provider representatives, community structure representatives, WAC members and Ward Committee members
- Existing databases of clients on chronic medication, OVCs, treatment defaulters, list of poorest households from the indigent register
- Reference materials such as policy documents, the IDP, the *Ward Profile*, ward map, government strategy documents, Ward Plans and brochures from WTT stakeholders
- All OSS data collection and reporting templates

- Healthy lifestyles brochures and other IEC information for improving and maintaining good health and creating awareness
- War Room case studies
- Household case studies showing graduation from poverty
- Newspapers and newsletters from the community (especially for important issues and job opportunities in the area)
- Desks and chairs (for reading documents)
- Cabinets
- Lever-Arch files or folders
- Computers and Printers (where available)

10.3 KEY APPROACHES TO KNOWLEDGE MANAGEMENT

Knowledge management involves a number of different activities and approaches. As such, it will not be described in the form of process steps but rather key approaches, as follows:

Document management:

The War Room should keep hard copy documents (printed documents and books) on shelves or in files/filing cabinets and arranged to allow for easy access. If anyone removes documents from the War Room, the name and contacts of the person removing them should be noted on a 'borrowers list' so that they can be tracked down if the documents are not returned.



NOTE: War Room documents that are legal documents or confidential may not be removed from the War Room unless under supervision or adequate approval (from the Chairperson). Such documents should be kept in a secure cabinet when not being used.

All soft copy documents (electronic documents on the computer) should be stored in a logical file structure on the computer. That is, the War Room Secretary should keep all files in similar folders that are named according to the contents so that they can be found easily. For example, all meeting minutes are stored in a folder called "Meeting Minutes". Where possible, the Secretary should make backups of all documents on a regular basis by copying files to CDs or flash-drives where available. Important documents should be printed and stored. Soft copy documents are also emailed to relevant stakeholders as and when appropriate.

Information management:

There are many forms of information in the War Room such as WTT reports, ward and household profiles, summary tools, referrals registers, *OSS Implementation Model*, *OSS Operations Handbook* and other standard operating procedures. These are all stored in the War Room for easy access by War Room members.

Other information is that of lessons learned through continuous operations and events within the War Room. The War Room should document all lessons learnt to ensure that others can benefit from the lessons and that no mistakes are repeated. These lessons are also shared throughout OSS through the established reporting framework.

The War Room also provide general information to the community. The War Room Secretary should acquire as many government and other stakeholder information booklets (especially detailing services and other opportunities) to share with community members visiting the War Room. Newspaper articles containing useful information can be put on display so that community members can look up potential job opportunities and other news arising within the area.

Stakeholder Databases:

Fundamental to OSS is the networks created by bringing stakeholders together. To do so, it is important that the War Room Secretary keeps databases of all stakeholders up to date. This should include their affiliations, contact details, full names and the services they provide (if relevant). Human Resource management also involves ensuring Task Team members perform the roles and responsibilities they have been assigned and providing the training and skills development to ensure they can perform the tasks associated with this roles and responsibilities.

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