



Best Practice Guidelines for the Implementation of an Integrated Service Delivery Model

Generic Implementation Guide

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Message from Office of the Deputy President

Poverty, inequality, disease and lack of economic opportunities remain global challenges. The post-Millennium Development Goals agenda proposes key strategic objectives to support sustainable development within the global community. The fight against poverty, inequality and disease remains central to the post-Millennium Development Goals agenda. South Africa is not spared these global challenges. In fact, the five, ten, fifteen, twenty year and diagnostic reviews of government performance, whilst acknowledging the massive strides and achievements of government over the past twenty years, admit that massive service delivery challenges remain. The triple challenges of poverty, inequality and unemployment continue to stalk the South African society. The National Development Plan as well as the government have prioritised the eradication of poverty and the creation of economic opportunities as a response to the triple challenges. One of the core responsibilities delegated to the Deputy President is to lead government and the rest of society in championing the eradication of poverty. The Deputy President also leads the fight against HIV and AIDS.



Deputy President Mr Cyril Ramaphosa

The fight against poverty continues using several instruments, including short-term strategies to create jobs, Public Employment Programmes and Basic Services Delivery. Of particular focus in these instruments are the strengthening of existing coordination and integration mechanisms through the promotion of a single offering amongst the various components; increase impact (scale and reach) of public employment schemes on poverty and unemployment levels; improve targeting through prioritization of most deprived wards; foster linkages between social policies (which aim at building social capacities) and economic policy.

The Office of the Deputy President recognises the many wonderful and innovative best practices on service delivery that various spheres and entities of government, business and civil society are implementing across the country to address the challenges of service delivery, disease, lack of economic opportunities, joblessness, crime and other social ills. One such best practice on transversal integrated service delivery is KwaZulu-Natal's Operation Sukuma Sakhe (OSS).

Operation Sukuma Sakhe is an integrated service delivery model utilising the concept of a War Room for community-driven service delivery. The model is premised on five principles:

- Community partnerships (active citizenry);
- Integration of government services (War Room as service integration point);
- Promotion of economic activities (Local Economic Development);
- Environmental care; and,
- Behavioural change campaign to address social ills.

The critical factors underlying the model are:

- Working together as government to ensure responses on the ground at ward and municipal levels;
- Creating space for co-owned and credible Integrated Development Plans from municipality with provincial government;
- Community partnership – no boundary between community and government;
- Integration of fieldworkers;
- Focus on social ills;
- Improved communication, coordination, integration;
- Mind-set shift;
- Cooperation of departments, enhancement of interdependence; and,
- Vertical and horizontal integration.

On the 7th of November 2014 the Office of the Deputy President hosted a “Best Practice Models on Integrated Service Delivery” workshop with a number of Premiers in Nelspruit, Mpumalanga. The aim of the workshop was for the provinces to share experiences from their integrated service delivery models. One of the intended outcomes of that workshop was to document as best

practice the good and innovative work the country was doing in addressing the needs of the citizens. The other outcome of the workshop was for the provinces to agree on some common elements of the integrated service delivery models so as to allow for replication and standardisation across the country.

The integrated service delivery models of the various provinces are nuanced differently. This is as result of differing contexts, priorities and implementation modalities. However, to allow measurement of progress we need a set of common indicators and key elements. The key elements of the integrated service delivery model initiative, based on the OSS experience, are:

- The War Room as a service delivery engine;
- The integration of all field-based community workers;
- The integration of AIDS Councils into the War Room, and
- The creation of a Command Centre for performance monitoring and measurement.

This process is a major step towards a common measurement metric across all provinces. The implementation and sharing of common features and elements will allow the country to develop a set of common indicators to measure our progress in service delivery and improvements in the wellbeing of our people. The Presidency invites provinces to participate in this evolving process which will include workshops and visits to various provinces to witness how they are enhancing and implementing their service delivery models. This is aimed at ensuring that our communities are partners-in-development rather than passive recipients and consumers of government services.

Together moving South Africa forward!

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-Based Organisation
CCG	Community Caregiver
CDW	Community Development Worker
CHW	Community Health Worker
COHOD	Committee of Heads of Departments
DAC	District AIDS Council
DWR	District War Room
FBO	Faith-Based Organisation
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Plan
ISDM	Integrated Service Delivery Model
LAC	Local AIDS Council
LWR	Local War Room
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
PAC	Provincial AIDS Council
PWR	Provincial War Room
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	The Joint United Nations Programme on HIV/AIDS
WAC	Ward AIDS Council

Definitions of Key Concepts

Chairperson	This refers to the person that leads a meeting, committee or 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.
Function	This refers to the intended purpose of a person, organisation or tool in a specific role.
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.
ISDM	This refers to the integrated service delivery model which brings together all service delivery stakeholders to provide services in an integrated manner.
Mentoring	This refers to the act of guiding, counselling, and supporting.
Services	This refers to actions that fulfil a function or a need.
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 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 beneficiary that requires multiple services.
War Room	This refers to a physical space where the community meets to resolve, refer, coordinate service delivery and report community issues.

Introduction

We live in a world where we need to strike a balance between diminishing resources and increasing needs. This requires certain efficiencies and approaches that maximise benefits whilst minimising costs. We need resilient mutually-beneficial partnerships between communities and agencies (government, civil society and business). Communities across the world share similar basic needs – such as health, food, security, shelter, and wellbeing. A deprivation of any of these needs lead to dysfunctional human beings, dysfunctional families and non-cohesive communities. Many social ills are manifestations of deprivations. Linking the need for strong institutions, greater respect for human rights, and good governance to end the AIDS scourge by 2030, Michel Sidibé, UNAIDS Executive Director says *“In the post-2015 era, global governance systems must be inclusive and people-centred. Fragile communities exist from Baltimore to Bamako and we need better systems for health to make sure we reach people on the margins.”*(UNAIDS 2015).

How do we rebuild credibility among our people? This is the challenge that confronts institutions and systems globally. We are found wanting in addressing issues of poverty, inequality and lack of opportunities such as decent jobs, quality education, quality healthcare, etc. Without integrated, coordinated, collaborated and collocated transversal services, meeting the basic needs of people, will remain a distant and unrealisable dream.

Integrated Service Delivery Models (ISDM) are seen as the best possible solution in bringing together fragmented services offered to individuals, families and communities. Integration, coordination, collaboration and collocation are at the heart of integrated service delivery models. Integrated service delivery models work through partnerships in order to rebuild the fabric of society. These models view an individual, a household and a community in its entirety, working to promote human values, fight poverty, crime, diseases, deprivation and social ills. These models recognise that in order to ensure maximum development, an individual's basic needs must be met including their physical, social, economic and spiritual needs. Integrated service delivery models are systemic and holistic.

This guide has been developed to facilitate integrated, coordinated, collocated and transversal service delivery built upon sustainable mutual partnerships. Integrated service delivery models have underpinned various signature and flagship programmes of government across the three spheres. Some of the well-known integrated service delivery models are *Operation Sukuma Sakhe* in KwaZulu-Natal, *Operation Hlasela* in the Free State, *Operation Balelapha* in the Northern Cape, *Operation Vuka Sisebente* in Mpumalanga and *Ntirhisano* in Gauteng. However, the offerings of these models are varied, and often not well documented. A best practice model should have the following key elements:

- Community partnerships and a community-driven approach;
- Integration of all community-based fieldworkers from government, civil society or business; and,
- A single well-defined basket of services
- A well-defined M&E system

The primary focus of integrated service delivery models is to bring together communities that need help with community level service providers who provide help in a mutually sustainable manner.

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

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

The implementation guide covers various topics that are necessary to constitute functional War Rooms. It is important to have an understanding of:

- Who the beneficiaries are
- The aim and objectives of the integrated service delivery model (ISDM)
- How to institutionalise the ISDM
- Who the stakeholders are
- How to make referrals
- How to monitor and evaluate the ISDM

The Integrated Service Delivery Model is an innovative and new approach in service delivery, and will require careful change management in order to ensure that all stakeholders fully understand the approach, understand their roles and responsibilities, and commit to making it a success. The ISDM involves all stakeholders within a community working together, facilitating the health and wellbeing of families and promoting sustainable livelihoods.



Strategic Overview

The Need for Integrated Approaches to Service-Delivery

South Africa faces numerous challenges relating to social ills that negatively affect communities. A 'social ill' is a term used to refer to a 'social problem' or 'social issue'. Examples of social ills in South Africa include crime, gender-based violence, stigma and discrimination, family disintegration and substance abuse. HIV and AIDS and poverty are extremely problematic and a focus of integrated service delivery.

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

In 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 unhealthy, they are unable to work and access the medicine they need, they have to forego other essential needs and lose their income. Once trapped in poverty, households struggle to escape without the assistance and support of others.

To deal with this scourge of HIV and other diseases of lifestyle as well as poverty and other social ills effectively, 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. The Joint United Nations Programme on HIV and AIDS (UNAIDS) is leading a **Fast-Track strategy to end the AIDS epidemic** with the shared vision of zero

new HIV infections, zero discrimination and zero AIDS-related deaths by 2020.

This strategy aims for 90% of people living with HIV knowing their HIV status, 90% of people who know their status receiving treatment and 90% of people on HIV treatment having a suppressed viral load so their immune system remains strong and they are no longer infectious. These 90-90-90 targets apply to children and to adults, men and women, poor and rich, in all populations.

The best practice models on the integrated service delivery initiative is a call for the citizens of the country 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.

Integrated service delivery models are coordinated at various levels including, the ward, local municipality, district and provincial level. For example, using the Operation Sukuma Sakhe model of integrated service delivery, KwaZulu-Natal province was able to institutionalise the coordination and integration of service delivery at all levels. Both integration and coordination are types of interaction or partnerships that occur so that each member involved can achieve certain goals in ways they could not if they were on their own.

Coordination brings together existing services and service-delivery processes that government departments/service providers already have in place but without changing the way in which they operate as individual organisations. 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 services not closed

at community level are escalated to the higher levels so they are planned together and delivered to the wards to maximise their impact. For example, when households are identified as food insecure, the War Room coordinates the response in which the immediate need for food is covered by emergency food packs provided by community structures and thereafter, home gardens, social grants and other initiatives are accessed to ensure lasting results.

Coordination therefore means that services are planned together and delivered together to maximise their impact. For example, when households are identified as food insecure, the War Room coordinates the response in which the immediate need for food is covered by emergency food packs being delivered by the Department of Social Development and thereafter, home gardens, social grants and other initiatives are provided to ensure lasting results.

Integration is a deeper, more involved partnership that changes how services are delivered by combining departments/service providers into the same structure and completely changing the way they operate as individual organisations. It can take a long time to change and integrate individual processes. In order to integrate service delivery, all departments and stakeholders would need to change the way they currently do things, combine resources and utilise an integrated service delivery approach to plan and implement services (i.e. all using the same system). The way in which different government departments/service providers fieldworkers work in the same War Room to identify and refer services, is a practical example of integration through the War Room.

Collocation refers to having all government agencies in one location. Having services in one location can reduce the travel and time costs associated with service up-take for communities. Collocation also makes for easier accessibility between agencies that can help to promote collaboration among groups of service providers. The Thusong Centres are a good example of collocation of government services.

Collaboration entails a higher level of integration than collocation. It refers to agencies working together through information sharing and training, and creating a network of agencies to improve service user experience. Collaboration is a necessary step for reducing the gaps in services for service users. By sharing knowledge, agencies and professionals can improve the referral process to other services.

Pillars of the Integrated Service Delivery Model

Five ISDM pillars have been developed. These are:

- **PILLAR 1 Change Management:** The ISDM positioned and implemented as the service delivery model
- **PILLAR 2 Institutionalisation:** The ISDM fully coordinated
- **PILLAR 3 Service Delivery:** Fully coordinated at community level
- **PILLAR 4 Human Capacity:** All stakeholders are fully capacitated on the ISDM
- **PILLAR 5 Performance Management:** A single integrated M&E System to track the ISDM

Beneficiaries

The primary beneficiaries of the ISDM are the most vulnerable groups within poor households. The most vulnerable groups are defined as women, children, youth, unemployed adults who are jobless or earn below minimum wage, unskilled and illiterate adults, the chronically sick, persons with disabilities and the elderly as illustrated in Figure 1.



Figure 1: Who are the Beneficiaries of the Integrated Service Delivery Model?

War Room As The Service Delivery Engine

1. Introduction

At the centre of the ISDM is the Ward 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. War Rooms are generally situated in community halls, churches, government service outlets or other community structures such as schools, the Ward Councillor's office or clinics. Collectively, community leaders, government departments, civil society (NGOs, FBOs, CBOs, and Business), community fieldworkers, and members from community 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.

Each ward should have a War Room. The War Rooms should be open five days per week.

2. Establishing the War Room

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 the Ward Councillor bringing together community stakeholders, electing the Deputy Chairperson, and appointing the Secretary and Deputy Secretary. It also involves securing a suitable venue for the War Room, at which the War Room can meet to address service delivery needs of the community. For the process on how to establish the War Room see the ISDM Toolkit on CD.

The War Room Chairperson and Deputy Chairperson to be elected 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

3. War Room Stakeholders

There are five main stakeholders who actively serve community beneficiaries:

- Community leaders
- Government departments
- Civil society
- Fieldworkers
- Community structures



Figure 2: War Room Stakeholders

Beneficiaries

Beneficiaries are those community members that receive support through the ISDM. The ultimate goal of the ISDM is to ensure that the targeted vulnerable groups are given the support that they need in an integrated and efficient manner.

The benefits are profound in that they could have life-changing effects for different vulnerable groups, including:

Women:

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

Children:

Under 5 years of age benefit from the implementation of child survival programmes at community level.

Under 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, 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:

By receiving 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 and this group includes Traditional Leaders, Ward Councillors, Ward Committee members and other individuals who are respected within the community.

The benefits of the ISDM 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 the ISDM 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 sector 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 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 with communities

- at ward level through the War Room
- 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, local business and community organisations provide critical services directly to communities at Ward Level. They are either supported by Government, the private sector, churches or other donors and play an important role in assisting communities in the fight against poverty. The benefits of the ISDM for civil society are:

- The opportunity to facilitate networking and partnerships with 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 create jobs, 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. The types of fieldworkers working within communities include:

- Community Development Workers
- Community Caregivers
- Community Health Workers
- Agricultural Extension Officers
- Sport Volunteers
- Social Crime Prevention Volunteers
- Community-based Volunteers, etc.

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 beneficiary target groups, who have complex needs that require services from a number of departments/service providers.

In considering integration of fieldworkers, the following factors need to be deliberated per province: recruitment, selection and remuneration; career development and performance management; supervision and mentorship; branding, tools and equipment; care for the caregiver; knowledge management and rationalisation of monitoring, evaluation and reporting tools.

The benefits of the ISDM 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 the ISDM 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 Structures

A community 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, the ISDM includes and works with existing community structures. The benefits of the ISDM for community structures are:

- Combining resources and services to ensure that services are coordinated and delivered in an integrated manner
- Engaging all community structures ensures inclusive

representation and participation

- Utilising the War Room facilitates rapid referral and provision of services
- Holding joint 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

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 War Room. As such, they are strategic partners to the War Room.

Through the ISDM, community structures effectively interact with the community and with each other through the War Room (see Figure 3).

While community structures benefit from becoming

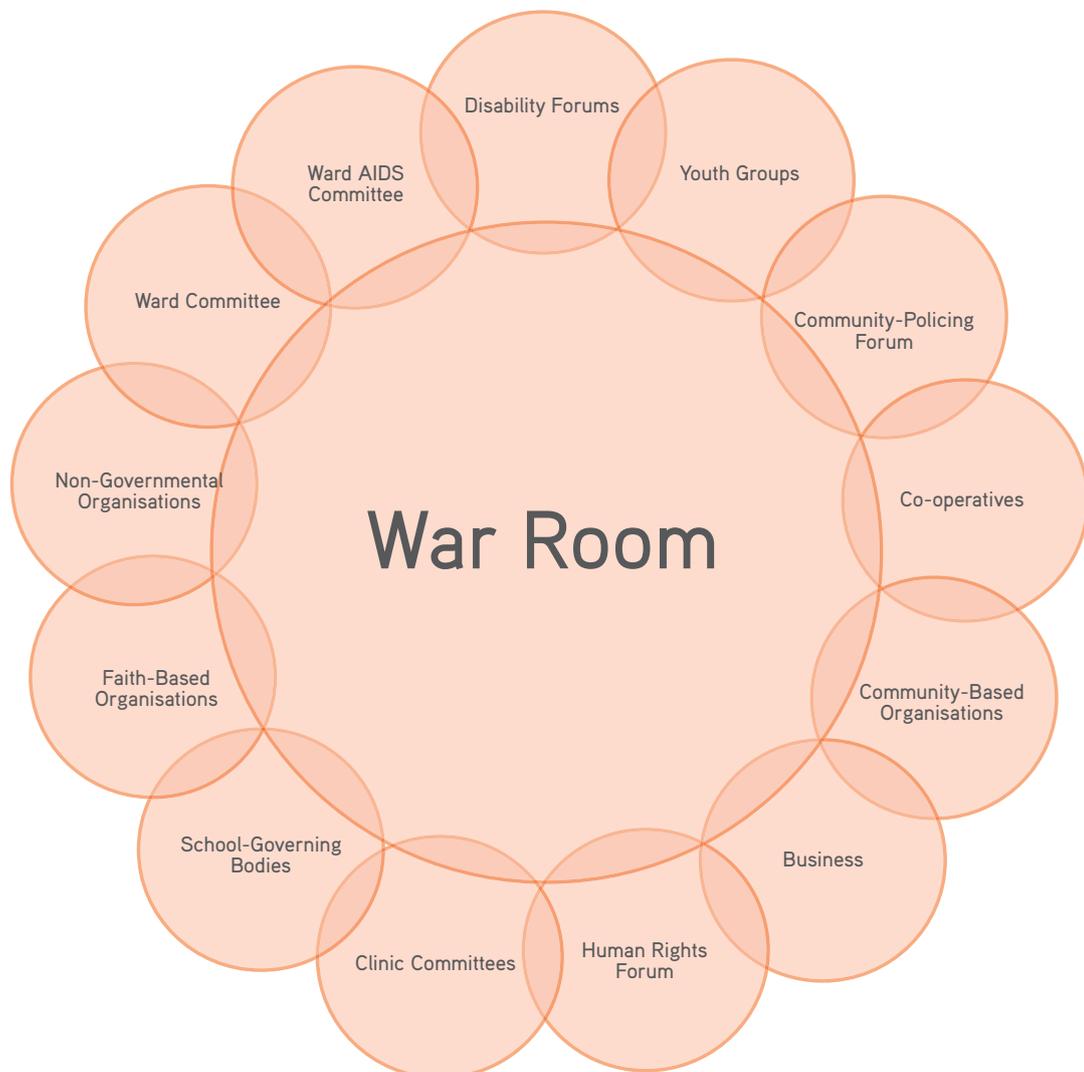


Figure 3: Interaction of some Key Community Structures

4. Integrated Service Delivery Activities

In order to implement the integrated service delivery model and for a War Room to be considered fully functional, a number of activities need to be completed on an ongoing basis. This section will outline these four main activities – identifying needs, resolving and delivering services and closing referrals (see Figure 4) and end with a discussion on War Room administration which contributes to War Room Functionality.

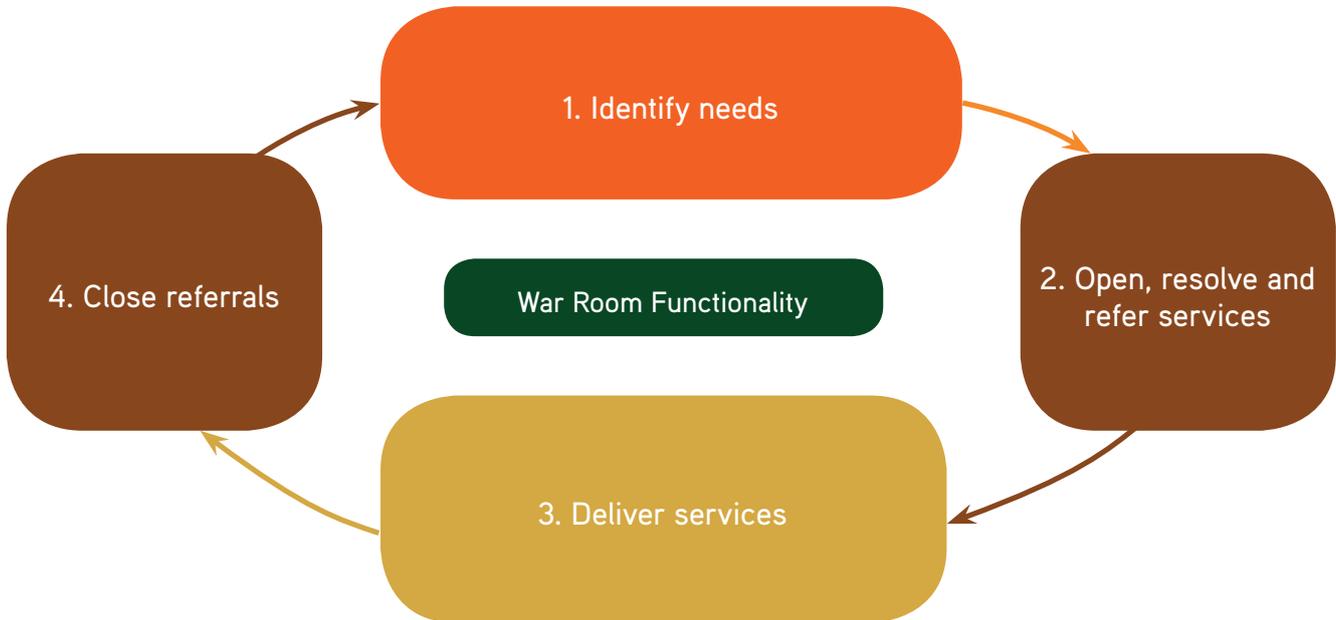


Figure 4: Overview of the War Room Integrated Service Delivery Activities

Identifying Needs

There are three main processes through which community and household needs are identified by the War Room. These include:

- **Community dialogues:** two main reasons for community dialogues are i) to begin to understand what community members identify as specific social ills or issue(s) and their underlying factors and ii) to provide information on services available to address the issue(s) at hand and develop action plans that can be implemented and monitored by the War Room. For a full understanding of how to conduct community dialogues see ISDM Toolkit.
- **Household profiling:** household profiling is an activity 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. For an example of a Household Profiling Tool see the ISDM Toolkit.
- **Ward profiling:** the Ward Profile is a factual account of assets, infrastructure, health and demographic

information of the ward. Once completed, the Ward Profile provides an overview of ward statistics and other relevant information that can be used when hosting Cabinet Days and other events, for planning campaigns and interventions by the War Room. The Ward Committee has a mandate to develop the Ward Profile and supports the War Room in this task. For a full understanding of how to conduct ward profiling and for an example of a Ward Profiling Template see the ISDM Toolkit.

Referring Services (Opening, Resolving and Referring Services)

Referring services, also called opening referrals, means that once needs have been identified, the War Room Secretary enters the needs in the War Room Service Provider Referral Register as a referral. One Service Provider Referral Register per Service Provider should be completed and submitted to the community Service Provider to resolve or escalated to the local municipality Departmental Representative for action. Once needed services are entered in the War Room Service Provider Referral Register, they are referred to the relevant community service providers to resolve or escalated so that action plans can be developed and services can

be provided to households in need. Where services are identified and resolved immediately, they should also be entered in the Service Provider Referral Register as opened and closed on the same date.

The Service Provider Referral Register is a tool that is used to ensure that identified needs are monitored until they are resolved. A sample of this tool is found in the ISDM Toolkit.

Delivering Services

The Service Provider Referral Register informs the development of the War Room Service Delivery Action Plans at local municipality level. Integrated Service Delivery Action Plans at household and community level coordinate service providers when responding to households and communities with multiple needs. Community needs are listed with the respective service providers and activities to be undertaken.

Services are delivered through the War Room in many ways. In some cases, household needs can be delivered directly by the fieldworker, for example, when a CCG, CDW or a CHW provides care or advice to households. In other cases such as door-to-door service delivery or service delivery campaigns, delivering services requires integration and coordination between departments, service providers and ward War Room members. In cases where there are no service providers, the War Room mobilises resources from external sources including empowering communities to assist. The success of the War Room rests on community involvement and the resources that are mobilised in response to needs identified.

Integrating service delivery has multiple benefits. Service delivery should unite all departments/service providers so that services are delivered in ways that:

- Combine the resources available and reduce costs to both the providers and beneficiaries
- Minimise the number of departments/service providers visiting the same household (e.g. beneficiaries in 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 ISDM tools and processes
- Ensure greater impact to the beneficiary because they receive many different services at the same time or as planned





Closing Referrals

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, any unresolved services can be escalated to the next ISDM level. The service referral system includes all services that have been referred through the War Room and recording closed referrals allows the War Room to monitor progress.

Service providers should inform the War Room on services they have closed directly with beneficiaries. Beneficiaries should be encouraged to inform the War Room Secretariat 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 Local War Room (LWR).

The War Room Secretariat 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*.

The War Room on a monthly basis should compile a report on the status of all referrals. Feedback on the status of referrals should be provided to War Room members and to the community through the Ward Councillor.

War Room Administration

War Room administration involves the creation of

stakeholder database, coordination of meetings, monitoring the War Room meeting attendance, feedback to the community and knowledge management.

Stakeholder database: The War Room should at all times have an updated database of all War Room stakeholders.

Coordination of meetings: The War Room coordinates meetings on service delivery and reporting. For a successful meeting, the War Room prepares an agenda and records minutes of meetings (see sample in the ISDM Toolkit).

Monitoring of War Room meeting attendance: A pre-populated attendance register of War Room stakeholders is prepared for all members to sign their attendance. Members that consistently do not attend meetings or provide reports should be replaced. See sample of pre-populated attendance register in the ISDM Toolkit.

Feedback to the community: 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 their needs have been understood. 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 plan can be assessed and readjusted.

Knowledge Management: Knowledge management is the efficient manner in which information is documented, stored and shared. 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. Files and folders should be kept in the War Room for minutes of meetings, attendance registers, completed profiling forms, completed service provider registers on interventions provided or outstanding and any other document pertaining to War Room administration.

Institutionalisation

1. Introduction

This chapter discusses the institutionalisation and governance of the Integrated Service Delivery Model (ISDM). Institutionalising the ISDM refers to the way in which the ISDM 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 'integrated way'. It also means helping all stakeholders understand their roles and responsibilities.

Provinces will institutionalise their ISDM governance in response to their unique contexts. At each level there should be political oversight and Task Team coordination of the ISDM. The institutional framework should consist of the following:

- At ward level – Ward War Rooms
- At local level – Local War Rooms
- At district level – District War Rooms
- At provincial level – Provincial War Room

2. Political Oversight

The Premier is the overall champion of the ISDM in the Province as well as the Chairperson of the Provincial War Room. Political champions (the Premier, Members of the Executive Council, District Mayors, Local Mayors, and Ward Councillors) provide political oversight within the ISDM and also maintain stakeholder relationships and are key contributors. They guide the implementation of the ISDM 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.

At the local level, the Local Mayor is the champion of the Local Council of Stakeholders or Local War Room (LWR). At the ward level, the War Room interacts directly with households and communities. At this level, the Ward Councillor is the political champion of the War

Room. 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 War Room (and *vice versa*).

3. Technical Oversight

Heads of Departments (HODs) are appointed as technical champions to each district 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 War Room to escalate issues to departments and other service providers.

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

At the provincial level, the Heads of Departments (HODs) and the Provincial Executive Council provide technical guidance and assistance in resolving bottlenecks, decision making or other challenges that are encountered in implementing the ISDM.

At lower levels the District War Room is accountable to the District Municipal EXCO, and the Local War Room is accountable to the Municipal Executive Council. The War Room is accountable to the Ward Committee.

4. Implementation Task Teams

Implementation Task Teams of the ISDM allow members to come together regularly to discuss, plan and coordinate service delivery interventions. Membership of the Implementation Task Teams includes government, businesses and civil society including NGOs, FBOs, CBOs, and community members. The Implementation Task Team at each level sends reports and any unresolved referrals to the Task Team at the next level and receives feedback from them during Task Team meetings.

Provincial War Room Roles and Responsibilities

Table 1 describes the roles and responsibilities of the Provincial War Room.

Table 1: Roles and Responsibilities of the Provincial War Room

PROVINCIAL War Room (PWR)	
<ul style="list-style-type: none"> • Maintaining a functional Provincial War Room • Planning and strategic oversight to the ISDM structures • Coordinating and integrating service delivery • Training, coaching and mentorship • Mobilising resources • Monitoring, evaluation and reporting 	
RESPONSIBILITIES RELATING TO ROLE	
Maintaining a functional PWR	<ul style="list-style-type: none"> • PWR meet monthly • Compile and maintain a database of active and relevant PWR members • Establish an MER Sub-Task Team to collate the PWR monthly report • Identify and mobilise stakeholders to participate at PWR meetings
Planning and strategic oversight to the ISDM structures	<ul style="list-style-type: none"> • Develop and implement the five-year ISDM strategy aligned to the Provincial Growth and Development Plan (PGDP) • Develop the one-year Provincial Operational Plan with performance targets and a Communication and Advocacy Plan for the ISDM • Assist DWRs to align their District Operational Plans to the Provincial ISDM Strategic plan • Address challenges experienced by Task Teams such as internal conflicts, bottlenecks, reviving Task Teams and other issues escalated from the DWRs • Ensure all the ISDM structures carry out their mandates, comply with applicable guidelines and encourage integrated service delivery
Coordinating and integrating service delivery	<ul style="list-style-type: none"> • Host monthly PWR meetings to report on service delivery • Ensure that the DWR plan all HIV and AIDS interventions with the DAC • Ensure DWR 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 service provider representatives responsible to receive and close referrals for their respective organisations • Ensure that there is a list of department representatives responsible to receive referrals at LWR and develop action plans • Arrange district level service delivery campaigns and events such as Cabinet Days, EXCO Outreach, Premier's <i>Izimbizo</i> and other events • Address all issues escalated from District War Rooms

Training, coaching and mentorship	<ul style="list-style-type: none"> • Identify training needs and facilitate skills development sessions for PWR members • Provide induction for any new members to the PWR • Provide coaching and mentorship support to the ISDM structures through the Provincial Convenors, including administrative support, training, skills development relating to key ISDM activities, e.g. leadership, household profiling planning, data analysis, reporting among others
Mobilising resources	<ul style="list-style-type: none"> • Mobilise resources for the implementation of the ISDM from internal and external sources
Monitoring, evaluation and reporting	<ul style="list-style-type: none"> • Adhere to PWR reporting requirements and timelines • Develop reporting templates and toolkits for the ISDM • Monitor progress of DWRs against their Operational Plans • Monitor progress of the PWR Operational Plan • Ensure that the attendance registers, minutes of meetings and reports are documented • Protect the integrity of the ISDM-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 ISDM implementation practices and share with the ISDM structures • Share reports with the PWR Champions, PAC, Provincial Executive Clusters, and Provincial Management Committee

District War Room (DWR) Roles and Responsibilities

Table 2 outlines the roles and responsibilities of the DWR.

Table 2: Roles and Responsibilities of the District War Room

<h1 style="margin: 0;">DISTRICT War Room (DWR)</h1>	<ul style="list-style-type: none"> • Maintaining a functional DWR • Planning and strategic oversight to LWRs and WRs • Coordination and integration of service delivery • Facilitating training, coaching and mentorship • Mobilising resources • Monitoring, evaluation and reporting
RESPONSIBILITIES RELATING TO ROLE	
Maintaining a functional DWR	<ul style="list-style-type: none"> • Appoint the DWR committee • Maintain a database of DWR members • Establish an MER Sub-Task Team • Establish Sub-Task Teams to address service delivery needs • Identify and mobilise stakeholders from government sector to participate at DWR meetings
Planning and strategic oversight to LWRs and WRs	<ul style="list-style-type: none"> • Develop the District Operational Plan with performance targets addressing district needs aligned to the Provincial ISDM Strategic Plan • Support and align the ISDM to the Integrated Development Planning Process at district level • Ensure that Operational Plans are developed by LWRs 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 LWRs • Ensure LWRs and WRs are established to carry out their mandates, comply with applicable guidelines and encourage integrated service delivery
Coordinating and integrating service delivery	<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 LWR structures are established • Ensure that the LWRs assist the War Rooms to complete the War Room Functionality Audit Questionnaire (see Toolkit on CD) • Escalate any service department policies and/or processes impacting negatively on service delivery • Ensure that there is a list of service provider representatives responsible to close referrals from their respective organisation • Ensure that there is a list of department representatives responsible to receive referrals at LWR and develop action plans Develop specific action plans and interventions to respond to identified social ills and issues • Address all issues escalated from LWRs

Training, coaching and mentorship	<ul style="list-style-type: none"> • Identify training needs and facilitate skills development sessions for all DWR members • Provide induction for any new members to the DWR • Provide coaching and mentorship support to the LWR and WR, including administrative support training, skills development relating to key WR activities or needs, e.g. leadership, planning, household profiling, data analysis, reporting among others • Establish the mentoring Task Team for the District
Mobilising resources	<ul style="list-style-type: none"> • Mobilise resources for the District through the District Champions and District War Room Members
Monitoring, evaluation and reporting	<ul style="list-style-type: none"> • Adhere to DWR reporting requirements and timelines • Collect and collate information from LWRs and compile DWR reports for submission to PWR • Monitor progress of LWRs according to their Operational Plans • Monitor progress according to DWR Operational plan • Ensure that the attendance registers, minutes of meetings and reports are documented • Protect the integrity of the ISDM-related documents (e.g. completed profiles, referral registers, meeting minutes, etc.) by keeping the documents in a safe place • Document case studies of successful ISDM implementation practices and share with the ISDM structures • Escalate any unresolved issues to the PWR

Local War Room (LWR) Roles and Responsibilities

Table 3 outlines the roles and responsibilities of the LWR.

Table 3: Roles and Responsibilities of the Local War Room

<h1 style="margin: 0;">LOCAL War Room (LWR)</h1>	<ul style="list-style-type: none"> • Maintaining a functional LWR • Planning and strategic oversight to War Rooms • Coordination and integration of service delivery • Facilitating training, coaching and mentorship • Mobilising resources • Monitoring, evaluation and reporting
RESPONSIBILITIES RELATING TO ROLE	
Maintaining a functional LWR	<ul style="list-style-type: none"> • Appoint the LWR committee • Maintain a database of LWR members • Establish an MER Sub-Task Team • Establish Sub-Task Teams to address service delivery needs • Identify and mobilise stakeholders from government sector to participate at LWR meetings
Planning and strategic oversight to WRs	<ul style="list-style-type: none"> • Develop the Local Municipality Operational Plan with performance targets • Support and align the ISDM to the Integrated Development Planning Process at Local Level • Ensure that Operational Plans are developed by WRs aligned to the LWR Operational Plan • Address challenges experienced by WR such as internal conflicts, bottlenecks, reviving War Rooms and other issues escalated from the WRs • Assist WRs with the development of Household Profiling Plans and ensure access to Household Profiling Tools • Ensure WRs are established to carry out their mandates, comply with applicable guidelines and encourage integrated service delivery • Monitor household profiling at WRs
Coordinating and integrating service delivery	<ul style="list-style-type: none"> • Host monthly meetings to report on service delivery • Guide government departments/service providers on fieldworker requirements and the allocation of fieldworkers to wards • Ensure integration of fieldworkers through District-level agreements with supervisors and managers • Ensure WR structures are established • Assist the War Rooms to complete the War Room Functionality Audit Questionnaire • 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 provide action plans and 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 WRs

Training, coaching and mentorship	<ul style="list-style-type: none"> • Identify training needs and facilitate skills development sessions for all Local War Room members • Provide induction for any new members to the Local War Room • Provide mentorship to War Rooms to ensure functionality
Mobilising resources	<ul style="list-style-type: none"> • Mobilise resources for the LWR and WR through the LWR Champion and Local War Room Members
Monitoring, evaluation and reporting	<ul style="list-style-type: none"> • Provide and monitor the usage of the correct ISDM data collection and reporting tools in War Rooms • Adhere to LWR reporting requirements and timelines • Collect and collate information from War Rooms and compile LWR reports for submission to DWR during stipulated time frames • Monitor progress of WRs according to their Operational Plans • Monitor progress according to LWR Operational Plan • Ensure that the attendance registers, minutes of meetings and reports are documented • Protect the integrity of the ISDM-related documents (e.g. completed profiles, referral registers, meeting minutes, etc.) by keeping the documents in a safe place • Document case studies of successful ISDM implementation practices and share with the ISDM structures

Ward War Room (WR) Roles and Responsibilities

Table 4 describes the roles and responsibilities of the Ward War Room.

Table 4: Roles and Responsibilities of the Ward War Room

<h1 style="margin: 0;">WARD</h1> <h2 style="margin: 0;">War Room (WR)</h2>	<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
RESPONSIBILITIES RELATING TO ROLE	
Public participation and community mobilisation	<ul style="list-style-type: none"> • Utilise existing community structures to mobilise community members • Inform the community about the role of the WR 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 interventions • Recruit the services of volunteers for the War Room • Lobby for attendance of all stakeholders during War Room meetings to promote an integrated response to service delivery • Mobilise the community to identify and assist poorest households
Maintaining a functional War Room	<ul style="list-style-type: none"> • Establish an MER Sub-Task Team to compile the WR Monthly and Quarterly Report • Establish Sub-Task Teams to address service delivery needs • Identify and mobilise stakeholders from Traditional Councils, religious sector, 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 ISDM 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 War Room Service Delivery Plans aligned to Local Municipality IDP and ward-based Plan. Service Delivery Plans 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 War Room meetings for the year • Develop a detailed service delivery plan for household referrals • Involve Ward Councillor, Ward AIDS Committee members, Ward 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 beneficiaries 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
<p>Coordinating service delivery</p>	<ul style="list-style-type: none"> • Host weekly War Room 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 War Room meetings with the purpose of recording progress and closing of referrals • Implement and monitor service delivery Action Plans from the LWR • Coordinate War Room support from different stakeholders and service providers that are not providing services and hold them accountable • Hold LWR accountable for service delivery coordinated by government departments • Conduct community awareness campaigns • Ensure setting up of community-based support groups, such as HIV support groups

Resource mobilisation	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ◦ 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	<ul style="list-style-type: none"> • Provide the standardised ISDM data collection and reporting tools (Household Profiling Tool, Household Profiling Summary Tool, War Room Service Provider Referral Register, WR Monthly Report) to ensure usage thereof • 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. AIDS Councils

Members of the AIDS Councils 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 the ISDM on HIV and AIDS, the ISDM Task Teams are also closely aligned to the AIDS Councils to ensure the objectives of responding to HIV and AIDS are realised. The AIDS Councils are therefore important in guiding the ISDM 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 PAC 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 PAC is to guide and facilitate the implementation of the National HIV and AIDS, STIs and TB (HAST) Strategic Plan (NSP).

AIDS Councils operate at all governance levels: provincial, district, local municipal and ward levels. The Premier is the Chairperson of the Provincial AIDS Council (PAC), the District Mayor of the District AIDS Councils (DAC), the Local Mayor of the Local AIDS Councils (LAC) and the Ward Councillor of the Ward AIDS Councils (WAC).

Provincial AIDS Council Roles and Responsibilities

Given the focus on HIV and AIDS, the ISDM at PWR level works closely with the Provincial AIDS Council (PAC), which is tasked with coordinating and facilitating 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 5 discusses the roles and responsibilities of the PAC.

Table 5: Roles and Responsibilities of the Provincial AIDS Council

<h2 style="margin: 0;">Provincial AIDS Council</h2>	
<ul style="list-style-type: none"> Oversight and coordination of HIV and AIDS, STIs and TB Programme Mobilising resources Monitoring, evaluation and reporting 	
RESPONSIBILITIES RELATING TO ROLE	
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 the ISDM 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	<ul style="list-style-type: none"> Mobilise resources for the implementation of HAST- related programmes and strategies in the province, particularly at ward level
Monitoring, evaluation and reporting	<ul style="list-style-type: none"> 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 PWR reports into the PAC (submitted to the South African National AIDS Council)

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 AIDS Council and engages with a cross-section of interested groups. Table 6 discusses the roles and responsibilities of the District AIDS Council.

Table 6: Roles and Responsibilities of the Provincial AIDS Council

<h2 style="margin: 0;">District AIDS Council</h2>	
<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 DWR 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 Local AIDS Committees
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 Assist District War Room and other social partners in planning interventions around HAST DAC Secretariat to attend monthly and specific planning meetings of the District War Room DAC Secretariat to support the DWR Chairperson in implementing the ISDM
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 DWR
Monitoring, evaluation and reporting	<ul style="list-style-type: none"> Monitor HAST statistics within the Wards and through the War Room reports and other data DAC Secretariat to participate in the Monthly DWR meetings and ensure DWR reports to DAC quarterly meetings Provide feedback to DWR Incorporate LWR reports into the District AIDS Council Report prior to submission to PAC

Local AIDS Council (LAC) Roles and Responsibilities

The Local Mayor and Municipal Executive Council (EXCO) have the responsibility of leading the HIV and AIDS agenda throughout their municipalities. Table 7 outlines the roles and responsibilities of the LAC.

Table 7: Roles and Responsibilities of the Local AIDS Council

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	
Oversight of HAST interventions in the Local Municipality	<ul style="list-style-type: none"> Guide and facilitate the implementation of HAST response activities (DSP) and interventions in the Local War Room Facilitate, protect, and promote the rights of the affected and infected persons living with HIV and AIDS in the ward utilising the LWR 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 Ward AIDS Committees
Planning of HAST interventions	<ul style="list-style-type: none"> Promote cooperation by all stakeholders in the local municipality on all matters relating to HAST Assist local War Room and other service providers in planning interventions around HAST Attend monthly and specific planning meetings of the local War Room Support the LWR Chairperson in ISDM implementation
Mobilising resources	<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 War Room
Monitoring, evaluation and reporting	<ul style="list-style-type: none"> Monitor HAST statistics within the local municipality and through the LWR Reporting and other data Participate in the monthly LWR meetings and ensure LWR reporting to LAC quarterly meetings Incorporate LWR reports into the Local AIDS Council Report (prior to submission to DAC)

Ward AIDS Committee (WAC) Roles and Responsibilities

The Ward AIDS Committee (WAC) Implementation Guidelines illustrates the importance of WAC members contributing to the ISDM. 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 8 discusses the roles and responsibilities of the WAC.

Table 8: Roles and Responsibilities of the Ward AIDS Committee Representatives

Ward AIDS Committee Representatives	
RESPONSIBILITIES RELATING TO ROLE	
<p>Providing oversight of HIV and AIDS, STIs and TB (HAST) interventions in the ward</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>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 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>WR Monthly Report</i> and other relevant data • Participate in the monthly War Room meetings and ensure that the War Room share reports at WAC quarterly meetings • Incorporate <i>WR Monthly Reports</i> (amongst other reports) into the Ward AIDS Committee Report and submit to LAC • Share ward-relevant data from PAC (for example HIV and AIDS, TB and OVC)

6. Ward Committees

A Ward Committee is made up of community representatives in a local municipal ward within a local or metro municipality. They assist the Ward Councillor in organising community consultations and convey information between the Council, the Ward Councillor and the community. Ward Committees are advisory committees that can make recommendations on any matter affecting the ward. Ward Committees are governed by the Municipal Structures Act (No 117 of 1998). It is comprised of 10 members (equitable gender distribution) and established by Metropolitan and Local Municipalities with the Ward Councillor as Chairperson. Ward Committee members represent different sectors and are elected by the community to serve on a voluntary basis.

Table 9: Roles and Responsibilities of the Ward Committee

<h2 style="margin: 0;">Ward Committees</h2>	
RESPONSIBILITIES RELATING TO ROLE	
Establishing a governance structure	<ul style="list-style-type: none"> Establishing a governance structure Planning Service delivery Monitoring, evaluation and reporting
Establishing a governance structure	<ul style="list-style-type: none"> Members of the Ward Committee are allocated specific portfolios (eg. religious groups, women’s organisations, youth organisations, the health sector, sporting groups, civics, and rate-payers organisations) to which they need to have a thorough understanding of the issues facing the community in their respective portfolios A Ward Committee may establish one or more sub-committees and involve community organisations to participate in these sub-committees that are relevant to their fields of interest. Meet monthly with the Ward Councillor Most Ward Committee members are in office between two and five years. Will act as advisory body on council policies and matters affecting communities in the ward
Planning	<ul style="list-style-type: none"> Hold public meetings regularly and register community concerns and suggestions from community to feed back to the council through the Ward Councillor report Interact with other forums and structures on matters affecting the ward e.g. issues such HIV, social ills, etc. Complete the ward profile Plan to conduct annual satisfaction survey in the ward Facilitate public participation in the process of development, review and implementation management of the Integrated Development Planning of the municipality Will serve as a mobilising agent for community action Plan service delivery needs with local council Attend monthly and specific planning meetings of the War Assist the Ward Councillor to organise community meetings and share information from the council back to the community

<p>Service delivery</p>	<p>The Ward Committee work with communities and other stakeholders to improve services. They help to find solutions that will work in the long term that suit the needs of the community. This includes:</p> <ul style="list-style-type: none"> • Present the Ward Action Plan to the War Room • Identify and initiate local projects aimed at improving people’s lives • Organise community educational and awareness campaigns e.g. payment of rates, water conservation etc. Encouraging the community to pay for services • Taking care of infrastructure • Setting up community partnerships • Meeting the needs of the poorest members of the community • Monitoring levels of service delivery • Helping to evaluate service providers
<p>Monitoring, evaluation and reporting</p>	<ul style="list-style-type: none"> • Ward Committee send monthly and quarterly reports to the Ward Councillor for tabling at council meetings using the reporting template as provided by the Speaker’s office • Ward Committees feedback to the communities the performance on projects and services of the municipality

Monitoring and Evaluation

1. Introduction

This chapter provides an overview of how the War Room obtain, analyse and share data and reports through a Monitoring and Evaluation (M&E) system, in order to better determine the War Room's progress and achievements. The ISDM approach consists of a core set of M&E indicators that will be used to monitor and evaluate community outcomes across all War Rooms.

2. Planning

This chapter is based on the principles provided in the ISDM M&E framework, a planning document that details the various components of ISDM M&E system, including what the system will measure and how the system will operate. As a living document, it is the basis for determining which M&E activities should be implemented and prioritised, and which data should be used as M&E indicators.

Together, the M&E activities and indicators measures the progress towards the key ISDM goal of closing War Room cases that are opened by the fieldworkers or when community members walk into the War Room.

The framework document highlights and validates the M&E mandates and responsibilities of the main War Room stakeholders – community structures and government supported fieldworkers. This framework helps M&E sub-task team understand the M&E system and their own M&E responsibilities.



3. The M&E Process

Background and Theory of Change

Currently, the provision of services to local communities and households is fragmented. Households that are living in poverty face significant challenges in accessing government departments and services. Beneficiaries may not be able to access departments because of financial, time, and informational constraints. Consequently, these challenges result in less than needed service delivery, which often perpetuates poverty and inequality. The integration of services in the War Room, or a "one stop" shopping approach to service delivery has been recognized as a best practice approach to identifying household and community needs and delivery of services. The War Room M&E system is based on the following theory of change:

"Integrating government services through the War Room through the work fieldworkers and community structures enhances efforts to eliminate poverty and reduce inequality for South Africans"

The War Room is set up at the ward level to deliver a fully coordinated and integrated basket of services by different stakeholders.

M&E Data Elements/Indicators and Analysis

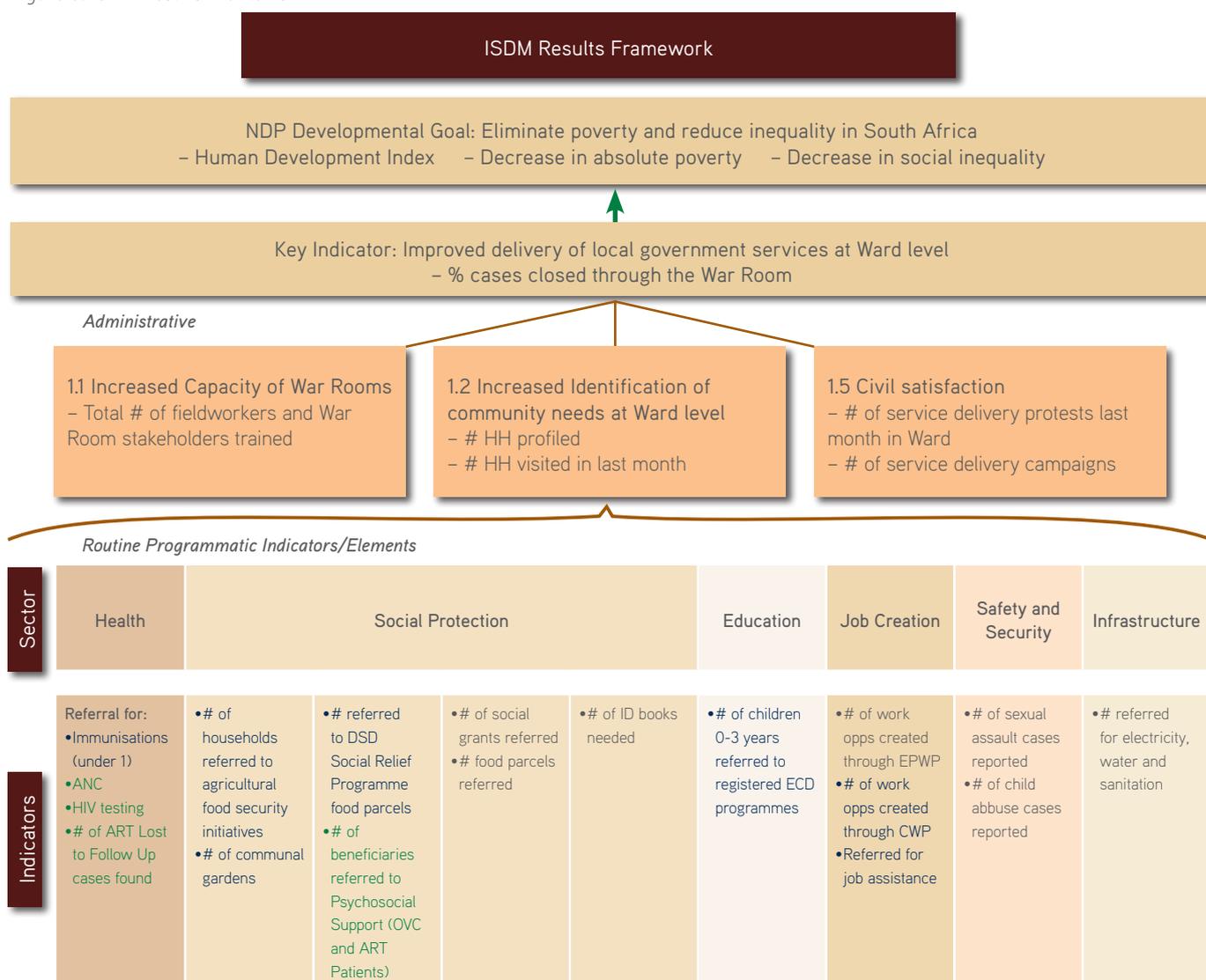
There are a few critical assumptions about how the War Room can improve service delivery:

- The provision of services helps to reduce poverty.
- The War Rooms are sufficiently distributed across communities.
- Fieldworkers are sufficiently and evenly deployed across communities.

The M&E system encompasses certain data or indicators that routinely measures the performance of the War Room. The War Rooms' performance is based on the closure of cases that have been identified by fieldworkers or persons entering the War Room. The “% of cases closed among opened cases” is the key M&E indicator of success for the War Room.

The M&E system also includes indicators that help to identify and routinely monitor the types of cases that are identified in the War Room, and indicators that track administrative data. These data elements/indicators are captured in the Results Framework (Figure 5).

Figure 5: ISDM Results Framework



Green indicators are tied to T90/DPME standard indicators

Blue indicators are tied to DPME standard indicators

Data and information flow at War Room level begins with identification of needs. The fieldworker identifies certain needs during their household visit. As part of their routine activities, the fieldworkers from the various departments report on households- their characteristics, their service needs and the fieldworkers reporting of how they resolved the needs. Any need that is not immediately resolved at the fieldworker visit is noted in the fieldworker's notebook or a weekly summary form. This weekly summary form helps the fieldworker to be organized and reliably report on their household visits to War Room secretary before or during the War Room meetings. The needs that have not been resolved by the fieldworker are communicated to the War Room secretary and recorded into the War Room Referral Register. The register is the main tool for daily tracking individual needs that have been identified and require resolution. Each newly identified need is recorded as a line item. When a need has been resolved within a War Room, the War Room secretary should look for this original line item and record the date of resolution. It is important that a copy of the War Room Referral Register is routinely forwarded to the appropriate department, so that these escalated cases can be resolved in a timely manner.

At the end of each month, the War Room secretary collates the information from fieldworker's weekly summary forms or notes, the War Room meeting minutes and a copy of the War Room Referral Register to enter counts into the War Room Reporting Tool. The reporting tool helps to monitor the identification and resolution of needs identified through WR over time. It is important that a summarized version of this reporting tool is routinely forwarded to local and district level to highlight the War Room's contribution to Ward and District welfare.

Alternatively, needs are also identified through persons who walk into the War Room ("walk-ins") or community stakeholders. Any community member can enter the War Room during working hours, to consult with the War Room secretary and s/he will record the needs into the War Room Referral Register. If is a need that can be resolved by a fieldworker or other community structure, it should be recorded. The listed unresolved cases should be escalated to government departments.

4. Reporting Data

Community feedback is an essential part of any community-driven effort. On a yearly basis, War Rooms should present their progress and achievements through power point presentations and case studies

that can be shared with members of the community and community stakeholders.

More formally, the M&E team can assist with the analysis to identify important changes, progress, achievements and failures in the War Room and the provision of service delivery. Data verification of data elements within the ISDM reporting template will be undertaken to ensure data quality. If needed, War Room stakeholders will undergo training to ensure that they can help to analyze and interpret data in a way that adds value to War Room reports and informs future War Room efforts.

5. Evaluation

An evaluation can qualitatively or quantitatively describe War Room's performance in resolving needs, or a programmatic goal such as the number of food parcels distributed in the community. Case studies that are compiled by the War room and community stakeholders will be useful for evaluation. 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. However, through a solid analytical design, dedicated human resources and funding, an evaluation can also quantify the impact of ISDM on the provision of service delivery and poverty levels. Both types of evaluation provides the opportunity for all stakeholders to determine how well the War Rooms achieved the goals that it was intended to achieve.

An evaluation is most successful if all stakeholders including M&E staff at the provincial level agree to the evaluation objectives and its design. This will ensure that all the resources are needed to collect baseline data and information that will support the analysis of trends or changes over time.

The analysis plan for the key indicator, "% of cases closed" in the War Room will consider the variability of cases that are opened and consider how to weigh the data as not to bias more difficult, longer to resolve cases. A similar approach will be used for all the M&E indicators. This information will be collected as part of the routine data collection and contribute to the overall process evaluation of the ISDM project. Usually a process evaluation is necessary at the mid-term and the end of implementation to investigate new patterns in the implementation or "process" or to explore solutions to implementation strategies.

6. Conclusion

In conclusion, the M&E system in the War Room should be aligned with national, provincial, local and ward level strategic plans. This is critical to the harmonisation of human resources, processes, and tools. A solid M&E system fosters more effective partnerships and that in turn nurtures the long-lasting benefits of community growth and development.

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