



Province of KwaZulu-Natal

Operation Sukuma Sakhe

Five-Year Review



STAND UP AND BUILD



STAND UP AND BUILD

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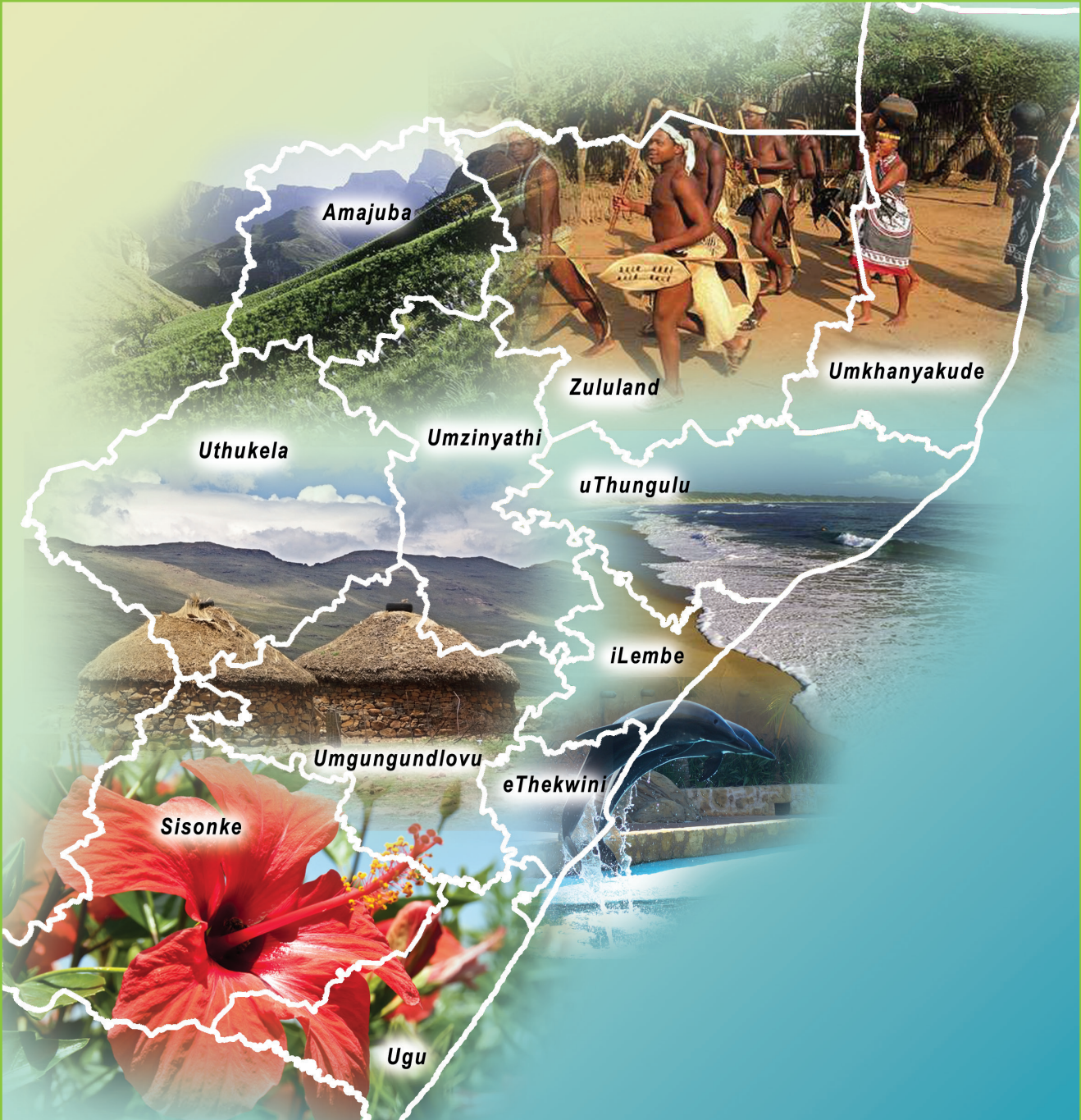
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Province of KwaZulu-Natal



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Message from



Mr ES Mchunu
Honourable Premier,
Province of KwaZulu-Natal

This is a review of Operation Sukuma Sakhe activities since its early beginnings in 2008 to the end of March 2014. At the centre of governance is the Office of the Premier who is responsible for the coordination of transversal mandates, one of which, is Operation Sukuma Sakhe. Public participation in various government programmes is achieved through the integrated approach of OSS at community level.

The War Room cases and the stories from households in this review speak profoundly of the life-changing interventions that OSS has brought to the people of KwaZulu-Natal. People in communities are taking responsibility for effecting change in their lives and the lives of others through their participation in the War Rooms. This change provides evidence that government's response to poverty, food insecurity, HIV and AIDS, TB and social ills is realised.

At the core of OSS is the fight against HIV and AIDS. This fight has to be fought from the War Room and the War Room needs to focus its energy on this. This is the place where records are kept, particularly statistics on HIV, circumcision, condom distribution and referrals. This is where we run programmes and campaigns that fight HIV and AIDS in the community. The War Room should not be in name only.

Communities have a leadership role to play in the War Room. They are at the centre of service delivery – making their needs known, bringing their resources, working with service delivery partners – to transform their communities.

The recently adopted Poverty Eradication Programme will ensure that as government works with all stakeholder partners to eradicate poverty through Operation Sukuma Sakhe. One of our targets is to reduce the percentage of hungry households from 35 percent to below 25 percent by 2020. I feel confident that through OSS we stand a good chance of realising this goal.

Message from



Mr NVE Ngidi
Director-General,
Province of KwaZulu-Natal

This Five-Year Review highlights how Operation Sukuma Sakhe is helping to create a better life for all. Through Operation Sukuma Sakhe the Government of KwaZulu-Natal is renewing its commitment to deliver essential services to all communities of this beautiful province.

I am pleased to note that the current administration, under the leadership of Honourable Premier ES Mchunu and members of his Executive Committee, have decided to continue this noble approach of Operation Sukuma Sakhe.

It is our vision that members of the community are engaged with through the War Rooms, bringing their issues and participating in service delivery. Democracy is about nation building and taking responsibility for our own lives. Government wishes to inculcate a culture of self-reliance. It cannot do this alone. A community is built by each and every person in it.

Happy and healthy communities are built through various programmes and campaigns offered in the War Room by various service providers. As citizens of this beautiful province, we owe it to ourselves to roll up our sleeves, throw our hats into the ring and rise to the challenges of illiteracy, poverty, crime and ill health.

I commend the Premier, his Executive Council, Government officials, social partners, civil society organisations and each and every one of you for your commitment in creating a better and prosperous future for all.

Acronyms

AET	Adult-Based Education and Training
ANC	Antenatal care
ART	Anti-retroviral treatment
BRHC	BroadReach Healthcare
CCG	Community Caregiver
CDW	Community Development Worker
CDWP	Community Development Worker Programme
CoGTA	Department of Cooperative Governance and Traditional Affairs
COHOD	Committee of Heads of Department
DAC	Department of Arts and Culture
DAC	District AIDS Councils
DAERD	Department of Agriculture and Rural Development
DCSL	Department of Community Safety and Liaison
DDG	Deputy Director-General
DEDT	Department of Economic Affairs and Tourism
DG	Director-General

DHA	Department of Home Affairs
DHS	Department of Human Settlements
DoE	Department of Education
DoH	Department of Health
DoL	Department of Labour
DoPW	Department of Public Works
DoT	Department of Transport
DSD	Department of Social Development
DSR	Department of Sports and Recreation
DTT	District Task Team
DWAFF	Department of Water Affairs and Forestry
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
GCIS	Government Communication and Information Systems
HOD	Head of Department
ID	Identity Document
IDP	Integrated Development Plan

Acronyms

KZN	KwaZulu-Natal
LBPL	Lower-Bound Poverty Line
LTT	Local Task Team
MDG	Millennium Development Goal
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
NDA	National Development Agency
NDP	National Development Plan
NISIS	National Integrated Social Information System
NSNP	National School Nutrition Programme
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
OVC	Orphan and Vulnerable Children
PCA	Provincial Council on AIDS
PGDP	Provincial Growth and Development Plan

PHC	Primary Healthcare
PSVW	Public Service Volunteer Week
PTT	Provincial Task Team
SAG	South African Government
SANAC	South African National AIDS Council
SAPS	South African Police Services
SASSA	South African Social Security Agency
SCPV	Social Crime Prevention Volunteers
SM	Senior Manager
SOPA	State of the Province Address
SRC	Sports and Recreation Coordinators
SRD	Social Relief of Distress
StatsSA	Statistics South Africa
UBPL	Upper-Bound Poverty Line
WAC	Wards AIDS Committee
WTT	Ward/War Room Task Team

Chapter 1

Context and History

Introduction

In March 2011, the KwaZulu-Natal Provincial Government launched Operation Sukuma Sakhe with the aim of integrating the services of government to fight poverty, combat social ills and promote healthy lifestyles, thereby creating a better life for all citizens. The approach evolved from several previous initiatives responding to widespread poverty in South Africa. What started in 2008 as the national *War on Poverty Programme* became the *Flagship Programme* of the KwaZulu-Natal Provincial Government in 2009. In March 2011, these programmes were re-launched as *Operation Sukuma Sakhe*, meaning in isiZulu: Stand up and build.

This review provides information on Operation Sukuma Sakhe's governance practices and performance over the five-year period from April 2009 to March 2014. It offers the perspectives of all levels of implementation: province, district, local municipality and ward. The review provides a balanced account of challenges and the way forward for Operation Sukuma Sakhe in the Province of KwaZulu-Natal.

The review has been compiled with information from interviews with key stakeholders at each level of government, social partners, War Room stakeholders and communities themselves. Key documents informing the review were cabinet memos, state-of-the-province addresses, district and local level reports, OSS five year strategic plan and War Room reports.

Outline of the report

- Chapter 1 explains the background and history of Operation Sukuma Sakhe (OSS).
- Chapter 2 discusses OSS institutionalisation, and explains the human capacity development initiatives undertaken to train and capacitate stakeholder in all aspects of OSS.
- Chapter 3 describes the design of the War Room as a service delivery engine, and illustrates how services are delivered through War Rooms.
- Chapter 4 demonstrates the resulting impact of services delivered to household beneficiaries through household case studies.

Promoting healthy lifestyles and reducing social ills

According to the 2012 National Antenatal Sentinel HIV and Herpes Simplex Type-2 Prevalence Survey in South Africa, in 2012 KwaZulu-Natal had the highest rate nationally (37.4 percent) of HIV prevalence among antenatal clinic attendees. Lifestyle choices increase the vulnerability of citizens, especially of youth aged 15–34, to sexual exploitation and HIV infection. Their vulnerability is increased by socioeconomic influences, the breakdown of the family structure, and a lack of support from families or the community. Promoting healthy lifestyles and behaviour change can lead to decreased HIV prevalence, fewer teenage pregnancy and stronger family structures.

A 'social ill' is a term used to refer to a 'social problem' or 'social issue'. Social ills exist when conditions have a negative impact on the members of a community. Examples of some social ills in KwaZulu-Natal include crime, stigma and discrimination, drug and substance abuse, women and child abuse.

Research over the last three years has shown that teenage pregnancy, substance abuse, sexual assault and gender-based violence thrive in an environment of high unemployment and high levels of poverty and crime. Girls as young as nine years of age have been reported to have fallen pregnant. The Education Management Information System and District Health Information System report that the victims of almost half of all reported sexual assaults are under the age of 12. A study done by Ochilla (2011) reports that around 50 percent of sexually transmitted infections are linked to drug abuse and alcohol. The remaining 50 percent contract STIs through multiple sexual partners and unsafe sex, arising from cultural attitudes to sexuality.

In 2008 the Second Youth Risk Behaviour Survey indicated that almost half of all youth in KwaZulu-Natal have already used alcohol and 11 percent have used a form of cannabis.

The promotion of healthy lifestyles and the reduction of social ills are discussed and solved through community participation organised by community structures via the War Rooms in order to integrate services and solutions.

Defining poverty

According to Statistics South Africa (StatsSA), poverty is explained as the inability to afford basic needs, lack of income, lack of employment, lack of basic services, no ownership of assets, social exclusion and the inability to take part in decision making, as illustrated in Figure 1.

Figure 1: Defining poverty



Source: StatsSA

In 2009, former Premier of KwaZulu-Natal, Dr ZL Mkhize, said in his State of the Province Address (SOPA) that:

Poverty is the single most serious threat to our democracy and the future of our country and continent. Poverty is a major contributor to deaths due to preventable diseases. It creates a vicious cycle of hunger and poverty across different generations. It contributes to social instability such as crime and moral decay, and compounds the impact of underdevelopment.

The Millennium Development Goals (MDGs), National Development Plan (NDP) and KwaZulu-Natal Provincial Growth and Development Plan (PGDP) aim at total eradication of extreme poverty and hunger. A number of targets have been set. The process of meeting these targets will be tracked using indicators to describe poverty trends in the country. National poverty lines, as well as social grants coverage are crucial indicators in the tracking of MDGs.

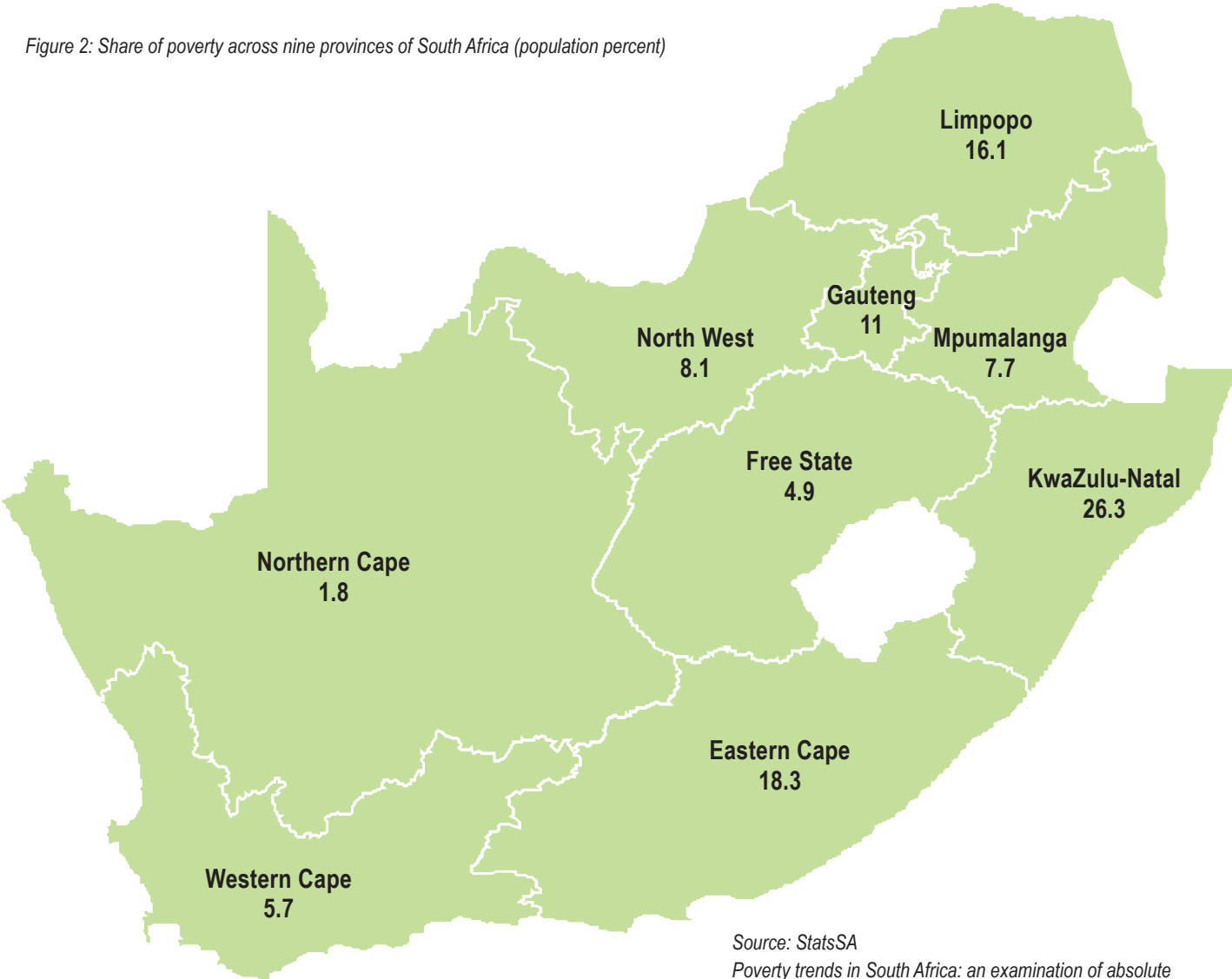
All government service delivery programmes and interventions are premised on the underlying objective to fight and eradicate poverty and to create a better life for all. Dr Mkhize reiterated this commitment, stressing the need for active partnerships and full participation:

This government will focus on the elimination of all the root causes of poverty and underdevelopment, and we invite each and every citizen to join us in a journey to create an equitable and prosperous country. We commit our government to do its utmost to ensure the achievement of the Millennium Development Goal of halving poverty by 2014. Our people must be made part and parcel of all efforts by government to create a better life for all our people – working together with all the people of our province we are bound to succeed. (SOPA, 2009)

Poverty in KwaZulu-Natal

In Census 2011, StatsSA showed that KwaZulu-Natal is the second most populous province in South Africa with a population of 10.3 million. More than a quarter (26.3 percent) of South Africa’s poor population lives in KwaZulu-Natal. KwaZulu-Natal has the highest poverty share in the country and the most number of persons living in poverty. Figure 2 below illustrates the percentage distribution of South Africa’s poor populations across the nine provinces.

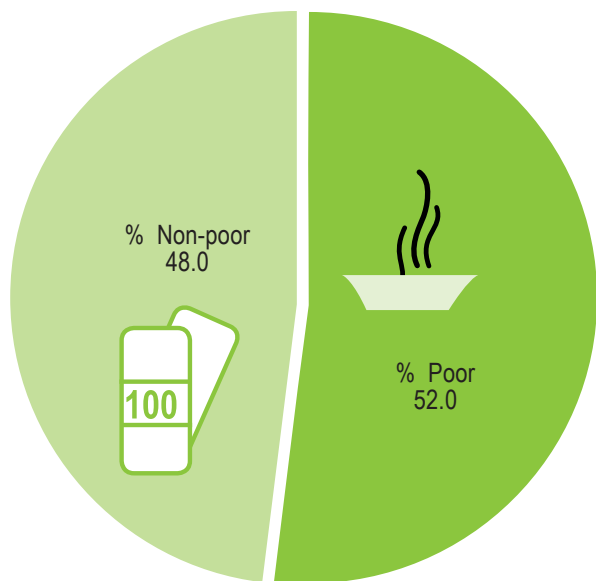
Figure 2: Share of poverty across nine provinces of South Africa (population percent)



Source: StatsSA
Poverty trends in South Africa: an examination of absolute poverty between 2006 and 2011 (2014) Report

Figures 3 and 4 show that 52 percent of the KwaZulu-Natal population was living in poverty in 2009. By 2011 this had fallen to 42 percent. It can be concluded that a total of 789,579 people graduated out of poverty between 2009 and 2011. Using the average household size of four individuals, as defined by Census 2011, an estimated 1.1 million households in KwaZulu-Natal remain in poverty. To assist these households, comprising 4.5 million individuals, the province needs R9 billion worth of resources per annum.

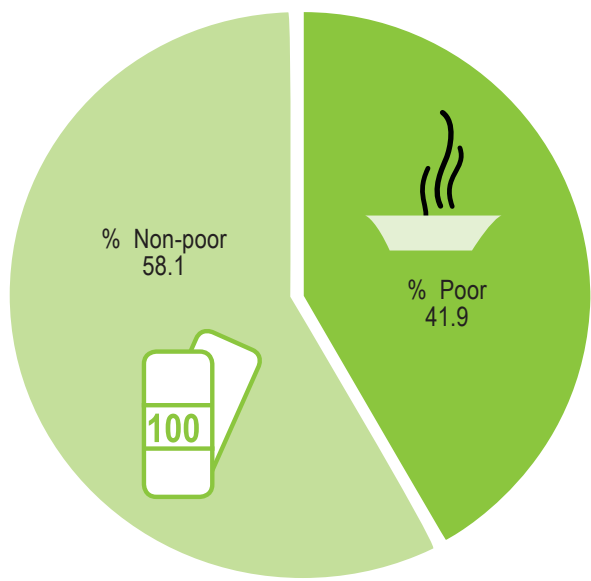
Figure 3: Percentage poor and non-poor 2009 in KwaZulu-Natal





 Number of population living in poverty
5,267,210

Source: Poverty Profiles, Statistics South Africa

Figure 4: Percentage poor and non-poor 2011 in KwaZulu-Natal



 Number of population living in poverty
4,477,631

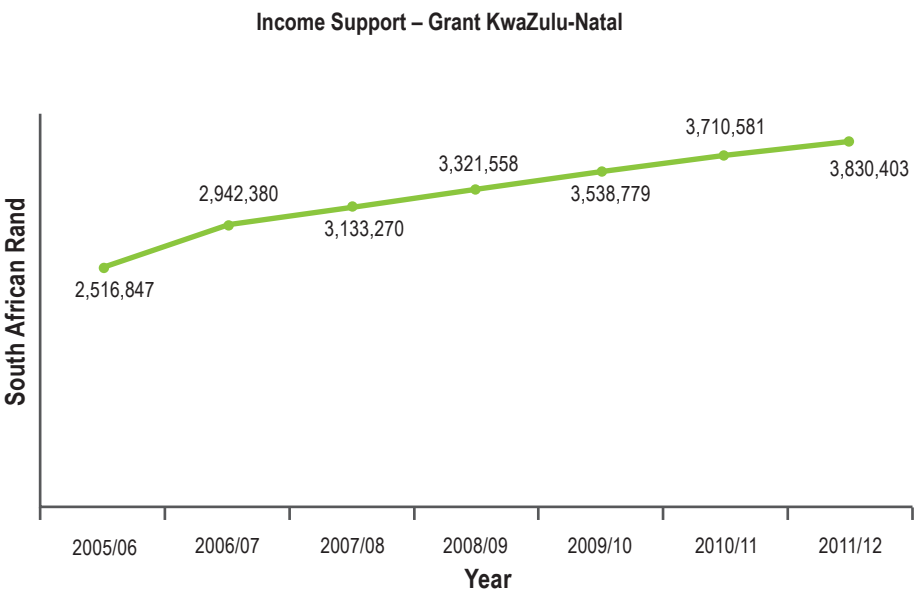
 Resource per annum to graduate the poor out of poverty
R9,055,534,239

Source: Annual Statistical Reports, South Africa Social Security Agency

KwaZulu-Natal has the highest burden of disease prevalence in the country. Diseases such as HIV and AIDS, STIs and Tuberculosis are often associated with underdevelopment and poverty. One in three females in the 18–24 years age group is HIV infected. Tuberculosis is the second leading cause of mortality in the province, with a high rate of HIV/TB co-infection. The emergence of drug-resistant TB, which produces higher mortality rates, has made matters worse for the province.

The expansion of social assistance in KwaZulu-Natal has played a major role in eradicating poverty. The number of grants issued in the province has increased from approximately 2.5 million in 2005/6 to 3.8 million in 2011/12 (see Figure 5), and has assisted in improving the lives of those living in poverty.

Figure 5: Social Assistance in KwaZulu-Natal, 2005/6 to 2011/12



Source: StatsSA

Operation Sukuma Sakhe

History – How it all began



Union Buildings

Since 1994, Government has embraced a pro-poor policy-making agenda. It has acknowledged that a poverty eradication campaign would require the mobilisation of grassroots cadres, and government departments across the board, as well as the participation of communities, non-government organisations, traditional structures and other stakeholders. The first programme to institutionalise such an approach was the national 'War on Poverty' campaign, launched in 2008. Since then, the KwaZulu-Natal provincial government has taken the campaign forward as the Office of the Premier's Flagship Campaign, launched in 2009, and as Operation Sukuma Sakhe, launched in 2011.

In 2013, KwaZulu-Natal Premier, Honourable ES Mchunu, quoted President JG Zuma, stating that South Africa could reach its long-term poverty eradication and active citizenship objectives:

South Africa has the potential to eliminate poverty and reduce inequality over the next two decades. This requires a new approach, one that moves from a passive citizenry receiving services from the State to one that systematically includes the socially and economically excluded, where people are active champions of their own development and where Government works effectively to develop people's capabilities to lead the lives they desire.

Honourable ES Mchunu, Premier of KwaZulu-Natal, SOPA, 2013

In 2014, Premier Mchunu referred to Operation Sukuma Sakhe as a poverty-alleviation policy approach embraced by the Province:

We have adopted a Poverty Eradication Programme and Package. This programme will ensure that as government we work with all non-government partners to eradicate poverty through our Operation Sukuma Sakhe in part. Some of the targets we have set for ourselves are to ensure that by 2020 we would have reduced the percentage of households that have gone hungry from 35 percent to less than 25 percent.

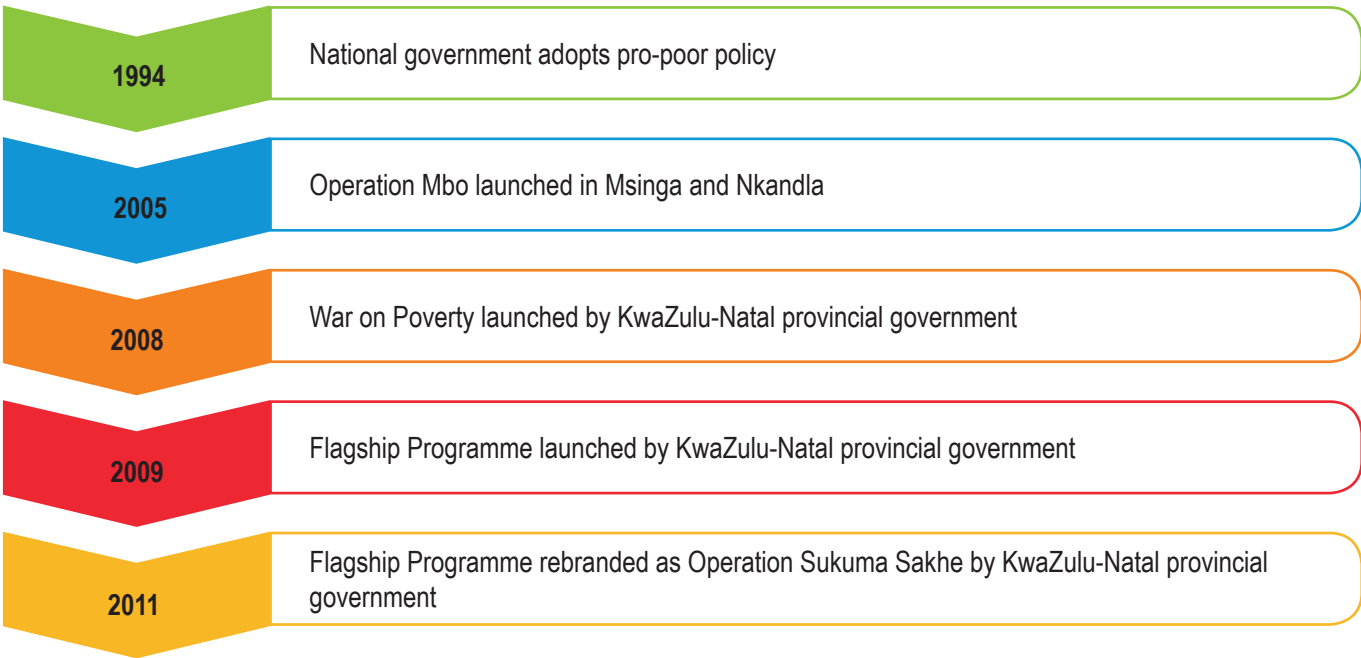
Honourable ES Mchunu, Premier of KwaZulu-Natal, SOPA, 2014

In his 2014 budget speech, the honourable Premier Mchunu highlighted the key focus areas of his administration:

Office of the Premier as centre of Governance is also responsible for the coordination of Transversal Mandates which coordinate through the following forums: Provincial Council on AIDS, human resource development, provincial planning commission, climate change council, KwaZulu-Natal poverty eradication programme, Operation Sukuma Sakhe and Inkhululeko Development Projects. Public participation and awareness about the above programmes, particularly at community level will be done through the integrated approach and machinery of OSS.
Honourable ES Mchunu, Premier of KwaZulu-Natal, Budget Speech, 2014

Evolution of Operation Sukuma Sakhe

Below is a historical timeline of government’s response to eradicate poverty:



1994

Pro-poor policy making

The eradication of poverty has been at the centre of all policies and programmes of government since 1994 when, according to Ms P Williams (CEO of Government Communication and Information Systems), the newly democratic South African state inherited:

High poverty levels, inequalities and inequitable distribution of income from decades of discriminatory apartheid policies which oppressed the majority of South Africans, dispossessed black people from their land and other means of livelihoods and provided inferior education to black children.

Ms P Williams, South African Government, Opinion Piece, 2014

A number of social assistance mechanisms have been introduced since 1994, including the introduction of social grants to benefit children, people with disabilities and the elderly, and these measures have been extended over the years. Other measures, like the introduction of no-fee schooling and learner nutrition provisioning, have been taken to improve the living standards of all South Africans, especially those in the most vulnerable groups.

2005

Operation Mbo

In 2005, former Premier, Honourable JS Ndebele, announced in his State of the Province Address that to contextualise poverty it should be given a geographic address:

We need to know where the desperately poor people are concentrated, and develop social safety net interventions and employment creating programmes.

Honourable JS Ndebele, Former Premier of KwaZulu-Natal, SOPA, 2005



Operation Mbo

A campaign to achieve this was launched as the Massification Programme, or, 'Operation Mbo'. The campaign approach was to use joint departmental planning and the provision of integrated services to contribute towards poverty eradication, human development and improved quality of life. It was launched in the KwaZulu-Natal northern rural areas of Msinga and Nkandla. Former Premier Ndebele outlines the Operation Mbo approach:

Operation Mbo is where all government departments, working in a coordinated and integrated manner, descend on an identified area and working together with communities and local government structures, start implementing development projects. In this way, the government is able to create liberated zones which would be used as a springboard for more development projects in other needy areas. This strategic intervention does not, however, mean that we jettison our day-to-day projects that are currently underway. It is aimed at speeding up the development. Indeed, there is hope for KwaZulu-Natal. Honourable JS Ndebele, Former Premier of KwaZulu-Natal, Launch of Project Consolidate, Jozini, 2005

What does 'Mbo' mean?

The concept of Mbo comes from the isiZulu verb 'mboza' which means to cover it up. The term was used by warriors when they had collectively strategised to cover the opposition in such a way that there will be no escape.

2008

War on Poverty Programme

In February 2008, former President TM Mbeki announced a nationwide campaign against poverty. In the campaign, the most deprived wards and households would be visited and their needs identified. Coordinating this programme would be a 'War Room on Poverty'.



Launch of War on Poverty

In November 2008, Deputy President B Mbete launched the 'War on Poverty Campaign' in ten households in each of the three most deprived wards in KwaZulu-Natal: Msinga Wards 7, 8 and 9, now renamed as Wards 11, 12 and 13 respectively.

A member of the Msinga District Task Team, Pastor C Nyandeni, shares her experience of the launch of the War on Poverty in the Local Municipality:

War on Poverty was so new for everyone, we didn't know what to expect. Champions, MEC Dr M Radebe and HOD C Coetzee were appointed by the former Premier to assist the district set up the structures. We found so many challenges: households falling apart, people without shelter, no water, no clinics around, people were sick, dying of hunger, no access roads to the area. We were unsure if the concept was going to win. Our minds changed when we saw interventions being delivered. All we knew was that the War on Poverty is going to help the poor. After the launch, some people had houses built for them, the Multi-Drug Resistant TB (MDR) statistics dropped as a result of Department of Health making door-to-door visits to the rondavels, and mobile clinics went to some areas. Educational messages were provided on treatment issues.

Pastor C Nyandeni, Msinga District Task Team

For the first time, the 'War Room approach' was used to focus on building food security, fighting disease and poverty, empowering youth and women, and promoting behaviour change against gender-based violence, teenage pregnancy, substance abuse, crime, road accidents and HIV and AIDS. This was also the first time the campaign was institutionalised through the establishment of task teams at provincial, district and local levels (See Chapter 2: Institutionalisation). Households were profiled and in some instances immediate services were provided.

Msinga Profile

Msinga Local Municipality is in Umzinyathi District which is situated in the rural northern part of the province of KwaZulu-Natal. The population density is approximately 64 persons per square kilometre. This is a poverty-stricken area with few economic resources and little economic activity. The local municipality has the lowest rate of service delivery in the Umzinyathi district.

All profiled households during the launch were found to be lacking in food security. In each household not all members had birth or ID registration, compromising their right to access social welfare in the form of pensions, child support and foster care grants. Educational attainment was found to be low and training and employment opportunities non-existent. Some individuals had poor health outcomes.



Ina Cronje, former MEC of Finance and government officials at the launch

In response, the War on Poverty campaign in 2008 intervened to ensure that the Department of Social Development (DSD) issued each household with Social Relief of Distress (SRD) support, and that the Department of Agriculture and Rural Development (DAERD) provided households with seeds and fencing for the establishment of food gardens. The Department of Home Affairs (DHA) processed ID and birth registration applications where these were outstanding, enabling the South African Social Security Agency (SASSA) to approve relevant grants.

The Department of Education (DoE) played a role in encouraging several young people to remain in or return to school in order to better their future career opportunities. The Department of Health (DoH) intervened to provide health screenings, HIV counselling and testing and assistance with the management of chronic illness. In total, 852 people benefitted through the programme following profiling. In the main, households received food parcels, fruit trees, seeds, fertilisers, bags of vegetables and grants, identity documents and birth certificates.



Mobile government services

Since 2008, 6,609 households (28,613 individuals) have been profiled in the poorest, most deprived wards in the Msinga Local Municipality. Around 78 percent of homes are mud structures. The majority of households do not have access to electricity (87.4 percent), refuse removal (98 percent), and sanitation (66 percent). An estimated 20 percent of households do not have access to non-piped or piped water. The unemployment rate is high in these households (87.2 percent). Of the individuals profiled, 98.3 percent live on less than R500 per month; 11 percent are not receiving grants due to lack of vital registration (ID, birth, marriage, death certificates). This data, compiled by the National Integrated Social Information System (NISIS) in October 2013, paints a picture of conditions of poverty which continue to plague the Msinga Local Municipality. Below are three testimonies from household members in Msinga's poorest homes. They illustrate how each benefitted from intervention by the War Room, and that graduating out of poverty is a process that consumes time and resources.



Household 1



Mobile government services

Our mother died in 2007 of TB and we were a youth-headed household of four people with our oldest sibling being 19 years of age and the youngest 13. Our father was unknown to us. The girls slept in the rondavel while the boys slept in a shack; both had leaking roofs and walls collapsing during the raining periods. We had no identity documents, birth certificates, no health promotion and no electricity. We used a community tap and the neighbour's toilet. Our income was dependent on piece jobs at a neighbouring farm. We used this income to purchase groceries. When the food ran out, we depended on support from neighbours. While the eldest dropped out of school to support us, the rest attended a no-fee paying school which did not provide any meals. We depended on support from others for school uniforms.

Our household was profiled in 2008. After that our situation improved. MEC Dr M Radebe visited and brought us groceries and assisted the children to obtain grants. We received a call one day from the CDW requesting that we all report to a local school to apply for IDs and Birth Certificates. Three months later, we received our documents. In 2011, a house was built for us by Department of Human Settlements (DHS); beds were donated by SASSA and Khonzinkosi Spar Trading. Immediately after we moved into our home, the Department of Agriculture and Rural Development (DAERD) started a home garden for us. In 2013, our home received electricity which meant we did not have to use candles anymore. We buy electricity vouchers with the grant income. CCGs visit our household and provide us with health promotion messages. The new addition to our family, a five-year-old boy, is up-to-date with his immunisation. Both the male members of our family received Medical Male Circumcision (MMC) in 2012 as part of the school health programme. The three older children have tested for HIV and we all know our status. We plan to keep it this way and are receiving family planning education from the CCG. The youngest girl has started being sexually active and the CCG contacted the Department of Social Development (DSD) to counsel her. She seems a bit better now and has even started going to church.

The household head is currently employed by the Zibambele Programme. The War Room Convenor arranged Adult-based Education and Training (ABET) to assist her to continue her studies. The household now receives R2,400 per month in grant money and this enables them to be self-sufficient. The children now attend no-fee paying schools and are part of the school-nutrition programme. One child dropped out of school when he was ridiculed for being too old in the class. The War Room intervened by discussing the matter with the school teachers and now the child has been re-enrolled at the school. Department of Social Development (DSD) sent the eldest child to Tanzania on a programme established to empower child-headed household members and the DSD Minister B Dlamini adopted this household to assist them graduate out of poverty. The only remaining interventions left for the War Room are to help the family build a toilet and connect to a water tank.

Household 2



New home built

Our mother died in 2008 while I was in first year studying for Bachelor of Education at Edgewood College and my brother was still at school. We are grateful to Operation Sukuma Sakhe because we know that it had good intentions and the interventions were meant for us. However, we had an interfering aunt who sabotaged our interventions. The bursary that was offered by MEC Dr M Radebe went to my aunt's daughter and not me; the food parcels were removed from our home while we were at school. As a result, my brother failed matric. I took a loan for my studies.

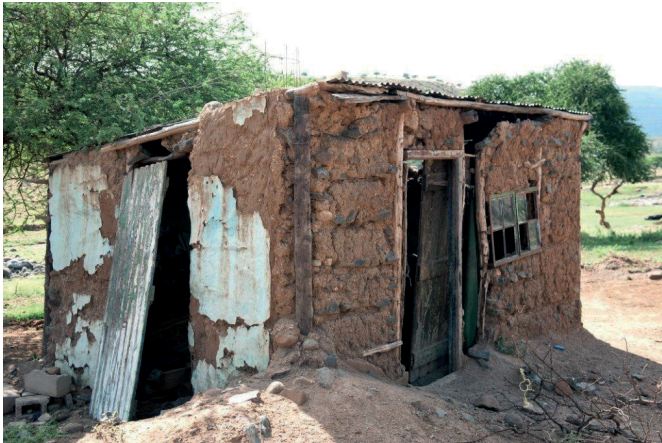
In April 2011, the CDW visited our home again to identify a site where our new home now stands with two water tanks: one for the home and one for the garden. I have since qualified and earn an income of R8,000 per month. I am paying back my study loan. We are eternally grateful to Operation Sukuma Sakhe for providing us with help, despite the difficulties with a greedy aunt who continued to interrupt our receiving interventions from the War Room. We intend on sending my brother back to school to continue his studies and fulfil his dream of becoming a mechanical engineer one day.

Household 3



Household members

In 2008, 17 of us children, ranging from 2 to 22 years of age, lived with our grandmother in a one-bedroom mud shack in Msinga. It was initially three bedrooms before parts of the house collapsed. There was no electricity in our community, nor did we have safe ablutions. We had no access to clean water and used to collect water from the stream.



Housing conditions before and after OSS intervention

During profiling we were visited by representatives from the Department of Health (DoH) who found us all healthy except for our aunt. No one was working, our only source of income was the old-age grant for granny and nine child support grants for the children. We often relied on neighbours to provide us with meals when our food ran out. One teenager dropped out of school due to pregnancy.

In 2011, the Department of Human Settlements (DHS) built us a house that was handed over to the household by former Deputy President, K Motlanthe, former Premier, Dr ZL Mkhize and MEC Champion Dr M Radebe. All children were assisted by the War Room to obtain identity documents and birth certificates. The Department of Water Affairs and Forestry (DWAF) helped establish a food garden tunnel and planted fruit trees. We received an environmentally friendly stove from the Greengel Company. We make use of pre-paid electricity and now have upgraded ablution facilities thanks to the installation of two water tanks.

By 2014, we are now out of poverty. Our change agent is now economically active having qualified as a professional nurse, thanks to the eThekweni Metro learnership programme. We continue to receive child support grants and the old age pension grant. All children attend no-fee paying schools and receive nutritional support at school. The tunnel garden provides us with food security together with our earned income. We are glad to report that we are out of poverty. We are forever grateful to the War Room.



Former Deputy President Mr Motlanthe and former Premier Dr Mkhize speak to a child in the family

The above testimonials provide a glimpse of the many challenges experienced by households and show that each household is faced with a different set of obstacles to surmount. Yet, despite such deeply entrenched poverty, the stories fill us with hope that the joint action of various departments and stakeholders can provide the impetus to help graduate households out of poverty.

2009

The Flagship Programme

In 2009, the KwaZulu-Natal provincial government launched the Flagship Programme to give priority to the War on Poverty's efforts to eradicate poverty and other problems affecting local communities in the province, such as food security, health (including HIV, AIDS and TB), gender inequality and violence. The aim of the programme was to implement a comprehensive, inclusive and holistic plan that systematically facilitates economic growth, community development, job creation, strengthening of local institutions and poverty eradication. The Flagship Programme was targeted at halving the level of poverty in KwaZulu-Natal by 2014, in keeping with the first Millennium Development Goal.

The Flagship Programme was launched in Umzinyathi, eThekweni and uThungulu districts of KwaZulu-Natal and spread across all districts. Central to this campaign were door-to-door visits to the poorest households identified in the most deprived wards. Through this profiling process, household living conditions were assessed, and specific and existing interventions were provided by relevant sector departments. Households were followed up and monitored. Task Teams were established to oversee the processes of profiling, monitoring and referral.

The Flagship Programme envisaged the full participation of communities, so that a government-based initiative could become a community-based initiative. This approach led to the launch of Operation Sukuma Sakhe.

2011

Operation Sukuma Sakhe

In April 2011, the Flagship Programme was rebranded as Operation Sukuma Sakhe (OSS). OSS is about communities standing up to fight social ills and rebuild the fabric of society, in partnership with government and other stakeholders working together in a multi-sectoral service delivery approach.

'Stand up and build'

Operation Sukuma Sakhe takes its name from the Provincial Coat of Arms 'Masisukume Sakhe' and from the Book of Nehemiah in the Bible. Nehemiah yearns to rebuild a city that has been destroyed. According to the English Standard Version: "And I told them of the hand of my God that had been upon me for good, and also of the words that the king had spoken to me. And they said, 'Let us rise up and build'." (Nehemiah 2:18)

Operation Sukuma Sakhe is a call for the people of KwaZulu-Natal to stand up to overcome the issues that have destroyed communities such as poverty, unemployment, crime, substance abuse, HIV and AIDS and TB.



At the centre of the Operation Sukuma Sakhe logo is the red ribbon signifying the challenge of HIV, AIDS and TB. The open hands show the empowerment of the people. The many hands are all the citizens standing up to build KwaZulu-Natal.

What is the vision of Operation Sukuma Sakhe?

OSS Vision

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



War Room branded by community members

This vision is about communities taking an active role by partnering with government and other stakeholders to fight unemployment, HIV and AIDS and TB, teenage pregnancy, maternal and child deaths, crime, substance abuse and poverty through the provision of integrated services that are accessible at the community level. This means creating sustainable livelihoods and eradicating poverty.

What integrated services are delivered through Operation Sukuma?

Comprehensive services are provided by different service providers such as government sector departments, state-owned enterprises, business and civil society. Services are categorised into three priority levels:

- **Immediate** essential services provided within 90 days, such as food parcels, grants, vital registration, temporary shelter, basic municipal services, behavioural change campaigns and access to healthcare
- **Medium-term** services provided within 180 days, such as skills development, job creation and enterprise development
- **Long-term** services provided within a year or more, such as infrastructure development and some municipal services

Overcoming poverty is not a gesture of charity. It is an act of justice. It is the protection of a fundamental human right, the right to dignity and a decent life. While poverty persists, there is no freedom.

Former President Nelson Mandela

The next chapter discusses institutionalisation and explains the human capacity development initiatives undertaken to train and capacitate stakeholders on all aspects of OSS.

Chapter 2

Institutionalisation and Human Capacity Development

Institutionalising Operation Sukuma Sakhe

Institutionalising Operation Sukuma Sakhe (OSS) refers to the way in which OSS is structured and formalised so that it can have the maximum possible impact in reaching its objectives. OSS is anchored upon an Integrated Service Delivery Model. Institutionalising the model involves the active process of developing relationships, practices, systems, procedures and skills to give all stakeholders a good sense of the parts they play and the capability to implement the model.

This chapter deals with how OSS was institutionalised, how capacity was developed, and what we, as a province, are still working on.

The province made a deliberate attempt to have OSS operating within existing structures as far as possible. Structures that already existed were the political structures, the oversight committees and the AIDS Councils. Structures and oversight mechanisms were necessary to guide stakeholders in the desired direction and facilitate cooperation and coordination among stakeholders.

Buy-in and support were required from these existing structures. This meant that all relevant stakeholders needed to commit to providing integrated services at ward level and provide the necessary support. The Premier, in coordination with Members of the Executive Council (MECs) and Heads of Departments (HODs), took the lead in promoting buy-in.

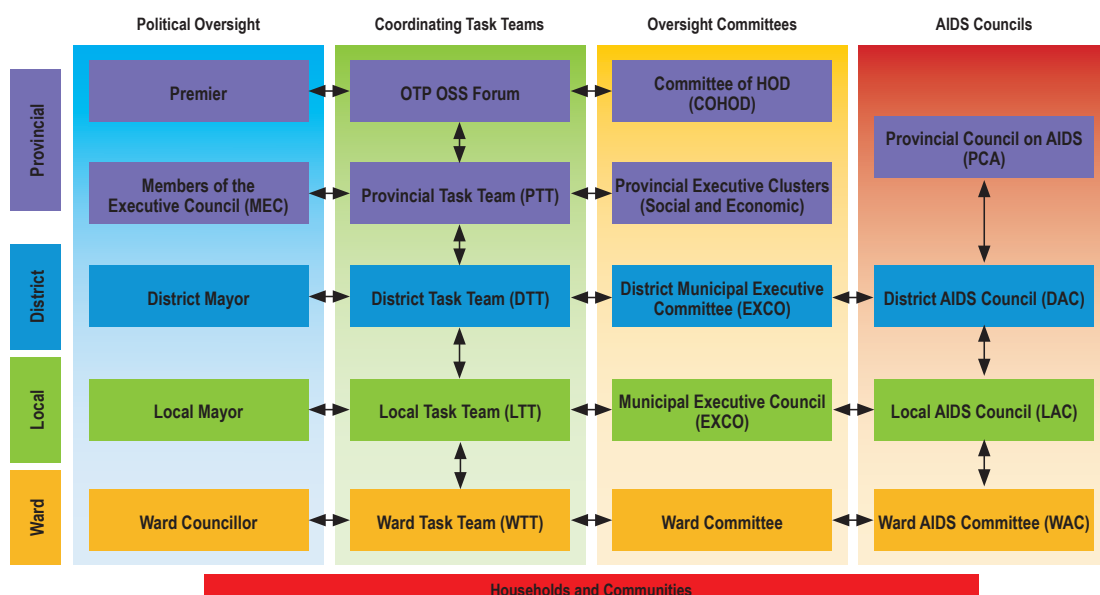
Governance and Leadership in Operation Sukuma Sakhe

The KwaZulu-Natal MECs adopted the institutional framework of Operation Sukuma Sakhe in 2011. The initiative would achieve its objectives through the establishment and work of Task Teams at the four tiers of governance namely: province, district, local municipality and ward levels.

All four tiers are present in four overarching structures (see Figure 6):

- Political Oversight
- Coordinating Task Teams
- Oversight Committees
- AIDS Councils

Figure 6: Operation Sukuma Sakhe Structures



Communication within the governance and leadership structure of Operation Sukuma Sakhe works in a multi-dimensional way, from top down, bottom up and across all tiers. Communication is essential to making these relationships work. Most importantly, it depends on reciprocal communication with households and communities, making communities the centre of development. Communities have the opportunity, through the War Rooms, to make their voices heard and, together with government departments, plan for integrated service delivery. The model breaks down the 'silo' mentality and brings about seamless delivery of services by government departments and other service providers in the community.

Communities deal with their issues through the War Room with the help of fieldworkers, community structures, government officials and civil society.

Ms Nokukhanya Mabaso, Community Development Worker (CDW), uMhlathuze Local Municipality, Ward 18

Overview of Operation Sukuma Structure

1. Political Oversight

There is high level political support for OSS at provincial, district, local and ward levels. The political oversight structure comprises the Premier, Members of the Executive Council (MECs), District Mayors, Local Mayors and Ward Councillors. This structure has played a major role in the start-up and roll-out of OSS in KwaZulu-Natal.

Who are Political Champions?

The overall Champion for OSS is the Premier of KwaZulu-Natal. MECs were assigned as Political Champions to each of the 11 districts. The District Mayor is the Political Champion of the District Task Team (DTT). The Local Mayor is the Political Champion of the Local Task Team (LTT). The Ward Councillor is Political Champion of the Ward Task Team (WTT).

What do Political Champions do?

Political Champions are influential in establishing and maintaining **stakeholder** relationships to achieve functionality of the Task Teams. They play a key **advocacy** role in garnering support and **mobilising resources**

for integrated service delivery from all stakeholders: government departments, civil society, traditional leaders, politicians, and the community. They represent the voice of the people in their constituencies.



Champions of OSS Districts in KwaZulu-Natal with Premier Honourable ES Mchunu

In this role, Political Champions reach out of their departmental roles to focus on promoting integrated service delivery for the District. For Mr M Mabuyakhulu, MEC Champion of the uMkhanyakude District, being a Political Champion in Operation Sukuma Sakhe forces one to become "a multi-talented, multi-skilled and developed cadre":



MEC, Mr M Mabuyakhulu

You no longer deal with issues in a vertical manner but deal with them right across all spheres of government. It has enabled us to understand, for example, the issues around HIV and AIDS by participating in AIDS Councils. It has helped us understand how things work even at ward level and how communities can be made to stand on their own in fighting the scourge of poverty and disease and the concomitant social ills, and how they can access services such as IDs which in turn help them access other services. It has helped us to understand how to solve challenges faced by OVCs and the destitute with no shelter.

Mr M Mabuyakhulu, MEC

Technical Champions

Heads of Departments (HODs) from the province were appointed as Technical Champions to each of the 11 districts. This role is to support the district structures with staffing and resources. They play an important role in assisting the district to escalate issues to other departments. These Technical Champions mobilise all stakeholders in their districts to participate in OSS.



Dr R Naidoo, HOD
Department of Sport and
Recreation

As an HOD Champion, I take all requests from across the spectrum of Government that cannot be attended to by the district, to the respective HODs for escalation. I also coordinate and attend outreach events and stakeholder consultations organised by the district.

Dr R Naidoo, HOD Champion, Ugu District

I see my role as that of providing administrative guidance in the establishment of Task Teams, intervening where possible to speed up the provision of services for referred cases that remain unresolved and unlocking any administrative challenges through engagement with my counterparts.

Mr BS Gumbi, HOD Champion, Umzinyathi District



Mr BS Gumbi, HOD,
Department of Transport



Mr SL Magagula, HOD,
Treasury

I am the anchor that ensures that the District Task Team (DTT) functions. First I have to make sure that DTT meets regularly, visit War Rooms sporadically and ensure that deliverables take place. Should I find that there are issues that are unattended, I immediately call my counterparts to inform them that their Department is not pulling their weight. And if it means replacements must be made, then so be it. The faces that are in the meeting now are not the original ones. I also mobilise for resources so War Rooms are equipped with basic needs such furniture.

Mr SL Magagula, HOD Champion, eThekweni Metro

2. Coordinating Task-Teams

The coordinating Task Teams consist of members of the Provincial Task Team (PTT), the District Task Team (DTT), the Local Task Team (LTT) and the Ward Task Team (WTT) also known as the War Room Task Team. Each of these structures has an executive committee made up of the Convenor, Deputy Convenor and the Secretariat. Each of these Task Teams reports to both the political and oversight structures, as shown in Figure 6.

Composition of the Task Teams

Represented on the Task Teams are government departments, community leaders, civil society including social partners and community fieldworkers (see Figure 7). Members are required to take an active interest in communities and provide support in resolving the identified needs of community beneficiaries. The communities are at the centre of service delivery.

Figure 7: OSS Membership



Source: OSS Implementation Model

Province level – the PTT

At the provincial level, the Provincial Task Team (PTT) members are appointed by Heads of Departments (HODs). The Deputy-Director-General (DDG) Stakeholder Coordination is responsible for coordination of OSS from the Office of the Premier (OTP). The Chief Directorate Priority Programmes is led by a General Manager. Inkululeko Development Directorate is responsible for coordinating the PTT and provides the Secretariat. Located in the Office of the Premier, the OSS Secretariat is ideally placed to coordinate the responses of all government departments, and to report to the political and oversight structures. At this level, mobilising resources and disseminating information is augmented.

What is the role of the PTT?

The overall role of the PTT is to provide strategic and implementation direction on OSS, orientate all stakeholders on OSS

through marketing and communication, monitor and report on progress against OSS objectives and mentor districts to achieve OSS goals. Ms BF Kuzwayo, Former DDG of OSS, explains:



Ms BF Kuzwayo, Former Deputy Director-General of OSS

It is a way of 're-engineering' the way we do things. This is really how we want to respond to challenges within the province. In some areas we have succeeded in fighting poverty; in others we have failed. We have seen how working in silos doesn't solve anything. Now is the time for us to really work at this and bring integrated services to the people. It is time to look at our partnerships and establish them in a very structured way.

Ms BF Kuzwayo, Former Deputy Director-General, OSS, KwaZulu-Natal

Being a member of the task team requires an investment of time and commitment with the dedication to stay with the structure and provide support.

Mrs SF Mkhize, Senior Manager Inkululeko Development Projects and OSS Unit in the Office of the Premier



Mrs SF Mkhize, Senior Manager Inkululeko Development Projects and OSS Unit in the Office of the Premier

Dr NI Ndlovu, General Manager of Priority Programmes in the Office of the Premier, explains how OSS aims to promote seamless service delivery, defying traditional management structures:



Dr NI Ndlovu, General Manager: Priority Programmes in the Office of the Premier

In most government or private sector departments, 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'. We've been stuck in models of management that have been shown not to work. In OSS there is an MEC Champion who is not from the same department as the HOD Champion, who is also not from the same department as the convenor, who is not from the same as the deputy chairperson of the district. All of a sudden you've got four people who have to work together in a cross-functional team, not following any of those mechanical models of management.

Dr NI Ndlovu, General Manager of Priority Programmes, OTP

Departmental members have the responsibility of addressing escalated issues presented at the PTT meeting within their respective departments.

In 2010 I took over the post, including the OSS responsibility. In 2013 we conducted a workshop to orientate senior managers within the department on OSS.

Mr Zakhele Nyuswa, PTT Member, Department of Agriculture and Rural Development (DAERD)

People are becoming more conscious and accepting the concept as a new culture of work and feel the need to implement it, but we need to entrench it further and make them understand that it is part of the daily work and as such it is part of the much needed intervention by the department in the daily lives of the communities.

Mr M. Mahlambi, PTT Member, Department of Education (DoE)

The department has improved its OSS contribution from when we started in 2009. There are working relationships with other departments. Reports and feedback on OSS are tabled at MANCO level.

Ms Thandeka Mbonambi, PTT Member, Department of Transport (DoT)

District level – the DTT

The District Task Team Executive is elected from amongst the District Task Team members. The Provincial Convenor, a Senior Manager (SM) at province level, is appointed to each DTT structure as part of the DTT Executive. The role of the Provincial Convenor is to ensure that all provincial departments and other stakeholders participate in service delivery at district level and also to assist the districts in mobilising provincial-level resources. The DTT reports to the District Municipal Executive Committee (EXCO) to endorse recommendations on Operation Sukuma Sakhe. Support for the programme at this high level increases the visibility and importance of OSS at district level.

The DTT, LTT and WTTs structures are prescribed in the OSS Implementation Model guidelines. However, some department officials feel that OSS is an add-on. This translates to some departments not really implementing interventions and the difficulty is in changing this attitude. What this means is that new employees must be oriented and inducted on OSS so that they are sensitised to the model, even if they are administration clerks.

Mr SL Magagula, HOD Champion, eThekweni Metro

What is the role of the DTT?

The overall role of the DTT is to provide implementation direction on OSS, mobilise resources, provide human capacity development to Task Team members and mentor the LTTs and WTTs to achieve the goals of OSS.

As OSS cadres, we are able to meet on a regular basis and in this way offer a vehicle for integrating services amongst different government departments. We are able to host joint campaigns, exchange information and share learnings.

The municipalities are able in some instances to allocate managers to mentor the War Rooms.

Mr Siduzo Mkhwanazi, DTT Deputy Convenor, uThungulu District

Local Municipality level – the LTT

The Local Task Team (LTT) Executive is elected from amongst the Local Task Team members. The LTT Executive reports to the Municipal Executive Committee (EXCO) to endorse recommendations on OSS. OSS is a standing agenda item in Municipal EXCO meetings. Representatives from Ward Task Teams (WTTs) and community leaders from the House of Traditional Leaders and civil society are members of the LTT.

What is the role of the LTT?

The overall role of the LTT is to provide implementation support on OSS, mobilise resources, provide human capacity development to Ward Task Team (WTT) members and mentor the WTTs to achieve the goals of OSS.

Ward level – the WTT

At the ward level, the Ward Task Team (WTT) Executive is elected from amongst War Room members. All services delivered directly to the community are expected to be coordinated through the War Room.

What is the role of the WTT?

The overall role of the WTT is to profile households, submit the referral register to various government departments to provide interventions themselves, mobilise resources, coordinate activities of community fieldworkers, ensure that Task Team members are trained and provide WTT reports to the LTT, the Ward AIDS Committee and the Ward Committee.

Who are Fieldworkers?

Fieldworkers are representatives of government departments working in the field at War Room level. They are a vital link between government and other service providers and local communities. Working directly with beneficiaries in communities, they are at the front line of implementation of OSS. Fieldworkers may be deployed in temporary or permanent, stipendiary or volunteer positions. Approximately 9,250 fieldworkers are appointed by government departments to work with War Rooms.

- One **Community Development Worker** (CDW) for each War Room, appointed by the Department of Cooperative Governance and Traditional Affairs (CoGTA);
- One **Community Caregiver** (CCG) for 60 households within a ward, appointed by the Departments of Health (DoH) and Department of Social Development (DSD);
- Two **Assistant Extension Officers** (AEOs) for each War Room, appointed by the Department of Agriculture;
- Two **Sport and Recreation Coordinators** (SRCs) for each War Room, appointed by the Department of Sports and Recreation; and
- Two **Social Crime Prevention Volunteers** (SCPVs) for each War Room, appointed by the Department of Community Safety and Liaison.



Fieldworkers

When I find households that have an interest in growing their own food, I refer to my colleague. I recently connected a youth group to the Extension Officer and Sports and Recreation Coordinator. The Extension Officer trained the youth group in growing their own food. They now grow their own food, use it to feed their families and sell the surplus.

Ntombenhle Zibani, CCG, uMhlathuze Local Municipality, Ward 11



Community Development Workers (CDW)

The Community Development Worker (CDW) plays an important role in the War Room, coordinating the activities of all fieldworkers, maintaining War Room databases, acting as monitoring and evaluation focal persons and fulfilling other secretariat functions. In October 2004, the KwaZulu-Natal Provincial Cabinet established a Community Development Workers Programme (CDWP) under the Department for Local Government, Housing and Traditional Affairs, now known as the Department of Cooperative Governance and Traditional Affairs (CoGTA). Over four hundred CDWs have since been recruited and trained in the coordination of household profiling and other activities of fieldworkers. These fieldworkers were later mainstreamed into Operation Sukuma Sakhe performing the same critical services.



The importance of Fieldworkers within OSS



Fieldworkers at Ward 11 War Room

An important link in the multi-sectoral service delivery model is the fieldworkers. By communicating with community members in their own households, they gather important information related to households 'on the ground'. Fieldworkers are thus able to identify common issues in the community, as well as the specific problems that each household faces.

For example, they may identify health and social issues such as early identification of communicable diseases, food insecurity, lack of social security, unemployment, disability, crime and safety and lack of active lifestyles amongst others.

3. Oversight Committees

The Members of the Executive Council

All recommendations on OSS pass through the Executive Council Clusters and through the Executive Council Meeting itself for decision-making. The Executive Council meeting resolutions become the guiding principles under which OSS operates.

The PTT Executive reports to the Executive Council Clusters, Executive Council meeting and to the Committee of Heads of Department (COHOD) to endorse recommendations on OSS. OSS is a standing agenda item for all meetings of COHOD and the Executive Council Clusters. Support for the programme at this high level increases the visibility and importance of OSS.



Dr BM Radebe, former MEC
of DAERD

Where OSS has been perceived by community members to be party-aligned; councillors, champions and Task Team members have had to work hard to say that it does not matter which political party a person belongs to. Basic human needs, like hunger, know no political party.
Dr BM Radebe, former MEC Champion, Umzinyathi District

The journey has had various successes and challenges. The points in the box summarise specific activities under institutionalisation that we will be working on in the next period to improve integration, management and delivery of services under OSS.

What we are working on



Particular attention will be paid to the following areas over the next period:

- Increased the levels of community ownership and community participation
- A community member to lead the War Room
- Full-time coordination of OSS at all four levels
- A change management strategy targeting all levels of governance to cultivate one common understanding of the OSS vision
- The capacitation of EXCO structures to provide oversight
- Multi-sectoral participation in the War Rooms
- Alignment between OSS and AIDS Council structures
- Incorporation of OSS in departmental strategic plans, Integrated Development Plans (IDPs) and the Provincial Growth and Development Plan (PGDP)
- Inclusion of OSS at institutional MANCO meetings as a standing agenda item
- Performance contracts of Officials to include their participation in OSS structures, Ward-based planning and closing of referrals through the delivery of the Departments core services
- Ongoing orientation of government officials as service providers in the War Room
- Promotion of the apolitical profile of OSS

4. AIDS Councils

The Provincial Council on AIDS

The Provincial Council on AIDS (PCA) is the sole provincial coordinating body of the HIV and AIDS, Sexually Transmitted Infections and Tuberculosis response in the province. PCA membership is made up of a cross-section of partners ranging from governmental organisations, business, civil society, faith-based organisations to the traditional institutions of leadership. The Council is chaired by the Premier of the Province of KwaZulu-Natal.



Provincial Council on AIDS (PCA) meeting in progress

What are the functions of the Provincial Council on AIDS?

The main function of the PCA is to guide and facilitate the implementation of the Provincial HIV and AIDS, STI and TB (HAST) Strategic Plan. The PCA provides a uniform approach for all organs of state in provincial and local spheres relating to any matter relating to HIV and AIDS. These could include promoting HIV and AIDS awareness in the province and protecting, promoting and fulfilling the rights of infected and affected persons living in the province. The PCA has the role of advising government on HIV and AIDS-related matters and also monitoring and coordinating implementation programmes and strategies of the provincial, multi-sectoral response to the epidemic. It is responsible for the periodic review of the strategic plan and for mobilising resources for programmes and strategies in the province at community level. It recommends appropriate research around HIV and AIDS and reports to the South African National AIDS Council (SANAC).

The District AIDS Council (DAC)

The task of the DAC is to streamline and coordinate activities and resources in the province-wide comprehensive response to HIV and AIDS. It is well positioned to monitor and provide information on the impact of district HIV and AIDS interventions. It reports to the Provincial Council on AIDS and engages with a cross-section of interested groups – government, private sector and civil society. Importantly, it establishes and maintains community feedback mechanisms.

District AIDS Councils have been established in each of the 11 districts of the province. In 2014, it was reported that all 11 DACs were considered to be fully functional (meeting regularly, chaired by mayors, submitting reports and with 70 percent attendance at meetings by members).

The Local AIDS Council (LAC) and Ward AIDS Committees (WAC)

The Mayors and Municipal Executive Committees have the responsibility of leading the HIV and AIDS agenda throughout their municipalities. Forty-four Local AIDS Councils (LACs) have been established in Local Municipalities around the province. At Ward level, 400 Ward AIDS Committees (WAC) out of 823 wards have been established and trained.

5. Social Partners

Government cannot address all poverty issues alone. OSS has been enriched with the support of social partners. Social partners are endorsed by the Provincial Task Team (PTT) on the basis of their contribution to community development and their organisation's mission to contribute to a better life. Social partners subsidise themselves and provide either strategic or implementation support in cash or kind towards achieving the objectives of OSS.



Memorandum of Understanding signed 31 October 2011 with BroadReach Healthcare to provide technical and implementation support on Operation Sukuma Sakhe

The following organisations have supported OSS as social partners over the past five years:



BroadReach Healthcare: providing technical and implementation support on OSS



Al-Imdaad Foundation: providing material support to the War Rooms



"Always Needed, Always There"

South African Red Cross Society: providing joint support with Community Caregiver cadres on identifying health and social issues and providing interventions



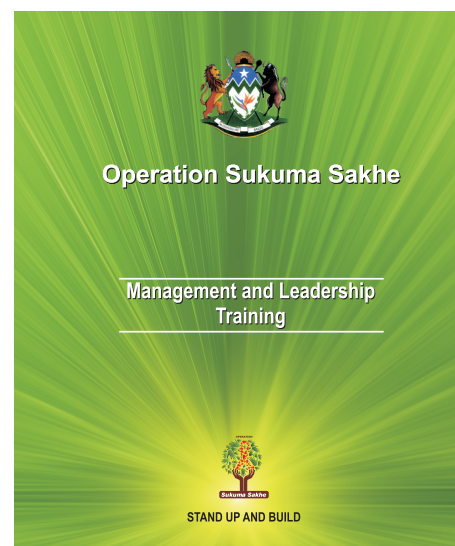
AIDS Foundation: providing youth with training on HIV and AIDS behaviour change

Human Capacity Development

Building human capacity is essential for OSS Task Team members since levels of expertise and experience vary amongst members who are expected to perform various functions on OSS from profiling, coordination of service delivery to tracking of services and reporting. A variety of human capacity development interventions have been delivered to date.

Management, Leadership Training for Task Team members

In 2011, social partner, BroadReach Healthcare (BRHC) worked with the Office of the Premier to assess management training needs, and developed management training materials for the coordination and implementation of Operation Sukuma Sakhe. The trainings that followed aimed to up-skill OSS Task Team members at the provincial level and in two districts including local and War Room levels.



Management Leadership Training session

The workshop was instrumental in assisting in planning, implementation and monitoring and evaluation of OSS as a strategy for service delivery.

PTT Member

This course was very informative and it helped in gaining more knowledge and guidelines on how to go about ensuring that OSS is functional.

DTT Member

Master Trainers for the Integrated CCG Foundation Course

Master Trainers were trained to assist with the Provincial roll-out of the Integrated CCG Foundation Course. The overall aim of the KwaZulu-Natal Master Training was to train selected government officials from DoH and DSD to strengthen the capacity of the departments to provide ongoing training to CCGs. A total of 230 Master Trainers were trained in November 2013 by social partners, BroadReach Healthcare and UNICEF. Master Trainers will in the future assist the districts to rollout training to new CCGs.

The master training course assisted us a lot in understanding clearly what the CCGs do in the community and what our role is as social workers since we supervise the CCGs.

Ms Xoli Dlamini, HIV and AIDS Coordinator (Master Trainer), DSD



Integrated CCG Foundation Course for CCGs

The Provincial Public Service Training Academy of OTP, under the leadership of Mr Fazal Safa and Ms Nirvana Simbhoo, was tasked to lead the development of the Integrated CCG Foundation Course materials in collaboration with the Department of Health, Department of Social Development and social partner, BroadReach Healthcare.

The aim of the Integrated CCG Foundation Course is to empower CCGs with skills and knowledge to perform an integrated scope of practice. The Integrated Community Caregivers Foundation Course is a comprehensive ten-day training comprising the roles and responsibility of CCGs, healthy living, maternal and child health, infectious diseases, chronic conditions, care and support, access to identity documents, social grants, support groups, food gardens and how to care for those living with sickness or disability.



Mr F Safa, General Manager
Provincial Public Service
Training Academy in the Office
of the Premier



In addition to the Master Trainers, approximately 100 Professional Trainers were trained to roll out the training together. Approximately 2,039 CCGs were trained in Ugu and uThungulu in 2013. The CCGs in all remaining districts are currently being trained by PEPFAR Partners: BroadReach Healthcare, Health Systems Trust, MaTCH, Beyond Zero and Kheth'impilo. The majority of the trained CCGs scored well in their post-test and competency assessments done in the classroom and in the field. There were benefits for CCGs on a personal and professional level.



CCGs in training

Chapter 2

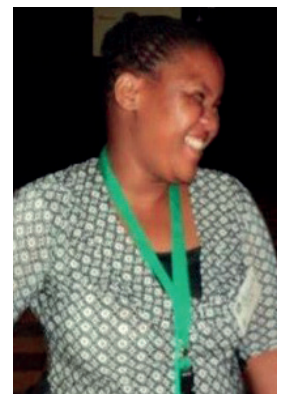
2 Institutionalisation and Human Capacity Development

This training has helped me in my daily life as I learnt about healthy living in order to prevent disease. I learnt to understand myself as a champion in Operation Sukuma Sakhe and as a change agent in my community.
CCG, uThungulu



This course was better than anything. I liked upgrading my knowledge and skills. My favourite thing was doing the role plays. I feel much more confident now. My message to the Premier is: I like to work for the community and I want to see the community live healthy lives and have less disease. I am excited that we can do something to help them to improve their lives.
Ms Phumzile Mzizi, CCG

I have learned well in this course. I understood everything and really enjoyed the section on mother and child. The course was informative and will help me when I go out to do my job – especially the screening tools. My message to the Premier is: The course has opened my eyes and has answered my questions. Thank you. I am now more confident and I know I can make a difference.
Ms Ntombizodwa Cele, CCG



I have been a CCG since 2007. The doubts I had as a CCG are no more and I see success ahead of me. The community members who undermined our services will change and those who welcomed our service will have more faith in us. I like the materials we were given. I'm getting familiar with it and am happy that I received more information than in the past. My message to the Premier is: Thank you – I appreciate having this opportunity to participate. I really feel honoured.
Ms Nomkhosi Mtenjwa, CCG

I have 13 years of experience as a CCG and I enjoy my job. My community will benefit from this training because it adds knowledge to us as CCGs. I have mastered the use of material. My message to the Premier is: I liked the training because now I feel more confident. The community welcomes the service and they see we are trying to improve service delivery.
Mr Paul Dube, CCG



Supervisors of CCGs are delighted with the Integrated CCG Foundation Course because CCGs are now formally trained in their integrated scope of practice.



In the past CCGs were employed by NGOs without any formal training and performing their tasks merely from their passion. With this training, they are well equipped with knowledge and skills to practice their integrated scope of work with confidence. They are able to utilise their screening tools and refer clients accurately.

Ms S Ngobese, HIV and AIDS Coordinator, DSD

Sector Departments are able to receive cases from CCGs in the War Rooms to be fast-tracked. Communities are benefitting from the training in this way.

Mr S Nkontwana, Community Health Facilitator, DoH



The training was very informative and learner guides helped CCGs to relate to what they do in the field. Since they received this training, the community will start believing in and trust what CCGs say when they conduct home visits. Before receiving this training they were taken for granted; even their self-esteem was low because they did not believe in themselves. During the training, CCGs were able to share their experiences as they were grouped together and they were able to find solutions.

Ms Hlengiwe Phoswa, Master Trainer, Harry Gwala District

Based on the number of referrals, we are now receiving in the clinics, it is clear that there is improvement in the manner in which the CCGs are carrying out their work.

Ms Zibuyisile, Community Health Facilitator, DoH

After this Integrated CCG Foundation Course, they are going to sing one song, which is: 'Screen, Educate and Refer'. Duduzile Magasela, Community Health Facilitator, DoH



CCG training in progress

CCG Certification Ceremony

On 27 August 2013 the first cadre of approximately 2,000 trained CCGs were certified by the Provincial Public Service Training Academy at the Moses Mabhida Stadium, Durban, after completing the Integrated CCG Foundation Course.



CCG Awards Ceremony

At the certification ceremony, MEC for Health, Dr SM Dhlomo, praised the CCGs for their contribution to KwaZulu-Natal. Speaking of the importance of healthy women and children through the new initiative, Phila Mntwana, as well as the significance of their role in building healthy communities, he said:



MEC for Health, Dr SM Dhlomo

Four years ago out of 100 pregnant women in KwaZulu-Natal, 20 gave birth to HIV-positive babies while in 2013, this number has reduced to two as a result of the work of CCGs.

Dr SM Dhlomo, MEC for Health, KwaZulu-Natal

On behalf of USAID, Dr Roxana Rogers said that USAID and PEPFAR were pleased to see the roll out of the training. She congratulated the CCGs for their achievement.



Dr Roxana Rogers



US Consul-General Taylor Ruggles

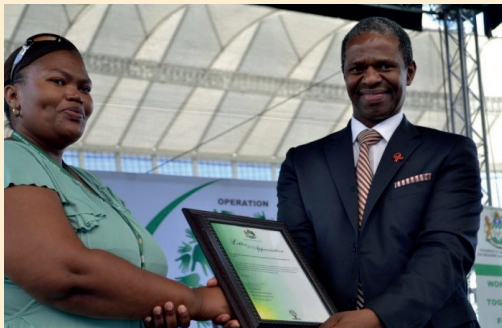
US Consul-General Taylor Ruggles congratulated the province for achieving a ground-breaking model of integration.

We thank CCGs for being the eyes and ears of the community. We are aware of the challenges faced by CCGs and their presence in War Rooms that is making a difference in people's lives.

Ms N Khanyile, HOD, Department of Social Development



Siphumelele Mlambo from DoH (left) and Hlengiwe Khanyile from DSD received the Certification of Appreciation for the successful roll-out of the Integrated CCG Foundation Course in Ugu and uThungulu, respectively.



Siphumelele Mlambo from DoH with MEC for Health, Dr SM Dhlomo



Hlengiwe Khanyile from DSD



CCG Graduation Ceremony, 2013

Fieldworker Training

Fieldworkers at War Room level received training on reporting. At the request of the Deputy Director-General and in consultation with District and Local Task Teams, OTP organised workshops for fieldworkers throughout the province. Fieldworkers supporting War Rooms were trained on their roles and responsibilities by the OSS Secretariat and the various departments who employ fieldworkers (Agriculture and Rural Development, Community Safety and Liaison, Sport and Recreation, CoGTA, Health and Social Development). The scope of training was based on the OSS reporting tools and integration of fieldworkers at War Room level. At the time of writing, approximately 2,000 fieldworkers from eight districts had been trained.



Fieldworkers being trained on the Household Profiling Tool

Through OSS I am able to access departments that I previously could not access. Even household members that had challenges with accessing government departments are able to access services.

Fieldworker

I'm excited about OSS. I can clearly see the evidence that OSS works, people are getting jobs, school children get uniforms and homes with challenges of food security get immediate assistance. This motivates me because I can see that the programme is beneficial to the community.

Fieldworker

OSS has provided the mechanisms and the capacity to solve poverty in an integrated manner. Going forward, OSS will look to increase its impact by also focusing on specific activities to provide human capacity development.

What we are working on

Experience has shown that particular attention to the following areas are needed and will be in focus in the next period:

- Training on all aspects of OSS to improve knowledge and skills of Task Team members in performing the various functions of OSS
- Documentation of all OSS processes to assist and guide Task Team members with standard methods of implementation
- Training of all fieldworkers on household profiling, data collection, reporting tools and how to use the data to assist beneficiaries
- Training of newly employed CCGs in the Province by Master Trainers
- Use of the Integrated CCG Foundation Course material, now also available in DVD series. Refresher training can be offered to CCGs and other fieldworkers in War Rooms, health facilities and social service offices.
- Ongoing mentoring and coaching of Ward Task Teams (WTTs) and CCGs



The next chapter will describe the design of the War Room as a service delivery engine, and will present case studies to illustrate how services are delivered through War Rooms.

Chapter 3

Integrated Service Delivery

The community is at the epicenter of integrated service delivery. Communities themselves play a significant role in identifying their needs and interacting with the processes in the War Room. The Director-General of the Province of KwaZulu-Natal, Mr NVE Ngidi, explains about community ownership:

Everybody who is involved in Operation Sukuma Sakhe has a say in how it is run and therefore it is easy for people to participate, because everybody feels that they own the process. Whatever you own, you are always passionate about.
Mr NVE Ngidi, Director-General, KwaZulu-Natal

Communities are mobilised to identify their issues and form effective partnerships across sectors for the delivery and receipt of services.

In Operation Sukuma Sakhe, community partnerships are established between traditional leaders, civil society, religious and vulnerable groups, the business sector, development partners, government departments and communities themselves – all of whom work together in the ward-based War Room to facilitate the provision of integrated services. Services are mostly focused in the following service intervention areas: food security, grant access, skills development and job creation, education, health, utilities, housing and specific programmes to combat social ills and promote good health.

This chapter presents the War Room as Operation Sukuma Sakhe's main service delivery engine. It outlines the role played by the War Room and reports on service intervention achievements in each of the abovementioned service areas.



Stakeholder engagement meeting



Community members attending a meeting, with the Honourable Premier ES Mchunu in attendance

The War Room as a service delivery engine

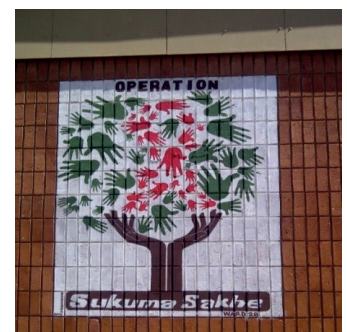
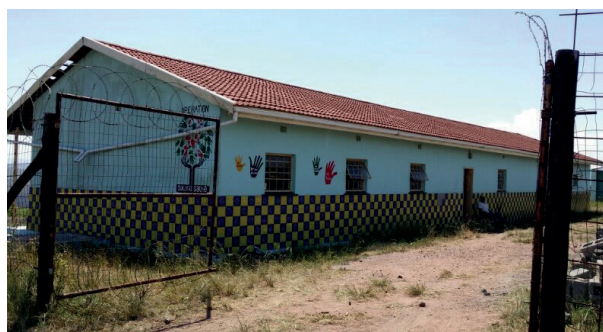
Operation Sukuma Sakhe uses the concept of a War Room as a place to hold community meetings where office-bearers, Task Team members and fieldworkers gather with a formal agenda and a common purpose to plan for and report on household needs and intervention strategies. The War Room also stores documentation relating to household needs, notices and minutes of meetings and service delivery reports. War Rooms are generally situated in community halls, churches, government service outlets (such as a school, office or clinic).

Building visibility in the community

The Department of Arts and Culture (DAC) contracts local artists to brand War Rooms.



Clockwise: Inside the War Room: maps, database of stakeholders, health and social indicators are found on the walls; Fieldworker gathering information; Communities walk into War Rooms to have their needs documented; A War Room situated in a community centre



Left to Right: Musa Gama using the OSS logo to brand the War Room in Ward 28, Port Durnford, uThungulu; War Rooms have been branded by Basadi4life, an OSS Social Partner; Branding at War Room against social ills in Ward 28, Ngwelezane, uThungulu

How the War Room is established and what is its role?

The Ward Councillor introduces the OSS approach at stakeholder meetings which are held with the community. The community stakeholder group identifies a community leader to lead the Ward Task Team, agree on its membership, assign responsibilities, agree on the schedule of meetings and identify a venue for the War Room. At the stakeholder meeting, which is also attended by fieldworkers, a profile of the ward is compiled through an assessment of the overall needs of the community.

The War Room plays an important coordinating role. It serves as the interface between the community and service providers.

There are several steps involved in the delivery of services through the War Room.

Step 1: War Room compiles a list of poor households in the ward.

Step 2: Fieldworkers, who are members of the War Room Service Delivery Team, are allocated to profile those households.

Step 3: Fieldworkers present identified household needs to the War Room.

Step 4: CDWs capture the needs in the Service Provider Referral Register and submit to relevant service providers.

Step 5: The Ward Task Team, including community structures, together with service providers develop action plans for service delivery.

Step 6: Services are delivered directly via service providers, e.g. IDs being delivered at Department of Home Affairs or via the War Room.

Step 7: Feedback is provided on services provided to the households and referrals are closed at the War Room either by the service providers or the War Room Service Delivery Team member.

Service intervention areas

What follows is a brief focus on each of OSS's core service intervention areas and a concise report on the achievements of sectors adopting an integrated approach to service delivery.

Food Security



Community garden

Unemployment rates, inadequate social welfare systems and a high HIV and AIDS infection rate all contribute to food insecurity. The General Household Survey reported that in 2009, an estimated 11 percent of households in KwaZulu-Natal had severely inadequate food access (see Figure 8). However, this figure was reduced to four percent in 2013.

Within Operation Sukuma Sakhe, building food security focuses on developing skills in food production, delivering emergency food parcels for families in dire need and food supplementation through schools.

Figure 8: Percentage distribution of households' food inadequacy KwaZulu-Natal, 2009-2013



Source: General Household Survey 2009-2013, Statistics South Africa

The Department of Agriculture and Rural Development (DAERD) employs around 700 extension officers to profile households and provide training to communities in food production. Over the past five years over 145,000 household beneficiaries received training. Households were provided with seed packs, tools, water tanks, ploughing and fencing. Almost 600 community gardens, 435 institutional gardens, 3,000 gardens under the 'One home, One garden' programme, 81,000 homestead gardens and over 1,300 tunnels, have been established over the last five years.

In Hammarsdale, 100 households were referred by the War Room Convenor and profiled in August 2013 and a week later five groups made up of 20 community members were trained on how to make seedbeds, transplant crops and ongoing maintenance.

Z Nyuswa, Provincial Task Team Departmental Representative, DAERD



Water harvesting project in support of the 'One home, One garden' programme



'One home, One garden' established at a household



Distribution of food parcels

In addition to food gardens, the **South African Social Security Agency (SASSA)** provides Social Relief of Distress (SRD) grants of up to three months in the form of a voucher, cash or food for people in crisis and in need of immediate help to survive. Social partners such as the Al-Imdaad Foundation, Gift of the Givers, South African Red Cross Society, Food Bank South Africa, Rotary International, Spar Group, faith-based and other organisations provide food parcels to families in dire need.

Many beneficiaries have testified to relief brought about by urgent interventions made by War Rooms to provide food supplementation.

When the CCG first visited our home my youngest child was identified as malnourished and she was referred to hospital where she spent three weeks. Through Phila Mntwana we received food vouchers from SASSA. Now my kids do not suffer from hunger since we also have a food garden.

Household member, Efuyeni Ward 12 uMfolozi, uThungulu

The **Department of Education (DoE)** offers the National School Nutrition Programme (NSNP) to learners enrolled in no-fee paying primary and secondary schools across the country. On school days learners receive meals cooked by unemployed members of the community, appointed by the School Governing Body. The NSNP also aims to encourage schools to grow food gardens so that educators, learners and parents can learn more about food production and that garden yields can be incorporated into school meals.

In 2013, the KwaZulu-Natal education department supplied meals to over 2 million learners in schools around the province. This figure has increased steadily from 1.5 million in 2009. Vegetables produced from the school garden can add fresh and healthy food to the school meals. The annual Siyazimela Schools Garden Competition encourages learners to get involved in school gardens. To date, a total of 489 schools have established food gardens. The Department of Water Affairs (DWA) has participated in this effort by donating 250 water harvesting tanks to 125 schools in four districts of the province, namely Zululand, uThukela, uThungulu and Umzinyathi .



Community members preparing to establish a vegetable garden intended to improve the nutrition of children

There are **five major social security grants** in South Africa:

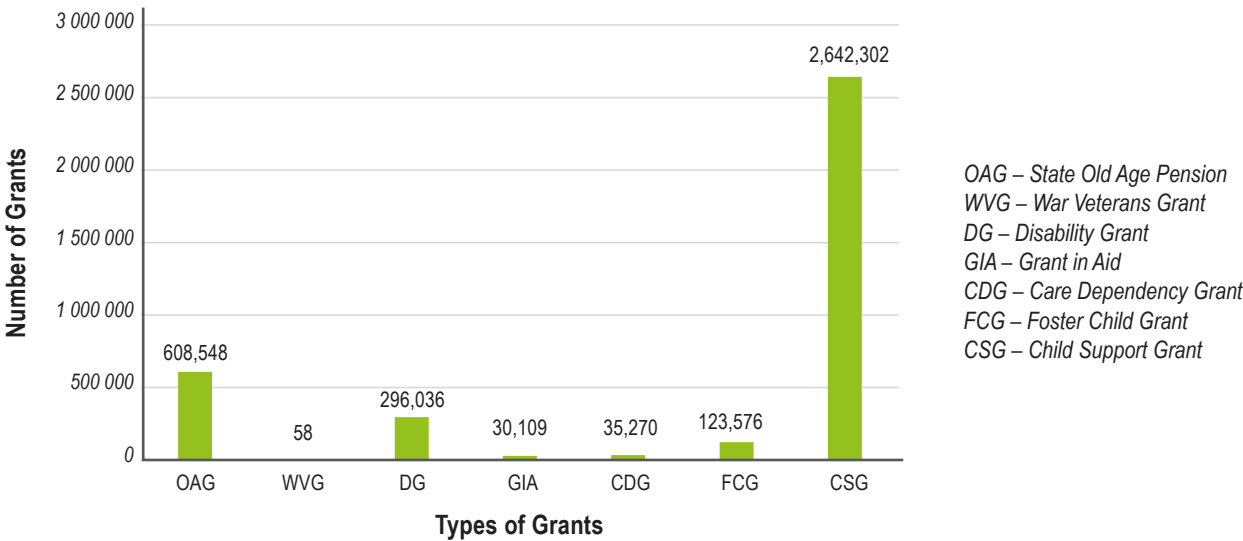
- the State Old Age Pension
- the Disability Grant
- the Child Support Grant
- the Foster Child Grant
- the Care Dependency Grant

Figure 9 shows that grant uptake in each of these categories is highest in KwaZulu-Natal. Individuals in need of grants are identified through the War Rooms. The impact of grant income in exiting households out of poverty is illustrated in Chapter 4. The South African Social Security Agency (SASSA) manages the awarding of social grants. To support its work, the Department of Home Affairs has the task of ensuring that applicants have vital registrations in place. These include identification documents, birth, marriage, death and other certificates.



Mobile service delivery by SASSA

Figure 9: Total number of social grants by grant type, 2014



Source: SASSA, Factsheet: Issue no 2, February 2014

Skills Development and Job Creation

Skills development and job creation are powerful poverty-reduction instruments and can lead to improvements in the quality of life in communities. Several government departments have been successful in creating jobs in communities. Most government departments, including the Office of the Premier (OTP), are involved in skills development.

The Expanded Public Works Programme (EPWP)

The Department of Public Works administers the Expanded Public Works Programme (EPWP). The programme creates work opportunities in the infrastructure, environment and agriculture sectors. Over 28,000 jobs have been created in this programme over the past five years. In the last two years, 270 jobs were created in the Maintenance Programme (manual clearance of school grounds). Up to 3,121 jobs were created in the Integrated Greening Programme.



Honourable Premier ES Mchunu visiting an EPWP infrastructure project

The Integrated Greening Programme

The KwaZulu-Natal Integrated Greening Programme is a partnership between government, the business sector and the Wildlands Conservation Trust, led by Operation Sukuma Sakhe. The programme aims to transform communities and ecosystems in KwaZulu-Natal. Since its inception in April 2011, it has benefitted nearly 4,000 people across seven district municipalities. It has produced some 285,427 labour person days in the propagation of more than a million indigenous and fruit trees, half a million of which have already been planted in restoration and greening programmes throughout the province. In addition, the programme has also introduced an innovative waste collection model, cleaning local communities of more than three million kilograms of waste. Instead of ending on landfill sites, the waste has been sorted and, where possible, recycled. The programme has worked in rural areas where local communities have been assisted to manage their land as ecotourism destinations to drive pro-poor rural development.



This private-public partnership involves the Departments of Public Works, Agriculture and Rural Development, Economic Development, Environmental Affairs and Tourism and Human Settlements. It also involves several municipalities and NGOs. Harnessing the collective energy of the partners, a wide range of community greening activities are undertaken to stimulate local economic development and nurture the establishment of vibrant, self-motivated communities that are clean, green and driven by inspired 'green-preneurs'. Tree-preneurs, waste-preneurs and food-preneurs (collectively called 'green-preneurs') grow indigenous trees, collect recyclable waste and grow vegetables at their homesteads. The beneficiaries can barter these for goods they need such as food, bicycles, building materials, water tanks, as well as education support in the form of school and university fees, school uniforms and stationery. These activities have created tangible income and livelihoods for 1,269 local community members, including 100 full time green-preneur facilitators and recycling staff. In uMkhanyakude District alone there are 14 green-preneur facilitators and 774 active tree-preneurs.

The Zibambele Poverty Alleviation Programme

Since 2003, the Department of Transport (DoT) has linked with the Department of Public Works (DPW) to create jobs through the Zibambele Poverty Alleviation Programme hosted by the eThekweni District Municipality. The programme gives destitute women “a sense of identity and social re-integration” by employing them to improve the quality of road infrastructure. To date up to 2,800 jobs have been created in road cleaning and grass-cutting. The War Room assists the programme by identifying road improvement needs in wards. The Zibambele programme works in cooperation with the Departments of Labour, Home Affairs, Social Development and the private sector. These relationships are manifested in the project’s efforts to see that beneficiaries have identity documents and access to social grants. Private partners help with opening bank accounts for beneficiaries and setting up saving accounts.

The Zibambele programme and other Expanded Public Works Programmes are the DoT’s contribution to the alleviation of poverty. These are labour intensive projects that are implemented, in partnership with the Department of Public Works, in order to provide job opportunities. There are currently more than 41,000 work opportunities that have been provided by these programmes.

T Mbonambi, Special Projects Senior Manager, Department of Transport

To date, these programmes have contributed to: the provision of road upgrades (63 kilometres); the building of vehicle bridges (4) and pedestrian bridges (1); the rehabilitation of roads (171 kilometres); the resealing of roads (1.4 million square metres); the building of local roads (109 kilometres); the blacktop patching of roads (200 000 square metres); the blading of roads (56,076 kilometres) and the re-gravelling of roads (722.7 kilometres).



Zibambele Programme, eThekweni District



Bridge construction, Mkhuze, uMkhanyakude District

Other government departments have been instrumental in creating jobs in liaison with other sectors. The **Department of Human Settlements** has created 3,237 job opportunities for the EPWP in relation to its housing construction programme. The **Department of Social Development** has created 1,200 community-based youth and child-care worker jobs, 4,895 Early Childhood Development posts and 2,463 home-based care posts. The **Department of Sports and Recreation** has trained 4,050 coaches through sport federations.

Our department contributes to the priority of developing rural communities. As we build new sport infrastructure, we also make sure that job opportunities are created for locals so that they are able to fend for their families.
NN Sibhidla-Saphetha, MEC for Arts and Culture, Sport and Recreation

The **Department of Arts and Culture** has launched programmes to develop art and craft skills, as well as skills in the performance arts.

We have received numerous referrals from War Rooms from communities willing to make their talent in visual arts and crafts visible. Our planning is now ward-based. For example, we have isigekle groups of women performing traditional dance routines in every district generating income by performing at events.
BE Mpungose, Department of Arts and Culture

Community Development Workers' Programme

In January 2003, Cabinet Lekgotla resolved to establish the **Community Development Workers' Programme (CDWP)** under the Department of CoGTA to enable communities to make better use of government benefits and services, foster community development and improve their quality of life. According to the 2003 State of the Nation address, government would create "a public service echelon of multi-skilled community development workers" to "maintain direct contact with people where these masses live".

The main purpose of the Community Development Worker Programme (CDWP) is to work with government and other stakeholders in order to help bridge the gap between government and the community by strengthening integration and coordination between services provided by government and access to these services by communities.
A Mbatha, Senior Manager, CDWP

From 2004, the **Department of CoGTA** in the province of KwaZulu-Natal responded by recruiting 400 Community Development Workers (CDWs). These cadres were mainstreamed into Operation Sukuma Sakhe from its inception. They have provided critical services of coordinating household profiling and the activities of fieldworkers in the War Room, including managing a database of fieldworkers and other stakeholders, as well as many other secretariat functions. In addition, they fulfil the functions of M&E in the War Room by maintaining a database of households profiled, tracking referrals and developing monthly WTT report.



Community Development Worker coordinating household profiling by fieldworkers

Community Policing Forum Training

The **Department of Community Safety and Liaison** (DCSL) has a central mandate to promote community policing forums. Since the start of Operation Sukuma Sakhe, the DCSL has trained 381 community policing forums in financial and project management under the Thathulwazi programme.

A total of 111 Community Policing Forums were registered and certified between 2009 and 2011. Particular projects aim to support those vulnerable to abuse, (particularly women and children), support the safety of the elderly, and victim empowerment. In 2010 and 2011, the DCSL partnered with SANCA in a Behaviour Change Programme to educate young people about the abuse of alcohol. In the Amakhosi and Ondlunkulu Capacity Building Programme, traditional leaders have been trained about their role in crime prevention and poverty eradication.



Behaviour Change Programme hosted at local schools

Education

The **Department of Education** (DoE) has the responsibility of providing quality education for all children and offering care and support particularly for the most vulnerable learners. Poverty, under-nutrition and household food insecurity are problems that co-exist and have been shown to impact on a child's ability to learn. Many related factors contribute to poor performance: learners walking long distances to schools, learners participating in domestic chores prior to going to school, lack of meal provision at home and lack of family time and resources. Learners who come to school hungry are vulnerable to low achievement levels.

Schools are hubs for a wide range of activities that promote self-development, access to resources and social cohesion. Children in need of social services are identified through the schools and referrals are made to the Department of Social Development (DSD) via the War Rooms. Children requiring health interventions are referred to the Department of Health (DoH), also via the War Room, and the DoH responds by conducting routine health inspections and immunisation campaigns. In some cases, War Rooms are based at schools with school principals and educators serving as War Room chairpersons.

School uniforms

The War Room household profiling process has identified learners requiring assistance with school uniforms, re-enrolment in school after dropping out, and special needs support. Support plans to assist these learners are developed by War Rooms, together with the DoE. Over 2,000 children have received uniforms through the DoE. The DSD, social partners and civil society organisations have also provided uniforms to some learners.

Learner transport

The Department of Transport (DoT) has provided 85 buses, with petrol cards and service maintenance plans, to 53 schools for the transporting of learners. Commenting on the department's learner transport initiative, DoT's Senior General Manager said:



School buses sponsored by the Department of Transport

One of the strategic goals of the Department is to broaden access to education not only for what is seen as 'normal' public schools, but also for learners with barriers to learning. We want the drivers to handle these learners with care.

J Dlamini, Senior General Manager, Department of Transport

No-fee paying schools

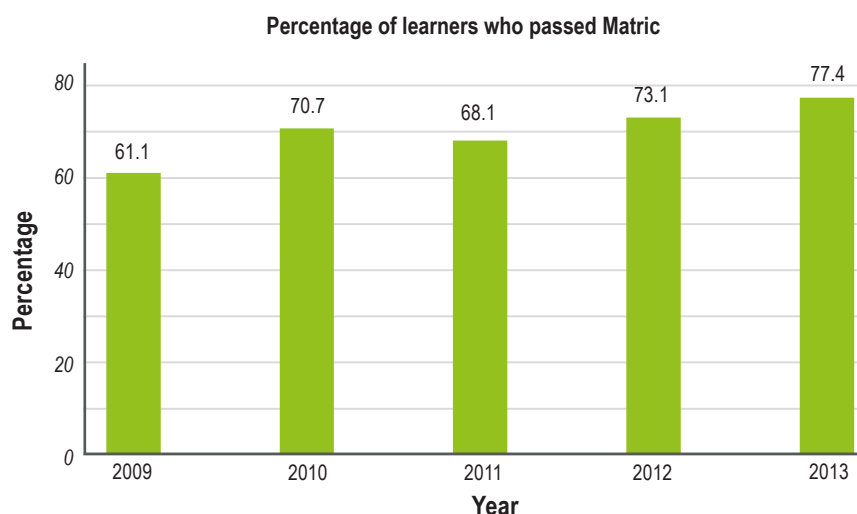
The right not to charge school fees is limited to schools that have been declared 'no-fee paying schools'. The names of the no-fee paying schools are published in the Provincial Gazette and the criteria for inclusion are based on the economic level of the community around the school. The War Rooms are informed of the list of schools in the ward where learners are exempt from paying school fees so that they in turn communicate this to the community. Orphans in particular, are exempt from paying school fees in public schools.

In the last five years, 7.8 million learners have had obstacles to learning removed through poverty eradication initiatives and this should have a positive influence on matriculation results. Matric learners in the province have seen a noticeable improvement in their results over the past five years. Figure 10 shows that while 61 percent of learners attained a matric pass in 2009, in 2013, this had risen to 77 percent.



Learners of Khabazela High School in Hillcrest congratulated by Dr N Sishi, HOD for Education on improved national senior certificate pass rate

Figure 10: Matric results, KwaZulu-Natal, 2009–2013



Source: DoE, Report on the National Senior Certificate Examination Results, 2009-2014

Democracy and health education

Through the Democracy Education Programme, the DoE collaborates with the Department of Home Affairs (DHA) to provide all Grade 12 learners with identity documents. It also integrates with the Department of Health to provide a life skills programme and screening of learners on health issues.



Issuing of identity documents to Grade 12 learners, a joint initiative between Department of Home Affairs and Department of Education

Adult education and literacy

Through household profiling, War Rooms are able to assess the educational needs of both adults and children. Since 2012, the Adult Education and Training (AET) initiative has focused on reaching out to adult learners to enable them to improve their education. Bursary recipients, too, are identified through the War Room.

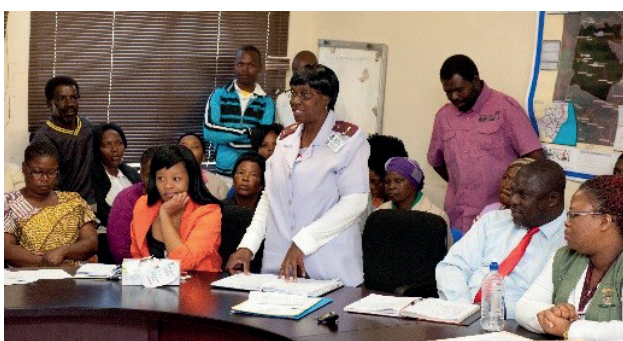
AET in the province has made great strides over the last few years. In the last five years (2009–2014), 1.2 million adults in the province benefitted from AET programmes, including the Masifundisane and Kha Ri Gude mass literacy campaigns. This has reduced the illiteracy rate by 50 percent. In the same period, approximately 1,100 learners were awarded study bursaries at a cost of R68 million and 1,377 graduates benefitted from internship programmes.

Health

The provision of Primary Health Care (PHC) is the key vehicle to improving health outcomes. The number of clinic visits have grown steadily from 26 million in 2009/10 to 31.9 million in 2013/2014 (District Health Information System). Primary Healthcare Ward-Based Outreach Teams have been established in the wards. The Outreach Team Leader usually attends the War Room meetings to refer household cases to other departments and to receive health referrals.

Some achievements in health are:

- A decline in the number of underweight children under five years from 44 per 1 000 in 2010, to less than 14 per 1 000 in 2014;
- A decline in the child under one year mortality in facility rate from 10.8 percent in 2010 to 7.3 percent in 2014, and
- A maternal mortality in-facility ratio of 138/100 000 live births, down from 195/100 000 in 2010



Health performance review meeting

*The Department of Health is at the coalface of service delivery and therefore in a better position to participate in OSS.
L Langa, Provincial Task Team Departmental Representative,
Department of Health*

HIV and AIDS, STIs and TB remain a key challenge for the province and are therefore amongst the critical focus areas of OSS. Below is an analysis of Routine Provincial Council on AIDS (PCA) data for period 2011 to 2014, to assess the contribution of OSS on selected HIV and AIDS, STIs and TB indicators.

The early identification of an individual's HIV status assists in linkage to appropriate care and treatment to achieve better health outcomes. A total of 6.5 million people have been HIV tested in the province, which translates to 64 percent of the total population.

*The use of OSS Cabinet Days and other events have increased the uptake of HCT.
L Langa, Provincial Task Team Departmental Representative, Department of Health*

Booking early for antenatal care services (ANC) ensures that pregnant women receive interventions as early as possible, for optimum health for themselves and the child. The provincial early booking rate (before 20 weeks) in 2013/2014 was 56 percent. ANC booking in the province shows a 15 percent increase in pregnant women booking early between 2011/12 and 2013/14.

A **polymerase-chain reactive (PCR)** test is carried out six weeks after birth to determine the HIV status of all babies who are born to HIV positive mothers. Determining the HIV status of the baby enables linkage to ART services as early as possible, should the baby test positive. Mother-to-Child transmission has been reduced to two percent or below in all districts. HIV transmission around 18 months was below three percent for all districts in 2013/14 with the exception of eThekweni (3.6 percent) and Harry Gwala Districts (4.2 percent).

Antiretroviral treatment (ART) provides an effective means of medical care and illness management for people living with HIV. Out of an estimated 1.7 million people, living with HIV in the province, including children, 44 percent were on ART in 2013/14. There was an increase of 22 percent in people accessing ART from 2011/12 to 2013/14.

Education and awareness campaigns which target people aged 15 to 49 years are important to ensure communities are informed and equipped with information about their health and the health services available to them. A total of 1.4 million people were reached with anti-gender based violence information in the Province between 2011/12 and 2013/14; this translates to 25 percent coverage of the 15 to 49 year aged population.

Medical Male Circumcision (MMC) has recently emerged as a critical intervention in reducing HIV transmission between discordant couples (where one partner is HIV-infected and the other partner is HIV-negative). Since its inception in the province the uptake of MMC shows a 19 percent increase between 2011/12 and 2013/14 translating to 15 percent coverage of males aged circumcised in the province.



*Each Community Caregiver is allocated specific households within walkable distance, offering a variety of services which include household profiling, health promotion and disease prevention and referral to appropriate government services. It is without a shadow of a doubt that the successes we have seen in the last few years with regard to HIV and AIDS, prevention of Mother-to-Child Transmission (PMTCT) as well as the TB cure rate, have been impacted positively by the Operation Sukuma Sakhe model and the role played by the Community Caregivers.
Dr SM Zungu, HOD, Department of Health, KwaZulu-Natal*

Phila Mntwana

In an effort to address poverty and decrease the chances of 1-in-20 children dying before their fifth birthday, the government of KwaZulu-Natal launched the Phila Mntwana initiative in 2013. Phila Mntwana aims to create a nurturing environment for children, promoting access to education, health, safety and healthy living conditions.



The services offered by the Phila Mntwana centres for children under the age of five include: immunisation, nutritional supplements (vitamin A), growth monitoring and promotion, deworming, TB screening, referral for PICT, and other social services.

In the last year (2014), 1,125 Phila Mntwana centres were established in the province, of which 185 are based at War Rooms and 288 in ECD Centres. Since inception, 168,429 children were attended to at Phila Mntwana centres:

- Children were identified and referred to their nearest health facility for the following: moderate acute malnutrition (2,011), severe malnutrition (292), diarrhoea (3,072), feeding difficulties (2,384), immunisation (9,864), provider initiative counselling and testing (1,932), TB investigation (3,864), developmental difficulties (1,298), deworming (44,158)
- Vitamin A supplementation was provided to 87,989 children over 12 months at the Phila Mntwana centres
- Children were also identified and referred to other departments for appropriate services: birth registration at the Department of Home Affairs (1,164), ECD services (2,890), OVCs (397) and other referrals at the Department of Social Development (1,815), and child support grants (1,833) and other referrals (1,057) at SASSA
- A total of 22,032 referred cases were attended to and closed



Growth monitoring at Phila Mntwana Centre

Attendance of mothers and children at Phila Mntwana Centre



Children at an ECD Centre using equipment donated by Department of Arts, Culture, Sport and Recreation



The Department of Arts and Culture (DAC), Sports and Recreation (DSR) promoting wellness

The DSR also play a role in promoting healthy lifestyles and DAC promotes cultural activities as components of poverty reduction. Not only are these projects aimed at fighting social ills, but they also focus on promoting health and wellness at the community, household and individual level as a crucial preventative strategy. Wellness and cultural activities promote personal development. This is particularly important in the individual's capacity to lift him or herself out of poverty.



Cultural activities to promote wellness

The Department of Sports and Recreation works in close collaboration with the department of Health and Social Development. Public community events present a good opportunity for departments to launch campaigns that create awareness about health and promote healthy lifestyle. As noted by E Hlaluka of the Department of Sports and Recreation:

World AIDS Day 2012 at eDumbe in Zululand was about healthy lifestyles. In our planning, we designated sport as a mobilisation tool. The following activities took place; football, netball, volleyball, rope skipping, chess, and basketball. After the games ended, group aerobics started being led by Dr SM Dlomo, MEC for Health. When the aerobics ended, we used the opportunity to engage the community on health and social ills.
E Hlaluka, DSR



Dr SM Dlomo, MEC for Health healthy lifestyle promoting activities

Housing

The Department of Human Settlement (DHS) is tasked with the delivery of houses to beneficiaries found to be living under very poor housing conditions and in unsafe shelter. Working with Operation Sukuma Sakhe, the DHS has delivered 309 houses for OSS beneficiaries identified around the province. The selection criteria for housing under OSS are that:

- The existing house must be declared uninhabitable by all standards.
- The beneficiary must be an indigent/ impoverished person, with very little or no income.
- The beneficiary must have no other means to build a habitable structure for themselves.
- The beneficiary must have no alternate residence.
- The beneficiary is looking after a high number of dependents where overcrowding is a factor.

Once requests are received from War Rooms, submissions are prepared and presented to the Housing Evaluation and Assessment Committee for approval.



Before and after housing interventions

The DHS works with various stakeholders, including traditional leaders if beneficiaries are situated in a rural area. The DHS also works with the local municipality to access land to build houses.

The department (DHS) can continue to shine and change people's lives through OSS.

N Ndlovu, Senior Manager, Department of Human Settlements

Al-Imdaad Foundation, a social partner working with OSS War Rooms to provide houses to beneficiaries.



The Lungisisa Indlela Village (LIV)

The LIV village is a permanent residential facility for orphaned and vulnerable children, based in the Amaoti settlement. The village was built in 2009 on eco-friendly and sustainable principles by private partners. At present the village comprises 96 homes for 600 children. Each home has a fully trained house mother, who may bring two of her biological children, and is given up to six children through the Department of Social Development to care for. Within a family environment they will receive unconditional love, spiritual discipleship, care and nurturing.

The village has been conceived and developed in partnership with six provincial government departments.

- The DHS made it possible for LIV to build the first 96 homes.
- The DSD built the ECD centre that accommodates 200 pre-school children, and is presently building a multi-purpose hall which will include an indoor sports arena. They also work closely with LIV social services to find new ways of improving social delivery to the children at risk.
- The monthly child grant provided by SASSA assists with the feeding, clothing and care of the children.
- The DoE provides a subsidy per child to assist with running monthly expenses.
- The DAERD assists with the establishment of food gardens to ensure sustainability of food security on the village.
- The DSR contributed towards the establishment sports fields and two dual-purpose tennis/netball courts.
- Contributions have also been made by business partners, individuals and church partners, enabling the equipping of the village's homes and offices.



Home for OVCs developed through a partnership between an NGO and Government



Produce from food garden

Social ills

A multi-stakeholder campaign against social ills was launched in KwaZulu-Natal in 2013. The campaign under the slogan "Be part of the change you want to see" encourages people to be involved in the fight against social ills (drugs and substance abuse, domestic violence, crime, stigma and discrimination) affecting the province.



Honourable Premier ES Mchunu (then MEC for Education) with MEC WG Thusi, Department of Social Development, government-driven behaviour change campaign

Our province and the country have come a long way since the dawn of democracy, we have made significant gains that have improved the quality of lives of our people, but we stand to lose everything if we fail to deal with the scourge we currently face. MEC WG Thusi, Department of Social Development, KwaZulu-Natal

Public education campaigns

The Department of Arts and Culture (DAC) has a role in promoting reading and writing leading to behaviour change. Their work has complemented OSS's drive to promote wellness, healthy lifestyles, skills building and reading. Mr BE Mpungose of the DAC explains:

Our public education campaigns, for example 'Love to Live' showing the dangers of drug abuse, have worked very well. We have created more school cultural reading and writing clubs and seen more mobile libraries reaching rural wards, such as Msinga. In the future the Department is planning to provide study libraries to help bridge the gap for communities who do not have available libraries.
BE Mpungose, General Manager, Department of Arts and Culture



Promoting reading in communities through mobile libraries

The War Room Intervention Programme (WRIP)

The Departments of Sports and Recreation and Arts and Culture have recently been awarded R29 million to develop the War Room Intervention Programme (WRIP). The programme aims to use creativity to promote behaviour change. It trains up-and-coming artists, runs arts and craft programmes, builds skills whilst also creating income generation opportunities.



Artists attend a WRIP workshop



Community mobilisation against crime

Safety and security in local communities

Operation Hlasela is a project of the Department of Community Safety and Liaison (DCSL) to empower and create awareness in communities and encourage community cohesion, crime reporting and information sharing. It adopts a multi-sectoral approach to dealing with crime, combining prevention with improving socio-economic conditions and strengthening human solidarity among citizens.



Operation Hlasela crime prevention campaign messages

The DCSL also recruits and trains **Social Crime Prevention Volunteers (SCPVs)**. Their duties include patrolling key areas and attending War Room meetings as fieldworkers. The SCPVs are an important link that the department has with Operation Sukuma Sakhe. As fieldworkers, they are able to conduct door-to-door crime awareness, social crime community meetings, collect information on potential criminal activities and instability within communities, assist communities affected by crime and educate them on their rights and the steps to be taken when one has been the victim of crime. They also get involved in the safety pre-planning processes for events held by departments.



SCPVs patrolling with SAPs for community safety

The DCSL's Thathulwazi programme trains volunteers for **Community Policing Forums** in local communities. A total of 111 Community Policing Forums were registered and certified between 2009 and 2014. Nearly 400 community volunteers have been trained.

Community mobilisation

Community mobilisation is central to the successful delivery of services in Operation Sukuma Sakhe. It refers to raising the awareness of community members of any development initiatives affecting them and embracing their full participation. Active community participation occurs when a community organises itself and takes responsibility for managing its problems.

Communities are mobilised to participate in service delivery events like the Premier's Members of the Executive Council (MEC) OSS Days, the MECs' imbizos, Operation Mbos and Public Services Volunteer Weeks (PSVW). These occasions are also used as platforms for community members to engage leaders on the social issues affecting them, such as crime, and to plan responses on the issues raised. For Willie Mchunu, MEC for Department of Transport, Community Safety and Liaison, Ward Safety Committees are a "critical building block" in dealing with social ills:



Mr TW Mchunu, MEC for Department of Transport, Community Safety and Liaison, addresses the community at Operation Mbo

The war against crime and criminality cannot be waged and won by police only. Yes, police are the key component of crime fighting. But the war against crime needs all of us, it needs the element of volunteerism, dedication and selflessness. The answer lies with us. It lies with the mobilisation of the masses against crime and criminals.
MEC TW Mchunu, Department of Transport, Community Safety and Liaison, KwaZulu-Natal

Government's approach to mobilising communities to fight social ills is non-confrontational and focuses on problem-solving. It is one which encourages communities to help come up with solutions.



Communities are mobilised to participate at War Rooms through their democratically elected leadership, NGOs, CCGs, street committees, ratepayers associations, community policing forums, sports bodies, youth organisations, senior citizens and all other stakeholders. Active community participation is key to building an empowered community.

Community Dialogue

OSS Cabinet Days

Operation Sukuma Sakhe Cabinet Days are themed Community Outreach events led by the Premier and his Members of the Executive Council to assess the effectiveness of OSS as a service delivery vehicle. These events give MECs the opportunity to hear stories of effective and efficient social partnerships in the provision of integrated and comprehensive services to people at community level through the channel of War Rooms. They are also used by government departments to deliver services directly to the people.

OSS Cabinet Days are a vehicle for government to account to the communities they serve. These events are also a good way of giving feedback to beneficiaries, celebrating successes and acknowledging shortcomings at the same time.

M Mahlambi, Department of Education

Speaking at an OSS Cabinet Day visit to the Ugu District in 2014, Honourable Premier ES Mchunu emphasised that the visit of the Members of the Executive Council aimed to give communities themselves the opportunity to monitor the speed of service delivery.

We want you to be part of all efforts aimed at finding solutions to local challenges. As a democratic government, we are here to account to you because you exercised your democratic right by electing your own representatives. We understand that our failure to account to you will manifest itself in service delivery protests.

The OSS Cabinet Day is a democratic tool we have created to ensure that we are not remote from communities who elected us. Importantly, we do not want you as members of communities to be disconnected from the processes of speeding up the delivery of basic services to you.

OSS is aimed at ensuring that the government of the day becomes more relevant to people and that all institutions of states are able to address the need of various communities. All Heads of Departments and senior government officials must always report about service delivery in various War Rooms across the district. You must hold them accountable for the lack of service delivery because this is your government.



OSS Cabinet Day: Recognition of good performance in school projects

OSS Cabinet Days are the best thing that ever happened to service delivery. Government is in touch with beneficiaries and they in turn are given an opportunity to ask questions. This is community participation at its best.
B Mthembu, Men for Change, Amajuba



Service delivery during OSS Cabinet Day

DG Community Dialogues

The Director-General (DG) monitors the implementation of interventions identified during OSS Cabinet Days. The DG returns to communities where the OSS Cabinet Days were held to provide feedback on completed and outstanding interventions.

Public Service Volunteer Week

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



MEC champion volunteering services during PSVW



PSVW celebrations

During Public Service Volunteer Week, the Office of the Premier allocates Senior Government Managers (from various Departments) to War Rooms across the province to assess their functionality and impact. The Senior Managers visit the most deprived households within wards, conduct household profiling and facilitate the delivery of urgent interventions, where possible. They also visit at least one government service facility with the purpose of assessing its implementation of Batho Pele principles and overall quality of service delivery. Senior Managers also participate in Joint Initiatives of Goodwill and the Mandela Day 67 Minutes of Change Inspiring Volunteerism.

Operation Mbo

Operation Mbos are integrated service delivery events that occur at planned intervals. These events are planned by the War Room in conjunction with service delivery departments at the municipal level.



Operation Mbo integrated service delivery event organised by the War Rooms

War Rooms around KwaZulu-Natal

This section of the chapter presents abbreviated case studies of 12 War Rooms around the province. The first case study gives an account of the work conducted in a War Room within its local context, and a summary of the delivery of services and campaigns promoted by the War Room. This is followed by highlights of War Room service delivery in the remaining 11 case studies. Demographic information presented in these case studies are sourced from Census 2011.



Case study: Ntambanana, uThungulu District

Ntambanana Municipality was established in 2000 under the administration of uThungulu District. It is located in north-eastern parts of the province. Ward 5 in Ntambanana is about 28 kilometres from Empangeni town and 65 kilometres from uThungulu District Offices.

The ward comprises a population of 10,707 (5,686 females; 5,021 males) and around 1,935 households (approximately 5.5 persons per household). The majority of households access water from roadside taps or from water tankers that stop over twice a week. Pit toilets are widely used in the ward.

There are two schools in the ward and seven ECD centres subsidised by the Department of Social Development (DSD) and the municipality for their staffing and equipment fields. There is one sports field and two community halls.

Health services are provided by two clinics in the ward. A mobile health service visits one village each month. Health services are also provided by Luwamba, an OSS stakeholder funded by the DSD. The incidence of HIV and AIDS in the area is comparatively low in the district context.

The War Room, launched in May 2013, is located in the Buchanan Service Centre. The office is open Monday to Friday between 8am and 4pm. The Ward Task Team (WTT) meets every Thursday when office-bearers, additional members and fieldworkers meet to coordinate the implementation of OSS and its programmes.

The War Room has a register to record walk-in cases. This register and other reports are used to complement the other information gathered by fieldworkers through household profiling. Community members also report their needs during community meetings held by the Ward Councillor. All cases are logged in the Service Provider Referral Register and referred to relevant service providers. The CDW faxes or emails referred cases and calls to follow up on referrals previously made. Cases are recorded as closed at the War Room only when the fieldworkers confirm service provision with household members. Some cases that could not be addressed at the WTT are escalated to the LTT through the monthly WTT report.

To date, an estimated 1,500 households have been profiled by fieldworkers, assisted by 60 volunteers. The War Room actively works to service identified needs and facilitate the establishment of projects to ensure that needs are served.



War Room launch



Computers donated to Sabokwe Primary School at the request of WTT used also for referrals to relevant departments



Launching the Luwamba Project



Here are some of the achievements in service delivery:

The **Serati-Luwamba project** is a community initiative which trains community residents in bricklaying, sewing, computer studies, poultry farming and gardening so that they are enabled to join cooperatives and create businesses. To date 104 local people have participated in the project. The project has established a luncheon club for 35 senior citizens who meet three times a week to do beadwork, make grass mats, and engage in gardening and sports.

The **Vukuzakhe Programme** employs 25 widows to clear verges and forests on eight days a month, for which they are paid R550. A further 15 posts are being planned for the upcoming year.



Donations facilitated by War Room to local crèches

A **Water Project** has been established for the digging of trenches and laying of pipes. Thirty people have been employed so far.

The **Community Works Programme** recruits youths and adults in short-term maintenance jobs. Approximately 118 youths and adults are registered in the programme, working eight days a month and earning R520 a month each. A taxi rank construction project, for example, employed up to 16 youths.

The **Expanded Public Works Programme** employs 10 youths as cleaners in the clinic, municipal premises, a crèche and the Luwamba project, each earning R1,500 a month.

Various OSS stakeholders have made donations to the War Room projects: Serati donated 50 chairs and 10 tables to Mbonga crèche; the Department of Health has issued eight people with wheelchairs and six people with walking sticks; the War Room has established fenced communal gardens at two sites; 60 learners have been assisted with school uniforms. Youths identified as needing career guidance and support, have been assisted to enrol for a computer course at the local uMfolozi FET college. As a result, one of the youths is now employed by the Community Works Programme. Twelve households have been approved for RDP housing and 22 more have been referred for intervention to the Department of Human Settlement's special programmes.

The **Ward AIDS Council** has facilitated the creation of two support groups: the Abahleli bempilo group, comprising 125 members, and Thandimpilo, comprising 30 members. The groups include traditional health practitioners and meet monthly to discuss HIV and AIDS issues and social problems experienced by HIV-positive people. Both support groups have started food gardens. They monitor antiretroviral treatment (ART) adherence and report defaulters. They have also made an effort to promote HCT (HIV Counselling and Testing) by establishing a beauty contest in the ward. Miss Ward 5 will act as an ambassador for HIV prevention.

The War Room has been active in setting up **children's dialogues** to promote children's rights and to provide opportunities for youth to be addressed on teenage pregnancy and substance abuse. The Department of Home Affairs has issued identity documents and birth certificates to those who were in need.

The War Room in Ward 5 has also seen success in the number of income-generating activities now operational in the area.



Stakeholders at a War Room meeting include traditional health practitioners and Ward AIDS Council members

Although these are temporary for the large part, they contribute to poverty alleviation and stimulate job-seeking in cooperative ventures. The households that have received assistance have helped to market the existence and functioning of the War Room.

Reflecting on OSS success in Ntambanana Ward 5

Since its launch, the War Room has concentrated its efforts in a number of areas requiring service interventions and, as is evident, has fuelled positive change and community impact. Importantly, the community is aware of the War Room and approximately five persons visit the War Room each day with requests for assistance.

Community dialogues have been particularly effective in providing insight into the causal factors of social issues, for example, high crime rates, HIV disclosure and violence against women.

More plans are taking place to mobilise support groups to help those affected by HIV and to deal with community needs such as improved policing, care and support of vulnerable children, improved roads, reducing school dropout rates and creating a library in the area.

A variety of partners were brought together by the Ward 5 War Room, including government departments, fieldworkers, social partners, civil society, businesses, religious and traditional leadership and the community. This was key to its success. The partnership approach has led to many achievements and although challenges remain, the War Room has become a crucial meeting place to solve these in a collaborative and integrated manner. War Room 5 is one of many good examples showcasing the ability of OSS to help mobilise stakeholders to 'Stand up and build'.



Former Premier Dr ZL Mkhize visits the War Room in 2013



Case study: Dannhauser, Amajuba District

Ward 11 is a new ward demarcated in the rural Dannhauser Local Municipality of the Amajuba District Municipality. The ward comprises 10,232 people, 5,439 of which are females, and 4,793 males. While most residents (95 percent) have access to electricity, water is sourced from community standpipes. Most homes in this area are made of mud (85 percent). Some residents are employed in the local mine that operates in the ward. However, 70 percent of ward residents remain unemployed.

The War Room is located at the KwaMdakane Thusong Service Centre on Nellie Valley Farm. To date, interventions have included training for 120 youths in plumbing, bricklaying and plastering which were conducted by the National Home Builders Registration Council in partnership with CoGTA. The aim of these trainings was to provide youth with the skills they need to start their own businesses or apply for employment. The Department of Agriculture has provided 186 households with assistance in ploughing grounds for the cultivation of food crops. Low-cost housing has been provided by the Department of Human Settlements to eight identified families needing shelter. Eleven previously unemployed people have been employed under the Community Works Programme.

Through the War Room, the South African Social Security Agency (SASSA) has issued social grants to 1,390 people. A total of 245 children were placed in foster care and are receiving the foster care grant. In crèches, 114 children receive meals every day. Around 50 senior citizens who meet in luncheon clubs twice or thrice a week, also receive meals.

Food gardens have been established at four schools and two clinics and at the Asibambimpilo Community Care Centre. The NGO provides daily meals to 60 orphaned and vulnerable children, and food parcels to around 50 vulnerable families, many of whom are affected by HIV and AIDS. Over 50 vulnerable children have also been provided with school uniforms while a bridge constructed in the Kielkeep area helps them reach school, even on rainy days.

Case study: Hlabisa, uMkhanyakude District

Ward 8 is situated in the deep rural Hlabisa Local Municipality of the uMkhanyakude District. The total population of the ward is 12,399, of which 6,765 are female, and 5,634 male. The unemployment rate in the ward is high, at 65 percent. The ward is underserved with basic utilities: 56 percent of households have electricity supply; 13 percent have sanitation facilities; 42 percent access water through a standpipe in the community.

The War Room, established in September 2012, is located in the Umganwini area. It is open from 8am to 4pm, Monday to Friday. Meetings take place as scheduled, minutes are kept and resolutions implemented, even by stakeholders other than government departments. For example, urgent applications for food received by the War Room are at times referred to local businesses for intervention.

Experience has highlighted the importance of Community Caregivers (CCGs) in helping community members access the services of government departments. In many cases the CCG accompanies individuals to government departments, such as the Department of Home Affairs, and assists in completing application processes.

To date, 567 households have been profiled by the 22 trained fieldworkers. Needs are also referred to the War Room by community residents themselves. War Room interventions to date include the issuing of identity books through the Department of Home Affairs, social grants through the Department of Social Development, food parcels through the Department of Social Development and house renovations through the Department of Human Settlements. Local businesses have also donated blankets and other household items. Emergency food parcels have been supplied to more than 100 families.

From local business, the War Room received sheets of corrugated iron and door frames and built 3 houses, one of which was built during the Public Service Volunteer Week. Forty-six elderly, bedridden persons were visited and assisted with completing grant application forms. In terms of education, the War Room facilitated the provision of science kits to two local schools and provided school uniforms to needy children.

Five youths have been temporarily employed under the local municipality's Expanded Public Works Programme. Their job involves cleaning halls, roads and schools.



Distribution of food parcels



Youth employed under EPWP

Case study: Ezinqoleni, Ugu District

Ward 4 is situated in Ezinqoleni Local Municipality of the Ugu District. The ward has a population of 9,428 persons, of which 5,095 are female, and 4,333 male. The War Room, established in 2012, is located at the KwaNdunu Community Hall in Mthimude. While there are no tarred roads in the ward, electricity and sanitation provision have been completed. Most homes (80 percent) are made of mud.

Unemployment is high with some families being assisted with piece employment through the Community Works Programme (CWP) and Expanded Public Works Programme (EPWP). The War Room recruited and selected 50 people from the poorest households to be employed in the Community Works Programme (CWP). This has assisted with alleviating some of the unemployment issues amongst these households. The ward has four primary schools and four high schools. Bursaries from the local municipality were awarded to the 15 learners in 2013 and 18 learners in 2014 to study at FET colleges, the Durban University of Technology and the University of KwaZulu-Natal. The best performing learners are provided with laptops and other equipment.

There are around 1,968 households in the ward, many headed by women. Common ailments experienced by residents relate to diabetes and hypertension. One clinic and two mobile clinics service the area. Around 815 people were on anti-retrovirals at the time of reporting. DAERD has established 300 home gardens and six community gardens to assist with food security. Keeping youth away from drugs and teenage pregnancy have been addressed through community dialogues, along with ensuring that identity documents and grants have been applied for. Community members actively engage with the War Room, communicating with fieldworkers and in meetings held with Ward Task Team.

Examples of service delivery include: Operation Mbos, Grannies' Sport Days and the Ward Champion handing over laptops to matriculants.



Clockwise: Health screening in the community; Distribution of school uniforms to needy learners; Operation Mbo organised by the War Room; Donated furniture for a destitute household

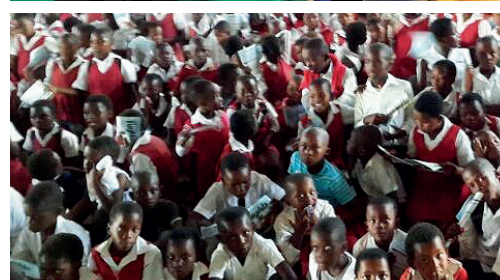
Case study: Ladysmith, uThukela District

Ward 16 (Watersmeet) is situated in Ladysmith Local Municipality in the uThukela District. This is an informal settlement comprising communities housed in informal shelters. The Dr W Mngoma War Room was established in 2010 and is located at the Watersmeet Community Hall in the Mkhumbhantshi area, sharing a boundary with Ward 15 of the Ladysmith Local Municipality.

Since 2010, the War Room has facilitated the delivery of services in a range of areas to 68 households, including provision of care for the elderly and enabling clients to apply for birth certificates, ID documents and grants. In one case, a family of 16 members, none of whom had vital registrations in place, was assisted by the War Room in the ID and birth registration processes. As a result, the children in this family now receive child support grants. Approximately 120 families were profiled and provided with food parcels. A further 40 families were provided with vegetables as a short-term intervention while waiting for grant applications. Clothing was provided to 75 households in donations facilitated by an SMS member. As part of a personal hygiene awareness campaign, the War Room delivered 1,800 underwear products to learners. The War Room is involved in donating toys to OVCs.

In 2013, the War Room made a concerted effort to promote food gardening in the ward. Four Jojo tanks were given to the community to help meet water-harvesting challenges and ploughing equipment was brought in to prepare gardens. Fifty community members were trained in food gardening. A community garden was established employing five youths and six adults. The produce is currently being sold to the community. In addition, 32 people received training on community-based planning and the Department of Economic Development and Tourism (DEDT) provided training on financial management for an additional 30 youths. They received certificates and assistance to update their CVs to help improve their job-seeking opportunities. A member of a child-headed family received a bursary from DAERD to study at UKZN. The bursary was facilitated by an SMS member.

Eighteen hundred learners were given awareness training in hygiene, crime prevention and the role of government in serving communities. In 29 schools, 900 learners were trained in gardening.



Clockwise: Care of the elderly; Water harvesting to support food gardens; Learners participating in behavioural change campaign

Case study: eNdumeni Umzinyathi District

Ward 6 is situated in the eNdumeni Local Municipality in the Umzinyathi District. The population of this largely rural ward is 64,866 with 33,224 females and 31,641 males. Eleven schools service the area, of which just one is a secondary school. Due to the lack of secondary schools and transport, many youths or young people in this farm area have Grade eight or nine as their highest school standard passed. There are three crèches in the ward, benefitting 52 pre-school children. Although there are no fixed health facilities, the Department of Health provides mobile clinics which visit the ward once a month. The eNdumeni Municipality donated a container to the community which serves as a community hall and also as a venue for mobile clinic visits.

The War Room was established in 2012 and is located in the McKenzie Hall in the local municipality. It has an open-door policy for community residents. Most residents are aware of the War Room and how it functions. However, communities situated in distant farm areas do not visit the War Room as often. As a result the Ward Task Team is addressing this issue through a community mobilisation campaign.

To date, the War Room has profiled 369 households and referred cases requiring attention to relevant stakeholders. The War Room has been active in securing school uniforms for needy learners through the Siphuthando Care Centre, Yakhumndeni, Local Municipality and various businesses in the area. Learners continue to be affected by the lack of adequate and affordable transport to schools in farm areas. All learners who were unable to pay for school fees, were given full exemption.

In collaboration with the Department of Social Development and the South African National Council on Alcoholism and Drug Dependence (SANCA), the War Room organised the KeMoja anti-substance abuse programme for learners and out-of-school youth. The awareness campaigns use netball and sports to raise awareness of healthy lifestyles. Certificates were issued to all 37 participants.

Regular intergenerational dialogues are held with the community on the role of the family and the protection of children. These have been heralded as a great success.

Regular crime awareness campaigns in schools have also been held through the Department of Community Safety and Liaison (DCSL), in



Playground at one of the crèches



A container now serves as a community hall and venue for mobile clinic visits



Behaviour change campaign against substance abuse



Certificates issued to participants of the substance abuse programme

partnership with other stakeholders. To address livestock crime, dialogues were held with the community and stock-farm owners. Stolen stock was recovered and as a result overall stock theft has been reduced.

Back-to-school campaigns are held in conjunction with schools to address late-coming. As a result, learners have started coming to school on time or early.

A two-bedroomed house was built for a physically disabled granny who lived with her orphaned grandchild.

Wheelchairs were distributed to disabled older persons in the ward.



A disabled and elderly person received a much needed wheelchair

Case study: Mpofana, uMgungundlovu District

Ward 1 is situated in Mpofana Local Municipality which is one of seven local municipalities in the uMgungundlovu District. It is situated 70 kilometres west of Pietermaritzburg. Mooi River is the only major town in the area. Ward 1 is the main urban centre in the Mpofana Municipality, making OSS operations and functions relatively easy and uncomplicated. The ward has a population of 8,185 people and comprises a total of 2,588 households with an average of 3.4 persons in each household. The majority of houses are formally-built (76 percent). Roughly 53 percent of homes have water-borne sewerage, weekly refuse removal (48 percent), indoor piped water (40 percent) and electricity for lighting (72 percent). The total unemployment rate is 24 percent. Approximately 44 percent of households are headed by females and one percent is headed by children. Youth unemployment stands at 29 percent, and the labour participation at 54 percent. There are three schools, one college and seven crèches in Ward 1. There are two clinics, situated in Bruntville and Mooi River, and these are both within walking distance for the community of Ward 1.

The War Room was established in 2011, alongside the establishment of War Rooms in the three other wards making up the Mpofana area. War Room meetings are held bi-weekly. Each of the four War Rooms in Mpofana schedule their meetings on different days of the week to avoid clashes and to make it easier for sector department representatives to attend.

To date, 804 household profiles have been captured and submitted to relevant sector departments for intervention. Of these 804 interventions identified by Community Caregivers (CCGs) and volunteers, 298 have to date been reported and closed.

The War Room has been active in hosting and organising several important initiatives:

- Ten quarterly community meetings were held to liaise directly with ward residents on service delivery matters. Each meeting was attended by 150 to 200 people who participated actively.
- The Ward AIDS Committee was established to address the needs of community members affected by HIV and AIDS.
- A youth summit was held on 16 June 2013 to address the needs and development of youth. More than 400 youths attended the event where information was shared regarding government development opportunities.
- Youth matters have also been raised in other forums. In a Youth Month event held in Ward 1, youths were able to represent their interests and concerns.
- The Department of Labour conducted a workshop with community members who were able to register on their database. Some community members have since found jobs.



War Room meeting



Community meeting where sector departments have the opportunity to interact with community residents

- The War Room also contributed to the establishment and registration of the Masithuthuke Senior Citizens Club to support their home gardening and provide food security for the elderly.
- Through the involvement and coordination of the War Room structures, 235 jobs were directly created for residents of Ward 1. These jobs have been provided by government (such as the EPWP), the construction industry, a clinic and a community project.
- The War Room organised a social ills campaign to address gender-based violence. On this occasion, ten families whose houses burnt down were assisted with household equipment and cutlery donated by local churches, with the facilitation of the Mpofana Ward 1 War Room.



Clockwise: Referral for a housing need; Closure of a referral for a housing need; Food donations to the community

Case study: uMshwathi, uMgungundlovu District

Ward 6 is situated in the Mbava area of the uMshwathi Local Municipality in the uMgungundlovu District Municipality, 75 kilometres away from Pietermaritzburg. The population of the ward is 7,544 with females being (4,126) and males (3,418). The ward comprises 1,656 households.

There are nine schools in Ward 6, of which two are secondary schools. One clinic services the ward and three mobile clinics visit the area every month. The health status of the elderly is generally poor with a high prevalence of hypertension and diabetes. Younger women rely on health services to deal with sexually transmitted infections and for ante- and post-natal care.



*Food garden established through
'One home, One garden' programme*

A total of 791 households have been profiled to date. Needs and shortcomings are referred to sector departments for intervention. The War Room is open at all times and welcomes walk-in visitors who report their concerns. Children in the ward undergo health screening checks at the Phila Mtwana Centre that is based at the War Room. Since the Phila Mntwana Centre was established, 262 children have been screened. Of these, only two were found to have moderate acute malnutrition, 36 children were administered with vitamin A, two infants were referred for feeding difficulties, one for diarrhoea, 20 for deworming and two for immunisation. All children were also screened for other social and developmental needs and no referrals to relevant departments were required. Further, 54 households have received support with starting food gardens from Local Municipality and the Department of Agriculture and Rural Development. Households in the ward have embraced the 'One home, One garden' programme although garden sustainability is compromised by harsh weather conditions.

The Department of Social Development has identified 112 orphans in need of foster care grants. The Department of Health has delivered assistive support devices to physically challenged community residents (74 walking sticks and four wheelchairs). Through the War Room, the Department of Home Affairs has issued 45 ID documents and 41 birth certificates. SASSA has delivered 32 interventions, by facilitating the issue of state grants to those who need them. The Siyadlala Programme, run by the Department of Sports and Recreation, has been initiated for youth.

Case study: Ingwe, Harry Gwala District



War Room meeting

The Kilmon War Room is situated in Ward 1 of the north-eastern region of the Ingwe Local Municipality in the Harry Gwala District (formerly Sisonke). The War Room was started as part of the Premier's Flagship Programme in 2009, when Ward 1 was identified as one of the 57 most deprived wards in KwaZulu-Natal. Since 2011, when the War Room became a part of Operation Sukuma Sakhe, 1,770 households have been profiled. In the profiling process, trained fieldworkers identify the most urgent needs requiring special attention.

Following household profiling, around 700 services have been delivered by different departments. For example, two local cooperatives have been established with support from the Department of

Rural Development and Land Reform (DRDLR) and the National Development Agency (NDA). The ward has also seen the delivery of 500 housing units, electrification to 1,080 households, sanitation upgrades to 40 percent of the population, the erection of three community halls, the tarring of two district roads and the introduction of a water scheme. These developments have improved job opportunities and reduced unemployment figures. There has also been an improvement in residents' health status. The local Kilmon clinic is central and easy to reach for community residents. Mobile clinics visit all ten villages and weekly household visits are carried out by Early Childhood Development (ECD) staff. Food gardens have been established in the ward's local communities and are starting to yield produce for distribution to needy families.

The participation of youth has increased since the Ward Task Team (WTT) helped stimulate the Youth Friendly Clinics initiative of the Department of Health and through visits to schools with the LoveLife team. To build children's rights, a representative of COGTA's Community Works Programme will be appointed to conduct regular visits to ECD centres, clinics and the like.



Officials supporting government projects

Case study: Maphumulo, Ilembe District



Branded War Room

Ward 9 comprises two tribal authorities, the Amambedu and the Mkhonto, in the Maphumulo Local Municipality of the Ilembe District. The ward has a population of 6,640 who reside in 1,328 households. Household sizes range from three to eight members. While the main road through the ward is tarred, most other roads are gravelled. Road maintenance is undertaken by the district municipality. Most houses are formal and traditional structures. Unemployment levels in the ward are high. The ward is serviced by 13 schools, two clinics and seven mobile clinics that visit monthly.

The War Room was launched in 2011. To date, 142 households have been profiled. The War Room began its work by responding to existing cases: self-reported cases of need and other cases identified through schools, the local churches and traditional leaders. Two hundred cases requiring Social Relief of Distress (SRD) were referred to SASSA, as well as

60 cases of children needing school uniforms; 120 cases were referred to the Department of Social Development (DSD) for social grants; 30 cases of vital registration needs were referred to the Department of Home Affairs; 450 cases for home gardens were referred to the Department of Agriculture and Rural Development.

The Local Municipality has completed electrifications and provided sanitation facilities for approximately 1,000 households. Road maintenance and water protection is also provided by the municipality. These projects have created job opportunities for members of the community. One hundred people have been employed by the Community Works Programme (CWP); 60 people have been employed by the Department of Agriculture and six as cleaners at the local clinic. Up to 30 persons have also been employed to assist with schools renovation. A community garden was established at the local school and clinic.



School shoes and toiletries donated to needy learners by the War Room



CWP workers established a garden at a local primary school

Case study: Nongoma, Zululand District

The Mhambuma War Room is situated in Usuthu, Ward 15, of Nongoma Local Municipality in the Zululand District. The population of the ward is 7,497, with more females (4,122) than males (3,375). There are 1,353 households in the ward. The ward is serviced by eight schools, two high schools and six primary schools, one clinic and one monthly mobile clinic. The War Room was established in 2012 by the Nongoma Local Task Team (LTT). The War Room is open daily. On Mondays, the War Rooms hold extended meetings with community members; on Thursdays, closed meetings are held with departmental representatives and other stakeholders.



The Siyazisiza Trust donated 48 roller tanks to rural women to help them retrieve and store river water

To date, 630 households have been profiled. Household and community needs are also identified during community dialogues, Operation Mbos and Imbizos (the gathering of leaders and community members to discuss important topics and issues facing the community). Following profiling, the War Room has identified and channelled 189 issues to SASSA and the Departments of Labour, Rural Development, Transport, Education, Health, Home Affairs and Social Development. At one Operation Mbo, 22 people were tested for HIV; 250 scooping seeds were distributed; 1,500 people benefitted from the 'One home, One garden' programme; 120 bags of vegetables were provided; 35 grants, 25 IDs, seven birth certificates and 32 social relief grants were issued.

DAERD is in the process of reviving an irrigation scheme which will benefit 200 people in the ward to address food security.



The Ward AIDS Committee carried out HIV and AIDS awareness campaigns at local high schools



Celebrating Women's Month through sports

Sport and Recreation: A new sports field has been erected within the Enyokeni Residence. Soccer balls have been provided. The War Room facilitated a soccer competition for women at a local high school on Women's Day in 2012. Both the youth and the women's teams won their matches and went on to win a district competition held at Pongola.

Premier's Imbizo: In 2012, the then Premier and his team visited projects being implemented in the ward. He took the opportunity to clarify with the WTT their roles and responsibilities and the aim of Operation Sukuma Sakhe. At Falaza High School, the Premier held an imbizo for all local municipalities in the Zululand District. On this occasion community residents raised issues of concern. MECs present provided responses to issues raised and referrals were then made to the relevant departments.

CoGTA and municipality engagement: In 2013, CoGTA and the local municipality organised a community-based planning workshop to build awareness among residents, mainly around receiving feedback on service delivery. Through meetings like this one, as well as community dialogues, Operation Mbos and imbizos, community residents participate in identifying their needs. The meetings also serve as a platform to strengthen relationships between government, service providers and communities.

These meetings also provide the opportunity for community residents to express their concerns, especially in case of non-response by government. Here, the War Room has a role to play in liaising with government stakeholders to increase their attendance at meetings and feedback processes.

A career expo was held by the War Room with learners from various schools. Participating departments were: GCIS, DAERD, CoGTA and DSD.



Imbizo held at Nongoma, Falaza Secondary School

Case study: eThekweni District

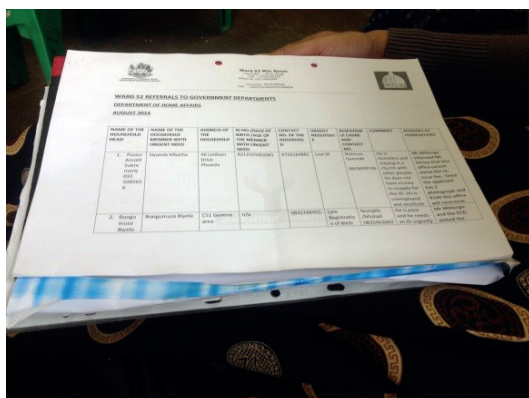
The War Room is situated in Ward 11 of the KwaMashu area of the eThekweni District Municipality. The ward comprises a population of 48,704 with 12,431 households. Two mobile clinics service the health needs of the ward. These were introduced in 2011 when the War Room brought the chronic health needs of the residents to the attention of the Department of Health. There are nine schools servicing the education needs of the ward. Three of these schools are high schools.



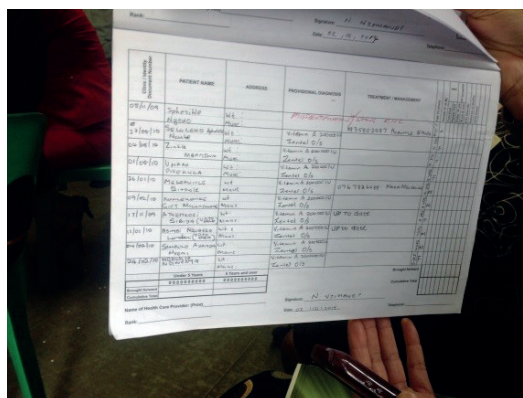
CCGs from Ward11, eThekweni

The War Room was established in September 2011. The War Room Task Team (WTT) has been able to establish functional satellite War Rooms in three areas (KwaMashu, Section D; Newlands East and Quarry heights). This mitigates problems experienced by WTT members who have to travel long distances and pay for high travel costs. The War Rooms hold meetings every Wednesday to coordinate the WTT and meet together once a month to streamline War Room functioning.

To date, services delivered in the ward have included: issuing referrals to have water meters installed in homes; attending to structural defects in homes; erecting retaining walls to promote community safety; laying speed humps outside schools, and addressing the misallocation of houses through verifying housing applications.



War Room records, referrals sent to service providers



War Room records



Fighting drug and alcohol abuse

Specific problems that the War Room has had to confront in the ward include drug and alcohol-related issues faced by the youth. An integrated response by Ward Committee members and the WTT has seen the introduction of sports activities for young people. The response resulted from a problem of drug-abuse identified in one household and was then cascaded through programmes to the entire community. The problem has become more manageable and parents are now receiving assistance with their children's drug abuse problems through the WTT. Awareness-raising activities in the ward are aimed at helping to reduce the problem, especially targeting youth not yet influenced by the culture of substance abuse.

Orphaned children and health problems

Another problem lies in identifying those households particularly affected by poverty, including child-headed households. The WTT has made efforts to find out about the principal causes of orphaning in the area. In the case of Quarry Heights, for example, a number of deaths have arisen due to kidney failure. Other health problems include high numbers of TB patients and TB-related deaths associated with patients defaulting on their medication. The Department of Health has had a role to play in taking this investigation further and ensuring the community residents access the treatment they need in ward-based health facilities. The DoH has also assisted in recruiting ten people to become 'patient advocates' for assisting residents with treatment compliance, especially for those affected by HIV and AIDS.



Food parcel distribution during Operation Mbo



Food parcel distribution

The case studies above highlight the many inroads made by War Rooms, with the contribution of government departments, social partners, civil society, businesses, fieldworkers, community members and many others. However, the delivery of services from multi-sectoral stakeholders is complex. Integration of service delivery at War Room level is required to provide for seamless and coordinated service delivery. As a result, OSS aims to improve how it works. The points below provide a snapshot of areas of focus for the next period.

What we are working on

- Empowering communities to continue to be resourceful. War Rooms to see themselves as independent service delivery institutions and should work towards being self-sufficient and develop the ability to attract resources from local stakeholders.
- Communities to remain at the centre of development; to arrange community dialogues, community participation and provide community feedback on health and gains and losses regarding social ills.
- War Rooms to bolster community response to HIV, AIDS, STIs, TB and all social ills.
- A fieldworker integration document to guide fieldworkers at the War Room level to integrate their service delivery to avoid duplication.
- War Rooms to prioritise the delivery of services according to those who need it most by utilising selection criteria to identify the poor households in the ward.
- Services Providers and community members themselves to assist the War Room in the closing of referrals by providing and reporting on services provided.

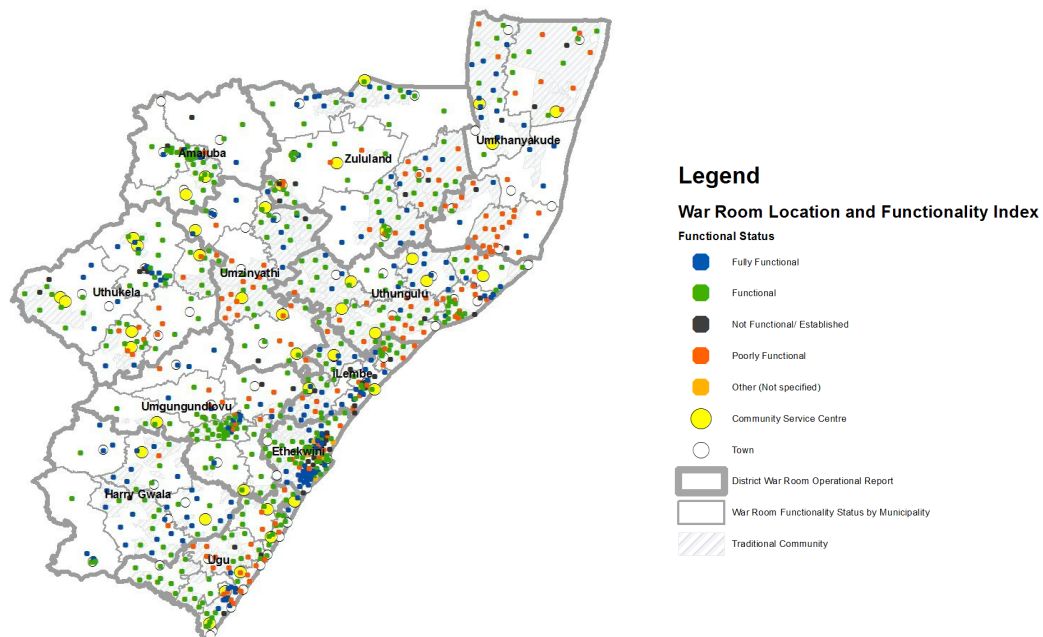


Chapter 4 focuses on the impact that War Room interventions have had at a human level. It explains how the integrated delivery of services has improved the lives of individuals, families and communities.

Chapter 4

Impact on Beneficiaries

Operation Sukuma Sakhe has had a significant impact on beneficiaries, namely, vulnerable people, households and communities across KwaZulu-Natal. Services have been delivered via the 822 War Rooms out of 828 wards. According to a self-administered questionnaire, over 600 War Rooms have functional or fully functional status. To achieve fully functional status, the War Rooms have to meet regularly with the community, open and close cases and submit reports. Thus far, over



340,000 households out of the 1.2 million households that are food insecure have been formally profiled and cases have been opened. While services have been provided, the closing of cases on the NISIS system is incomplete and remains a challenge.

OSS views communities and its members as active participants of change and not only recipients of services. Communities are partners in fighting poverty and the many social ills which households have to deal with.

In this chapter, we reflect on the impact that OSS has had on individuals and households. The stories of 13 households demonstrate the life-changing effects of OSS on some of the most vulnerable households in KwaZulu-Natal.

OSS interventions





Water Harvesting Project



Behaviour Change Campaign



Phila Mntwana Centre



Senior Citizens receiving services



Distributing fruit trees



Skills Development Programme



Behavioural Skills Campaign against substance abuse



Early Childhood Development Programme



Skills Development Programme



Community Dialogue



Community Garden



Computer literacy classes for school-going children



School health programme



House donated by social partner



EPWP Workers



Community Meeting



Wheelchair distribution

Stories from beneficiaries

Rising out of poverty requires that at least one individual in the household is able to become a 'change agent'. With War Room support the change agent is encouraged to carve out a growth path for themselves and their household members by developing their skills, upgrading education levels, seeking and finding employment opportunities so that the household is able to move towards greater economic independence.

There are numerous households that have benefitted from War Room interventions. We present case studies of 13 households across all 11 districts to demonstrate how households benefit from War Room interventions. The first case study tells the story of one household's status at the time of profiling and through the stages of service intervention. The remaining 12 case studies present summarised stories illustrating the difference that OSS has made to families.

CASE STUDIES



Household Case Study 1: Ezidweni, Harry Gwala District

The household is composed of five people: husband and wife, their two sons (aged 25 and 23) and their daughter (aged 21). Both parents left school in Grade seven.

In 2011, at the time of household profiling by the CCG, the family occupied a two-roomed mud house with broken windows, a leaking roof and a door which could not close properly. No utilities were supplied to the homestead.

The household sourced water from a nearby stream. The district municipality provided a structure made from concrete to help protect the water source.

Both parents relied on piece jobs available in the area to support the family. The oldest son had found a piece job, earning R800 a month at a local business. The income generated was insufficient to meet the family's needs.



Before intervention: Two-roomed mud house with no utilities supplied



Rondavel used as a kitchen before intervention

The household at times planted vegetables or mealies for a food garden. However, most food coming into the home, paid for by the son's piece job, would last three weeks. Thereafter the household had to rely on donations from neighbours.

OSS interventions

In 2012, low-cost housing was provided to the household by Department of Human Settlements (DHS) after the CCG identified the household and presented the family's needs to the War Room. A water tank was installed in the dwelling. In 2013, electricity was supplied to 1,080 households in the area, including this household. Sanitation in the household has improved as a toilet has been installed in the house and the yard toilet has been upgraded with corrugated iron sheets.

The oldest child enrolled in an online skills improvement programme for carpentry provided by the National Youth Development Agency (NYDA). This provided him with skills for use in the family's furniture-making cooperative. Since profiling, the other two school-going youth have matriculated. One has an interest in carpentry and the daughter is presently enrolled in an 18-month farming course at Umzimkhulu FET College. The household has been able to fund her studies.



Family members stand outside their new home holding their IDs



Temporary accommodation for the furniture-making cooperative



Bakkie donated to the Intshisekelo Cooperative



A member of the Intshisekelo Cooperative making furniture

The CCG, together with the War Room, identified that the household head was talented in furniture making and repairs and referred him to an NGO who assisted him to establish a cooperative. With assistance from the Department of Rural Development and Land Reform (DRDLR) and DAERD, the family has established the Intshisekelo furniture-making cooperative. To buy start-up materials, the family relied on the income from the oldest son's piece job. Now he is fully employed in the cooperative. The youngest son also assists in the cooperative.

In 2012, the National Development Agency (NDA) provided R900,000 funding to the cooperative to expand and employ other community members. The iNkosi (local chief) provided land to build a furniture warehouse. The DAERD sponsored a new bakkie, valued at R350,000 to help the business transport goods and conduct marketing and sales of their products. This household is now employing people and is no longer relying on external help. All members are in good health except one child who is being counselled by DSD for substance abuse. In partnership with OSS, this household has "stood up and built" their future. They are now saving to build their own home and are self-sustaining.

Household Case Study 2: Okhahlamba Ward 3, uThukela District

Household 2, situated in the Mhlwazini area of Okhahlamba Ward 3, uThukela District, is headed by a single physically challenged woman (aged 51) and includes her son (aged 22) and two nieces (aged 21 and 9). The older niece is her sister's child and has lived with her aunt since she was born in 1992. The younger niece, who has lived with her aunt since her birth in 2002, is the child of the aunt's brother who lives in Cape Town. The child's mother lives in Johannesburg. The child's parents visit her from time to time.

During Public Service Volunteer Week (PSVW) between 2011 and 2013, Mr SC Majola, a senior manager from the Department of Transport (DoT), profiled 23 households in the area. In July 2011 he found this household to be in "a very bad situation of poverty". The family was living in an unsafe, informal, one-roomed house made of mud and corrugated iron. The house was in a poor state of repair. Walls were cracked and cardboard was used to close the windows. The roof was leaking and the main door to the house was home-made.

Electricity was supplied to the home through an informal and unsafe installation. Water was sourced from a spring a distance away and no sanitation was in place. The family made use of a neighbour's long-drop toilet. This is some distance away and presented difficulties for the household head who has been disabled since infancy and relies on a wheelchair for mobility. It would take her fifteen minutes to reach the toilet facility in her wheelchair, and then it was difficult to manoeuvre the wheelchair into the toilet.

The younger of the two nieces had no birth certificate. The household head was living on a disability grant which was the family's main source of income.

Inadequate housing and resources meant that the family's health and nutrition status was compromised. Often the family did not have enough food to eat: for two weeks in the month, they would eat two meals a day; for the remaining two weeks, just one meal a day. Meals consisted mostly of starchy foods with cabbage for relish. Meals would be cooked on an open fire, using tins. Often, the household head used painkillers for her legs. Her son, who injured and broke his leg, survived on painkillers to relieve his pain, his health was further compromised by the poor condition of the mud house he lived in.

The two older children were enrolled at local no-fee secondary schools (boy in Grade 11, girl in Grade 12). While the schools provided meals for learners, the two children lacked proper school uniforms. At that time, the younger niece was not enrolled for schooling. All children had Road-to-Health books.



Before: Household head



One-roomed mud hut with no formal utilities



New four-roomed donated house

OSS interventions

Two weeks after profiling, an anonymous local businessman started donating food parcels to ten families, including this family. The initiative was spearheaded by Mr SC Majola, making use of the social responsibility programmes of the DoT's service providers.



Ward Councillor Mhle Zondo thanked the hardware store manager

In July 2012, a new, four-roomed house, one of six donated by another local businessman, was handed over to the family during the PSVW. Eskom supplied proper electricity to the house.

The Community Caregiver (CCG) followed up with the local municipality for the installation of a water system for the household. The municipality appealed to a local builder's hardware store to donate a Jojo tank to enable the family to store water and sustain a vegetable garden. In March 2014, a 2,200-litre Jojo tank and downpipes were donated to the household by the Bergville Build-It hardware store. Popeye's Hardware donated a toilet and cement.

The CCG referred the need for a home garden to the CDW, and a group of Expanded Public Works Programme (EPWP) workers were sent to till the soil in readiness for planting. Fencing was provided by the local municipality and seedlings by the Department of Agriculture, Environment and Rural Development (DAERD).

By December 2012, the son had finished school and the youngest child had received her birth certificate. The CCG assisted the son to secure a piece job with a local mill earning R130 per day, working on average two days a week. In February 2014, again with help from the CCG, he started a temporary job at Popeye's Build-It. This he does while searching for bursaries for further training. The War Room has registered both older children with the Department of Labour and forwarded bursary applications to different government departments and the local municipality.

Once the young people are in jobs and earning wages, they will contribute towards the furnishing of the house. The young people are therefore potential change agents for this household's exiting from poverty.

Since the intervention by Operation Sukuma Sakhe, the household head said that her health had improved and her life was easier and less stressful, knowing that she has a better home for her children, especially to protect them from the harsh conditions during winter and rainy seasons. Since the intervention, family meals consist of more protein and other foods. They are better able to get through the month with the donation of food parcels. The War Room is planning to assist the family set up a food garden. Both she and her son have cut down on their dependency on painkillers. The youngest child is now in Grade three.

During the time of the handover of the house, the household head was speechless. A nephew of the household spoke on her behalf, saying:

I thank the War Room stakeholders, the Government for its OSS programme and Mr Majola which has led to this great intervention.

A neighbour said:

We did not know how to help our friend but today we are all happy she received help.

Household Case Study 3: Imbabazane Ward 3, uThukela District

Household 3 is situated in the Ezinyosini area of Imbabazane Ward 3 in the uThukela District. The household is headed by a single woman (aged 21), who has two young children of her own and four siblings. Their parents are both deceased.

When the household was profiled in 2009, it was obvious that this house had been child-headed (now youth-headed), without mature adult presence for a lengthy period of time. The household head dropped out of school after Grade three to help care for her sick parents before they died. When the children started living alone, the home was increasingly frequented by rowdy youths who were possibly engaged in substance abuse. No one in the household was earning a living. The household depended on food donations from a cousin. At times they would go hungry.



Mud house in poor condition – before intervention

In 2012, a new house was built by the Al-Imdaad Foundation, which also provided immediate relief in the form of groceries, clothing, blankets and kitchen utensils to the value of R4,000. The Foundation also provided a monthly voucher of R800 for use until the situation improves. The Ward Champion donated a fence and gate, and local youth from Ward 3 were mobilised by the Ward Councillor in erecting the fence. Materials for this were donated from a local hardware store. The Department of Agriculture, Environment and Rural Development (DAERD) provided a fence and seeds for a food garden.

Electricity was formally installed in the new house and a new pit latrine was built, with assistance from community members mobilised by the WTT.

The DSD assisted in obtaining a foster care grant for the male child who is still a minor. Following a Public Service Volunteer Week (PSVW) in 2013, the household head was provided with a work opportunity through the Expanded Public Works Programme (EPWP), working as a cleaner for the Imbabazane DSD offices and earning R1,500 per month.

Since profiling in 2009, the desperately poor circumstances of this youth-headed household have been addressed. New housing, utilities, health interventions and income support introduced a level of stability in the family. When the household was assessed again at the beginning of 2014, it was found that the boy continues to attend school, but none of the girls has returned to school. However, none of the girls returned to school. The boy therefore will be supported by the WTT to complete his schooling and enter tertiary training, so that he can be the change agent for the family to graduate out of poverty.



Immediate material relief was provided by the Al-Imdaad Foundation, along with a newly-constructed house

Household Case Study 4: Umdoni Ward 9, Ugu District

The household is situated in Umdoni Ward 9, Ugu District, and it is composed of eight people: six children (four daughters aged 21, 20, 16 and 11, and a son aged 14) and their parents (aged 50 and 47). The oldest daughter has a son (aged five) who was also living with them.

At the time of profiling in 2011, the family resided in a low-cost, unplastered house that was in a dilapidated state. On rainy days, water penetrated through the cracked walls, compromising the health of family members.

The mother of the children did not have ID documents and the children did not have birth certificates. The father of the household was temporarily employed, earning R1,600 per month. After the term of his contract ended, he found other short-term jobs, and a piece job at Pennington, paying only R400 a month.



Food garden established through 'One home, One garden' programme

Without grant support, the household was unable to provide adequate nutrition. When the father was working, the family had a meal every day. If he was out of work, they would average three meals a week and had to look to neighbours for help. Evidence of this was seen particularly in the two youngest children who appeared to be suffering from malnutrition. They also had worm infestations. They had not been immunised and were not on medication. The family did not attend preventive health programmes believing they would need IDs to gain access to such programmes.

OSS interventions

Soon after profiling, the Department of Social Development (DSD) intervened to provide the family with food parcels for an interim period. The War Room assisted the mother to obtain birth certificates for her children in 2011 and her ID in 2013. This has enabled the family to obtain grant support, register the oldest child for Grade 12 examinations and access health care. With help from neighbours and the CCG, the grandchild was enrolled at a local day-care centre.

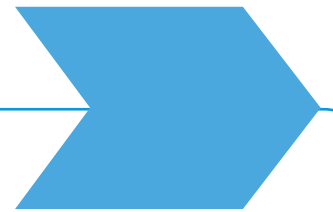
Under the 'One home, One garden' programme, the Department of Agriculture, Environment and Rural Development (DAERD) assisted with the establishment of a food garden. Food provision has improved considerably since these interventions. While the children benefit from school nutrition schemes, the household is able to supply two meals a day when everyone is at home.

During the PSVW of 2012, the WTT gave the household a donation of blankets and sponge mattresses received from the Department of Health and other donors, for the children to sleep on.

The children were also referred to a local clinic and were treated for their worm infestations.

They now attend the clinic regularly and the grandchild is on schedule for his immunisation. They also access the school's feeding scheme and are no longer malnourished. The mother and the two oldest girls have all been introduced to a family planning programme.

In 2013, the Umdoni Local Municipality assisted two of the older children with registrations at the University of Zululand and UKZN with funding support from the National Student Financial Aid Scheme. One is now studying science, while the other is studying psychology. They have both been awarded further financial support from corporates and are guaranteed employment on the completion of their studies. Both are potential change agents for the family. They are expected to graduate in 2015 and stand a good chance of being appointed to good jobs in their areas of expertise. This will help graduate the household out of poverty.



Household Case Study 5: Ntambanana Ward 5, uThungulu District

The household is situated in Ntambanana Ward 5 in uThungulu District. It is composed of four adult siblings and three children: three female adults (aged 20, 21 and 30) and one male adult (aged 25). Each of the three oldest siblings has a child (aged five, seven and eight months).

When Household 5 was profiled early in 2012, the family was residing in a two-roomed house made of blocks. The homestead also comprised a stone rondavel with a very old and worn-out thatched roof. The walls of the rondavel were cracked and holes in the thatch meant that the male sibling, who usually slept in the hut, had to ask neighbours for a place to sleep when it rained.

Electricity was supplied to the household by means of an illegal and unsafe connection. Water was accessed from a municipal truck which visited the area once every fortnight.

None of the household members was employed. The 21-year-old sibling did not have an ID document. Two of the three children were receiving child support grants and the one not receiving a grant had no birth certificate.

The three oldest siblings had matric certificates but did not proceed to tertiary or higher education due to no income in the household. The youngest sibling was still schooling.

There was no food garden in the household. Household members used the grant money to purchase food and electricity. However, food lasted for only a week, after which the family depended on food offered by neighbours. They would have one meal a day when there was money in the home and sometimes slept on empty stomachs when no offers of food had come in. They did not like to trouble neighbours for food especially as they would ask regularly for a place for the brother to sleep.



The family home has been repaired by the household head who is now employed



A productive food garden

OSS interventions

In 2012, through the assistance of the War Room, the oldest sibling, who is the household head, was accepted onto a three-month computer course. After six months she was placed in the Community Works Programme (CWP) funded by the Department of Cooperative Government and Traditional Affairs (CoGTA) and was employed as a project administrator, earning R1,900 a month. With her income from CWP, she has been able to pay for a number of the family's needs, including repairs to the rondavel, the roof, windows and window frames.

This means that the family no longer needs to turn to neighbours when it rains for somewhere for the brother to sleep.

The War Room has submitted the names of the remaining adult siblings for participation in Local Economic Development initiatives. The Task Team also supported the male sibling in applying for a job and now he is temporarily employed at Richards Bay Minerals (RBM), earning R1,500 a month. Through the intervention of the War Room, the Department of Home Affairs has assisted with vital registrations, and the child is now receiving a grant.

The household now boasts a food garden, producing spinach, carrots and maize. Through the WTT, CWP volunteers provide seedlings for the garden.

The household head said:

Operation Sukuma Sakhe helped us a lot. We have a good outlook on life now and no one can actually tell that we are orphans!



Household Case Study 6, Mfolozi Ward 6, uThungulu

Household 6 is situated in the Mzingazi area of Mfolozi Ward 6 in the uThungulu District. It is made up of two members: a 61-year-old physically challenged woman and her last-born child, aged 23. The woman was widowed 11 years ago. Two other children reside some distance away from the home. Neither were providing any support to their mother.

When the household was profiled in May 2011, the family was living in a two-roomed house built with blocks. The roof leaked severely and the floor was cracked throughout. There was no proper furniture in the home. Household members used tins for cooking.

Electricity cables were fitted incorrectly, posing a danger to the household. The household head had to pay R7 to neighbours to fetch water for her from the community tap. Both family members would use the nearby bush as a toilet facility. On the day of the profiling visit, the mother was seen crawling on her belly to relieve herself behind the hedge at the end of her yard. An offensive odour of excrement could be smelt around the yard.

Both members of the household had ID documents. However, the physically challenged household head had not been issued with a death certificate for her deceased husband. This she required to apply for RDP housing. The household head suffered paralysis and had no wheelchair to help her move around. She was receiving a disability grant of R1,190 which the family relied on to buy food. This would last for only two weeks, and meals consisted mostly of dry pap (phuthu). When the food ran out, they depended on neighbours for support. She was unable to maintain a food garden although she wished to do so.

In 2010, the son dropped out of school at Grade 10 due to illness.

OSS interventions

In an immediate response to the situation, the Department of Social Development (DSD) and SASSA provided Relief of Social Distress help in the form of food vouchers to the family for a period of six to twelve months.

Following that, the Ward Task Team (WTT), through the DSD, met with the son and daughter who lived and worked away from home to discuss their lack of support for the family. The meeting bore positive results as they now provide monthly groceries for their mother and brother.

The housing, toilet, water, electricity, health and employment needs have also been referred to appropriate stakeholders and have subsequently been closed by the War Room.

The War Room referred the housing and water issues to the LTT which, in turn, approached two private donors (Umphele and Teraplan) for help with building a two-roomed house. The donors, both private companies, agreed to donate building material and furniture for the household. The



Two private companies donated furniture and building materials to the household

local municipality then provided their own staff to help complete the work.

Male and female staff members who had the relevant skills donated their time to assist with bringing water to the household, mixing sand and cement and generally helping with renovations.

Both members of the family have had their health issues attended to at the local clinic. Importantly, the household head was given a wheelchair from the Department of Health.

The household was supplied with electricity after the War Room appealed to the municipality to use its poverty alleviation budget to pay for an Eskom connection. The WTT also referred the water access problem to the municipality and a tank was delivered to the family as an interim measure while the district facilitates the process of installing pipes. A tap was soon installed in the household yard.

The same private donors also contributed materials for the building of a toilet. Again, appropriately skilled municipality officials helped to build a disability-friendly toilet.

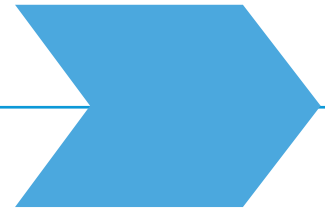
The WTT applied to a local industrial company for job opportunities for the son. This was successful and he is now permanently employed at RBM and earning R3,500 per month, and he is in good health.



A water tank was installed while the district was processing the water supply matter



Skilled municipal workers built a new, disability-friendly toilet for the household



Household Case Study 7: Ward 11, eThekweni District



Ward 11 resident

Household 7 consists of a single individual residing in the Greater Durban area. He is a young man, aged 17, who lost both his parents when he was just two years old. He grew up in a children's home. The young man has no information about what caused the death of his parents although he has heard that they were ill.

The young man came to the War Room in June 2012 to ask for assistance to further his studies in Civil Engineering. He did not have a place to stay as he had no relatives. He was staying in a transit camp without food.

He approached members of the Ward Task Team (WTT) while they were visiting a house that had been donated to another family by the Al-Imdaad Foundation. He said he had been told that Operation Sukuma Sakhe helps people. He had a letter of acceptance from the Tshwane University of Technology and needed the money to get there. The young man was single-minded in his determination to go to Pretoria in spite of the fact that he knew no one there and had no place to stay.

The following day the Community Caregiver (CCG) profiled his household and found that when he was studying towards his matric, he was still under the care and guardianship of the children's home. He had been accepted at the Durban University of Technology (DUT) and given a bursary to study Civil Engineering. Unfortunately, he failed some of his courses and, as a result, lost both his bursary and campus accommodation. He couldn't return to the children's home because of the age restriction. Through friends he ended up at the Siyanda Transit camp.

The young man's shack dwelling was built from metal sheets, and a makeshift bed as his only furniture. He was not well nourished as food was not available to him and he had no income. He survived by begging for food from neighbours and vendors.

Water in the transit camp was available from a communal standpipe nearby. Toilet facilities were dysfunctional. Shacks covered the transit camp and there was no space available for communal food gardens.

OSS interventions



In 2012, the War Room referred the young man's educational needs to the Department of Cooperative Governance and Traditional Affairs (CoGTA). The WTT prioritised his problems and assembled a team including senior management from CoGTA to meet with the management at DUT. The intention was to explain to management the mission of Operation Sukuma Sakhe to relieve the desperate situations of poverty such as the one exemplified by this young, vulnerable, but determined young man. DUT officials understood the need for him to stay on at the institution and were happy to play their part in enabling him to move ahead as the agent of change in his own very bleak situation.

He was reinstated at DUT and was advised by both university management and the WTT members to change his Civil Engineering course to the more manageable three-year Diploma in Government Studies. This diploma prepares students for careers in various government departments. The young man is currently in the second year of his studies in this course and is residing on campus with CoGTA financing his studies.



War Room Convenor, Baba Malakoane, who is also a community member and Ward Councillor, Obed Qulo

With help to get through university, he stands a good chance of being employed and moving out of the situation of poverty in which he found himself.

He said:

When I was assisted with re-registering at DUT, I was motivated to do better, not only for myself but for the people in the War Room who believed in me and gave me love and unstinting support. Amongst the people I hold in the highest regard are Nandi Sikutshwa (Senior Manager allocated to Ward 11: Public Participation, CoGTA), Baba Malakoane (War Room Convenor) and Obed Qulo (Ward Councillor), as well as the fieldworkers involved in my story. Thank you!



Household Case Study 8: Dannhauser Ward 11, Amajuba District

Household 8 is situated in Dannhauser Ward 11 of the Amajuba District. The household is headed by a single elderly woman (aged 79) and she lives with her 37-year-old son.

The household was profiled in April 2013. The household head and her son lived in a two-roomed house with a roof made of corrugated iron. The back wall had collapsed and the gap was covered with plastic. The roof leaked and the floor was severely cracked, making it hazardous for an elderly person to walk on. The house did not have any electricity supply. No money was available to pay for an installation and wiring which had an estimated cost of R2,000. Clean water was accessed from a tap within the yard. The CCG screened the household head and referred her to the clinic for hypertension.

OSS interventions

In a combined effort, the Department of Health (DoH), DSD, the local municipality and Department of Cooperative Government and Traditional Affairs (CoGTA) raised money to purchase material that would be used in repairing the house. Wheelbarrows and tools were borrowed from within the community and efforts were made to renovate the house. Municipal officials who had the required building skills were deployed to repair the broken walls, floor and leaking roof. The WTT raised the R2,000 and submitted the application to Eskom for the electrical installation.



Community members assisting in the construction of the house

The son, who had demonstrated his skills and experience in bricklaying, was assisted by the War Room to undergo a short-term bricklaying course. In the interim he has found a job as a gardener and is employed earning R1,500. However, he is still seeking work in construction. The household head is on chronic medication for hypertension and is being monitored by the CCG. The son also received HCT and is proudly maintaining his good health.



Household Case Study 9: Nongoma Ward 15, Zululand District

Household 9 is situated in Nongoma Ward 15 of the Zululand District Municipality, and comprises a single man, aged 46, and his 24-year-old nephew. The boy's mother, sister to the household head, passed away when the boy was just ten years old and his father died in 2012.

Members of Household 9 were found to be living in a mud rondavel with part of the wall in a state of collapse. The door and two windows were completely broken and the family used cardboard and pieces of cloth to close them and to ward off the wind and rain.

The nephew did not have an ID book and had no idea of how to solve his problem. His uncle could not help because he was mentally unwell. He is unable to care for himself and did not heed advice given to him on health and hygiene matters. Although unwell, he was not on any medication and refused to attend a clinic for treatment for his mental illness. In 2010, he had to be taken to a clinic in order to get a doctor's letter to enable him to apply for a disability grant. On occasion, the uncle leaves the boy alone at home while he goes to live with other relatives in Vryheid.

The home had no electricity and no water. Firewood was used for cooking and candles for lights. Water had to be fetched from the river, an hour's walk away. The river water was contaminated as it was used by donkeys and cattle. No sanitation arrangements were in place at the home. Family members used the nearby bush to relieve themselves.



Head of the household outside mud rondavel in need of major repair

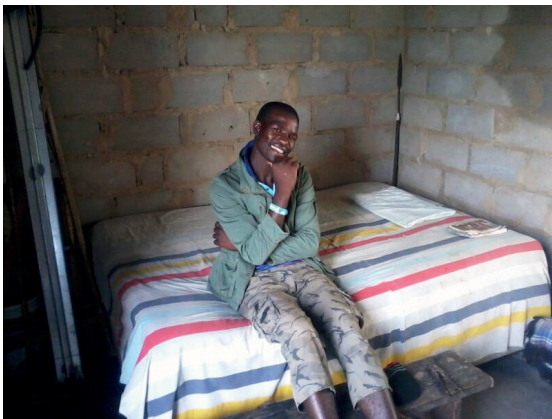
Food was scarce in the household. The disability grant provided for groceries that lasted for three weeks of the month. Thereafter, the family was dependent on the charity of neighbours for meals.

The nephew schooled until 2010 and dropped out when he failed his Grade 12 examinations. Before dropping out he attended a no-fee school, with meals provided, but he battled to meet uniform requirements.

OSS interventions

In 2013, a new one-roomed house with proper windows and a strong door was built for the family by CoGTA and a senior manager from DAC, Miss Nxumalo. The CWP provided building materials, water supply and labour for this project. Members of the WTT were also actively involved in the constructions – mixing cement, handing blocks to bricklayers and so on.

Through the WTT, a 250-litre water tank has been installed by the local municipality. Water is supplied once a month through tanker services and is shared by 15 households in this remote ward. Presently, work is being undertaken to install toilets in the area and will be concluded by May 2014.



Head of household inside new home



Head of household stands proudly outside his new home

In 2011, the nephew was assisted by the Department of Home Affairs (DHA) during an OSS-related campaign get an ID document. In 2013, he attended an HCT campaign, broadening his awareness of HIV and other health matters. The WTT has continued to provide mentorship for the young man and he has been referred to the DPSA to assist in placing him in an FET programme.

Living conditions for Household 9 have improved considerably since a new house was built by the WTT and a water tank installed with monthly water supply being provided. Both family members are happy and grateful to have moved from the unsafe house they were formerly living in.

The household head said:

We are thankful to the government for establishing the War Room which played a big role in identifying our need and intervening in the way they did.



Household Case Study 10: Maphumulo Ward 4, Ilembe District

Household 10 is situated in Maphumulo Ward 4 in the Ilembe District and is headed by an elderly woman (aged 85), who is living with her three grandsons (aged 25, 23 and 17) and a granddaughter (aged 20). The children's father, who died in 2009, was the unmarried son of the household head. Their mother left the house before he died.

When the household was profiled in 2011, the family was found to be living in a mud rondavel with one window on the side. It was positioned in a way which made it vulnerable to heavy storms when the roof would be blown away and walls would collapse. In 2012 the house fell in on the elderly household head while she was asleep. She refused to be removed to an old age home, saying she could not leave her grandchildren and the grave of her late husband. However, she was given a medical check-up and temporarily removed to a neighbour's house.

In the yard there was an incomplete one-room structure which was started by the deceased son before he died. As it had not nearly reached the roofing stage, it was useless to the family.

The household did not have electricity. Clean water was not available and family members had to walk to the river some 300 metres away to fetch water. The household had built their own toilet but this was not in a hygienic condition. No members of the household were working. They relied entirely on the grandmother's pension. They have a large yard for cultivation; however, lack of fencing meant that animals destroyed the food crops, and they had given up on their efforts. Food purchased would not last for more than three weeks of the month.

OSS interventions

By 2013, the household situation had improved considerably. The Ward Task Team (WTT) provided the family with a new house and a water tank. In addition, the local municipality completed the construction of the flat-roofed, one-roomed building that had been started by the household head's deceased son. The one bedroom house and toilet were built for the grandmother.



Before the intervention: Dilapidated one-roomed mud dwelling and after intervention, one roomed structure reconstructed by the local municipality

The grandmother said:

I thought I would die without shelter. I am grateful to the government. The children left me to live with a neighbour because of the housing problems. Now they have come back to live with me.

Although the family cannot afford to pay for an electricity connection at this time, their general living conditions have improved, and this has had an impact on their health. Clean water is readily available and the sanitation facilities are more hygienic.



Household Case Study 11: Nompondo Ward 8, uMkhanyakude District

Household 11 is situated in Nompondo Ward 8 in the uMkhanyakude district. The household is headed by a 62-year-old widow and includes her five children (two daughters aged 39 and 31, and three sons aged 29, 24 and 21) and her six grandchildren. Five of the six grandchildren (boys aged 16, 15, nine and twelve months, and a girl aged 12) are the children of the oldest daughter. The second-oldest daughter has a five-year-old girl. This brings the number of household members to 12.

When the household was profiled during Mandela week in July 2012, it was found that the family resided in two one-roomed houses built of stones and cement. The roof of one of the houses was made of old corrugated iron sheets which leaked on rainy days. The other house had no window panes. Blankets were used to cover the windows at night. For use as a door, a piece of corrugated iron was leaned against the doorway.

The household head had no ID and therefore was not receiving a pension. Two of her older children had no ID documents due to the mother not having an ID. Five of the younger children had birth certificates.

The home was not supplied with electricity. The household made use of firewood and paraffin for cooking purposes and candles for lighting.

No members of the household were working. The only income flowing into the home was from child support grants allocated to two of the grandchildren, amounting to R580 per month, and food purchased was insufficient to feed the whole family through the month. Often, the family would depend on neighbours for food. The household did not maintain a food garden, with the household head claiming she is not well enough to draw water for the garden and other members of the household not being willing.

OSS interventions

In October 2012, the Ward Task Team implemented several interventions to cater for the basic needs of the household. Food parcels and blankets were donated. In May 2013, the WTT successfully assisted the household head access a temporary old age pension grant (R1,270) while she awaited the issue of an ID document. The Community Development Worker (CDW) continues to work with the household head to process her ID through the Department of Home Affairs (DHA). The process was slowed down by the loss of documents in the household.

In July 2013, following the Public Service Volunteer Week (PSVW), the WTT handed over an additional one-roomed house to the family. This was built after a local businessman donated materials and WTT members and community members with relevant skills participated in the construction of the house. The new dwelling is used by the household head.

She thanked Operation Sukuma Sakhe and the Ward Champion, saying:

Now I will not have to sleep in the same room as my sons.

Through the intervention of the War Room, the Department of Agriculture, Environment and Rural Development (DAERD) sent a tractor to the home so that the nearby field could be ploughed and planted with crops. The field was also fenced by DAERD. A smaller food garden was also established.



Household Case Study 12: Stratford Farm Ward 3, uMzinyathi District

Household 12 is situated in Stratford Farm Ward 3 in the uMzinyathi District. The household is headed by a young woman (aged 23) who lives with her three brothers aged 19, 12 and 10, and a male cousin, aged 23.

At the time of profiling the family was living in a two-bedroom mud house that was in a poor state of repair. Walls were cracking and the thatched roof frame had begun to collapse, posing a risk of falling in on the family. The children's mother had started work on the roofing of the house but was not able to complete the job before she died in 2008. The children then had to do what they could to build the roof themselves. The small mud room which was used as a kitchen left much to be desired. There was no basic kitchen equipment such as a stove, cupboard, refrigerator, pots, dishes and utensils.

The family resides in a deep rural area and there was no electricity available. Candles were used for lighting, and coal dust and dried cow dung for fuel. Homes in the area were not supplied with clean, piped water. Water had to be collected from a nearby spring. The District Municipality provided tanked water to one large Jojo tank shared by many households in the area. Once it ran out, the household head walked approximately 1,2 kilometres to fetch water from the spring. There were no sanitation services. The veld was used for toilet purposes. There was no refuse collection. Waste was usually thrown into a pit inside the yard and then burnt.

The household did not have a food garden as the premises were not fenced.

For their survival, the family relied on two child support grants received by the youngest two siblings. These two children also relied on the school's feeding scheme. The household head had been employed in 2010 in one of Department of Transport (DoT) programmes, earning R500 a month. With the child support grant, the household income increased to R960 per month. This was enough to provide one meal a day for family members but it would not last through the month. A kindly neighbour then provided food support for the family.

The household head had failed three of her matric subjects and could not raise the R350 per subject to enrol at the finishing school. Her dream of becoming a qualified nurse faded with her inability to take her studies forward. The older boy and cousin both dropped out of school, in Grade nine and Grade 10, because they did not have proper school uniform and felt ridiculed. The two remaining siblings are at no-fee paying feeding schools. All the siblings had had one set of school uniform – namely: a shirt, a pair of trousers, a pair of socks, a pair of shoes. This they used until they had worn out or until they had grown out of them.

OSS interventions

During the PSVW in 2011, two months after profiling, senior managers deployed in Endumeni converged in the household to provide immediate relief, including bed linen, blankets, dishes, food hampers, a table with six chairs, paraffin and gas stoves, a gas heater and vegetable seedlings for setting up a food garden. The political champion, District Mayor, Councillor J. Mthethwa, arranged for the yard to be fenced and gated. The uMzinyathi District Municipality also installed a Jojo water tank so the household could easily access water. A pit toilet has been installed on the premises.

Through the DSD and SASSA, the household head was awarded a foster-care grant for the two younger boys, amounting to R720 each.



Standing from left to right: three businessmen from Johannesburg and the Ndumeni Local Municipality Disaster Manager. Seated are the Local Municipality Mayor, Cllr T Mahaye, and the LTT chairperson. The youngest siblings in the household appear wearing their new uniforms and holding school bags.

Endumeni Local Municipality Mayor, Councillor T Mahaye, approached private Johannesburg businessmen to participate in donating full school uniforms for the younger boys. The Mayor accompanied three Johannesburg businessmen in a visit to the household to assess the children's circumstances so that they could plan a response.

The children were excited to receive their new school kit. However, they were shy and could not express their happiness. The kindly neighbour said she had not heard of such an intervention before. What it showed her was that:

Government is working with people to help those who are poor. I didn't know these children's problems could be solved through Operation Sukuma Sakhe. Different departments have come in bringing all sorts of help. I have never seen anything like it. It has made my load easier too. I can't stop singing the praises of OSS!

Presently, plans are underway to build the family a proper house. Local businessmen, the Al-Imdaad Foundation, the senior managers in the local municipality and the Department of Human Settlement (DHA) and CoGTA have been meeting with the local iNkosi to provide background to OSS and to negotiate Permission to Occupy approval for this plan.



Household Case Study 13: Mpofana Ward 1, uMgungundlovu District

Household 13 is situated in Mpofana Ward 1 in the uMgungundlovu District. It is headed by a single mother (aged 24) who is responsible for her sister (aged 14), and her two sons (aged 11 and four). Her father died in 2008 and her mother died in 2009.

On the death of her father, the family had to move out of the farmhouse which they occupied, and relatives provided them with an old three-bedroomed house. During profiling in 2012, it was found that this dwelling was dilapidated with a cracked, leaky, asbestos roof. The door did not close properly and two windows were broken. The family used plastic and cellotape to close them.

The household head did not have an ID and none of the children in the household had birth certificates. The children did not have Road-to-Health cards.

The household could not afford to pay for electricity; for lighting, they used candles. For cooking, they used paraffin and firewood when they could not afford paraffin. The house had access to borehole water on the premises. However, their water supply was constantly interrupted due to poor infrastructure. The household made use of an outside pit latrine.

To survive, the household head was temporarily employed as domestic worker in Mooi River, earning R450 a month. This was scarcely enough to support the family with food and other necessities and they relied on relatives and neighbours to help with contributions of food. With just a Grade three education, she was forced to seek work when her mother died in 2009. She was 21 years old at the time of her mother's death.

OSS interventions

In April 2012, the Ward Task Team moved the household to a new four-roomed house constructed by a project in the Townview area.



Household head with Bishop Mtunzi Nzama (War Room Secretariat) outside the old house provided by relatives

In 2012, neighbours and the Local Councillor mobilised community and local business for the donation of uniforms and shoes for the children. The household head continues to take responsibility for paying her sister's school fees of R80 per annum.

The outstanding IDs and birth certificates were obtained. The children's immunisations were brought up to date and they were issued with Road-to-Health cards. The CCG has supported the household head to attend regular health screenings and to enrol in the family planning programme. The children have also been awarded child support grants.

The Ward Councillor assisted the household to have a pre-paid electricity meter installed by the municipality. The household is now able to pay for electricity themselves. The municipality has also installed piped water and a flush toilet in the home.

In June 2013, the Ward Councillor assisted the household head obtain temporary employment in the municipality's Waste Disposal Section where she earns R840 a month. When her contract expires in April 2014, she will be supported to continue in employment as she has proved to be a good and reliable worker. With child support grants and the household head's salary, the household now has an income of R2,240. The household head has proved to be able to manage her income well. Family members are eating well and no longer reliant on neighbours and relatives for support.



Members of Household 13 with Bishop Nzama from the War Room and Nompato Nsama (CCG) share their joy



Members of Household 13 outside their new home, with Bishop Nzama from the War Room and Nompato Nsama (CCG)

Summary

In summary, War Room interventions in the 13 households have illustrated that integrated services provided by Operation Sukuma Sakhe have resulted in creating life-changing opportunities for households, to help them graduate out of poverty. The interventions ranged from the provision of houses, food security, social grants, vital registration, job creation, enterprise development, establishment of co-operatives, access to bursaries, AET, skills development, health and social services, access to basic municipal services such as safe and clean water, sanitation and electricity.

The delivery of integrated services to households has not been limited to the War Room service delivery teams. All OSS stakeholders, from the Premier, MECs, HODs, Mayors, Ward Councillors, Senior Managers, Social Partners, Government Departments, Civil Society, OSS Task Teams and communities themselves, have been involved.

The long-term impact of these interventions will result in a reduction in overcrowding, improved access to social and health services, improved nutrition, improved literacy, greater participation in the economy and an improved life for all.

Graduating households out of poverty is a long-term process. Households migrate in and out of poverty depending on their ability to sustain employment. Keeping households out of poverty and documenting their progress requires households to be followed over time. Measuring households that migrate out of poverty is documented by surveys such as the General Household Survey of Statistics South Africa. Although tremendous work and achievements have been reached through the many interventions and partnerships facilitated by OSS, there are areas which still need attention. Some of these are listed below.

What we are working on

Particular attention will be given to the following areas in the next period:

- One integrated M&E framework
- One referral system
- One management information system housed at the Office of the Premier
- Registering the households migrated out of poverty



Recognition for Operation Sukuma Sakhe

UNAIDS Best Practice Review Launch

At the launch of a publication celebrating OSS Best Practices held in January 2014 in KwaMashu, UNAIDS endorsed Operation Sukuma Sakhe as a powerful programme with wide reach into needy communities around the province. At the launch, UNAIDS announced that current data showed that new HIV infections in KwaZulu-Natal have been reduced by about a third from 2004 to 2012.



From left: Mr M Sidibe, Executive Director of UNAIDS, former Deputy President K Motlanthe and Honourable Premier ES Mchunu at the UNAIDS Best Practice Launch in Durban, KwaZulu-Natal

Executive Director of UNAIDS, Michel Sidibe said he felt confident that:

Through the successful implementation of Operation Sukuma Sakhe, KwaZulu-Natal Province will realize the common vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. You are changing the course of the epidemic, not only in your country, but also on the continent and the world, by your efforts and achievements in the HIV response.

Although these are figures we can all be proud of, we must not rest until every person who needs HIV treatment receives it and there are no new infections.

Kgalema Motlanthe, former Deputy President of South Africa

Operation Sukuma Sakhe has allowed us to provide services closer to our people and to address the myriad of social issues they face in one place, instead of accessing services at multiple service points.

Honourable Premier ES Mchunu, Premier of KwaZulu-Natal

Health Innovator's Review Award

In January 2014, Operation Sukuma Sakhe received the Health Innovator's Review Award from the Inclusive Health Innovation Initiative. The award was based on best practice healthcare solutions ensuring (1) inclusivity in equity and access; (2) effectiveness in improving health outcomes; and (3) affordability through efficiency and cost reduction.

Dr NI Ndlovu from the Office of the Premier received the award on behalf of Operation Sukuma Sakhe in the category of 'Collaboratively reimagining healthcare'



Best Presentation Award from Statistics South Africa

At the Isibalo Conference hosted by Statistics SA, Operation Sukuma Sakhe won the best presentation for the paper: 'Using Census 2011 to support participatory evidence-based planning at ward level', written by: BF Kuzwayo, NI Ndlovu, R Moonilal, SF Mkhize, TN Ngwenya, N Behari and T Mtshali in the Office of Premier (KwaZulu-Natal) and Mr O Qulo, Ward Councillor, eThekweni Municipality.

Premier's Public Service Awards Ceremony

Mr Zama Sibisi, Manager, Special Projects Coordination responsible for OSS Provincial Secretariat, was awarded the best Public Servant for 2013 at the Premier's Public Service Awards Ceremony for his contribution. He has this to say about OSS:

Having been associated with OSS since 2009, it has been inspiring to see how OSS transcended from merely "Touching People's Lives", to "Changing People's Lives" for the better, thus leaving an indelible legacy at the heart of communities.

Mr Zama Sibisi, Manager, Special Projects, OTP



Award for Excellence in Design and Development of Training Programmes

The Integrated Community Caregiver Foundation Course won the Award for Excellence in Design and Development of Training Programmes at the Public Sector Trainers' Forum (PSTF) Achiever Awards Gala Event in 2014.



Receiving the Award from the Principal of the National School of Government, Professor Mollo, is Ms N Simbhoo and Mr F Safla from the KwaZulu-Natal Provincial Public Service Training Academy

Paper Presentations on Operation Sukuma Sakhe

The following papers were presented at national and international conferences using data and insights from OSS.

African Association of Social Work Educators, in Mpumalanga

- Reflections of a Government-Wide Poverty Programme: Operation Sukuma Sakhe in the Province of KwaZulu-Natal, South Africa. BF Kuzwayo, NI Ndlovu, SF Mkhize, R Moonilal and N Behari
- An Overview of a Multi-Disciplinary Approach to HIV & AIDS Prevention: A KwaZulu-Natal Experience. TN Ngwenya and NI Ndlovu
- Political Action by Social Workers in a Participatory Democracy (OSS). N Behari
- International Conference of AIDS, STIs in Africa December 2013: Poster Presentation on HIV & AIDS using a community-based model. NI Ndlovu
- Durban AIDS Conference 2013: Capacitating CCGs in KwaZulu-Natal to Deliver Integrated Services through Operation Sukuma Sakhe (OSS) – An Integrated Service Delivery Model. NI Ndlovu and N Simbhoo, Office of the Premier and V Naidu, BroadReach Healthcare
- ICASA Conference December 2013. Closing the Gap in KwaZulu-Natal Province: Progress towards reaching HLM Targets. Office of the Premier (KwaZulu-Natal) and Dr A Zwadoir (UNAIDS)
- International Video Conference: Hogent University, Belgium. Operation Sukuma Sakhe and the Social Development Perspective: NVE Ngidi, BF Kuzwayo, NI Ndlovu, R Moonilal, SF Mkhize, TN Ngwenya, and N Behari Office of Premier (KwaZulu-Natal), South Africa
- Isibalo Conference 2014: Democratising War Rooms: Moving toward Participatory Planning, Monitoring & Evaluation. New Generations Youth Group, S Hoosen, T Mtshali (Ward 23 eThekwini War Room), BF Kuzwayo, NI Ndlovu, R Moonilal, SF Mkhize, TN Ngwenya, and N Behari Office of Premier (KwaZulu-Natal), South Africa
- Isibalo Conference 2014: Operation Sukuma Sakhe: Using Census 2011 to support participatory evidence-based planning at ward level. Office of Premier (KwaZulu-Natal) BF Kuzwayo, NI Ndlovu, R Moonilal, SF Mkhize, T Ngwenya, N Behari and T Mtshali (Ward 23 eThekwini War Room)

Book Publications

- Social Development Perspective (2014) in International Perspectives in Social Work, History, Views, Diversity & Human Rights. Operation Sukuma Sakhe. Antwerpen Garant Publishers. NVE Ngidi, BF Kuzwayo, NI Ndlovu, R Moonilal, SF Mkhize, TN Ngwenya, and N Behari



eThekwini, Ward 11 Ward Task Team during benchmarking visit by DPSA

Benchmarking visits on Operation Sukuma Sakhe

The Province received benchmarking visits from The Presidency, Mpumalanga, Gauteng, Limpopo, Eastern Cape and Department of Public Service and Administration (DPSA).

Views on OSS from stakeholders

OSS is based on a partnership approach as it takes many different players to help a community “stand up and build”. The following summarises some of the views of OSS partners.

Achieving health outcomes is not the role of health facilities alone. Empowering communities to be responsible for their health and development is what makes Operation Sukuma Sakhe a unique and beneficial model. BroadReach Healthcare is proud to be associated with OSS since April 2011 providing technical assistance to the province.

E Darkoh, Founder, BroadReach Healthcare, Social Partner

The Al-Imdaad Foundation since 2009 has delivered interventions across KwaZulu-Natal under OSS. We have implemented projects such as bicycle distribution to learners who walk long distances to school, shoes for learners, wheelchairs to the disabled and elderly, new homes to those who have lost everything and emergency food and blankets distribution. OSS has indeed made a remarkable difference in the lives of the thousands of South Africans.

A Karrim, Al-Imdaad Foundation, Social Partner

Schools within our wards are a mobilising point for campaigns against social ills such as drug abuse, alcohol abuse, gender violence, child abuse and teenage pregnancy. In the Department of Education, we are beginning to see that everything we do in our department helps people exit poverty and our involvement in OSS is therefore imperative.

M Mahlambi, Head of Communications, Department of Education

OSS has exposed the Department of Public Works and its staff to the conditions that our communities live under and this has contributed to us sharply focusing our interventions to the need out there. In certain offices, our staff were actually growing vegetables on the office grounds for their own consumption. With the advent of OSS and in particular the plight of poor households that gets reported under various War Rooms, the produce from these office gardens is now provided to needy families, thus assisting in the provision of food on their tables.

Z Zwane, Senior Manager, DPW

The involvement of the South African Police Service with Operation Sukuma Sakhe has been seen as a positive step as it has provided an opportunity for SAPS to interact with government departments, non-governmental organisations as well as all key stakeholders in addressing social instability within the community.

X Ndlovu, Lt Col, SAPS

OSS has allowed me as a senior manager at OTP in a policy environment to be closer to the people and understand the strengths, challenges and gaps in policy implementation. Being part of the OSS team stimulates passion and innovation. I now volunteer my services to a War Room in my community in my spare time. I have seen officials brought to book by citizens in the War room, resulting in rapid service delivery. OSS has also given me the opportunity to pursue research and facilitate participatory action research methodologies. To me the OSS approach is the innovation of the 21st Century for the Public Sector.

Dr N Behari, Office of the Premier

This new approach is the first of its kind and it is actually working and allowing communities to transcend the barriers of service delivery and integration between government and its social partners. It is a model of service delivery that actually allows people to be served and provides feedback mechanisms between the people and their government because of the feedback loops that are created. The people begin to understand what the concept 'Government of the people by the people' actually means.

MEC M Mabuyakhulu, Champion uMkanyakhude District

Conclusion

From its humble beginnings in 2009, OSS has withstood the test of time as being THE integrated service delivery model. Over the years, it has transformed from government being at the forefront of all activities, to the community leading the War Rooms. The clients who are beneficiaries of service continue to be at the epicenter of service delivery, regardless of race, gender, political affiliation or religion.

Fieldworkers working in conjunction with communities identify needs and facilitate service delivery to those most in need through the War Rooms. The War Rooms are the engines where service delivery starts and ends. Strengthening and mentoring of War Rooms will continue in the next period.

The political champions are the strong foundation that reinforces community dialogues, community engagement and service delivery. Partnerships with service providers need to be forged at War Rooms to ensure service delivery occurs. The organs of state at all levels will continue to partner and support communities to deliver the right services at the right time.

The provision of transversal services to households, as illustrated in the household cases, helps to graduate households from poverty and address social ills which may threaten sustainable development. As such, the provision of integrated and transversal services requires full participation from all citizens in KwaZulu-Natal irrespective of title, vulnerabilities, or position in society. The War Rooms will continue to be visible and available to all citizens to participate in creating a better life for all.

Final word from Honourable Premier ES Mchunu

People in communities are taking a role in the War Rooms and becoming responsible for effecting change in their lives and the lives of others. We are encouraged to see this groundswell of change. The change is 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.

Honourable ES Mchunu, Premier of KwaZulu-Natal

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

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