



OPERATION SUKUMA SAKHE

BEST PRACTICES PUBLICATION



HUMAN
RESULTS

SNAPSHOTS
OF OPERATION
SUKUMA SAKHE

LESSONS
LEARNED

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MAP OF KWAZULU-NATAL

PROVINCE OF KWAZULU-NATAL MEMBER OF THE EXECUTIVE CABINET
(MEC) OPERATION SUKUMA SAKHE DISTRICT CHAMPIONS

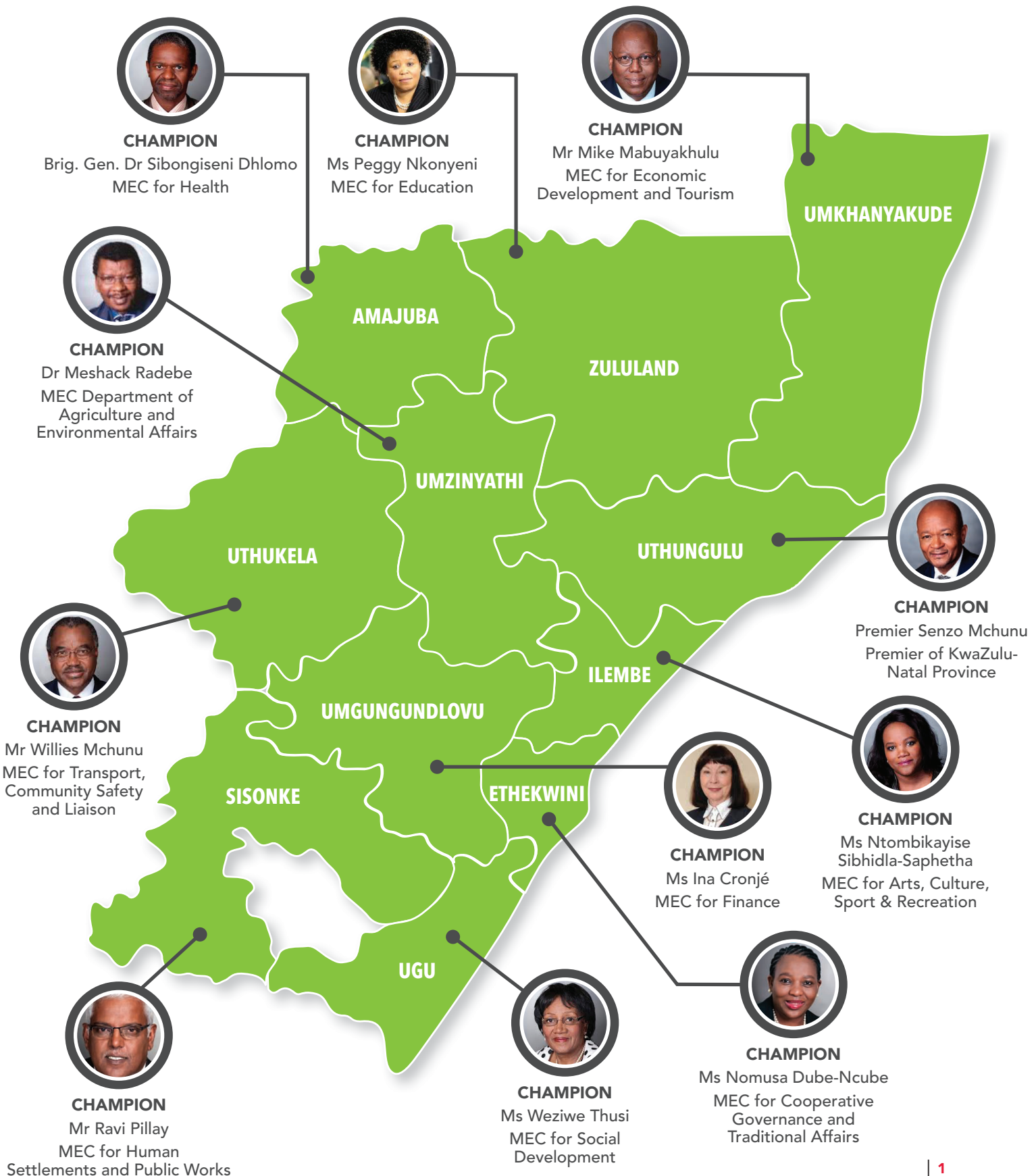


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MESSAGE FROM HONOURABLE MR SENZO MCHUNU

Premier of KwaZulu-Natal Province

The stories in this publication speak profoundly of the change that Operation Sukuma Sakhe has brought into the lives of the people of KwaZulu-Natal Province. This change has occurred on all levels. 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. Partners—civil society and the private sector—are joining us enthusiastically to assist us in the process. Government officials are doing their jobs differently to accommodate a multi-sectoral service delivery approach. We are encouraged to see this groundswell of change. The change is directed at ensuring that the response to poverty, food insecurity, HIV and TB and social ills is realised. We must not rest until we have improved the lives of every single individual, family and community who need change the most. There are lessons to be learned and we must embrace these lessons to find solutions to the challenges we face. Operation Sukuma Sakhe brings to life the slogan “Government for the people, by the people”. The people are governing. We as government hope to grow alongside the people of KwaZulu-Natal to continue to take our province, and our nation, forward.



MESSAGE FROM MR MICHEL SIDIBÉ

UNAIDS Executive Director

In mid-2013 UNAIDS and the leadership of KwaZulu-Natal Province made a commitment to document as best practice the province’s remarkable integrated multi-sectoral service delivery model, Operation Sukuma Sakhe. This publication is the result of that commitment. All of the stories in this best practices publication clearly show how HIV and TB cannot be addressed in isolation. KwaZulu-Natal Province has the highest number of people living with HIV in South Africa. But through Operation Sukuma Sakhe, the provincial government of KwaZulu-Natal has met this challenge head-on with an investment approach—innovation, delivery, strategic investment and sustainability. The stories in these pages show us how all sectors of society in KwaZulu-Natal Province are coming together to address HIV and TB, poverty, food insecurity, unemployment and other barriers to people’s health and wellbeing. I congratulate everyone—from government officials to people working at the coalface of service delivery—for their immense passion and commitment to this unique and innovative model. UNAIDS will continue to support the province to build on the good work that it has started. I am confident that through the successful implementation of Operation Sukuma Sakhe, KwaZulu-Natal Province will realize our common vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.



OPERATION SUKUMA SAKHE: A STORY OF CHANGE

"For us this vision is a beautiful one because this is what the people want. We are saying the people shall govern and they are governing. And for us as officials, we are saying 'people first'. We have to go through a total mind shift because that is the challenge we might be sowing. If we don't get the services to the people, we are misdirecting them. It is up to us to get the people involved in demanding services."

Ms Busisiwe Kuzwayo
Deputy Director-General
Operation Sukuma Sakhe.

COMMENTARY

My Name is Thembisile Mdletshe. I live in Stezi in KwaZulu-Natal. I have three children—all girls—as well as eleven grandchildren. I am a community care giver with Operation Sukuma Sakhe and this is my story:

I would like to start by saying that I actually became a community care giver because of my dedication. I wasn't looking for any benefits. I contracted HIV in 2004 and because of this, I wanted to dedicate myself to helping my community. I wanted people to understand that just because you are HIV positive, it is not the end of your life.

At first, it was very hard when I began with this work. People wouldn't listen. Doors shut closed in my face.

I remember one time there was a man in our community who was known for not letting people

in. His wife was sick and she was lying in bed. We knocked on the door and we could hear a child telling the adults that we were outside and were standing by the kitchen door.

The man shouted, "Who is there?"

And the child replied, "It is some old women who are working."

I wanted people to understand that just because you are HIV positive, it is not the end of your life.

He came outside and he saw our stickers. We then explained to him that we are workers who help the sick in our community and that we had heard his wife wasn't well.

He let us in and asked us to sit down as he went to tell his wife.

Looking back now to that first time there, it is hard to imagine that they were at all suspicious. After that, they become more and more welcoming. We became part of their journey and he would even show us his wife's pills.

I think because we are old and we work as community care givers,



Mrs Thembisile Mdletshe (centre right)

many people have opened their hearts and their homes to us and they have benefited because of it.

Even the ones who were scared ended up coming out in the open because we also came out in the open about our HIV status. That is one of the ways in which Operation Sukuma Sakhe has had a huge impact. It brought us all together in the war room and through that, the word began to spread about the community care givers and how we can help families in need. That is why I promote Operation Sukuma Sakhe wherever I go: it has done a huge job for us a community. People know us now so they are open to us. It also helps with unemployment. We go into people's homes and we work through a profile form. These are then taken to the municipality and the officials can get a real sense of the issues people are facing on the ground.

Another task for me as a community care giver is to help people understand many things about health and disease. We teach people at home about hygiene, even about having a clean yard. We explain, for example, the importance of washing your hands if you have been to the toilet. We explain that it is especially important to wash your hands if you are going to be touching food and to wash them before and after changing a baby's nappy.

I teach them that while they are still in a good state, they must pay regular visits to the clinic for check-ups. I really like to teach and my work fills me with joy every single day. I love doing it because it makes me feel good to help people.

We are able to help the young, the old, the disabled. Operation

We have a lot to talk about and we write it down and that information goes to the right people in the right departments—unlike before when we talked about things but nothing was captured in a report or taken any further.

Sukuma Sakhe taught us to really find out if old people were getting their pay-outs, if young people were getting their medicines, if the disabled were getting their grants. People were struggling to do things for themselves. So Operation Sukuma Sakhe said we must assist them, all of them. And we do.

But it is so much more than that. It has helped me in my own personal life too. I have learnt more from it than I could even count.

We did training, for example. They taught us about health, disease, the elderly and the disabled. They taught us about unity. They taught us that we mustn't be scared to bring people to Home Affairs, for example, because that is where they can get the service they need.

Because of Operation Sukuma Sakhe we are able to bring all issues to the war room. We have a lot to talk about and we write it down and that information goes to the right people in the right departments—unlike before when we talked about things but nothing was captured in a report or taken any further.

Now things really happen and the change has been so much for the better. I have experienced this on a person level: as an HIV-positive person, I now get so much from the support group because it is closer and I don't have to travel a long distance to get there.

Before, we would have to go very far away, but now they have made it closer to us and that just makes it so much easier.

In the support group with Operation Sukuma Sakhe, we talk about our problems. There are people who come to the group for the first time and are very scared. As the elders, we say to them, "Take a look at us—see for yourselves—we are fine and healthy and managing our sickness." There are all ages at the meeting and so when we introduce ourselves and tell our stories of finding out about having HIV, the children will be quiet and they'll be thinking, "Wow but this granny is alive and well, which means that even for me there is no problem." The children are no longer scared.

I have many stories to tell of families we have helped. There is one that really sticks in my mind: Operation Sukuma Sakhe taught us that we must give people hope even when things are bad. So I would go to this one particular house and tell the mother, "Your child will survive" and I would see that the child's condition was perhaps getting worse but I would still do my best to keep the mother's hope alive.

One day, when I came round to that house, I saw the child in the yard doing some washing. I said, "Wow, who is this?" and the child said, "It is me!" and I said, "So you are doing the washing now! You are strong and that is wonderful!" The child said, "Yes, I am strong" and came over and gave me a big hug and said, "Thank you for the job you do, thank you!" For the mother too, it was the hope I had brought into the house and that is something I learnt from Operation Sukuma Sakhe.

CHAPTER 1: INTRODUCTION

A SNAPSHOT OF OPERATION SUKUMA SAKHE



How it all began

When former president Thabo Mbeki took to the podium on 8 February 2008 for his State of the Nation address, he announced a campaign that would carry in it the seeds of Operation Sukuma Sakhe. The ‘National War on Poverty’ was declared and the vision was that each province, and the country as a whole, would finally slay the beast that apartheid had left in its wake.

In 2009 KwaZulu-Natal Province launched its flagship programme, which used the War on Poverty approach to tackle a range of problems that were devastating the region. These included issues around food security, disease and infection (most notably HIV and TB), disempowerment of women and youth, poverty, violence against women and girls, teenage pregnancy, substance abuse, crime, motor vehicle accidents and many others. It was first started in uMzinyathi, eThekweni and uThungulu districts, with the idea that it would be rolled out to the rest of the province. Task teams were established at different

tiers of government, and most importantly, the profiling of households began. No longer just eking out an invisible existence on the fringes of society, or being but a number in a list of statistics, households were now properly profiled with the minutiae of everyday struggles being illuminated. The idea was that real services could be provided to real people in a meaningful way.

Not without its challenges, the programme signalled a new chapter on how poverty could be eradicated in the province.

In March 2011, the then provincial champion of this cause, former KwaZulu-Natal Premier Dr Zweli Mkhize, re-launched the programme under the name ‘Operation Sukuma Sakhe’, which means ‘Stand up and build’.

Operation Sukuma Sakhe’s name is based on the motto from the provincial Coat of Arms ‘Masisikume Sakhe’ and verse from the bible, Nehemiah 2:18:

“And I told them of the hand of my God which had been good upon me and also of the king’s words that he had spoken to me.

So they said, ‘Let us rise up and build.’ Then they set their hands to this good work.”

The biblical seeds of Operation Sukuma Sakhe resonate with many of the officials, beneficiaries and partners involved in the implementation of the programme. Says Councillor Jonah Gabuza, of Ward 24, Newcastle,

“I went to the Bible when I heard about Operation Sukuma Sakhe because I heard the Premier. He said ‘Read Nehemiah 2:18.’ In that verse, if you read it, it says “Stand up. Do it yourself.” That’s why I said when the Premier started Operation Sukuma Sakhe he just quoted the Bible. Even me, when I talk with the people first I tell them ‘Just go read Nehemiah because if you haven’t got Nehemiah inside your heart, we can’t be Operation Sukuma Sakhe.”

“If you look Operation Sukuma Sakhe it comes from Jeremiah, from the Bible”, says Mr Abed Karrim, Projects Co-ordinator of Al-Imdaad Foundation, an non-governmental organisation which partners with Operation Sukuma Sakhe in Ward 24. “Myself, coming from an Islamic background, it is very clear: the best among us are those who serve humanity. We do not say ‘help.’ We say ‘serve.’ When I say, ‘serve’, I mean you are my son, my daughter, there is the help for you.”

Thus began a model of best practice of integrated multi-sectoral service delivery that would, for the first time, truly crack open the silos between ‘the government’ and ‘the people’, two entities which, it is clear, cannot function properly without working closely together.

The vision of Operation Sukuma Sakhe

The idea behind Operation Sukuma Sakhe is that committed leaders and government officials work hand in hand with each other and the communities they lead, bringing services to the people instead of setting up services that are not easily accessible. Government provides integrated services so that individuals can access the all services they need in one place. This, it is hoped, will mean sustainable livelihoods which, in turn, can eradicate poverty.

The philosophy behind Operation Sukuma Sakhe

Ms Busisiwe Kuzwayo, Deputy Director-General of Operation Sukuma Sakhe in KwaZulu-Natal, explains the philosophy behind the approach.

“It is a way of thinking,” she says, adding that it is about people “re-engineering” the way they do things.

“This is really how we want to respond to the challenges within the province,” she says. “It is about saying, ‘Yes, we have failed to fight poverty in many areas, but we have succeeded in others’ and we have seen how working in different silos doesn’t solve anything. Now is the time for us to really work at this and bring integrated services to the people.”

She says another crucial part of the conversation is government admitting that it cannot do it alone.

“It is time to look for those partnerships and establish them in a very structured way,” she explains, citing many examples across the community.

“So, we go to the religious leaders, for example, and we engage with them because they are the ones who, at the end of the day, are with the community. They



are the ones who can inform us and say, ‘Look, there is a family over there where the mother and father have died, they are orphans and we are concerned about how they are living.’ They can say to us, ‘There is a family up that side. They are coughing and the coughing has gone into the next district’ and that is how we become truly informed. We also must engage the traditional leaders and the faith organisations. All these entities are the real eyes and ears of the community on the ground.”

In turn, the work of Operation Sukuma Sakhe is to act on that information.

These are the nuts and bolts of how officials partner with the people to fight the war on poverty, the war on disease, the war on crime, social ills and teenage pregnancy, she adds.

“Let the churches also advocate this beyond the pulpit. Let them talk about these issues and start getting the church youth groups and mothers and the fathers to say, ‘Let us do something about this. Let us plant gardens in the church for food security. Let’s feed the orphans. Let’s talk about condoms in church.’”

This is how schools, churches, traditional leaders, civic organisations and many others come together at the table to talk about what is happening in the community and how it can be handled.

Ultimately, the response from government is to work with the people by offering them integrated services, rather than hampering them by offering separate services which are difficult to reach.

It is this holistic approach that underpins Operation Sukuma Sakhe.

THE FIVE CRITICAL AREAS OF OPERATION SUKUMA SAKHE





Community partnerships at work

Community partnerships

Community partnerships are key to the success of Operation Sukuma Sakhe. The war room provides a space for government to inform the community of the services they can expect and the community in turn provides government with feedback on the services they receive and what their needs are.

Director-General of the Province of KwaZulu-Natal, NVE Ngidi, explains in more detail:

“First of all, for anything to succeed you need buy-in and for buy-in to take place, people must feel that they own the process. Everybody who is involved in Operation Sukuma Sakhe has a say in how it is run and therefore it is easy for people to buy in, because everybody feels that they own the process. The process has not been just given to them as an order. They don’t just wake up the following morning and then run Operation Sukuma Sakhe. They have participated from its inception and they feel therefore they own it. Whatever you own you are always passionate about.”

Behaviour change

Within the Operation Sukuma Sakhe structure, community care givers are responsible for encouraging social and behaviour change through their interaction with household members. Youth ambassadors have been appointed across all districts to do the same among their peers. In Ward 24, Newcastle, the establishment of a youth group by the

We are very energetic and we love helping each other. That’s what we are, at first we were friends, but now we are different from friends, we are family.

youth ambassadors has made a big impact on its members.

Says one member of the youth group, Positive-x-teens: “We are very energetic and we love helping each other. That’s what we are, at first we were friends, but now we are different from friends, we are family.” Another adds: “We are young but we deal with a lot of problems. We can’t say there’s no food at home but we deal with emotional problems. Maybe like drugs and teenage pregnancy... As the youth group, we get lot from each other because sometimes a lot of people don’t get enough love in life. The next thing they have affairs with sugar daddies. So when we find problems, we find solutions. And we don’t keep it to ourselves. We will be going to all the schools to give motivational speeches to our friends and learners. We will also speak to the teachers and others as well.”

Integration of government services

The war room is the central node from which all government services are rendered. Government departments are important stakeholders at the ward,



One home one garden at Ward 103, Botha's Hill

district and provincial level to ensure that services are delivered in line with identified community needs.

Councillor SB Sibiya, in Ward 7, Ntambanana, explains the difference Operation Sukuma Sakhe makes in terms of integrated service delivery:

“Before it was very difficult, when there was an issue of service delivery, to be able to get departments to actually take responsibility and provide services. Simply because people in the community had to travel to their offices, to the hospital and so on. Now it's easy because government departments come here and they are told what is happening by our community field workers. Service delivery no longer has waiting periods; months and months of waiting and no one taking responsibility. So it has actually

improved. Operation Sukuma Sakhe assists us leaders to be able to provide better service delivery.”

Mr Mpumelelo Zulu, who works for the Department of Education and is a member of the Operation Sukuma Sakhe Local Task Team in Zululand district, shares his perspective from the point of view of a government official:

“Working relations between various departments

The war room is a key player in job creation for local communities. This ranges from agricultural co-operatives to sewing groups to jobs as Community care givers and workers in the Community Worker Programme.

“Working relations between various departments have improved. You see, I know the official who deals with the identity documents in Home Affairs. I don’t need to scratch my head if I want to help somebody who needs an identity document.”

have improved. You see, I know the official who deals with the identity documents in Home Affairs. I don’t need to scratch my head if I want to help somebody who needs an identity document. If I go to the war room, I am not just looking for education challenges. I’m looking for the challenges of the household as a whole. When we do reports we report about everything in that particular household. It’s for Home Affairs, for Social Development, for Arts and Culture... So it is for us to work together and know our households.”

Economic activities

The war room is a key player in job creation for local communities. This ranges from agricultural co-operatives, to sewing groups, to jobs as community care givers and workers in the Community Worker Programme.

Mr Thokozani Khumalo is a 27-year-old bricklayer and builder from Ward 24, Newcastle. “We were a group of unemployed youth in the township when Councillor Gabuza offered us an opportunity to be trained in bricklaying through DCD Venco and the National Home Builder Registration Council. We were 25 in total. We were trained for 19 days. We wanted to get ourselves empowered. It made me very happy that I got the support of my family. They were pleased that I had to work hard. As the youth this also helped us gain the respect of our community. We have now formed the Bambanani Construction co-op. We are currently involved in the construction of a new shopping centre in town and have also been asked to work on the construction of a new smelter at DCD Venco. We are now certified builders and not chancers.”

Ms Lindiwe Majola is only 26 years old but she is already the chairperson of the war room in Ward 7, Ntambanana.

“I spent a lot of time at home after matric because I had difficulty finding work. Then finally, after having been a nanny in Richards Bay and training at Spur I came across Operation Sukuma Sakhe. I started

volunteering under the guidance of an elder; she was teaching me community care giver work and kept telling me I will end up getting hired. I also enjoyed volunteering, doing home visits and educating people on health matters and hygiene. So this other day I decided to take my CV and certificate to the councillor to please alert me if any opportunities should arise, because I come from a disadvantaged home—my mom is a domestic worker and her health is deteriorating. I ended up being picked as the chairperson of the war room and getting paid as a community care giver. At home, we no longer go to bed without a meal. Operation Sukuma Sakhe brought change in my life.”

Environmental care

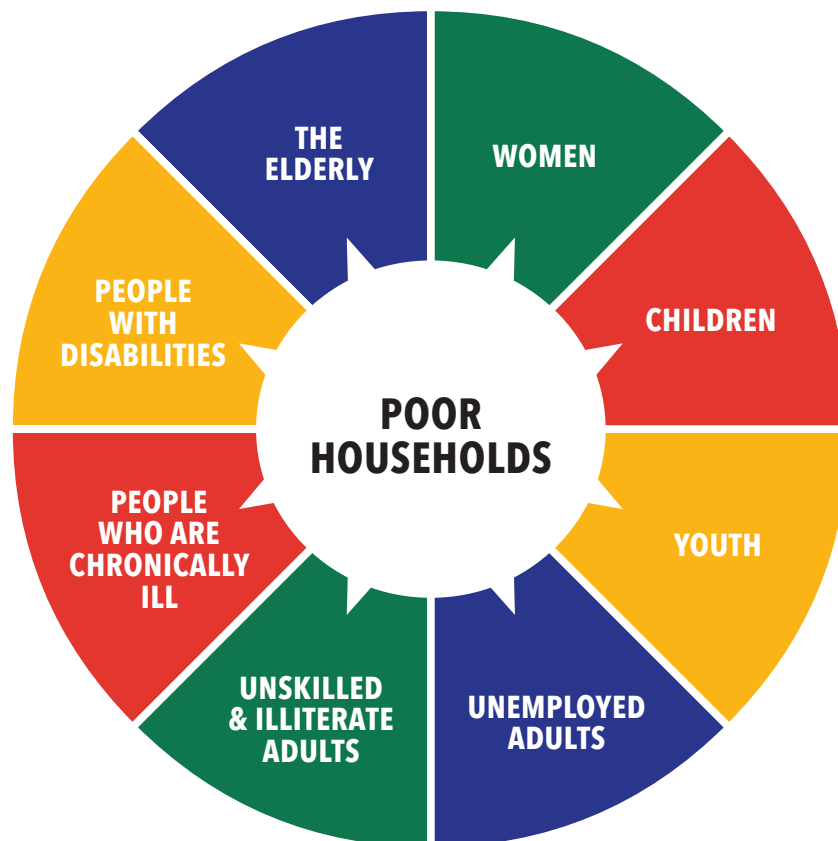
Operation Sukuma Sakhe aims to provide safe, natural, well-designed and well-maintained recreation opportunities for communities. As part of environmental awareness, it also aims to educate the public to learn about the values of conservation, land stewardship and responsible recreation.

The war room in Ward 11, KwaMashu, has taken this principle to heart. The Ward Councillor Obed Qulo, in partnership with a social entrepreneur from the area, has submitted a proposal to eThekweni Municipality and the private sector for a community-based forest management project. Says the project proposal: “Ward 11 and Newlands East in particular, is a residential area dominated by streams and forests. One of the forests has a nature trail and most of them are close to households and amenities such as sports fields. These natural resources hold the potential to contribute to education—such as designing forest trails to highlight environment learning features. They also contribute to health and well-being through wider use for walking, jogging, camping, picnicking, cycling and other leisure pursuits, supported, where necessary, by improvement of access and provision of community patrols. The project will be led by a community-based co-op.”

If I go to the war room, I am not just looking for education challenges. I’m looking for the challenges of the household as a whole. When we do reports we report about everything in that particular household. It’s for Home Affairs, for Social Development, for Arts and Culture... So it is for us to work together and know our households.

THE BENEFICIARIES OF OPERATION SUKUMA SAKHE

The primary beneficiaries of Operation Sukuma Sakhe are the most vulnerable groups within poor households. These include:



The Operation Sukuma Sakhe brand

Branding of the war rooms is essential to the effectiveness of Operation Sukuma Sakhe. The war room needs to be a brand that everyone in the community recognises. Many of the more functional war rooms have branding, either in the form of small billboards at the entrance or painted murals on the walls of the war room. The brand needs to spread throughout KwaZulu-Natal, to even the most remote war rooms, to ensure everyone understands the role of the war room in the community.

“What is Operation Sukuma Sakhe, what it can do for you?” asks Mr Abed Karrim, a social partner in Ward 24, Newcastle. “It is your money, it is your government and they must be held accountable. So, I would say that we need to start at school level, because if your nephew and nieces come to say, ‘Aunty, you know today what we did

in school? The Simba man came to our school, he gave us Simba chips’. So when you next go to the shop, ‘Aunty, there is Simba’. That is what the child must say about Operation Sukuma Sakhe, ‘Aunty, there is the war room.’”

The Operation Sukuma Sakhe logo

The Operation Sukuma Sakhe logo depicts a tree, consisting of many hands. This symbolizes the central concept of Operation Sukuma Sakhe, which is to stand up and build. The trunk of the tree is a pair of hands which branch out into green leaves in the form of handprints. In the centre of the tree, being held up by the trunk, are red leaves which form the shape of a red ribbon. This symbolises the centrality of the HIV and TB response to Operation Sukuma Sakhe. It emphasises the importance of integrated multi-sectoral service delivery which addresses the social determinants of health such as poverty and food insecurity.



Ward 24, Newcastle, war room

The War Room

WHAT IS A WAR ROOM?

- A war room is an integrated service delivery structure comprised of community-based organisations, non-governmental organisations, government, municipality, business and other stakeholders at ward level
- Information is collected by a system of 'household profiling' during which community care givers go into people's homes and collect the information they need about the issues facing that particular family
- This information is shared with all stakeholders in the war room meetings
- Departmental interventions can then be carried out to meet the needs of the community
- Follow-up visits are made to the household
- Training support is also given by Operation Sukuma Sakhe
- Resources within each ward are identified for use in the Operation Sukuma Sakhe system
- On a ward level, the Ward Councillor is the war room champion

A war room is an integrated service delivery structure



Members of the Community Worker Programme

A COMMENTARY FROM A WAR ROOM INSIDER...

A war room co-ordinator explains the process:

"My name is Nonhle Pepe. I am a community development worker and I'm employed by the Department of Cooperative Governance and Traditional Affairs. I am a war room co-ordinator, and as such, I'm the driver of the war room to make sure that the meetings are attended. I call all the government departments and representatives from the community and I make sure that all issues are put on the table in the war room. The community care givers go from door-to-door in all areas of our ward, so I make sure that referrals are made to certain departments and that follow-up checks are done. At the next meeting, it will be my role to put those cases back on the table and see if they have been resolved. To get buy-in from the households, I take our booklet with me. It explains all the programmes that we run and it is like an invitation that says, 'Please come on board with us for Operation Sukuma Sakhe.' We also have pictures which show people the value of our work and this generates more interest in the war rooms."

The war room is a place where the community and civil society engage with government on their challenges. Through the war room government partners with communities to provide services.

Historically, a war room is a physical space—a room—where strategic decisions are made, especially during military campaigns. However, as Mr Siphamandla Khanyi, a youth ambassador in Ward 24, Newcastle, remarks, in KwaZulu-Natal, “War rooms were built so that we can be able to face the war but not war with guns but with our minds.”

“This is the place that we’re going to use to gather, sit down, discuss matters that affect people in the community”.

“Operation Sukuma Sakhe is a massive mobilisation of all the stakeholders in the war against HIV, TB, STIs and all the other social ills that take place at ward level”, says Ms Sithembiso Shozi, Special Programmes Coordinator in uThungulu District Municipality. “Like crime and rape - it could be anything that affects members of society. KwaZulu-Natal now has all the government departments working together. Our service delivery is speeding up because if you are working as a war room coordinator at ward level, then you are working hand-in-hand with the field workers like community care givers, the youth ambassadors and others at ward level. They do household profiling. They go door-to-door in each and every household. They get information from those households and then they come and meet at a strategic point that is known as a war room. So the war room is stationed at ward level. The war room is a place that has been identified by the stakeholders in that particular ward and then they say, ‘This is the place that we’re going to use to gather, sit down, discuss matters that affect people in the community.’ Then the government departments, non-governmental organisations and other stakeholders; they all sit in that area, the war room. Then they have a schedule of meetings in which they come together and discuss issues and they intervene. They implement.”

“This is how we now address the issues,” adds Ms Busisiwe Kuzwayo, reflecting on the crucial role of the war rooms, “The war room is a way of saying, ‘We are here as government, we want the dialogue to happen with the community and we don’t want to own the war rooms.’ A war room must be owned by the community itself.”

This means that, at all levels of authority and community, there is a deep understanding of the issues within a community. The mayor, the councillors, the local convenors—everybody is on board because they come into contact with authentic information from the community through the war rooms.



The key ingredient in Operation Sukuma Sakhe: *Community involvement and participation*

The people involved in Operation Sakhuma Sakhe make one thing very clear—community participation and involvement are key to the model's success. Community members are relied upon to bring their issues to the war room, to follow up, to share information with other community members and to keep the cycle of communication between 'the people' and 'the government' alive.

"As government officials, we think that somehow we are the only ones who can meet all the endless 'demands' of the people and it becomes easy for us to imagine that people are irresponsible. But that is not the case. You see this so clearly when you go the war rooms. People want to help themselves, but what we as government have to ask ourselves is this: are we giving people the space where they'll be able to engage with issues and know that they'll be supported? Take an unemployed person, for example, someone who is full of despair because they have been looking for work for so long. You say to them, 'Come to the war room—stand up for yourself. You can do something!' Now at first it might seem far-fetched for that person because they've been struggling for so long. But just in the act of standing up in the war room and discussing their issues in front of people from all different sectors, things start to shift."

Dr Fikile Ndlovu
General Manager,
HIV and AIDS Chief Directorate,
Office of the Premier





"After people voted, they thought that the services would come to them without their needs being reported to the appropriate people. But this hasn't been the case. And people have been dissatisfied. But once the war room was introduced through Operation Sukuma Sakhe, we all became aware that we now had a platform to lodge our complaints. We realized: This is where we must make sure we report everything that is disturbing us. Now things are happening! People are flocking to the war room and giving reports of what is going on in our communities. It is hands-on. That's what I like about it. Even the governing bodies of the schools are now part of it and are taking up matters. Through Operation Sukuma Sakhe, we can truly make things happen."

Mr Bhekisisa Ndlela,
Principal,
Mpofeni High School,
Ward 13, Abaqulusi



Science laboratory at Mpofeni High School

COMMENTARY

THE VUKA NAWE NAMI CO-OP

Michael Simelane worked at a metal manufacturing company for 32 years and on retirement decided he needed to continue working to stay healthy.

I worked there for 32 years until I retired in 2005. I realised that it won't help me to stay at home and do nothing—I'm going to get old very quickly like that, so it's better if I get something that is going to keep my body fit and flexible. I thought about farming. I decided to make gardens so that I could exercise my body. So I worked and I managed to buy a tractor.

I visited a number of farms to learn how to properly sow the seeds I wished to reap.

After I bought my tractor I would go to the farms to get knowledge from white people. They gave me advice on how to do things, what kind of soil to use and other things like that. They gave me knowledge and then I started working.

On a piece of land and in my garden, I worked to produce vegetables and soon it was enough with which to feed my family. I also gave some to my neighbours.

For six years I grew beans, corn, pumpkins and potatoes on a patch of land. Now I also grow vegetables in the garden of the home I share with my wife and nephew.

At my home we don't have flowers; the only flowers that we have are spinach, carrots and beetroot, broccoli, potatoes, that's what we have in my house.

One day the ward councillor visited my home and said, "Could you please come to the meeting? We are going to start an organization so that you can tell people what they must do to make a living." He took me when they started Operation Sukuma Sakhe.

I was asked to share my knowledge to help other people in the community grow their own vegetables.

He asked me to advise people on what they can do at home, both young people and old people. We must not wait for government to give us jobs. They forget that there's no work but work is actually in their hands.

I teach community members of all ages how to grow their own vegetables at home.

We don't buy spinach, cabbage and chillies when we go to town. We have everything here at home. They gave me that place so that I could show people—especially elderly women—that they should not just sit at home and wait for social grant money.

It is all about knowledge and that the war rooms have made it much easier to spread information. I enjoy being able to pass along my knowledge and feel satisfied knowing I am assisting people around me.

My only hope is that more and more people can begin to benefit from the projects like the co-op through Operation Sukuma Sakhe. It would help so many communities because worldwide there is unemployment. But people are supposed to work for themselves. That's my message: I wish all the provinces could do Operation Sukuma Sakhe because it helps.

Community members have become increasingly involved in the war room. They like it so much and I can't even say I've heard anyone saying that they don't like it.

If Mr Councillor calls a meeting, we end up sitting outside because people come to hear what they say and what is going on in our community. Without the war room, people would be oblivious to what is happening at different levels. They were going to be in darkness with no idea! Now they at least have a clue. The 'light' comes together in the war room!

At my home we don't have flowers; the only flowers that we have are spinach, carrots and beetroot, broccoli, potatoes, that's what we have in my house.

When beneficiaries become change agents in the community

Qhiki Dumisa is part of the Community Worker Programme in Ward 7, Ntambanana, who, before Operation Sakhuma Sakhe, was unemployed.

She says that when she became a community worker, there was 'no more hunger' at home and her children were then able to go to school.

Dumisa and her husband, who was also unemployed, often struggled to put food on the table for their children.

"It was not right. It was very hard for us," she recalls, "We would go to sleep without eating. Sometimes we would boil some water just to get

something warm in our stomachs so that we could fall asleep. But since the arrival of Operation Sukuma Sakhe, things have been a lot better."

Dumisa says her children were often too hungry to go to school and when they did go, came home complaining about their hunger.

"I was always thinking as the sun comes out, 'What am I going to eat? I don't work. The children, if they did go to school what would they eat when they come home? They won't find anything. 'I always think of that which caused stress. But ever since the arrival of Operation Sukuma Sakhe it made my heart feel easy and very happy, knowing I was able to eat before I sleep, things were going fine and everything was alright."

She says the war room has made a considerable impact on people's lives by assisting with their needs.

"You know, the way the war room has made such a big difference; it is really amazing. It helps people who are in need. The fact that when the you have a problem, something personal you wouldn't want anyone to know, you can come to the war room and they can help solve your problem and you won't hear about your problem in another place. You see, that is how I got helped."

Dumisa says she now helps other families with their problems as part of her job. That is how community participation and involvement is exponential: people come in as beneficiaries, but also ending up helping others.



Michael Simelane with his co-op produce



“We as community workers do everything —we pick up papers, do gardening, place garbage bins, clean roads. Even at funerals we can be with families and comfort them and also clean for them and do everything.”

Tackling social ills as a community: with the war room at the centre

During a war room meeting in Ward 11, KwaMashu, the issue of drugs and crime in the area is raised. The discussion shows the eagerness of the community to take ownership of and solve its own problems.

Mrs Ntshingila, a member of the community, stands up to speak about the curse of drugs in the community.

“Whoonga¹ has proved such a menace to us...To be killed by children from your

neighbourhood because they fear you know them! We are dying without even a fight.”

The war room convenor, Ms RN Malakoane, affectionately known as ‘Baba’, adds: “In the ward, whoonga is a major issue—so much so that we plan to march. Whoonga dealers are known to us in the community. We need to get rid of them. It’s a major challenge.”

‘Baba’ mentions that the Newlands South African Police Service (SAPS) are not attending the war room. The ward has three police stations but the war room still needs to find a way to engage with the SAPS. Baba adds that community safety volunteers in the ward also must “play their part.”

Ward Councillor Obed Qulo mentions that in Quarry Heights they are aware of a car that delivers woonga daily between 12h00 and 14h00. “We now have all the critical information and we are working on it with various

security agencies.” However, there is a lack of cooperation among private security agencies and the local police. “In Newlands, for instance, there are seven security firms; there are street committees and neighbourhood watch yet all have no working relationship with the local SAPS.”

The war room, however, has solutions of its own. Members are working on an “integrated programme with the youth, identifying them as key change agents.” Aspects of the programme include a national service programme aimed at empowering the youth to become “crime busters.”

Commenting on the planned community march, Councillor Qulo suggests that it is “comprehensive” and that includes other social ills such as alcohol. The war room members agree to engage the different government departments to be part of the march.

¹ Whoonga (also known as Nyaope) is a street drug that has come into widespread use in South Africa since 2010, mostly in the impoverished townships of Durban.

CHAPTER 2: INNOVATION



Linda Sangweni, youth ambassador Ward 11, Kwamashu

The innovation of Operation Sukuma Sakhe is the fact that a community-centred approach has been institutionalized. It is specifically designed to break away from a 'silo mentality'. It moves away from a model where community and government don't communicate with one another. It also means different government departments work in unison instead of viewing any problems

and necessary responses as belonging to one department only. Furthermore, it breaks down barriers between different tiers of government so that information from a grassroots level can make its way to those in power and effective governance and leadership from 'above' can filter down so that practical solutions are found to community-based problems.

COMMENTARY

STORY OF GOVERNANCE AND LEADERSHIP FROM A 'CHAMPION'

My name is Mrs NM Zuma-Mkhonza. I am the Chairperson of Operation Sukuma Sakhe in uMgungundlovu district. This is my perspective on the governance and leadership in Operation Sukuma Sakhe.

At a Provincial level we know that Operation Sukuma Sakhe is the brainchild of the Premier. Then he said, 'All MECs are going to be deployed in each and every district' so each district has got its own political champion. So the district champion—the MEC—addresses the challenges, gives direction and coaches in issues that are politically driven. Working together with the MEC champion it is a HOD champion. So if there is an issue that relates to any government department, then the HOD champion has to address that issue and unblock any challenges that the district might have.

Then at the local municipality level there is a local task team chairperson. This person ensures that all issues related to the local municipality in terms of establishment and functionality of the war rooms, household profiling and implementation of the interventions are done by the departments. The local task team chairperson is the mayor who is the champion of that particular municipality. At a ward level there is a chairperson who convenes the meetings and ensures that the profiling in the wards gets done. The ward councillors champion Operation Sukuma Sakhe in their wards. We have 84 war

rooms in uMgungundlovu with a chairperson and a champion. Two people—the ward councillor and the war room convenor—are actually responsible to ensure that household profiling is happening, that the interventions are being done and that people understand what needs to happen. So there is accountability... from the ward to a local task team to district to province. Each structure has got a convener and they put together all the issues. Then a councillor, mayor or MEC—depending on the level—addresses these issues. Administratively, then, the government officials run the program.



A war room meeting

GOVERNANCE AND LEADERSHIP

The governance and leadership of Operation Sukuma Sakhe works from the top-down and bottom-up in a two-way stream. Everyone who is involved in the implementation of Operation Sukuma Sakhe—from the Premier to a ward councillor—sees it as his or her responsibility to make the model work. There is a widespread belief among Operation Sukuma Sakhe's stakeholders that “there is no Plan B”, signifying that the model must work—any suggestion otherwise seems unfathomable to those whose daily work is Operation Sukuma Sakhe.

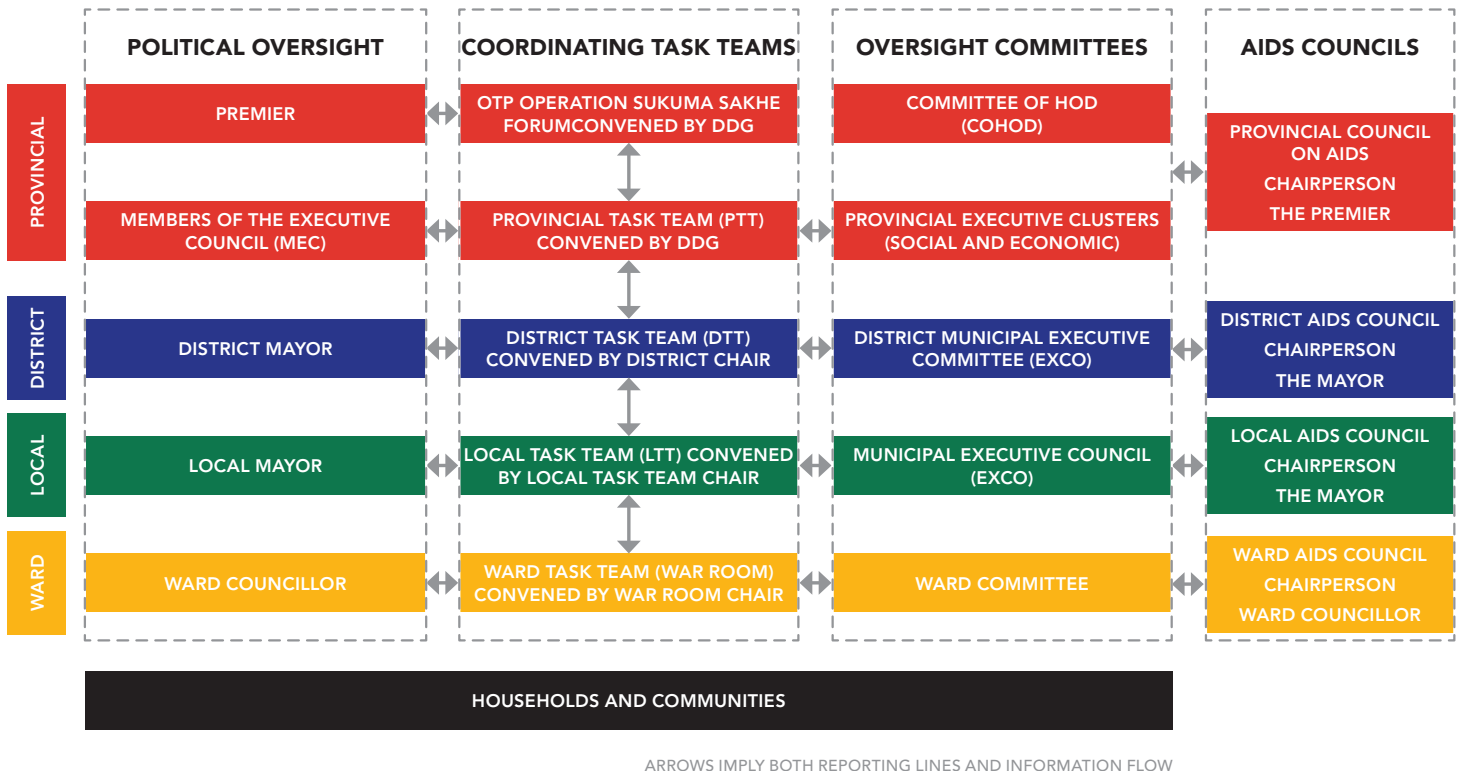
A QUICK GUIDE TO GOVERNANCE IN OPERATION SUKUMA SAKHE:

- There are four tiers of government in the Operation Sukuma Sakhe structure:
 - Province
 - District
 - Municipality
 - Ward
- There are three structures in which all four tiers of government are involved:
 - Political oversight
 - Co-ordinating task teams
 - Oversight committees



TASK TEAMS

Operation Sukuma Sakhe structures



There are Operation Sukuma Sakhe Task Teams at all levels:

THE WARD TASK TEAM operates at a ward level. It oversees the functioning of the war room. It is made up of the war room champion, the ward councillor, government departments, community leadership, civil society and field workers. The Ward Task Team reports to the Local Task Team.

THE LOCAL TASK TEAM operates at a municipal level. It ensures that its plans are integrated into the municipal Integrated Development Plan (IDP) and provides guidance to the war rooms. It is made up of the municipal champion, the mayor, government departments, community leadership, civil society and representatives from the Ward Task Team. The Local Task Team reports to the District Task Team.

THE DISTRICT TASK TEAM operates at district level. It, among other duties, identifies and addresses the challenges experienced at a district, local and ward level. It is made of the district champion, a Member of the Executive Council (MEC) and district mayor, government departments, community leadership, civil society and representatives from the Local Task Team.

THE PROVINCIAL TASK TEAM maintains the momentum of Operation Sukuma Sakhe at a provincial level. It is made up of an executive, government departments and strategic partners.

Operation Sukuma Sakhe's 'champions'

- The overall champion for Operation Sukuma Sakhe is the Premier of KwaZulu-Natal.
- The Premier, MECs and Heads of Departments (HODs) are assigned to each of the eleven districts to play the role of champions from a political and administrative perspective.
- A provincial level champion (senior official) is appointed as a convenor and is charged with supporting the district in gaining buy-in from all stakeholders and to assist in mobilising resources.
- At the district level, the district mayor is the political champion and at the local level, the local mayor is the political champion.
- At the ward level, it is championed by the ward councillor and the *Inkosi*.

Political champions

A key factor in Operation Sukuma Sakhe's success is the presence of formal political champions. These are not simply politicians who have bought into the philosophy. Their role is institutionalized and is an official part of the structure of Operation Sukuma Sakhe. The political champions across different tiers come from different departments and this ensures there is integration of services.

Dr Fikile Ndlovu, General Manager of the HIV and AIDS Chief Directorate in the Office of the Premier, explains the rationale behind the function of political champions:

"Many governments across the world—and South Africa too—have been in this bureaucratic and mechanical mind-set of which 'department' they are in. People are of a mind-set that says, 'This is my job description and I can't do anything else if it's not in my job description'", she says. "And we've been stuck in models of management that have been shown not to work. Now you come to Operation Sukuma Sakhe which says, 'There is an MEC champion who is not from the same department as the HOD champion, who is not the same as the convenor, who is not the same as the deputy chairperson of the district. All of a sudden you've got four people who have to work together and achieve a goal in Operation Sukuma Sakhe, but not following any of those mechanical models of management. All of a sudden you've got a cross-functional team.'"

WHY IT WORKS

- Because the concept of governance relies on direct communication with the people—it is not an invisible thing that happens behind closed doors.
- Every department has a role to play because issues facing communities are cross-cutting.
- Official and unofficial champions of Operation Sukuma Sakhe lobby for other government departments to join if they haven't done so.
- This model of governance is holistic and brings services to the people.
- Because the community itself is involved, it makes each community more governable.
- It is a model of two-way governance and accountability from the bottom up.

Councillor PN Khaba, Executive Mayor of the Abaqulusi Municipality in Zululand District and Chairperson of the Local Task Team, shares some insights and practical tips.

Governance that relies on direct communication

"If you talk of Operation Sukuma Sakhe, you are talking of an operation that functions on a daily basis", she says. This is because of the direct flow of information between community members and officials who are mandated to assist them.

Instead of that information being channelled to different departments, it is heard by more than one department at war room meetings.

Higher up in the tiers of governance too, there are efforts to get the departments on board with Operation Sukuma Sakhe's integrated approach.

"When we have our meetings as the Local Task Team, we sit with the departments and say, 'Can you please improve on your service delivery when we need you most in our wards?' Because of this, we have seen a growing trend of departments buying into it."

"People have seen that if there is a challenge and you take it to the war room, services will come."

There are still officials who are difficult to lobby, however, and Khaba says it is then up to leaders at different levels to try turn that around.

"The champions of Operation Sukuma Sakhe say, 'Help us—let's get everyone to commit to this' and it is not just about talking to the departments. It involves the municipalities too. It is a mind-set in governance that needs to happen at all levels," she explains.

Governance begins in the war rooms

Before, says Khaba, a complaint of lack of electricity would have to find its way to the municipality. But now, she says, "People can start by reporting where they should report it and that is in the war room at ward level. They begin even to understand what Operation Sukuma Sakhe is."

She says the existence of a war room has become so crucial to effective governance that if any ward does not have a war room, everyone should be asking why.

And, she adds, it is a form of governance that is entrenching itself because the results are obvious.

"People have seen that if there is a challenge and you take it to the war room, services will come."

Because the community is involved, Operation Sukuma Sakhe is more governable

Khaba explains that, because the Operation Sukuma Sakhe model facilitates direct community involvement, it leads to more constructive ways of dealing with issues.

"I appreciate the way that they are connecting themselves as a community," she says. "The way they are responding makes it clear to us that we're making a difference. Just by having more information, it eliminates the possibility of strikes in the streets and of people not understanding, for example, why they need to pay for services."

The other side of the coin is that by working in an inter-departmental way, government officials are able to meet the needs underlying community frustrations more rapidly.



A GOVERNANCE MODEL FOR THE COUNTRY AS A WHOLE

Because 'reporting back' happens in a public and visible space like the war room, it is very clear which departments are being effective and which are not. This system is strengthened by written reports too so that higher tiers of government are kept in the loop.

"The reports from wards can be taken to the district and the district can report to province," explains Khaba.

There is a lot of scope for the Operation Sukuma Sakhe model to be rolled out on a national level and already other provinces are interested in it.

"There is a programme in community development in our area," says Khaba. "It is a working group that discusses issues affecting women, children, people with disabilities and others. I was recently in Pretoria explaining how this works and I emphasised how well we communicate with people locally where I come from. They were very inspired and asked us many questions about our model and we invited them to come and see for themselves."

After this, a chairperson from the national working group visited Khaba's municipality to see what was happening "on the ground".

"We had a beautiful meeting where we explained that with Operation Sukuma Sakhe, there is no door that you cannot open. There is a market for this model all over our country," she says, "I would like to see the president of South Africa saying, 'We can take Operation Sukuma Sakhe to the whole country because it helps every citizen.' Everyone becomes part and parcel of decisions being taken."

COMMENTARY

My name is Dr Zweli Mkhize. For four years, until mid-2013, I was the Premier of KwaZulu-Natal and the provincial champion of Operation Sukuma Sakhe. I was also the district champion of Zululand district. This is my story of Operation Sukuma Sakhe.

In 2009, we looked for a service delivery model that would do a number of things. Firstly, integrate different government departments so that they are found in one spot at the same time so that communities don't have to move from pillar to post to get support. Secondly, we wanted a model wherein government would not just be accessible to local communities but also would be accountable.

This is in the sense that communities on a daily basis would be shaping the thinking of government officials in terms of what services they need. The government would be able to redirect resources in a way that would address the concerns of the community. We also realised that there are a number of social ills that needed to be dealt with, including issues of unemployment, crime, poverty, violence, HIV, substance abuse and teenage pregnancy—all of

these needed communities to mobilise; to work together. The only way to solve the problem is to find a situation where all of the issues can be tabled in one centre, where the community, various departments and leaders are represented and where they can create a community dialogue on a continuous basis where each

.....
What I have seen through Operation Sukuma Sakhe is that where the community is active, the war room is very successful.

one has to take responsibility for their role. We believe that this is the only way we can help a community that has come out of trauma, apartheid and violence and is trying to rebuild.

We borrowed from a biblical story where Nehemiah went to the King to request permission to mobilise everyone to help to

rebuild the ruins of Jerusalem. What is significant for us is that we took this from the motto of the province in that we have come from the ravages of apartheid, violence, HIV, poverty, migration and disruption of families. What I have seen through Operation Sukuma Sakhe is that where the community is active, the war room is very successful. We have had houses built for the destitute, children taken to school, identity documents delivered without people having to go to government offices, pension queries that have been intractable for a long time that have been solved, child support grants offered to people who are destitute and we have been able to trace people who have been missing. So we believe that Operation Sukuma Sakhe has operated more as a community mobilisation campaign to get communities to look at what is wrong and turn their situation around. All of this has created a model that is getting more refined to become very useful.



Former Premier of KwaZulu-Natal, Dr Zweli Mkhize

ACCOUNTABILITY



A main feature of Operation Sukuma Sakhe is the fact that, because the system is so ‘visible’ and ‘public’ in the form of the war rooms, transparency and accountability are built into it. It is difficult for someone who had promised to look into something to just disappear and never be held accountable for what they are supposed to do. The community also plays a part in this while they, in turn, are responsible for being actively involved rather than simply waiting for services to come to them.

Because of this dynamic, community members are able to ensure their needs haven’t fallen on deaf ears as they are able to follow up with a visit to the war room. There, they can speak to the officials who had promised to see to their problem and ensure there is a resolution.

Ms Nomvuyo Mbixane, a community care giver in Ward 23, Reservoir Hills, describes how accountability has improved relationships with the community.

“Before they used to say, ‘Hey Nompilo, come here and collect the information’ and so we got information because we took it upon ourselves to do something for our community. But we didn’t get any help from the departments. So we couldn’t go back with any solutions. So it was very hard before because when people saw you coming, they were just closing their doors and running away. But now we

are working together with the war room, we give the information to them and they take it and deal with it. Now that they see we can help, they open doors. And they say, ‘Oh Nompilo, go help at that house number so and so and I go there and collect their information. And they know that I will come back.’”

The Ward, Local, District and Provincial Task Team model also ensures accountability in the system. If household issues are not being dealt with, it will be picked up by the task teams and officials will be held to account. If a bottle neck reaches a district level, the HOD district champion is able to communicate this with the MEC champion who can take up the issue with the relevant department, at the highest level.

“You see, in the structure of Operation Sukuma Sakhe there is no contradiction,” says Mr Mpumelelo Zulu, deputy chairperson of Operation Sukuma Sakhe in Zululand district. “We’ve got the war room.

A main feature of Operation Sukuma Sakhe is the fact that, because the system is so ‘visible’ and ‘public’ in the form of the war rooms, transparency and accountability are built into it. It is difficult for someone who had promised to look into something to just disappear and never be held accountable for what they are supposed to do.

The war room speaks to the local task team. The local task team communicates with the district task team and the district will speak to the provincial task team which is the Office of the Premier. You see, there is no gap in terms of reporting. Everybody knows what is going on. Because if you want to know more about the households in a particular ward, you just go the war room. There everything is displayed on the wall. It will say, 'We have 1 000 indigent households in this ward. We have a certain number of people with disabilities. We have a certain number of people who are taking HIV treatment. We have a number of people who are taking certain types of drugs.' You see, everything is there in the war room. The councillor will just look on the wall and will give you the feedback in terms of what is there in the ward. Also, there is what they call a Ward AIDS Council and a Local AIDS Council, which also forms part of the war room because everything has a certain place within the ward. The issues from the Local AIDS Council will be moved to a District AIDS Council and from the District AIDS Council to the KwaZulu-Natal Provincial AIDS Council [chaired by the Premier of KwaZulu-Natal] where all the issues concerning HIV and TB in the province are discussed and resolved."

Working together to ensure accountability

UThungulu Mayor, Councillor Thembeke Mchunu, says the success of Operation Sakuma Sakhe is due to people and government working together.

"It is about us as government coming together with the communities to say, yes, we understand that poverty levels are high and now how can we come together? How can we help each other to turn the situation around? It is about being partners in this process of community development. It cannot be a one way process. Government comes in, but the community also lends a hand and supports the process."

She says an important intervention in enhancing accountability has been to provide office

You see, everything is there in the war room. The councillor will just look on the wall and will give you the feedback in terms of what is there in the ward.

equipment—including computers and internet access—to some of the war rooms.

"We want to have direct communication between the district and the war room. We want to facilitate problems that are identified at a ward level as fast as we can, to the province, to the provincial department, if necessary to the national department, but make sure that we do come together and work as a team with all the departments."

Getting to the root of a problem

Councillor Mchunu says successes included providing a house for a 102-year-old grandmother and assisting a group of young people with funding to attend university.

She describes the many levels of community members who are involved in the project from the ward champion to the traditional healers, the community caregivers and youth ambassadors.

"They all come together. The municipality comes in and we work as a team. That makes accountability a natural part of it. We identify the problems and then we respond."

"But," she adds, "Our response is not always just a quick fix—like food for a hungry tummy. If there is a job opportunity, we identify youths from poor families who will benefit from such an opportunity. By doing so, you are now dealing with the actual poverty at the root of it. You are providing some food for this family on an almost permanent basis."

She says that by bringing government services to the people, it has created a culture where the community has taken "ownership" of government. And so, everybody is accountable. The interventions are co-ordinated so checks and balances are in place.

"We cannot be a government that works alone and leaves the communities behind," she says, "and the community must participate too. We are accountable to each other."

COMMENTARY

My name is Zandile Dlamini. I am a consultant from a company called e-Solutions, which has been working with Operation Sukuma Sakhe since 2009. Through my work, I see how functional systems to capture information can improve accountability in Operation Sukuma Sakhe.



Zandile Dlamini

We are a service provider to the Office of the Premier in the sense that we provide electronic solutions for their needs. Our company is project-management based and is an information technology company where we develop software that can be used in the war rooms.

Software has been developed to capture data from the household profiling forms which then goes into the system, which will then make sure that the data moves to the relevant departments and generates referrals.

Referrals are the services required by the community, according to all the data on the form. Our system is exactly like the household profiling form. Once the data moves to the relevant department, it also moves to the Office of the Premier's nerve centre. That is where I sit

Cases don't disappear. At the next meeting the community will be given feedback on which issues were resolved and which weren't.

every day and we have the best technology to ensure that the correct department is called upon for support in each case.

The system facilitates the monitoring and evaluating process because everything is automated. It means that no case which is captured can slip through the system without someone questioning why if nothing has been done to help one of the cases.

It is possible to use the system to check which departments and officials are following up on the referrals sent to them and can then be held to account.

If Operation Sukuma Sakhe-related cases have been sitting, for instance, in the Department of Health and nobody has attended to them, then we have a flagging system that tells us that nobody has gone into the system. It then escalates to the appropriate manager. If the manager then also does not access the system, it then escalates to the MECs and then the Premier.

In this way, it can easily be seen if there is a gap between

community members reporting their problems and getting the help they need. Regular war room meetings taken place and every case that is mentioned stays on the agenda until it has been resolved.

Cases don't disappear. At the next meeting the community will be given feedback on which issues were resolved and which weren't.

e-Solutions currently works with 185 model war rooms throughout the Province of KwaZulu-Natal. A model war room is not functional because of infrastructure as such, but because it is doing work and it is functioning. They are collecting the referrals. They are providing the intervention. So what the Office of the Premier actually wanted when they brought us on board is to further equip the war rooms. We do war room system capacity building training using our system because we are capacitating the war room in order for it to function a little bit better, to give them some more resources. To be able to carry on doing the good work that they are doing.

CHAPTER 3: DELIVERY

MULTI-SECTORAL SERVICE DELIVERY



Mobile clinic at Ward 11, Kwamashu

Operation Sukuma Sakhe operates using a multi-sectoral service delivery model. This model is the embodiment of bringing government ‘closer to the people.’ Each department is mandated to be involved in the war room and to render services where they are most needed. Key government departments include, but are not limited to, Health, Social Development (especially the South African Social Security Agency: SASSA), Basic Education, Home Affairs, Agriculture and the South African Police Service. Often service delivery takes place through mobile clinics or scheduled visits by the departments to the war rooms on a particular day. Everyone in the ward is aware of the visit of the department and comes to the war room to have their problems resolved. This is part of integration.

The most important link in the multi-sectoral service delivery model is the community care givers. By communicating with people in their own households, they gather the most important data ‘on the ground’ and are thus able to identify common problems in the community, as well as the specific problems that each household faces. For example, their job is no longer limited to only looking for health issues if they happen to be employed by the Department of Health—they will also look for other issues in the household, such as food insecurity, lack of social security, employment and so on.

THE ROLE OF THE COMMUNITY CARE GIVERS

- Community care givers are allocated a set number of households in their ward to profile.
- They receive specialized training on how to use the household profile tool and are also introduced to the aims, objectives and principles of Operation Sukuma Sakhe.
- They are trained in effective communication skills and on the compilation of a database and reports.
- Once they are ready, they go from door-to-door within the ward and complete the household profiles.
- They present their findings at the weekly war room meetings in their ward and from this data they also compile a summary report.
- From this needs analysis, it is clear which issues are a priority and these are taken forward to the ward task team for referral to the most suitable government department.
- The government departments then develop their own action plans for each ward which is submitted back to the war room.
- The information flows between the war room, the Local Task Team, the District Task Team and the Provincial Task Team. Government departments and the war room will provide the progress reports to the community care givers.
- The community care givers will inform the community members and the war room alike on any progress in specific services delivered or pending.



Community care givers

COMMENTARY

My name is Lucia Tshabalala. I am a community caregiver in Ward 24, Newcastle, and I fall under the Department of Social Development. I actually began working as a community caregiver in February in 2007 before Operation Sukuma Sakhe was established.

I remember how it was very tough and disturbing—people were sick in a way that you wouldn't even know what to say to them. Especially if someone was sick and lived alone, it became a real burden on me. Someone said to me, "You really shouldn't make their problems yours, just assist them and move on." But they needed more than just physical help. After a while, I got used to it and I helped some of them just by talking to them. A person may take medication but if they don't get emotional support, the medication will have no effect.

Now with Operation Sukuma Sakhe, we have the war room. We have a process to find out what problems are in each home.

It may happen, for example, that a child's mother is not receiving a child support grant or a foster care grant. I would then visit their home, conduct an interview with them, take their full details and then refer her to the Department of Social Development. After they've registered with Social Development, I don't just leave it at that, I do follow-ups on how things are going up until they start receiving their grant.

I currently work in Ward 24. It is a huge area and there is a place called Nyokeni which is badly affected by food insecurity.

Now with the war room, we are able to do more services for people. You might find, for example, that I haven't reached someone's home yet to help them out. I might not even know that they are going hungry.

But then someone with a problem comes to the war room or sends somebody else. Now the ward councillor can call me and ask me to visit a certain home and do a profile of that home. We go there and collect as much information as possible. So all in all the war room helps in connecting us with the community because we might not have gotten to a particular side of the area during our door-to-door visits.

Once we have profiled the whole family, we are able to refer them to the right place. Say that family has a problem which requires Home Affairs I have to refer that particular person to Home Affairs. Another problem might mean that I refer them to a hospital, or perhaps they need help from Social Development.

Here is an example of us helping the more vulnerable in our community: Last week I visited a grandmother who lives alone is unable to walk. I took her case to SASSA. It was even a problem getting her in a car to get to the pension centre. So I asked her to choose a family member whom she trusts to be the one responsible for collecting pension money for her and that helped a lot.

Another example: There is a family with orphans and one of the orphans had quit school. I asked the child why she had stopped going to school, but she was reluctant to talk in front of her grandmother. I called her outside so we could talk privately and that's where she told me, "Since 2006 I've had a problem, my sister. My mom passed away in front of my eyes and I'm not coping well at school." So I was then able to book some

counselling for her and I do follow-ups to check how it is going.

The important thing about these stories is that things become visible. The community becomes aware that the war room is a place where even the most vulnerable can get their problems noted. One may have a similar problem as the one that somebody else had. It will be easy to advise them by showing them how someone else got help by having their problem taken up in the war room. In that way others can be helped through another person's experience.

I believe that if a problem has been brought forward it should be dealt with. We shouldn't be afraid to knock on closed doors in order to get help for others. If a person has come here with their troubles, we shouldn't go around and make a laughing stock of that person—we should do what we can to help them. And then people start seeing they are not the only person with a particular problem.

Another thing is that I'm the only community care giver from Social Development in this ward and three are from Health. If there is someone who is sick, I can call one of the community care givers from Health and if they come across someone who needs help from Social Development, they can call me to step in. When I was working independently and I wasn't part of the war room, I had to do everything myself. My load is much less heavy now. It is a hundred per cent better and I am no longer interested in working anywhere other than for the community.

HIV AND TB CENTRAL TO OPERATION SUKUMA SAKHE

The importance of addressing HIV and TB as part of Operation Sukuma Sakhe can be seen in its logo. Right in the centre of the tree's trunk is a red ribbon. This shows an inherent understanding of the need to address HIV and TB as part of a multi-sectoral response which addresses the social determinants of health.

“The Premier understood the context within KwaZulu-Natal and he understood that the issue of HIV cannot be one department's responsibility,” says Ms NM Zuma-Mkhonza, chairperson of Operation Sukuma Sakhe in uMgungundlovu district. “It can only be combatted through multi-stakeholder involvement, plus community

involvement, community leadership, councillors, mayors, traditional healers and traditional leaders. The ward councillor is the chairperson of the Ward AIDS Council and also the champion of the war room. So there is integration between what is happening in the Ward AIDS Council and the war room. There is the understanding is that no one person alone can actually fight and conquer HIV and TB and any other social ills.”

A community care giver from Ward 23, Reservoir Hills, explains how community care givers have relieved the burden on people in the community who are living with HIV. “People before were dying of HIV. Now they know that

community care givers have been trained to have the information. They come and say, ‘Please just bring my antiretrovirals from the clinic. I’m scared of so and so who is at the counter.’ So we will go to the clinic, quietly to get the treatment, before they see someone that they know from their area. It’s much better because every day we are checking our patients. We have got our patients now. So I know that at about 08h30 I must go to that patient and see if she took the medication or what. I must go to that room and see if she has lunch, if she took her medication. So it’s much easier than before.”



HIV and TB at the centre of Operation Sukuma Sakhe

Reaching the most vulnerable

People with disabilities are some of the most vulnerable members of communities. Disability is often not well understood and as a

result people with disabilities can be hidden in the household. This makes them vulnerable to abuse or neglect and not able to access the services they need. Because

household profiling brings people from the outside into the household, Operation Sukuma Sakhe is benefitting people with disabilities and their families.

COMMENTARY

My name is Wandile Mthethwa. I am a very open person and I enjoy talking to people. I started a non-governmental organisation called Vibrant Action, which helps people with disabilities.

I am disabled because I got hit by a car in 1992—an incident which left the one side of my body unable to function anymore. After the accident, I continued to be involved in different activities as I am an outspoken person who enjoys networking. I attended several business workshops and noticed that no disabled people were attending. This really upset me. That led me to start the non-governmental organisation. What keeps me going every day is the slogan that goes “turning our deepest scars into stars.” It is designed for people with disabilities and the message is that they should not be dependent on their disability grant or fear participating in other things despite their disability. Operation Sukuma Sakhe has helped me a lot. Firstly, the war room advised me to register the non-governmental organisation that I started. I told them about it and the councillor and the chairperson advised me to register it so that I can get sponsors and

What keeps me going every day is the slogan that goes “turning our deepest scars into stars.”

therefore help people in the way I want to help them. Secondly, to be honest, I didn’t even know where one would go to register an non-governmental organisation and they told me to go SASSA and that registration is free of charge. Then they have also helped us in other ways: For international day for persons with disabilities, we could not book a hall as we are an non-governmental organisation and didn’t have the resources, but now via them we have a hall that we can use. There are now three of us who have met through the war room and are involved in the non-governmental organisation; in doing something active. We also have others who are not disabled. There is this old slogan that goes, “nothing about us without us” but we must also remember that we must be a mirror and that this idea must cut both ways. We can lobby for disabled people to be accepted and then we don’t accept abled people. We make sure that we balance it. Some of the community is still discriminatory against people with disabilities. You still find many issues with that—people hiding disabled people away. I just take that as a crime because you are actually killing someone if you do that. If you are

going to close me in a house for fifteen years and then after that you pass away, what about me? The household profiling by the community care givers helps to identify people with disabilities so that they can access services. Here is an example: I was just

I can see the future is bright. If we had to shut down the war rooms, people would have no platform to speak out about their problems and that platform is where help begins.

recently talking to a lady from the Red Cross at the war room as they are the ones here doing the job of going from house to house. She told me about a ten-year-old boy who needs to go to school but they are looking for a school that teaches sign language. The only school I know of is a high school, but because I am working with other people who use sign language, I can refer the young boy’s family to them to see if they can help. Without the household profiling, we wouldn’t have known about this young boy. I can see the future is bright. If we had to shut down the war rooms, people



Wandile Mthethwa

would have no platform to speak out about their problems and that platform is where help begins. Operation Sukuma Sakhe is a ‘middle finger’—it is in the middle of everything.

Community members with disabilities feel ‘heard’ for the first time

Ward Councillor Obed Qulo of Ward 11, KwaMashu, tells of a recent successful meeting held with community members with disabilities where food parcels were distributed and officials gathered to listen to their problems and experiences.

“It was a great day. The idea came from the recognition that for people living with disabilities, their immediate surroundings are often the most familiar. It is the four walls that surround them. They might only go out when they go to clinic. So because they are mainly

out of sight, we often forget about them. We always close the door.”

It had been agreed to hold an event, but not the usual party filled with food and music.

“I said, ‘No. I am not going to do that. What we are going to do will be more of a listening and learning meeting.”

Because the key concern for people with disabilities is a social assistance grant, Councillor Qulo brought SASSA to the meeting. He says, many questions were put to SASSA and the manager was able to answer them.

“I said to the manager that it is not an effective intervention unless you ‘diagnose’ before you ‘prescribe’. So we hear what issues are raised and then from there we plan an intervention.”

For Councillor Qulo, it was emotional day. He was moved to tears by the deep gratitude from community members with disabilities who felt truly ‘heard’ for the first time. He received calls of thanks and a community care giver recalls how a woman in a wheelchair made the effort to come to her office a few days after the event to say thank you and to present a home-cooked meal that she had prepared.

Councillor Qulo recalls one woman who said afterwards that she never imagined in her life that such an event could be put together for people with disabilities who—in reality—never get to express their concerns.

“Can you imagine?” he asks, “at age 71, it was her first time to feel like government was listening to the real concerns that people with disabilities have. We realized how profound this event had been!”

NOT JUST A **LITTLE GREEN BOOK**

...for most South Africans, it is literally the difference between poverty versus having a social grant which brings in some income, or being deprived of an education versus enrolling in a school.

Even for the most empowered and privileged sectors of South African society, an identity document is vital. For some, it might be the difference between being able to increase the limit on your credit card or not, or check into a flight on an aeroplane or not. But for most South Africans, it is literally the difference between poverty versus having a social grant which brings in some income, or being deprived of an education versus enrolling in a school.

Social grants, child support grants, foster care grants, disability grants,

pensions ... these are all sources of income —albeit limited—which for many families represent the only form of income. Therefore, an identity document is not just a little green book. It can unlock doors onto food security, education, health services, adequate Early Childhood Development and political rights—to mention but a few.

The problem often is that the most vulnerable, who desperately need their identity documents to help them access some type of social support, are also the ones who don't have the resources to get to their local Department of Home Affairs. This is especially true in rural areas, but in urban areas too.

South Africa is a country characterised by economic migration between provinces and natural disasters, such as floods and fires. These factors have a

significant role to play in the loss of essential identification papers, such as birth certificates, which open the door to the acquisition of an identity document.

That is why, when Operation Sukuma Sakhe started opening up discussions in the war rooms about what people really needed from which departments, there is one thing in particular that found its way into almost every conversation: An identity document. Thus, the model of 'bringing services to the people' has been particularly successful when it has involved mobile services for getting identity documents. Instead of having to travel long distances and spend time and money getting to the offices of the Department of Home Affairs, where identity documents are issued, war rooms organise days where the focus is getting identity document for as many people in the ward as possible.



Department of Home Affairs mobile services at Ward 4, Mthonjaneni

WHAT HAS YOUR ID DONE FOR YOU?

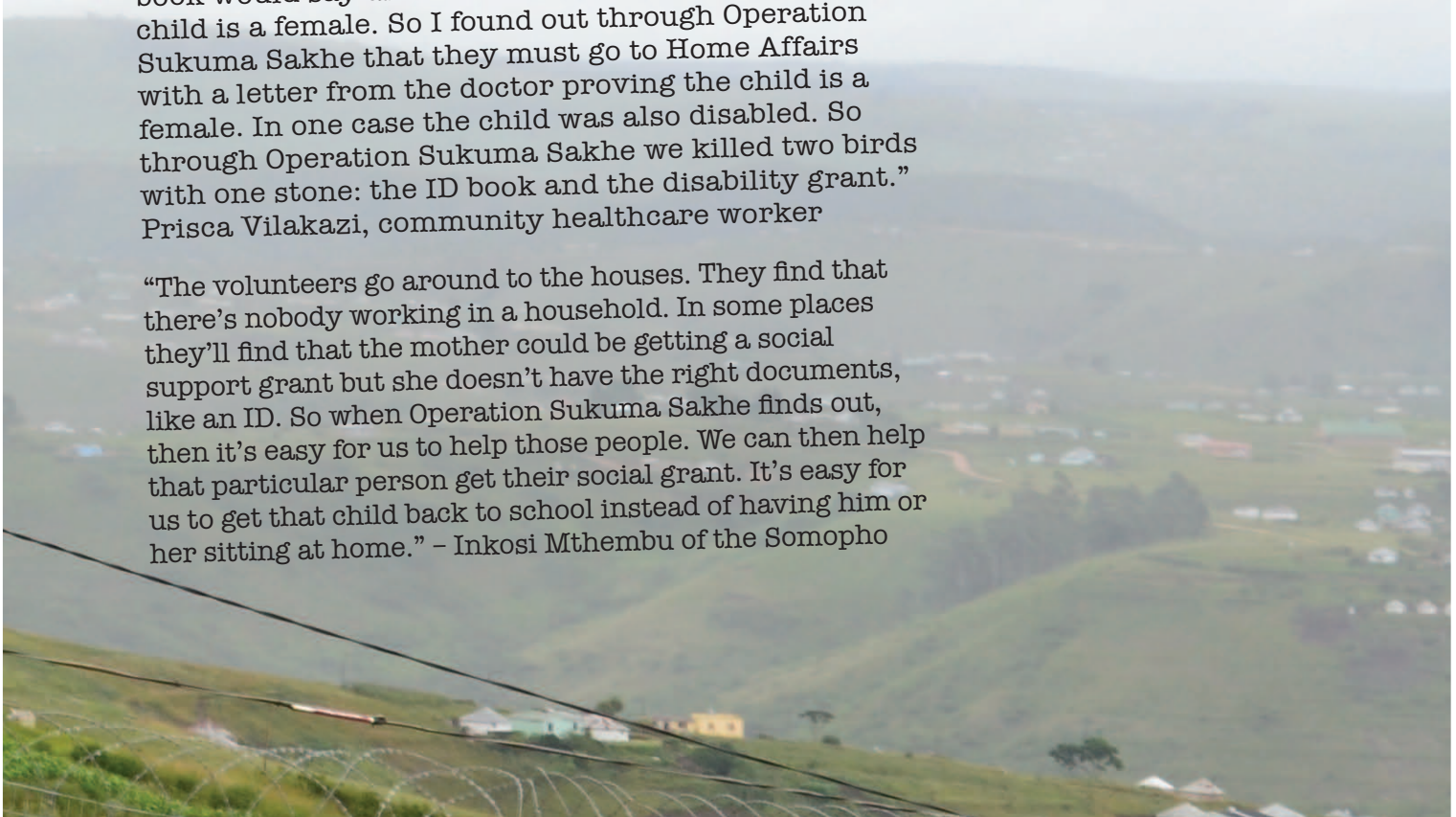
Ward 7, Ntambanana

“My child had no birth certificate and because of that, he couldn’t get an ID. Now Operation Sukuma Sakhe has some community care givers. They go from house to house explaining the work they do. They find out more about your household and take it to the war room. Your problem can be fixed. Mine was that my child could not get an ID book because he had no birth certificate. So I got help from Operation Sukuma Sakhe and now my child has a birth certificate and an ID book. He is now studying standard ten. And that is all because of Operation Sukuma Sakhe.” Qhiki Dumisa, beneficiary and community worker

“We discovered that in our ward, there were about 304 people without IDs, so we went out to find them and we found more who also didn’t have. But by working together as a war room, we found out this year that we successfully helped 138 out of this 304 get their IDs so far.” Lindiwe Majola, war room chairperson

“If a child is right for a foster care grant, that child must be younger than eighteen. In some cases, the ID book would say the child is a male when actually the child is a female. So I found out through Operation Sukuma Sakhe that they must go to Home Affairs with a letter from the doctor proving the child is a female. In one case the child was also disabled. So through Operation Sukuma Sakhe we killed two birds with one stone: the ID book and the disability grant.” Prisca Vilakazi, community healthcare worker

“The volunteers go around to the houses. They find that there’s nobody working in a household. In some places they’ll find that the mother could be getting a social support grant but she doesn’t have the right documents, like an ID. So when Operation Sukuma Sakhe finds out, then it’s easy for us to help those people. We can then help that particular person get their social grant. It’s easy for us to get that child back to school instead of having him or her sitting at home.” – Inkosi Mthembu of the Somopho



Ward 23, Reservoir Hills

“I had one old lady who went to apply for her grant and when she got there they said, ‘But you are dead’. She said, ‘No, why are you saying I am dead? I am sick and I am supposed to get a grant’. I took her to Home Affairs before Operation Sukuma Sakhe was started. No help at all. But then with Operation Sukuma Sakhe it was easier to help and she had her ID within three months.” Community care giver

“Before it was very difficult to get the official documents you needed. Each and every house that we go to, they tell us they don’t have ID books and birth certificates. Many people lost them in the fires that happened here. A lot of people now get help from Operation Sukuma Sakhe. Last week, we had people from Home Affairs who came here to help people get IDs.” Community care giver



PARTNERSHIPS

As described in various other chapters of this report, the partnership between the community and government is what drives Operation Sukuma Sakhe. It is this fundamental partnership that sets Operation Sukuma Sakhe apart from other governance models across South Africa.

A closer look at a functional war room will show that the partnerships include civil society, development partners, community structures and government departments and that these elements work together to provide a comprehensive integrated service package to communities. In some cases, the local private sector also gets involved as a stakeholder to provide support.

Here are some examples of (and insights from) stakeholders from different sectors:

Civil society

The Al-Imdaad Foundation is a non-governmental organisation based in KwaZulu-Natal and has its head office in Estcourt. According to its Project Co-ordinator, Abed Karrim, the organisation has been involved with Operation Sukuma Sakhe since 2009.

“What our organisation had decided is that we would get involved in poverty eradication and align our programmes with government,” he explains, “to make sure that our intervention fits in with how Operation Sukuma Sakhe is doing it with, for example, profiling of houses.”

An example he gives is of two elderly women the non-governmental organisation came across during their fieldwork who were in desperate need of a house. They were able to present their findings to officials on board with Operation Sukuma Sakhe.

“We had a meeting with the relevant stakeholders of Operation Sukuma Sakhe and today the house is up. So here we have two senior citizens of our county who have been housed through Operation Sukuma Sakhe. For us as Al-Imdaad Foundation, I would say that there has not been any better programme that has come up, where non-governmental organisations can partner with government through this structure.”

Mrs Fikile Beauty Inkosi runs a non-governmental organisation called Siqalakabusha Home-based Care and is a member of the Ward 11 committee, KwaMashu.

Inkosi's own adverse personal circumstances have helped sharpen her commitment to the welfare of others. After being medically boarded in 2008, the former domestic worker started Siqalakabusha Home-Based Care, which means ‘We are starting anew.’

The non-governmental organisation engages in various services, including palliative care, case referrals, assistance with birth certificates, organising food parcels for orphans and vulnerable children and hosting an annual camp known as Siyaphambili. “If our cases are getting out of control, we ask Operation Sukuma Sakhe to profile them for further interventions.”

At present Inkosi has a team of 15 that looks after children ranging from five to 18 in age.

She took in Linda Sangweni, a 22-year-old who was orphaned at the age of 15. Sangweni is now a youth ambassador at the war room. After profiling the family, which Sangweni now heads, community care givers arranged for food parcels and clothes to be supplied to Sangweni and his two siblings. Inkosi's non-governmental organisation also gave food and clothing and helped with the Sangweni children's homework.

Six years after their mother died; disaster struck the Sangweni family once more when their mud house was washed away by floods in 2012. Again, the war room and Inkosi came to the aid of the family and helped it survive the crisis.



For Sangweni, Operation Sukuma Sakhe has proven to be his sanctuary in hard times. “The impact of the work they do is noticeable”, he says.

Civic structures

It is important for civic structures to get involved with the war room meetings so that community concerns can be tabled and addressed, and in turn, the leaders of those structures can be kept abreast of government services which are brought in.

Denis Pillay and Veni Jayen head up the Reservoir Hills Community Policing Forum and the Clare Estate Development Forum respectively in Ward 23, Reservoir Hills. They provide a positive example of how their partnership with Operation Sukuma Sakhe has benefited the community on the ground.

“We had numerous smash and grabs that used to happen at the robots—especially when you took the M19 offramp,” says Jayen. “It’s a safety and security issue. It came here to the war room and through that, to those in charge of public parks. Parks got the grass cut and that minimized that possibility of the smash and grabs.”

Sibusiso Memela heads up the Neighbourhood Watch NPO in Ward 24, Newcastle. “Councillor Gabuza approached us about high levels of crime in the community and the widely-held view that

We are getting somewhere in the fight against crime. Criminals know us now. Visibility is the key.

community members thought that the SAPS were not working as they should. We started in 2010 after realising that the concept of a neighbourhood watch worked well in white areas. We first got 10 bicycles and 30 youth volunteers. We also wanted that to ensure that there was visibility of the work we were doing. We watch the community from sunrise to sunset. Crime is so bad—so much so that even during funerals, criminals steal. We are getting somewhere in the fight against crime. Criminals know us now. Visibility is the key. We recently asked the SAPS to give us crime statistics. There has been a 40% decline in crime between 2011 and 2013.”

Traditional and religious leaders

It is vital for Operation Sukuma Sakhe to work in partnership with structures which are already in place and which local communities look up to for authority. This means that faith-based organisations and traditional organisations, for example, make for important partnerships within Operation Sukuma Sakhe and should play an active role in the war rooms. A recent example provided by a traditional healer is that of a person whom she encounters through her daily work. “We brought one person’s case here to the



war room,” says Makhosi Shangase, a *sangoma* and member of the local Traditional Healers Organisation in Ward 24, Newcastle. The man was poverty-stricken and didn’t have food. “The councillor was able to take down some notes and his house number. After that they applied for a social grant, so now he and others in his household could at least buy some food. That’s how the community comes to see that the councillor is on our side. Sometimes a person just phones to say that the he was helped a lot and we go check and we find that the person is now happy.”

“When I heard about Operation Sukuma Sakhe, it was the then MEC of Education, MEC Senzo Mchunu [current Premier of KwaZulu-Natal], our champion, who addressed us as *amaKhosi*”, says Inkosi Mthembu from uThungulu district. “We gathered at the district and he showed us Operation Sukuma Sakhe. From my side as a *Inkosi* I saw Operation Sukuma Sakhe as an important thing. By just hearing the term Operation Sukuma Sakhe it means something, something very important. It involves everyone. No matter who you are you must stand up and build. So we have to be there as *amaKhosi*. We are about 44 *amaKhosi* in the district. We established the committee now for which I’m a leader for Operation Sukuma Sakhe.”

Private sector and service providers

Mrs Makhosi Ntshingila runs a company called Creative Minds Computer Training and works with the war room in Ward 11, KwaMashu.

Ntshingila grew up poor in the northern parts of rural KwaZulu-Natal and resolved early in her life that entrepreneurship was the best way for to escape poverty. “My mother had to borrow money from neighbours so that I could study at *Ongoye*.” *Ongoye*, also known as the University of Zululand, helped Ntshingila qualify for a BA in human resources and industrial psychology.

Later, she would spend 19 years working in various capacities in her chosen field. Today she has come to appreciate that working to empower her community is an important part of entrepreneurship. Ntshingila says of her work with the Ward 11 war room, “The programme I run is to empower people to think early about self-development and opportunities that make their lives better.

“We train from basic to advanced computer skills.” The programme is open to all—youth, adults and families. “It’s about opening people’s eyes so they know that help is at hand.”

“The programme I run is to empower people to think early about self-development and opportunities that make their lives better. “We train from basic to advanced computer skills.” The programme is open to all—youth, adults and families. “It’s about opening people’s eyes so they know that help is at hand.”

Ntshingila, who is a resident of Kwamashu, felt that her company, Creative Minds Computer Training, could play its part in Operation Sukuma Sakhe and offered bursaries to three young people from Ward 11 to do a three-month computer course at her Pinetown office.

The “learner-driven” training programme has already helped one of the young people get a job at a call centre in Durban. She thinks highly about Operation Sukuma Sakhe’s model. “It has an easy-flowing dimension for service delivery. Services are going to the people.” She also believes that a major strength of Operation Sukuma Sakhe is its focus on the poor. Ntshingila believes that the war room should encourage those who have “made it” in the township to also play a role in uplifting their communities.

Another example of a service provider is that of Basadi4Life which assists in events for the Office of the Premier. Says representative Pinky Mayeza, “Whenever the Premier conducts an imbizo, our role is to be there to ensure that the branding is there and is visible, but we work mostly in the war rooms, with the ward councillors. Our role is to strengthen the relationship between the Office of the Premier and the war room conveners here; to see how best can be close the gap. Government on its own cannot do it, community cannot do it alone and ward councillors cannot provide services alone. It is a joint team effort, so wherever there is a gap, I want us to see how best we could do it jointly and it is working for us beautifully.”



Makhosi Shangase

COMMENTARY

An example of a successful partnership that increased the skills base of Operation Sukuma Sakhe's community care givers is the recent large-scale training offered by international health management team, BroadReach Health Care.

During 2013, 2 000 community caregivers from uThungulu and Ugu districts were trained by Broadreach Healthcare, in partnership with the Office of the Premier's Provincial Public Service Training Academy, in a course entitled 'Integrated Community Caregiver Foundation Course'. Historically, community care givers have been funded by either the Department of Health or Social Development and thus would render services to the household that applied to their limited mandate. However, under Operation Sukuma Sakhe, while still falling under these lead departments, community care givers are now expected to offer integrated services to the households they visit. Varying knowledge and education among

community care givers led to the need to develop a training course that addresses the integrated scope of practice which Operation Sukuma Sakhe brings.

The course is a comprehensive 10-day training course aimed at building the capacity of community care givers in their role as the intermediary between the community and government. Participants were trained in household profiling and providing support and access to integrated government services.

The course provides them with the requisite knowledge, skills and tools to educate, screen and refer clients to appropriate service providers. It also assists them in empowering individuals

and communities to take responsibility for their own health through positive health seeking behaviours. The training addresses the needs of all types of individuals from new-born babies, infants, children, youth, adult males, adult females, pregnant mothers, people living with HIV and people living with disabilities. The community care givers are now certified to educate, screen and refer clients to appropriate service providers. "I know now how important it is to be a community care giver and to be part of Operation Sukuma Sakhe", said one community care giver after the training.

Additional reporting source: www.broadreachhealthcare.com



Community care giver training



My name is Brig. Gen. (Dr) S M Dhlomo and I am MEC for Health in the Province of KwaZulu-Natal. I have seen first-hand the remarkable impact that Operation Sukuma Sakhe has had on the most vulnerable people in the province, especially people living with HIV. This is my story of Operation Sukuma Sakhe.

Before one can indicate how Operation Sukuma Sakhe has contributed to the National Outcome 2: 'Long and Healthy life for all citizens in South Africa', I need to reflect on the experience of Operation Sukuma Sakhe in Blaubosh, under Newcastle Local Municipality.

We visited a child-headed household, where two girls live— one aged 14 and the other 8. We had brought them school uniforms including shoes. Instead of being excited with joy, they cried. When we enquired why, the children said that despite that they attend a no-fee paying school and that there is a school feeding scheme, they have not attended school for some weeks because they did not have uniform.

So, through Operation Sukuma Sakhe, this household was identified and intervention by uniforms made such a change in the lives of these orphans.

Prevention of Mother-to-Child Transmission

Through Operation Sukuma Sakhe,

we have spoken to all leaders in the society, since they all form part of Provincial Council on AIDS. All leaders have spoken in their areas of influence about all pregnant women making an effort to report to clinics much earlier in pregnancy (before 20 weeks of pregnancy).

We have seen a significant improvement on this matter, 40% of all pregnant women in 2008, increasing to 55% in some districts.

It means our dream can be a reality in no distant future: a zero transmission of a virus from a mother to a child.

Positive consequences of this development are that pregnant women who are HIV-positive are identified and then assessed to start ARVs. The treatment has helped them to carry on with pregnancy without any adverse events. But most significantly has been the birth of their babies without a virus.

In 2008, we had 20% of the babies born HIV-positive. In absolute

numbers, if we have 200 000 live births in KZN annually, it meant 40 000 babies were born with the virus. With the intervention of OSS, in 2012, we recorded 2.1% transmission of the virus from mother to a child, and that translates to 4 000 babies born with a virus.

It means our dream can be a reality in no distant future: a zero transmission of a virus from a mother to a child.

The success of our recently launched program, Phila Mntwana, which is driven by community care givers, is housed at war rooms. Improvement on maternal mortality (death of a woman on a pregnancy-related outcome) can be attributed to functional war rooms, committed councillors and all our leaders.

Other gains realized by the Department of Health from Operation Sukuma Sakhe include Phila Ma, Male Medical Circumcision, Anti Sugar Daddy Campaigns and Healthy Lifestyle Programmes.

CHAPTER 4: IMPACT

HUMAN RESULTS



New house built through the intervention of Operation Sukuma Sakhe

Operation Sukuma Sakhe has had a significant impact is on vulnerable people, households and communities in KwaZulu-Natal. These people are generally referred to as the ‘beneficiaries’ of Operation Sukuma Sakhe. What we have seen from preceding chapters is that beneficiaries oftentimes can also become change agents in their own communities through their interface with Operation Sukuma Sakhe. In this chapter, we feature more of the stories of beneficiaries and the extraordinary results that Operation Sukuma Sake is achieving in terms of bringing change to ordinary people’s lives.

The Senior Citizens’ Feeding Scheme

Ms Bathulisiwe Mathunjwa’s typical work day in Ward 24, Newcastle, involves going to business owners, particularly grocery stores and butcheries, to ask for donations of food.

“With what they’ve donated, I give back to grandmothers who reside alone as well as those who are left on their own in the mornings by their grandchildren when they go to school, leaving them

without anything. I then help out with my small groceries from the business owners in Newcastle. The councillor helps me.”

She also helps to feed children by making a pot of soup if there are sufficient ingredients.

“Also in the morning before they go to school I give them two to three slices of bread, if it’s available, or porridge that is available at that time. Then they go off to school not on an empty tummy. If there is something else available like pap, stamp, or maybe vegetables, I prepare it for them.”

Mathunjwa makes sure there is food for the elderly people who travel to collect their grant money.

“They wake up early in the morning to catch the queue, without having food beforehand with which to take their medication. But some suffer from high blood pressure. We would then provide soup for them so that by the time they have to take their medication they’ve had something to eat.”

She learned to take care of the elderly by the grandmother who raised her. When she herself became a mother, her grandmother taught her how to take care of children.

It was from her grandmother that she learned “how to show compassion towards others and to give a lending hand to those who are in need. I love children; I like seeing them having food for when they are at school. To me it seems as if a child who goes to school without food won’t cope because they’d be hungry and tired. They would obviously fall asleep when they are in class or they won’t concentrate when the teacher is talking. They won’t even have the energy to play with other children.”

Mathunjwa has seen the impact the war room has made on community members.

“They can now receive food and donated clothes. With winter, we had clothes to give away, including for the children. There is a difference now. Even just the vegetable soup makes a difference. When it’s cold, we prepare that soup and we serve them. Then they come right.”

Through seeing the positive change in the lives of those around her, she had also reaped the benefits.

“In my life I do gain something but most of all it’s the passion; it makes me happy to see them getting

“They can now receive food and donated clothes. With winter, we had clothes to give away, including for the children. There is a difference now. Even just the vegetable soup makes a difference. When it’s cold, we prepare that soup and we serve them.”

help. By joining the war room, I got to take a stand. I got to look around at the community I live in, what the situation is like and come forward and say ‘I can help’. Operation Sukuma Sakhe is working for us, because it is changing people’s lives.”

The Lindo Kuhle sewing group

A group of women, members of the Lindo Kuhle sewing group, say their lives have improved dramatically as a result of Operation Sukuma Sakhe.

They said the councillor had helped to solve their problems at home which he wouldn’t have known about if not for the war room.

They did sewing and gardening work in exchange for money as they had decided they didn’t want to sit with their “arms crossed”, expecting pay-outs from government.

In this way, they say, they are setting an example to young people who were expecting or relying on hand-outs.



Members of the Lindo Kuhle sewing group

The women acknowledge the success of the project is due to government and community members working together.

“Operation Sukuma Sakhe helps a lot because even if you have some problems, you just come with your problems and they help you resolve them. So it really helps a lot.”

The traditional healers

Community members expect to come to traditional healers and have all their problems solved. But the traditional healers from the Traditional Healer’s Organization in Ward 24, Newcastle, say they have learned to work with the doctors and nurses at nearby clinics and other government officials to truly help with people’s concerns.

They say people are afraid to admit they have HIV and are hesitant to take their HIV treatment.

“That’s what they are hiding. They are scared to tell you when they go to the clinic,” says one of the

healers. “But we were taught *Amakhosi* that we must work together with the clinics and the doctors.”

The healers say that community members come to them with a myriad of problems, often involving unemployment and poverty.

“At times, you see a person that is very poor. You can see they have no food at home. You can even see how the hunger has affected their body. With this sickness, you can help someone who is hungry, but you can’t heal someone who has been made sick by the hunger.”

The healers say they don’t have the power themselves to help people suffering in this way. That is where Operation Sukuma Sakhe comes in, by providing assistance to the traditional healers to help community members with their bigger challenges.

“War room is a place where we solve problems, so if you have problems or complaints, that’s where you come and talk about your problems. We come together.”

“At times, you see a person that is very poor. You can see they have no food at home. You can even see how the hunger has affected their body. With this sickness, you can help someone who is hungry, but you can’t heal someone who has been made sick by the hunger.”



Chairperson of Operation Sukuma Sakhe in uMgungundlovu District, Mrs NM Zuma-Mkhonza, shares her insights into the impact of Operation Sukuma Sakhe on ordinary people:

“The programme has a very positive impact on people because it really addresses their own needs. For example, in one household that was recently profiled by a community caregiver, there was a grandfather in his seventies. He has a daughter who was not educated and doesn't have an ID book, so her exact age is not known but she was born in the 1960s. She too has a daughter who is 21, who has a daughter who is one. They live in three mud houses which are almost on the verge of collapse. They don't have electricity or water. After the community care giver first went there to do the profiling, she came back and presented the issues to the war room in the presence of all the stakeholders. So, SASSA was called upon to get a birth certificate for the one-year-old for whom a grant has never been received. Home Affairs has been asked to address the issue of an identity document for the daughter so she can get a grant.

Also, the municipality is also involved because of the issues with electricity. They are engaged with Eskom and are being put on the list of people who were left behind when the initial electricity grid was put in. So they are now on that list, which means they will benefit. They have also organised a water tank and recently SASSA was there with a voucher for R1200. So, you can see that the change in quality of life is real with Operation Sukuma Sakhe if the different interventions are actually executed.”



Christopher Louw, Career Guidance Counsellor, Ward 23, Reservoir Hills, describes the impact that Operation Sukuma Sakhe has had on young people in his area:

“The war room makes a massive difference. I think if the war room was not available or if the concept of Operation Sukuma Sakhe had not started, we’d have more and more service delivery protests than ever before. This is the central point. Especially if one problem is affecting a whole lot of people, the war room is the place where we table these issues and we get the answers and then we get what we need. The fact that the war room exists—it’s a diamond! It really is a diamond because it pushes service delivery to levels where you think to yourself, ‘Wow I didn’t even know it existed.’ We have a tendency to think that things should be given to us, you know. And that’s something that we need to get out of our heads. People died for us to be free today. The ground that I’m walking on—I’m walking on people’s blood! The generations before us didn’t have all the freedom and opportunities that we have today. They did not have that at all. As a young person, you cannot keep saying, ‘The government is not doing this and the government is not doing that.’ You need to ask yourself: ‘What am I doing as a young person to make sure that the government can assist me?’ As a young person you’ve got your whole life ahead of you. There are programmes out there. There are learnerships, internships and other opportunities. It’s up to us as young people to stand up and say, ‘I’m here. I’m available. This is what I want to do, please help me.’”



Siphamandla Khanyi, youth ambassador in Ward 24, Newcastle, and founder of Positive-x-teens, shares his story on how Operation Sukuma Sakhe has had an impact on his life and other young people:

“The youth ambassador programme is an intervention whereby a group of youth leaders were taken for four months to do training on behaviour change so that we can bring change to other people our age. The idea is that, if we are identified as people to respect, we can help other youths change their behaviour. When we returned, I saw so many other young people who would benefit from what I have learned at the youth ambassador training. I thought that the young women especially need some guidance. So I started a youth club called Positive-x-teens for young women in grade eight. We do poems, motivational speeches and discussions that help them with their problems. We have thirty-five to forty members and what I like is that they become strong and their self-esteem has improved. This has really had an impact. It has even had a big impact on my own life. Life was rough, even if when I was walking on the street and just doing what I like. What you must do, just to wake up and drink beer and then you think that life is good. But when we went for the training, you see that when someone talks about their problems that you’re not the only one with problems. So even if you cry, you don’t tell others, you will not get help. I’ve learned a lot. You must start with training first because just sitting at home doing nothing or just chilling in the street corner is not worthy. You must do something and study and if you don’t get a job, at least try something and join the youth. It doesn’t mean that you must stay at home and take drugs. And that will make your life at ease.”



Siphamandla Khanyi

YOUTH AMBASSADOR SPEAK...

*Snenhlanhla Mbokazi
Siyamukela High School
Grade 9, 14 years old
Member of Positive-x-teens*

Positive x Teens

We are one, the wind howls
Tied together as the titanic but
We never fall
Hard and strong as steel
Unbreakable like a diamond
Brought together by the characteristics
Which define us for whom
We are
Beautiful and inspiring as the
Protea flower
Bright and full of life as a
Water Lilly
An x is not that hard to solve
We just think it to a positive one
The name positive-x-teen
Names, points, says, defines, and clarifies
Us for whom we are
Pulling, applauding, solving, helping, speaking out
And striving for better, that
Just says it all
We turn a wrong turn into a right one
Allowing, assets, reaching, buffing, recalling
Familiarizing, leading and sophisticated
That's who we are
It's never too hot or too cold to speak out
Because we are the positive
X teens
Start believing





One home, one garden

A key aspect of Operation Sukuma Sakhe is the 'One home, one garden' campaign. The focus of this campaign is to address hunger, malnutrition and create jobs. The campaign has grown from simply encouraging gardens at home to having community gardens at schools, churches and clinics and also to commercial farming for economic growth.

Ms Lucia Tshabalala, a community care giver in Ward 24, Newcastle is passionate about One Home, One Garden. "I explain to people, if you take R5 and you go to the shop and you buy onions, how many onions will you get? They won't last your family long. But if you take that R5 and you buy onion seeds with that and you plant, you will have onions for life."

Mr Jabulani Mfeka, Deputy Principal of Somopho Primary School, Ward 7, talks about the garden that has been established at his school:

"We prepare for when it's time for vegetables in June, when the temperature okay. We get the seeds from the Department of Agriculture through the war room. They sponsor us with that and then we organise the garden. At one stage the members of the Community Worker Programme came to help us with the garden. At that time when they came to the garden, it was not in good shape. Then they

They get seeds, a plough and a watering can—and then you have your own garden. That can eradicate poverty.

started working on the garden and we took over and started planting and now we have a garden. We have a supplier who feeds the learners so what we do is that when we have enough of the vegetables that she needs, we just sell that to her and she takes that to feed the learners. Sometimes members of the community come and they want to buy from the garden, because it's a big garden. So sometimes, when they buy, then we keep that. So the garden is an income-generating project for the school."

Councillor Jonah Gabuza, in Ward 24, Newcastle, says One Home, One Garden has encouraged and assisted community members to look for ways to help themselves.

"The community's involvement is also about empowering themselves. We can't always wait for a councillor. There are old gogos but they are young and fit and there are young people who could do a lot. They get seeds, a plough and a watering can—and then you have your own garden. That can eradicate poverty. You can do it yourself. That's what we've done in our war room and people are happier."

STRATEGIC INVESTMENTS

By the very nature of its multi-sectoral approach, Operation Sukuma Sakhe is investing strategically for maximum efficiency and effectiveness. The issue of poverty, burden of disease—especially HIV and TB—and social ills, including substance abuse, violence, teenage pregnancy and food insecurity is well understood by the provincial government of KwaZulu-Natal. The province

has designed a multi-sectoral service delivery model in the form of Operation Sukuma Sakhe which addresses these issues by bringing services to the people and eradicating waste and duplication. Implementation has its challenges, but it is clearly better than what came before. Service delivery to the most vulnerable people in the province has improved exponentially since the implementation of Operation

Sukuma Sakhe, as evidenced by the stories in this publication. Sustainability is built into the model by making it inherently community-owned. If people in the community are able to demand the services they require from government, through a productive engagement with the war room on a ward level, the model will succeed as the community will drive it.

COMMENTARY

Director-General of the Province of KwaZulu-Natal, NVE Ngidi, explains how Operation Sukuma Sakhe as a model lends itself to improved planning and resource allocation.

You could be a religious leader, you could be in a civic organisation, you could be in a youth organisation or you could even be a traditional healer, or you could be a person selling tomatoes on the street—you are a stakeholder in the war room. Therefore you are represented in the war room. The war room then provides a forum for ordinary people to begin to talk about their needs as they see them at a ward level. These needs then feed into the plans of government. So government does not just plan because we imagine that the situation should be one, two, three— we plan because there is something that comes from the people themselves. The people determine, through their participation in war room, how service delivery is going to get done. They influence the programmes of departments and the resources of government in terms of budget allocation and the like. When Operation Sukuma Sakhe works perfectly, departments should not do anything other than what comes out of the war room. Even if you do infrastructure development, whether building a road, a school or a house. At the end of the day, you ensure that the needs of the people on the ground are taken into account. So planning then is informed by what comes out of the war rooms and the people directly influence what is

happening in government. So if you are a local councillor and you want to develop your Integrated Delivery Plan (IDP) it must come out of the discussions that are taking place at the war room. For the provincial level to be relevant, it must therefore also take into account exactly the same thing. So then we find that there is a golden thread that runs through

You could be a religious leader, you could be in a civic organisation, you could be in a youth organisation or you could even be a traditional healer, or you could be a person selling tomatoes on the street—you are a stakeholder in the war room. Therefore you are represented in the war room.

government from ward level up to national level because there will be those functions which are only on a national level, for instance, building a tertiary institution. So, in that way, the people themselves directly influence what is happening at all levels. So you must be able to plan. By the end of it all, you will find that even your resource allocation is then determined by planning and because you have integrated your operations you find that, at the end of the day, you save a lot and you are able therefore to then

use the extra resources for other things. Whereas in the past you would find that departments had planned and allocated resources but there were a lot of overlaps. You find that at the end of the day, you are pouring money into the same place, you are doing the same thing and that causes wastage. So it seems as if government does not have enough money—when it is not about enough money, it is just about how you have been able to plan your work. Operation Sukuma Sakhe, because of its nature, forces departments to integrate their operations and in that way we are able to save. What it will also do is that you are also able to strategize. For example, rather than building five different schools in five different wards, perhaps you will strategically locate two schools which will be able to satisfy the needs of all these five different wards. That is where this whole integration issue comes out. That is how it helps you as an operator to be able to plan your resources in a manner in which it is going to enable you to be able to stretch your Rand to the limit.

When Operation Sukuma Sakhe works perfectly, departments should not do anything other than what comes out of the war room.

CHAPTER 5: LESSONS LEARNED



It is clear that Operation Sukuma Sakhe is perceived by most as a very successful model. It has been cited as best practice by government, civil society and the most important stakeholders in the programme—the beneficiaries. No programme or model is without its challenges, though, and in this chapter we set out to explore some of those challenges—and solutions—in more detail.

The greatest impact has been the transformation from despair to hope and the improvement in the quality of lives of the most vulnerable which Operation Sukuma Sakhe has brought.

WHAT MAKES OPERATION SUKUMA SAKHE WORK?

From the stories of officials, partners and beneficiaries, these are the key factors that make Operation Sukuma Sakhe a best practices model

- Community involvement and participation facilitates the programme's sustainability
- Passion and commitment by all those involved in implementation
- Government departments breaking down artificial silos and working together
- The community and government working together
- The war room as a place to bring services to people and to bring people closer to government
- The impact on it has on the most vulnerable
- It puts HIV and TB at its centre, while addressing the social determinants of health
- Budget allocation and planning is more strategic
- Investments address pressing needs of the people and target most vulnerable population
- Budget allocation and planning is evidence-informed and rights-based
- It is implemented through inclusive processes and systems strengthening
- Leadership and ownership for results
- Robust accountability frameworks built into the structures



Community care giver during a household visit

CHALLENGES

Involvement of government departments in the war room

The involvement of government departments in the war room is cited as the singular most important challenge faced by the war rooms. Local government departments are supposed to attend war room meetings, attend to referrals picked up during the household profiling and ensure a better response rate to resolving needs of households. However, most of the stakeholders in all of the war rooms have cited their most pressing challenge to functionality as the irregular attendance or absence of key government departments in the war room meetings.

Councillor SB Sibiya, of Ward 7, admits it is a struggle to encourage all departments to be present at meetings. “It’s only one department that always comes here and that is Agriculture,” he says, “Sometimes the South African Police Service comes and sometimes they don’t. Health will come once and then only again after three or four months.” Lindiwe Majola, war room chairperson, adds that the Department of Social Development only visits on special occasions. However, if the issue is brought to them by a member of the war room, they do investigate. She agrees that the war room would be more successful if it could have regular visits from more departments. “This would mean that each department would know exactly where the problem is and would be able to deal with it instantly,” she says.

...most of the stakeholders in all of the war rooms have cited their most pressing challenge to functionality as the irregular attendance or absence of key government departments in the war room meetings.





Councillor Jonah Gabuza

Ward 24's Councillor Jonah Gabuza, says he too has been frustrated by uneven attendance or interest expressed by government officials.

He says it is possible that departments are short staffed and can't send officials to meetings but that this is short-sighted because it will facilitate their work.

Gabuza is certain that the War Room will be far more successful if all officials are present at all the meetings.

"I try to talk with the directors, 'Please try be a little iron-fisted with the departments that don't want to attend,'" he says. "I know they've got problems but if they came just once, I'd appreciate it."

Jayen Ndidv and Dennis Pillay, social partners at Ward 23, Reservoir Hills, say that the war room has the same issue of government departments not attending, especially the Metro Police, who are a key player in the municipality because of high rates of crime. However, they believe, too, that government department representation needs to be more senior—"the official who can make decisions and be accountable. We are saying to the Premier and to the province, 'Please wield the big stick at the departments so they can come to the war rooms and listen to the people.'"

Busiswe Kuzwayo adds that even if government department are attending, sometimes the response time is slow.

"For instance, you might find that there is a household where people haven't eaten for three days. Our immediate response is to get some food for these families, so we go to SASSA. They might say, 'You need to fill out a coupon' and then it could take two weeks. But these people are hungry today, you know, so we have to change how people respond: we need government officials to have a sense of urgency. We need to respond quicker."

She says the political will from government is there, particularly from the Office of the Premier, to see the project succeed.

A mind-set shift

The major shift that needs to happen, says Kuzwayo, is to get government officials to integrate Operation Sukuma Sakhe into their workloads without seeing it as additional work.

"In departments, because they have been doing this all these years, now they cannot change gear. It is difficult. It is very difficult for people to change their mind set and I don't blame them because they have just been wearing those blinkers all their lives. Suddenly you have to think outside of the box and do things differently. We need to have government servants who are really there to serve the people."

NM Zuma-Mkhonza, chairperson of Operation Sukuma Sakhe in uMgungundlovu district, agrees

They still feel it is an added responsibility over and above what they are supposed to be doing. They don't see that addressing issues at a household level, as we do in Operation Sukuma Sakhe, has a positive impact.

that for Operation to succeed it requires a shift in the mind set of government officials. "I think the key challenge that I see at this point in time is that some of the people that we are working with have not actually embraced the programme," she says. "They still feel it is an added responsibility over and above what they are supposed to be doing. They don't see that addressing issues at a household level, as we do in Operation Sukuma Sakhe, has a positive impact. So we need to still work with people to really understand what it is and what the benefits are to work with the programme." Although Zuma-Mkhonza admits that working on Operation Sukuma Sakhe from within a particular department is challenging, she has seen the benefit. "If the nutrition status of the people is improved, if community care givers go to a household and actually ensure that people take their HIV treatment, they take their TB treatment and are living in a well-ventilated place, well-built house, then health issues will decrease. So it has a very positive impact for me because if I see this family as it was before and now it is better for me. All is well."

Importance of measuring performance

Kuzwayo says there are successful moments where there is quick service delivery when officials have realised what the project is all about.

"We do have people like that, who are very passionate about it and understand what their job is about."

Operation Sukuma Sakhe should be placed in all officials' key performance areas and departments' annual work plans so they are held accountable on their responses.

There is also the option of "going with the willing"—working with those government officials who are already on board with Operation Sukuma Sakhe and spreading change in that way.

Lack of resources

Not all war rooms have the same amenities and a lack of resources can pose a challenge to the efficiency of the war rooms. Many war rooms, especially in peri-urban and rural areas, do not have access to office equipment, including a computer, printer or other basic office equipment. Equipment like this would assist war rooms in becoming more functional and ultimately being able to participate in electronic monitoring and evaluation of the programme. The Office of the Premier does try to assist where it can with supplying war rooms with equipment. This should be budgeted for in a systematic way so that the war rooms that are functional in terms of service delivery are placed at the top of the list for resources and equipment.

Payment of stipends to community care givers and field workers

Community care givers are volunteers who are paid a monthly stipend. Some community care givers complained of not receiving their stipend for many months or not having it increased on a regular basis. A community care giver at Ward 13, Abaqulusi, says she was employed as a community care giver in 2000 and is still being paid the same amount as when she started. Some community care givers believe the stipend is not enough and that they are "suffering" as a result. However, by comparison, some volunteers who work as field workers on the programme do not get paid at all and this can be problematic in communities where poverty is endemic.

There is also an issue around the continuity of contracts for field workers. They are not always renewed immediately after they expire, but the field workers are still expected to do the work. Says one youth ambassador, “We used to get paid when we were under contracts but now that the contracts have expired we no longer get paid. I know it’s difficult but I know that it’s going to help [the officials] in a long run even if they tell us we will get our contract back so that we can stay on top of something that we are busy with.”

Importance of honesty in household profiling

Kuzwayo remarks that one of the challenges faced by the programme is families who are not completely honest about their living conditions and who can therefore not get all the services they need.

“Parents will sometimes hide their disabled children, for example,” she explains, “or not tell us anything about any disabled person who is living in that house. The mom thinks that he or she will be taken away and that they won’t get the grant anymore. We are not here to do that, but they get scared and hide their children.”

She recalls when it was discovered a 13-year-old girl had never been to school as she was looking after a disabled sibling.

“Now, this is where Operation Sukuma Sakhe reaches the unreachable. Now we will know there is a child of 13 who has never seen a book in her life. Now we are going to take her to a school—we are not taking her away from the family; we are not going to blame the mom or dad. We are just saying that the system was bad. They really touch your heart those stories.”

Trying to spread the word

Jabulani Mfeka started attending War Room meetings when he became the deputy principal of a primary school. He was soon impressed with how the school’s children and parents could be helped by officials who attended these meetings. It does take time to make the community aware of this model of governance, he says, and then also on the side of the officials, some are more committed to the process than others.

Before Operation Sukuma Sakhe came along, he explains, people would come to enrol learners at the school but would not have the correct documentation with them.

“With the establishment of the war room,” he adds, “we were able to make a presentation on what it is that we need people to bring with them for registration. After a while, we saw the effects of this. We discovered that people were now coming to the school with the relevant documentation.”

But, when Mfeka told members of the school’s governing body about the war room he was surprised to learn not many people knew about it.

“Last Saturday we had a student governing body (SGB) meeting; I was able to present Operation Sukuma Sakhe to them—they did not actually know that they were also supposed to be part of the war room and fortunately for me and for us as the school they were present today for the first time,” he said after a recent war room meeting. “And they got to know what is happening in the war room. When I was leaving they came up to me outside to say how excited they were and how they definitely planned on coming to the next one.”

“If we never came to the war room, we would not have discovered some of the problems the learners are experiencing at home. We also found out that there are potential learners who should be in our schools who are not.”



He found that discussions at war room meetings assisted him in understanding what the school's children went through at home.

"If we never came to the war room, we would not have discovered some of the problems the learners are experiencing at home. We also found out that there are potential learners who should be in our schools who are not. They were discovered by the community care givers, and because we were in the war room, we got to hear about these cases."

Setting an example

Gabuza says it is important that less functional war rooms learn from those which are performing better. A rewards system could be introduced

where functional war rooms are recognised and rewarded—the stakeholders in functional war rooms are very proud of what they are doing and are looking for opportunities to showcase it. Says Mr Bhekisisa Ntombela, the war room convenor in Ward 4, Mthonjaneni, "You can phone me anytime you want to visit the war room and say 'We are coming tomorrow, we are coming at 10 o'clock at night' and I will say 'With pleasure, anytime is teatime.' I always say if there is any war room that can beat me I want to know. I'll go and see that war room and what they are doing and what can I do to beat them. Because I always say I'm number one and number two will have to work, dig hard!" This healthy competition between war rooms should be encouraged, possibly by a reward or incentives programme.



CHAPTER 6: THE STORY OF A WAR ROOM



Councillor Obed Qulo

War rooms are the embodiment of the multi-sectoral, holistic approach of Operation Sukuma Sakhe. This is the place where the government departments and community are—quite literally—brought together.

An exemplary War Room has been at Ward 11 of the eThekweni Metro which services the Sisanda, Kwa-Mashu D Section, Newlands East and Quarry Heights areas. This is their story:

A war room profile

Every Wednesday, at midday, government officials and community members alike make their way to the war room of Ward 11. This is a place where concerns turn into conversations and conversations turn into action. It is—in short—a place where the ‘real issues’ of the community are put on the table.

Councillor Obed Qulo is in charge of the Ward 11 war room. He is its champion.

The ward, which has a radius of about 10km, is home to more than 41 000 residents who live in 10 000 formal homes and 1 500 informal houses.

Each home in the area is visited and profiled according to its needs and these needs are then communicated directly to various government departments including Home Affairs, Social Development, Health, Education and SASSA.

Councillor Qulo says some of the most grievous problems affecting people include illness, teenage pregnancy, rape, substance abuse, poverty and unemployment.

“It is this issue of unemployment and intensified poverty that affects so many people across the country,” he says. “We will pick up a story where there is not a single person working in a household and in

some cases nobody is getting a social grant either.”

That family would then be assisted in registering for a grant and finding employment, he adds.

According to Councillor Qulo, the war room is where “everything comes in and goes out” and in which he is responsible for its many functions.

“For these structures to talk to each other, you must build a bridge. The make or break of these structures to work relies on the ‘champion’ bringing everyone together. I work hard to integrate government and different members of the community. I am the link, so if it falls flat, it is because of me.”

Multi-sectoral service delivery

One of the most significant changes Ward 11’s war room brought about was improved access to health care for its community members.

Councillor Qulo explains: “You will see a clinic outside. There was nothing like that here before. If you had a minor ailment, you literally had to travel all the way to KwaMashu and stand in a queue. There is no Kombi that goes from here to there, so you have to walk all the way to the station and then later wait in a very long queue. So now, thanks to discussions that took place at the war room, we have a mobile clinic that comes every Friday and it is always full.”

Councillor Qulo has arranged for a soup kitchen to visit on the same day as the clinic. He says some

“We look at local folks who will be putting back into the community so that we do not get a contractor.”

people come just for the clinic, others come for a meal and some for both.

Innovation

There are many innovative projects being developed by the war room in Ward 11 to stimulate meaningful community and social development.

“You have low cost housing but these houses are falling apart,” observes Councillor Qulo. “Even the community care givers keep asking what is happening with them. So what we have done is put together a concept note to the municipality which looks at things in a different way. Normally the municipality needs to procure a service provider but we thought, let us look at a way where it can benefit the community. Let us maybe find somebody in the ward with the skill of doing that and we got the person. She used to be a production manager with Aveng Grinaker. So we said, ‘Let us deal with this person.’ Let us get young people from this area and let them train how to do this thing and then let us use Aveng Grinaker to give us the yard for doing that. So there is a skills transfer, there is the yard where they work. Then we will have guys locally, we have got trucks going to pick them up at the site, so they make a living out of that now. We look at local folks who will be putting back into the community so that we do not get a contractor.”



The i-Hub will contain a community radio station, amenities for youth interested in graphic design, TV and radio production. The focus will be on producing local content. There will be two recording studios for young people to produce demos.

“We have also put together a concept proposal to Eskom Foundation at Sunny Hill for the rehabilitation and upgrade of the local school, Dr JL Dube”, Councillor Qulo continues. “We have met with the service providers who have been appointed by Eskom to do a site layout plan and to do an electrical plan. The upgrade will include eight classrooms, a science laboratory, admin block and ablution facilities. This is all through the war room.”

One of the most innovative projects proposed by the war room in Ward 11 is the development of an i-Hub—a centre where information technology (IT) will be used to build the capacity of local youth in the ward. The i-Hub will contain a community radio station, amenities for youth interested in graphic design, TV and radio production. The focus will be on producing local content. There will be two recording studios for young people to produce demos. “We will also have IT incubators, an internet café and one section will be dedicated to research and innovation,” says Councillor Qulo. The i-Hub will give the youth the opportunity to reach out beyond the borders of South Africa as the intention “is for us to begin to explore relationships in the BRICS, specifically around India and China, in terms of internet clouding.” The war room members are also thinking about the environment—the i-Hub will be ‘green’—run with solar energy.

Leadership and governance

The leadership in the war room in Ward 11 is “exemplary”, remarks Mr Zama Sibisi, a manager

for Operation Sukuma Sakhe in the Office of the Premier.

Councillor Qulo, a modest man, refuses to take credit for his creative leadership and instead celebrates the “collective success” of the war room. “As a leader the war room helps free your hands to do other work. I am not threatened; everyone has a role to play. This is community development at work.”

He also attributes its achievements to a community which had embraced and taken ownership of the services available.

Ms Baba Malakoane, the convenor of the war room is modest about its successes, saying she is driven by “passion to help others.” She attributes the success of the war room to the enormous spirit of dedication and co-operation between the war room leadership, the field workers and the community.

Dr Fikile Ndlovu, General Manager of the HIV and AIDS Chief Directorate in the Office of the Premier, was blown away when she visited the war room and saw how it had improved and changed in just a year.

“I can see the growth that has happened. That’s what the story is all about. The efforts of Operation Sukuma Sakhe in the war room just snowball. This intervention grows itself, as long as you have buy-in. It’s how people can find out what people need and come up with solutions and get government to come on board. I think every time when visiting a war room I’m happy. I go home inspired,” she says.

She attributes the success of the war room to the enormous spirit of dedication and co-operation between the war room leadership, the field workers and the community.

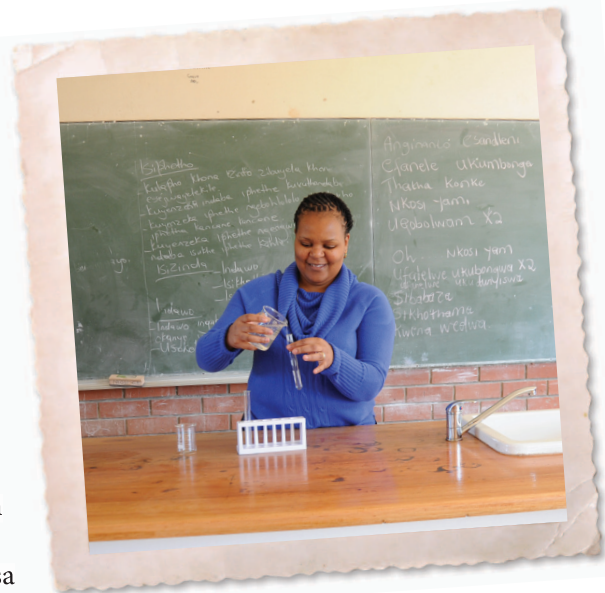


A snapshot of model war rooms

WARD 13

ABAQULUSI, ZULULAND

“When the Premier came here he asked me ‘What might be the cause of the poor results in the school?’ I said, ‘Some of it is the substance abuse by the learners, the late-coming/absenteeism and the teenage pregnancies.’ It was rife back then. But then after the initiative of the Operation Sukuma Sakhe that was introduced by the war room we saw the parents and the community taking part in the school activities. This has made a big difference. We went to speak to the tavern owners. Now I speak to the people who are selling liquor outside and say ‘Are you selling my children liquor?’ and they say ‘No. We are no longer doing that, ever since Operation Sukuma Sakhe told us we mustn’t do that.’” Mr Bhekisisa Ndlela, principal of Mpofeni Secondary School



WARD 4

MTHONJANENI, UTHUNGULU

“The community is very involved. It’s always a full house. When I make copies for the report I always make 150 because it’s always a full house. They’re always committed and are taking part. They know that this programme is for them—it is their own programme and they see the results of playing an active role.” Mr Bhekisisa Ntombela, chairperson of the Ward Task Team



WARD 7

NTAMBANANA, UTHUNGULU

“Because the war room makes people work together, things happen more easily. Coming together and discussing something results in an instant resolution. It grows the whole community.” Ms Lindiwe Majola, war room chairperson

“Operation Sukuma Sakhe is one of the best models ever in terms of community development. We have been able as a country to deal with things that we wouldn’t have otherwise dealt with. We all work together. Overall I believe that Operation Sukuma Sakhe is one of the best solutions to deal with all our social issues in our area.” Councillor SB Sibiyi



WARD 24 NEWCASTLE, AMAJUBA

“So people, if they visit the war room they know that the problem—it’s solved. It has helped a lot because people are coming in numbers from a different ward now. In their ward they say ‘No, let’s visit 24. Our problem will be solved there.’ We don’t chase them. We just solve the problem.” Councillor Jonah Gabuza

“Now we are beginning to jog in Operation Sukuma Sakhe. I can tell you as a non-governmental organisation, I would say very comfortably that we are now jogging. There is no question about that, which means now we are moving at a better pace and things are coming in line.” Mr Abed Karrim, social partner



WARD 23 RESERVOIR HILLS, ETHEKWINI

“The leadership of this war room is phenomenal, it is absolutely phenomenal. The accountability level here on a scale of one to five, is probably seven. We’re really accountable in this war room. We make sure that if you are given a task at the next war room meeting, you either come back and you tell us how far you’ve gone with that task or we expect you to say that that task has been dealt with. So the leadership and the accountability of this war room is just excellent.” Mr Christopher Louw, career guidance counsellor





OPERATION SUKUMA SAKHE: A STORY OF CHANGE...

**Operation Sukuma Sakhe
is about change, really.
Because everything hinges
on that. Whenever you're
talking about people who
are not participating in
Operation Sukuma Sakhe,
it's about change. Do they
see Operation Sukuma
Sakhe as a solution and if
not, why not? >>**

BECAUSE THEY CANNOT CHANGE.

From a people management point of view, how I deploy them and how I supervise them depends on whether I'm willing to change. Can I supervise the people that I'm working with in such a way that I ensure that they are participating in Operation Sukuma Sakhe? Can I also inspire them to see it and be able to participate? So that change would only come because I, as the manager who is responsible, I also have changed. Whether I'm seeing this as an add-on to my work—it's about change. The leadership is there. Whenever the Premier speaks, the MECs; they are talking Operation Sukuma Sakhe. So you cannot say the leadership is not driving it enough. They've produced the branding. Branding is about mind-set. It's saying 'What do you see?'

Are we driving Operation Sukuma Sakhe in a strategic manner? That's about change. The structures that are not functioning— it is because they need to fit into this new change. If they're not working it's because people are not really buying into the change. You are talking about technology where we say, "We've trained people on specific tools in Operation Sukuma Sakhe to make it easy for them to do the reporting." If they're not going into the system and entering it's because of change. People now have to manage others if they are in the war rooms. That's change. "Are people coming to the war rooms? Do I have a system that tracks who comes and who doesn't?" That's about change.

Look at budgeting. How are you budgeting? You were just budgeting where you were and allocating your resources. All of a sudden somebody says "No. That war room needs this. This war room needs that." All of a sudden demands for services are coming in. "We've got so many child-headed households." Well, the budget must match to be able to be reach those child-headed households. Me, in the office, all of a sudden I have to be able to respond. Do something. Sometimes in government it's been easier to not respond because we are far from the people. But all of a sudden now we're forced to respond because there's a level of accountability. "Oh, I've not accounted to the people before." If I'm sitting in a clinic I'm not going to account to anybody. Sitting at the school; I don't have to account. I'm sitting in Home Affairs; I don't have to account. All of a sudden I'm here, in the community. That's a big change. All of a sudden you say I must come and tell Operation Sukuma Sake how many people I saw in my clinic? Did my staff see clients? Did they get the right tablets? At Home Affairs, did the people get their IDs? I'm accounting! That is how Operation Sukuma Sakhe is a story of change!

*Dr Fikile Ndlovu
General Manager
HIV and AIDS Chief Directorate
Office of the Premier*