


Province of KwaZulu-Natal

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Operation Sukuma Sakhe (OSS)  
Presentation to PHASA 2015  
by T N Ngwenya  
08 October 2015 at Moses Mabhida Stadium

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**Purpose of Presentation**

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- To Share success, challenges and lessons learnt in implementation of OSS Integrated Service Delivery Model in KZN Province

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Operation Sukuma Sakhe


**Outline**

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**Background to Operations Sukuma Sakhe (OSS)**

- History of OSS
- Alignment of OSS to National and Provincial Strategic Plans & Priorities
- Institutional Arrangement of the Provincial Growth & Development Strategy and OSS
- OSS Governance
- Success
- Challenges and Lessons Learnt

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Operation Sukuma Sakhe

*Message from*



Mr. Senzo Mchunu  
Premier of the Province of KwaZulu-Natal

The KwaZulu-Natal electorate has given Government a mandate to bring about a better life for all citizens of the Province, regardless of who they voted for.

Operation Sukuma Sakhe encourages the coordination of comprehensive services of different service providers such as government departments, state owned enterprises and civil society as it views the Anti-poverty programmes as a collective responsibility. It engages every member of the community to embrace and internalise the fact that Government cannot do it alone in bringing about development. Democracy is about taking responsibility for our own lives. Government wishes to inculcate a culture of self-reliance, while at the same time acknowledging that community is built by each and every member of the unit.

Operation Sukuma Sakhe has brought changes into the lives of the people of KwaZulu-Natal Province. This change has occurred on all levels: government officials doing their jobs efficiently to accommodate a multi-sectoral service delivery approach; people in communities taking a leading role in the War Rooms and becoming responsible for effecting change in their lives and the lives of others; and our partners – civil society and the private sector – joining us enthusiastically to assist us in the process.

We are encouraged to see this groundswell of change. However, we must not rest until we have improved the lives of every single individual, family and community who need change the most.

There are lessons to be learned and we must embrace those to find solutions to the challenges we face. Operation Sukuma Sakhe brings to life the slogan "Government for the people, by the people".

We as government hope to grow alongside the people of KwaZulu-Natal to continue to take our province, and our nation, forward.

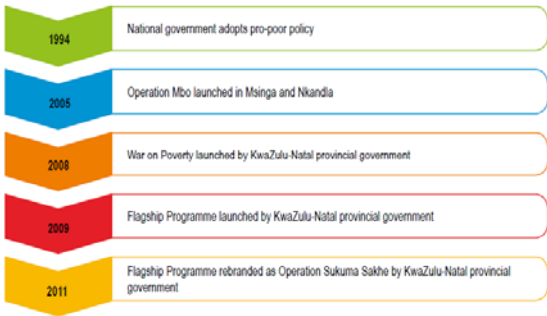
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Operation Sukuma Sakhe


**History of Operation Sukuma Sakhe**

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- 1994 National government adopts pro-poor policy
- 2005 Operation Mbo launched in Masinga and Nkandla
- 2008 War on Poverty launched by KwaZulu-Natal provincial government
- 2009 Flagship Programme launched by KwaZulu-Natal provincial government
- 2011 Flagship Programme rebranded as Operation Sukuma Sakhe by KwaZulu-Natal provincial government

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Operation Sukuma Sakhe

**Origins Operation Sukuma Sakhe**

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- The origin of Operation Sukuma Sakhe, is the motto *Masisukume Sakhe* on the crest of the Provincial Government of KwaZulu-Natal
- Sukuma Sakhe then is a call for the people of KwaZulu-Natal to stand up and build by fighting against challenges that destroy our communities in particular HIV and AIDS and TB, substance abuse, teenage pregnancy, gender based violence, crime, poverty and food insecurity and hunger.
- The communities are required to lead the rebuilding of society and government accepts that it cannot achieve alone. Communities will lead in their development, Government will improve access and provide services.

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Operation Sukuma Sakhe

**Operation Sukuma Sakhe Logo**



At the centre is the red ribbon signifying the challenge of HIV and AIDS and TB that the Province faces. The open hands means empowerment of the people. The hands are all the citizens that are standing up to build in KwaZulu-Natal


Operation Sukuma Sakhe

**Alignment OSS to National and Provincial Strategic Plans and Priorities**



Operation Sukuma Sakhe

**OSS Governance**



Operation Sukuma Sakhe

**OSS Vision, Mission and Goal**


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

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

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


Operation Sukuma Sakhe

**Five Critical Areas of OSS**

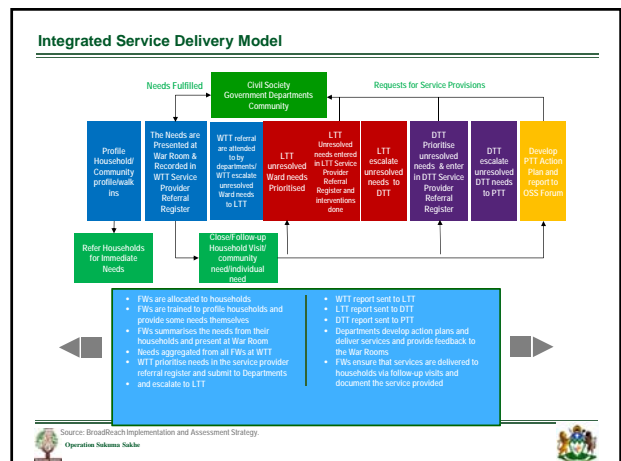
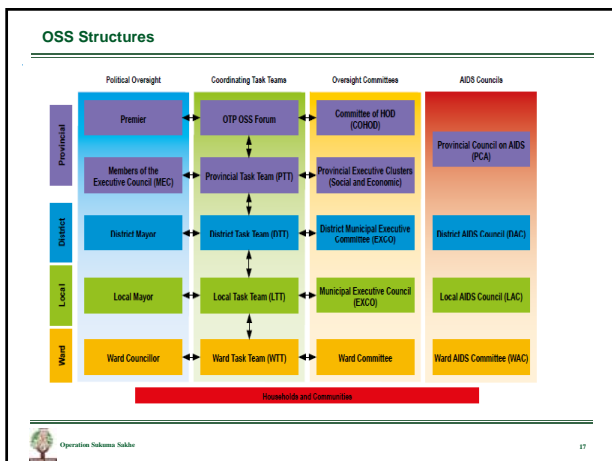
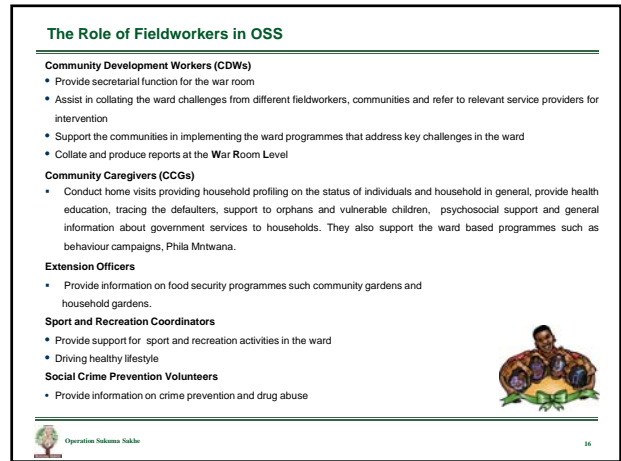
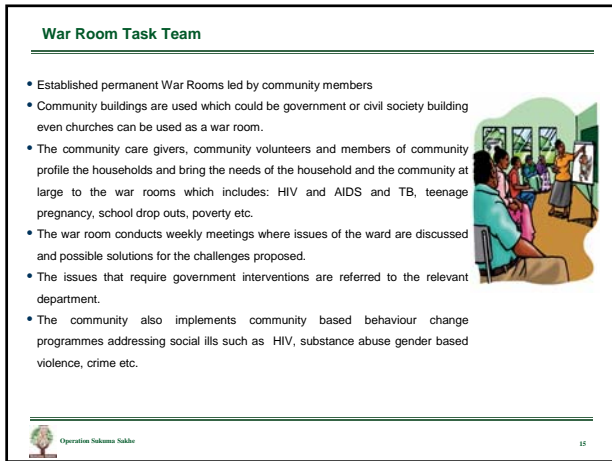
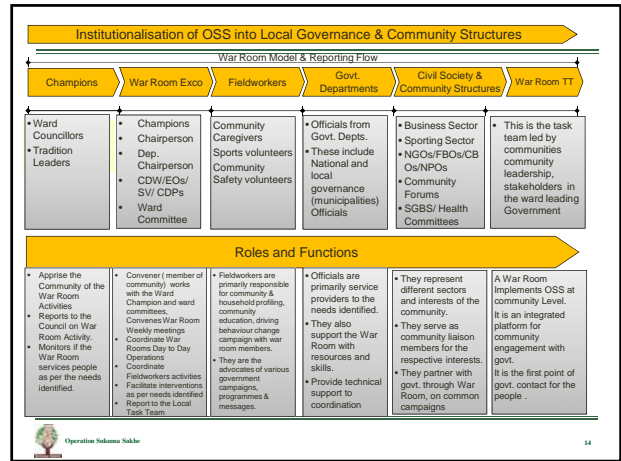


Operation Sukuma Sakhe

**Beneficiaries of OSS**



Operation Sukuma Sakhe




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**Successes**



### War Rooms Establishment & Functionality


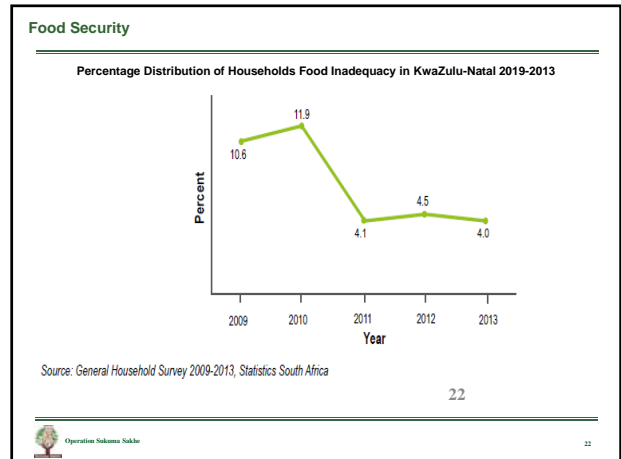
DISTRICT	ESTABLISHED	FUNCTIONAL
EThekwini	97	40
iLembe	74	29
UMgungundlovu	84	44
Harry Gwala	55	23
Amajuba	46	42
UMzinyathi	53	11
uThukela	73	31
Ugu	84	56
UMkhanyakude	68	14
UThungulu	99	52
Zululand	89	49
<b>TOTAL</b>	<b>822</b>	<b>391</b>



### Health and HIV and AIDS

- Anti-retroviral Therapy:** 962,672 people living with HIV are currently (July 2015) on ART treatment, which is more than 6 times the number of people enrolled in 2007/08 (143,526)
- Life Expectancy:** Longevity life expectancy for males is up from 49 to 54 and for females from 50 to 59
- Phila Mntwana Centres:** 728 Phila Mntwana (PM) centres established in the Province. These are centres linked to the War Rooms that provide community health diagnosis of children under the age of five.
- PMTCT:** Prevention of Mother to Child Transmission is down to 1.4% in July 2015 compared to between 8.1% and 10.3% in 2010/11
- Children Underweight:** Decline in the number of children underweight for age under 5 years from 44 per 1000 in 2010, to currently less than 14 per 1000;
- Child under 1 year Mortality:** A decline in the child under 1 year mortality in facility rate from 10.8% in 2010 to a current 7.3%;
- Maternal Mortality:** A maternal mortality in facility ratio of 138 per 1000 births, down from 195/100 000 in 2010; and

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**Challenges**



**Service Delivery**

- Too many priorities areas of focus
- CCGs skills and capacities vs service delivery & reporting expectations
- Community participation and engagement in addressing local issues needs strengthening vs as recipients of government services
- Local ownership and leadership a key to success that needs strengthening
- Measurement of programme outcomes a challenge

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**Lessons Learnt**

Operation Sukuma Sakha

**Institutionalisation**


- High level leadership and ownership – resource allocation
- Buy-in and support at all levels both political, administrative (Provincial, District and Local municipality) and community level is crucial
- Utilisation of and alignment with existing Institutional structures
- Inclusion of Community Members as War room convenors critical for ownership
- Functional war rooms require multi-stakeholder participation
- Cross-departmental leadership improves accountability – PTT convenor works with HOD from a different department
- Integration of roles and functions of Community Care Givers from Department of Health and Community Development Workers from Department of Social Development avoids duplication and creates synergy. Salaries are centrally managed

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**Service Delivery**

- Integration is complex and challenging; all fieldworkers and stakeholders need to use the War Room to provide a seamless and coordinated service delivery
- Communities have to remain the centre of development
- Civil society organisations active participants in War Room
- CCGs employed by NPOs in service delivery should be included in the structure
- Community dialogues, community participation, community feedback are critical components.

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**Together with all stakeholders we can  
Stand up and build  
Thank you**

