

# KwaZulu-Natal Provincial Government

## Operation Sukuma Sakhe: A verdant landscape for learning

*Case study*

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PSPPD  
PROGRAMME TO  
SUPPORT PRO-POOR  
POLICY DEVELOPMENT





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## Preface

This case study outlines the Operation Sukuma Sakhe (OSS) model, which aims to integrate public services in KwaZulu-Natal. As the most advanced expression of the intention of the War on Poverty programme envisioned by the Presidency, it provides insight into the challenges and lessons from the past five years of implementing this integrated, people-centric service delivery model to address poverty.

# The Programme to Support Pro-Poor Policy Development (PSPPD)

The Programme to Support Pro-poor Policy Development (PSPPD) is a research and capacity-building programme located within the Department of Planning, Monitoring and Evaluation (DPME). The PSPPD is part of the larger National Development Policy Support Programme (NDPSP), the overarching Programme between the South African government and the European Union.

The core purpose of the PSPPD is to improve evidence-based policy-making and implementation (EBPM&I) on poverty and inequality at national and provincial levels through a variety of learning and capacity development tools, such as research, capacity building, training events, conferences and workshops, and study tours.

The PSPPD aims to improve evidence-based policy initiatives which transform the conventional relationship between policy-making and the use of social science evidence – making evidence an integral part of the decision-making around policies in policy development and implementation. The PSPPD also contributes to the building of an evidence base and sharing of knowledge through its partnerships with a range of organisations, academia, think tanks and the public sector.

## Contents

1. Acronyms
2. Background
3. The OSS journey
4. OSS good practice
5. Current OSS challenges
6. Lessons and issues for further consideration
7. Concluding remarks
8. References
9. Acknowledgements



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## 1. Acronyms

<b>CBO</b>	Community-based organisation
<b>CCG</b>	Community caregiver
<b>CDW</b>	Community development worker
<b>CoGTA</b>	Department of Cooperative Governance and Traditional Affairs
<b>CWP</b>	Community Work Programme
<b>DHA</b>	Department of Home Affairs
<b>DHS</b>	Department of Human Settlements
<b>DoH</b>	Department of Health
<b>DPME</b>	Department of Planning, Monitoring and Evaluation
<b>DPSA</b>	Department of Public Service and Administration
<b>DSD</b>	Department of Social Development
<b>DTT</b>	District Task Team
<b>HoD</b>	Head of department
<b>IDP</b>	Integrated Development Planning

<b>KZN</b>	Kwazulu-Natal
<b>LTT</b>	Local Task Team
<b>MEC</b>	Member of the Executive Council
<b>MoU</b>	Memorandum of Understanding
<b>NGO</b>	Non-governmental organisation
<b>NISIS</b>	National Integrated Social Information System
<b>OSS</b>	Operation Sukuma Sakhe
<b>OTP</b>	Office of the Premier
<b>PEPFAR</b>	U.S. President's Emergency Plan for AIDS Relief
<b>PMDS</b>	Performance Management and Development System
<b>PSPPD</b>	Programme to Support Pro-Poor Policy Development
<b>SASSA</b>	South African Social Security Agency
<b>SMS</b>	Senior Management Service
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS

## 2. Background

### Introduction

Phindile Ndlovu, a community caregiver (CCG) from the KwaZulu-Natal Department of Health (DoH), was doing home visits in Lidgetton, 16 kilometres from Howick, in KwaZulu-Natal, when she discovered three children, all under 10 years old, alone, dirty and half naked. They looked very hungry and there was no food in the house.

Ndlovu immediately sent a WhatsApp message to her colleague, Fakazile Nzimande, the community development worker (CDW) based at the Lidgetton Community Hall and a Department of Cooperative Governance and Traditional Affairs (CoGTA) official, who in turn phoned the local ward councillor Sithembiso Nkuna. On the same day, Councillor Nkuna and the CDW visited the house.

Councillor Nkuna bought groceries from the local shop so the children could eat. The councillor, caregiver and CDW traced the children's maternal aunt. They were informed that the children's mother was living at her workplace in Nottingham Road, 20 kilometres away.

The ward councillor drafted a report and referred the children to a Department of Social Development (DSD) social worker. The children were placed at the Khazimula Children's Home. They were later taken by their uncle and lived with him for a while until they were returned to their mother. When she passed away in a train accident, the children were placed in the care of their aunt.

The CCG and CDW followed up the case and monitored the situation. They assisted the aunt with applications for her ID from the Department of Home Affairs (DHA), so she could apply for child support grants from the South African Social Security Agency (SASSA).

This case was recorded in 2014 in the casebook of the Ward 4 Operation Sukuma Sakhe (OSS) War Room in Lidgetton in the Umngeni Local Municipality in the uMgungundlovu district in KwaZulu-Natal.

Since 2012, the Lidgetton War Room, led by Councillor Nkuna (the political champion), together with Ndlovu, Nzimande, eight other CCGs, and two volunteers, including other provincial departmental officials and social partners, have actively and passionately pursued the noble vision of OSS: *Together with committed leadership, creating sustainable livelihoods, through the provision of integrated services to communities, promoting a better life for all.*

The primary challenges facing the OSS are, first, the high levels of HIV, poverty and social ills in the province; and second, the need to shift from the traditional vertical and hierarchical mode of service delivery and the bureaucratic mindset of public officials.

The intention of the War Rooms, initiated through the War on Poverty programme by the Presidency in February 2008, was to address high levels of poverty through community-centric and integrated service delivery in order to address the systemic challenges of weak horizontal and vertical collaboration in the public service.

The purpose of this case study is, first, to outline the OSS model, which was the most advanced expression of the intention of the War on Poverty programme, and second, to reflect on the challenges and the lessons from the past five years of implementing the model to address poverty. Special mention will be made of the Ward 4 War Room.

The case study starts with a brief presentation of the backdrop of HIV, poverty and inequality in KwaZulu-Natal.

### The motivation for Operation Sukuma Sakhe

Two sets of factors guide OSS. Firstly, poverty, inequality, unemployment and associated social determinants. Secondly, factors related to state institutions still trapped in 19th and 20th century organisational and management paradigms, which are inadequate for the underdeveloped, turbulent and changing environments that public managers and leaders must navigate daily.

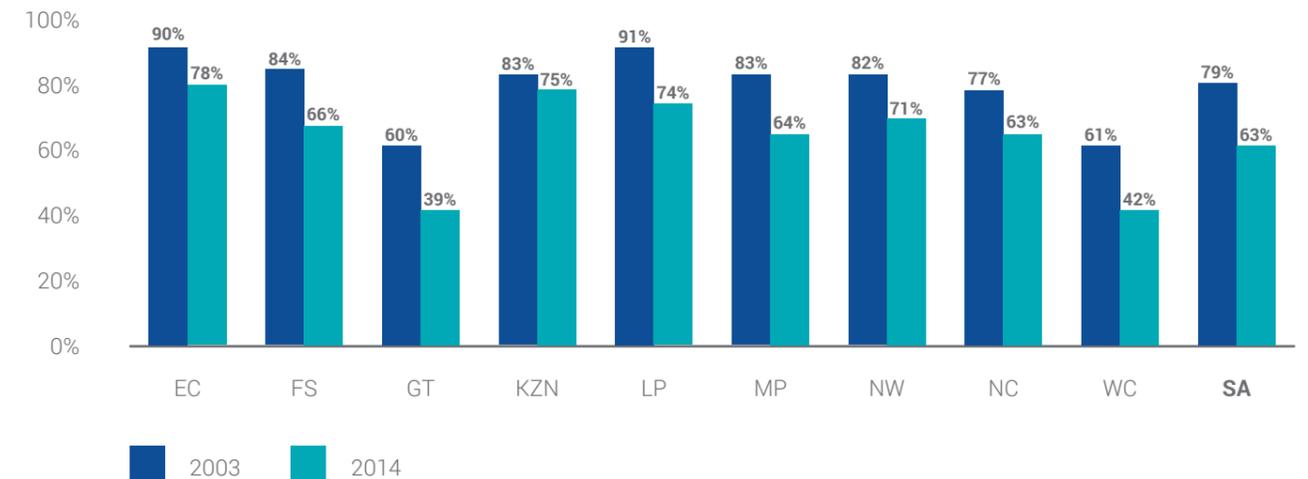
#### Poverty and inequality

KwaZulu-Natal bears the largest burden of poverty: 26.3% of poor South Africans live in this province; and 42% of the provincial population live in poverty (StatsSA, 2011). Compounding and complementing the high level of poverty, KwaZulu-Natal carries the country's largest burden of disease, with the highest rate of HIV infection among women who attend antenatal clinics. Tuberculosis (TB) claims the second largest number of lives in this province.

The social ills rife in KwaZulu-Natal include crime, drug and substance abuse, and women and child abuse. Studies show that sexually transmitted infections (STIs) are linked to drug and alcohol abuse, multiple sexual partners and unsafe sex.

According to the following figure, 75% of young children in this province live in poor households – the second highest rate of child poverty after the Eastern Cape with 78% (Children's Institute & Ilifa Labantwana, 2016).

Children under 6 years living below the national upper poverty line based on GHS 2003 & 2014, analysis by Children's Institute.



Compared to the other provinces, KwaZulu-Natal, Limpopo, Eastern Cape, and North West have relatively higher rates of deprivation in each of the four domains measured in the South African Indicators of Multiple Deprivation study (Noble et al., 2011). These provinces have former homelands within their boundaries.

Provincial rates of deprivation in South Africa

	Material deprivation %	Employment deprivation %	Education deprivation %	Living environment deprivation %
Western Cape	24.8	25.1	16.8	19.1
Eastern Cape	52.0	47.3	28.5	59.6
Northern Cape	39.5	34.1	30.0	32.1
Free State	33.3	38.9	23.4	32.9
KwaZulu-Natal	43.0	42.3	23.4	55.3
North West	41.7	37.9	28.7	55.4
Gauteng	30.8	29.8	12.6	21.5
Mpumalanga	34.9	38.2	24.4	54.5
Limpopo	40.2	46.4	24.3	71.9
South Africa	37.1	36.0	20.9	43.8

Adapted from: Noble, et al., 2011



In light of this situation, the cornerstone of OSS is the promotion of healthy lifestyles and behaviour change. Such changes are expected to decrease the prevalence of HIV, TB, teenage pregnancy, and women and child abuse. Central to the success of the OSS model in reducing these social ills is community participation mediated through War Rooms: the nexus of the KwaZulu-Natal government's integrated service delivery together with civil society.

Due to its high prevalence, addressing HIV and AIDS and TB is central to the OSS, reflected in the red ribbon represented in the centre of the OSS logo, and indicates the importance of addressing these issues as part of a multi-sectoral response. OSS was therefore primarily a response to the social determinants related to poverty.



The OSS theory of change is founded on behaviour change and the empowerment of the youth and women. As Dr Fikile Ndlovu, General Manager of Special Programmes at the Office of the Premier (OTP), responsible for OSS explains:

*"People must stand up and drive the process. By government providing services and a support system, this allows people to lead and create partnerships with civil society organisations. Our current structures are not developmental. In areas where OSS works it provides the structures for community participation, anchored in its own challenges of poverty."*

In addition to this milieu of poverty and inequality, the three spheres of government at national, provincial and local level and the public entities largely work independently of each other due to the systemic and structural architecture and culture of the public service. These institutional challenges constrain many well-intended government policies and programmes.

## Institutional transformation of the public service

In the mid-1990s, the democratic South African government adopted a set of founding policy frameworks and legislation to fundamentally transform the public service from an authoritarian bureaucracy to a democratic, developmental and people-centred one. A key objective was to empower, challenge and motivate senior public service managers to be "leaders, visionaries, initiators and effective communicators and decision-makers, capable of responding pro-actively to the challenges of the change process" (RSA, 1995: 3).

The White Paper on Transforming Public Service Delivery (RSA, 1997), was guided by the Batho Pele (People First) principles, which was later translated into three key public service beliefs: to care, to serve and to belong. These policy changes were mindful of South Africa's history of poverty, social exclusion and inequality, and also that the previous public service administration drew heavily on industrial-era scientific management and administrative organisational theory and practice. The latter management models led to the dominance of the machine metaphor of organisations. These models endure a century later and in the shadow of this metaphor many organisations, such as the South African public service, emerge as:

*... hierarchical, control-oriented, bureaucratic, and inflexible. Everything must be carefully planned and mechanised... The main problem with this approach is that it tends to suppress the human side of an organisation – individuals are mere cogs in a machine that operates under management control... (Robledo, 2013: 62)*

Despite the post-1994 public transformation agenda and the Senior Management Service (SMS) Leadership and Management Competency Framework's progressive objectives and initiatives to enable public service leaders and visionaries, the "bureaucratic and mechanical mindsets" (Ndlovu, 2013) of public managers persists across the public service, including the KwaZulu-Natal provincial government.

A recent study (Haricharan, 2015) in a South African provincial government showed the negative outcomes of rigid, centralised, overly bureaucratic processes, top-down hierarchical structures and governance systems on public servants and their performance. Rather, these models and practices engender dissonant leadership styles and social exclusion (impacting negatively on fairness, equity, voice, recognition and rewards) in the workplace, which impede teamwork and coordination, and further entrenches centralised rank-conscious command and control governance, with limited or no delegated power to lower levels.

The organisational culture in such a context is strongly deontological, that is, primarily focused on bureaucratic norms, duties, rules and regulations; rather than serving, caring, and belonging (in line with the Batho Pele ethos). This results in a discordant culture: disempowering and demoralising managers and subordinates, and hindering trust building, innovation, efficiency, agility, motivation, and, in so doing, delaying decision-making and quick turnaround in service delivery. Therefore, in the current uncertain, complex and turbulent public institutional environment, research suggests that the traditional organisational models, still popular in the South African public service, are obsolete (Haricharan, 2015).

Moreover, scholarly research indicates that the traditional image of government as the top-down bureaucracy is gradually shifting towards the idea of networked governance, and that organisational hierarchy is becoming "less important than inter-organisational relationships defined in multiple manners" (Kellis & Ran 2013: 133).

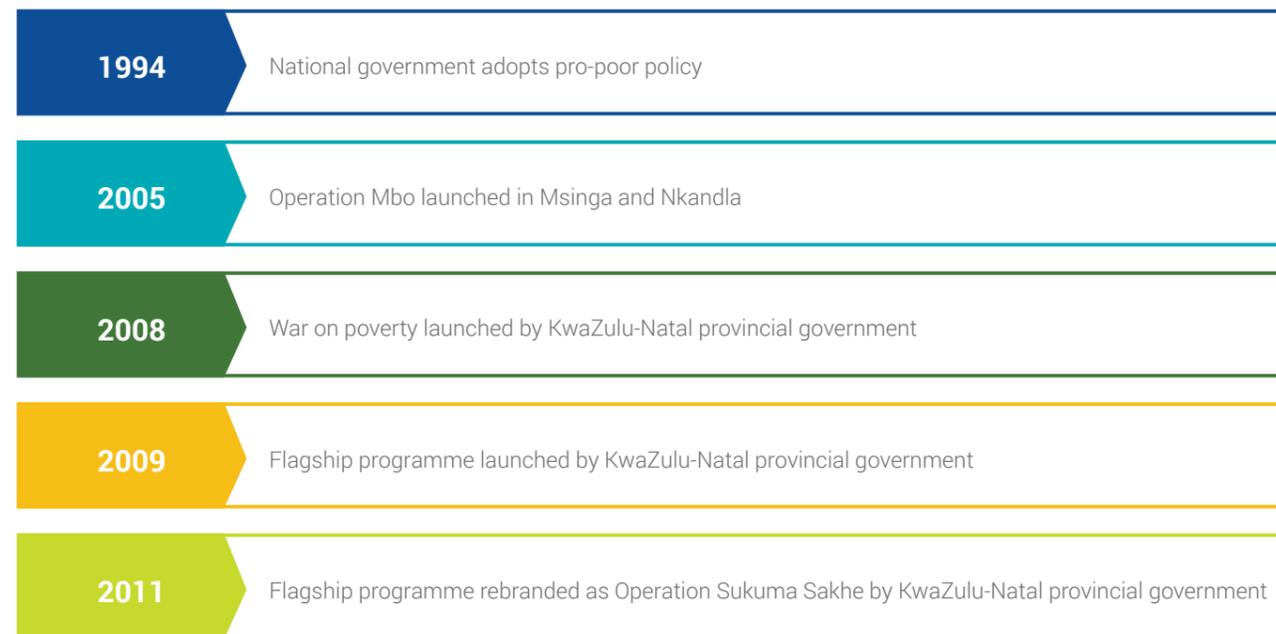
The OSS has experienced the effects of the institutional challenges, despite the programme's guiding aim in promoting networked governance through integration and cooperation among key government stakeholders in addressing poverty and inequality.

### 3. The OSS journey

#### The building blocks of OSS

The journey started in 1994 with the introduction of the democratic government’s pro-poor policies and programmes, which recognised the high levels of poverty and inequality inherited by provinces such as KwaZulu-Natal. To achieve national government’s strategic priority in addressing poverty, the KwaZulu-Natal government launched Operation Mbo in 2005 in Msinga and Nkandla. The intention of this Massification Programme was to encourage departments to work together in a coordinated and integrated manner, together with communities and local government, to implement development projects. This represented the provincial government’s change agenda in service delivery, refer to the figure below:

#### Historical timeline of government’s response to eradicate poverty



(Adapted from: KZN OTP, Operation Sukuma Sakhe Five-year review, 2015)

KwaZulu-Natal’s efforts to address poverty received another strategic boost with the launch of the War on Poverty programme by then President Thabo Mbeki in February 2008. The programme targeted the most deprived wards and households, whose needs were profiled. The concept of a ‘War Room on Poverty’ was introduced in the Presidency, and such structures started to emerge in KwaZulu-Natal.

In 2009, the War on Poverty programme received greater impetus as a provincial flagship programme, with the aim of implementing a comprehensive, inclusive, and holistic plan on poverty eradication. The campaign of profiling the poorest households in the most deprived wards, initially in three districts, spread to all districts in KwaZulu-Natal. Task teams were established to oversee the profiling, referral and monitoring of the households. Specific interventions were provided by relevant sector departments through a system of referrals.

The flagship programme fostered the participation of communities and other social partners in the delivery of services and community development. A people-centred approach to service delivery and government’s support to public participation processes, cultivated during the efforts to redress poverty, became the bedrock of OSS.

Given the depth of the enduring challenges of poverty, social ills, and the bureaucratic vertical (silo) structures and mindsets, the KwaZulu-Natal provincial government launched OSS in April 2011. The programme aims to rebuild the fabric of society by promoting human values, fighting poverty, crime, diseases, deprivation and social ills, and ensuring moral regeneration by working together through effective partnerships.

Partnerships involve 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.

### The OSS strategic framework and delivery model

The overall strategic objective of OSS is to integrate, coordinate and facilitate transversal services to communities. To achieve this objective, OSS has six sub-objectives:

1. To create and maintain functional task teams at provincial, district, local, and ward levels to deliver integrated services to individuals, households and communities;
2. To create fully efficient and competent OSS human capital structures across all levels of the OSS implementation;
3. To understand and identify pockets of poverty and social ills within wards;
4. To provide comprehensive, integrated, transversal services to communities;
5. To advocate for OSS involvement from all stakeholders through marketing and communication; and
6. To monitor, evaluate, provide feedback and track service delivery.

The OSS has targeted five of the poorest municipalities with 169 wards to strengthen functionality of War Rooms by providing furniture, computers, etc. This is in accordance with the Premier’s Poverty Eradication Masterplan.

In response to the enduring cycle of poverty, social ills and the bureaucratic service delivery inefficiencies, and to realise the intent of a ‘better life for all’, the KwaZulu-Natal government pursued outcomes of healthy lifestyles, sustainable livelihoods, social partnerships, committed leadership, and integrated service delivery.

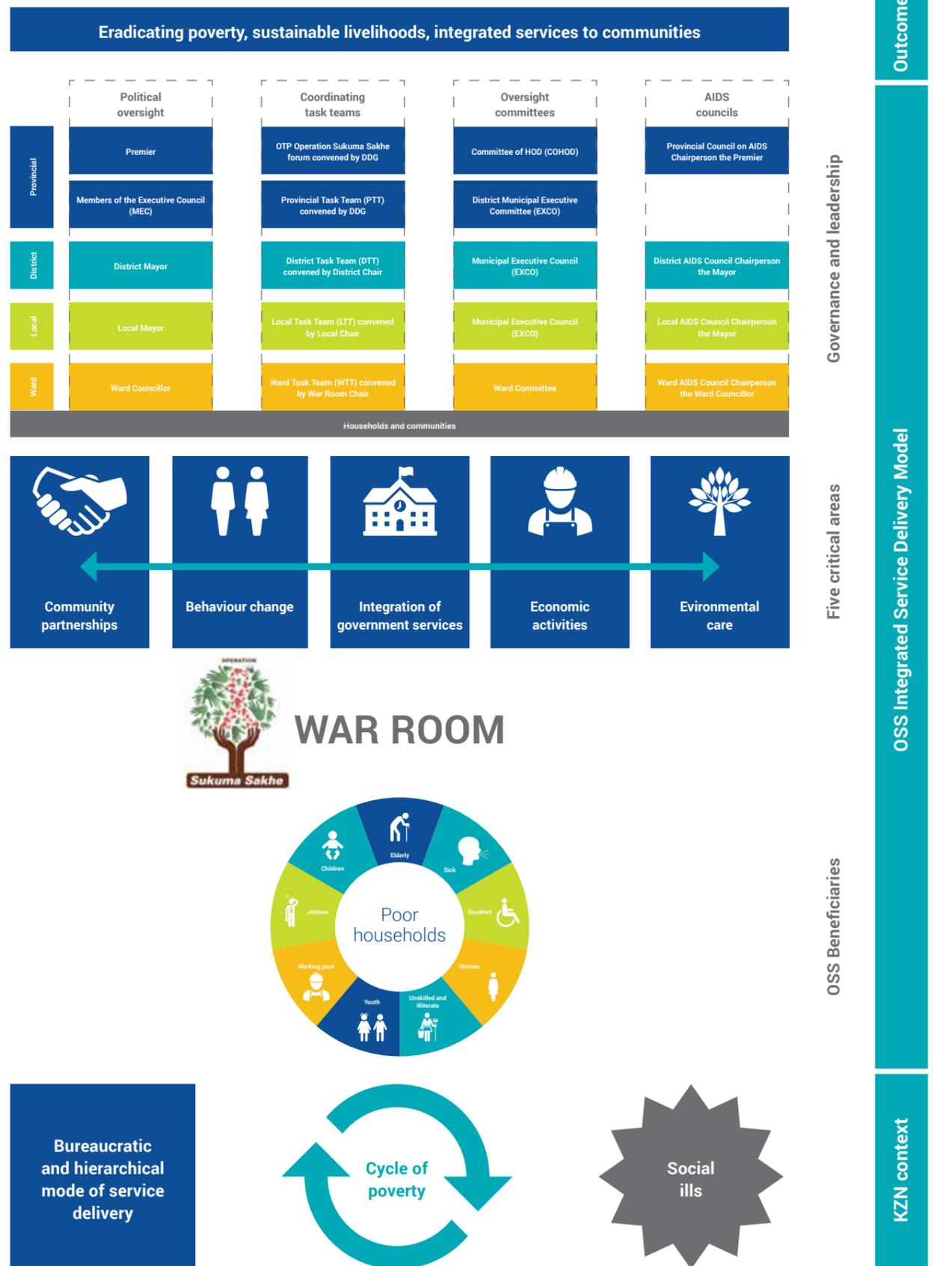
In line with the pro-poor agenda of government, the primary beneficiaries of OSS are the most vulnerable groups within poor households. These include the elderly, women, children, youth, disabled, working poor, jobless, unskilled, illiterate, and sick .

#### The primary beneficiaries of Operation Sukuma Sakhe



(Adapted from: KZN OTP, Operation Sukuma Sakhe Five-year review, 2015)

The implementation of the OSS integrated service delivery model is central to achieving the programme's desired outcomes. The key elements of the model are: the five critical areas; governance and leadership structures; and war rooms as illustrated below.



(Adapted from: KZN OTP, Operation Sukuma Sakhe Five-year review, 2015)

## 1. Five critical areas



(Source: KZN OTP, Operation Sukuma Sakhe Five-year review, 2015).

To address the needs of the most vulnerable groups, five interlinked critical areas, namely community partnerships, behaviour change, integration of government services, economic activities and environmental care, form the pillars of the OSS service delivery model.

### 1. Community partnerships

Community participation is integral to the philosophy of OSS and the success of the programme. The War Room in a ward provides an important space for government representatives and community members to discuss the needs of the community and the government services available.

### 2. Behaviour change

The 'backbone' of OSS are the community fieldworkers (CDWs, CCGs, extension officers, sport volunteers, social crime prevention volunteers, etc) who are responsible for encouraging social behaviour change through their interaction with household members. The intention is to support vulnerable groups to take responsibility for their sexual behaviour, practice safe sexual conduct, respect the law, prevent crime, prevent violence, and live healthy lifestyles.

### 3. Integration of government services

This area is at the heart of the overall objective of OSS, that is, to integrate, coordinate and facilitate transversal services to communities. The War Room is the central node from which government services are rendered. Key to the optimal functioning of a War Room are stakeholders at ward, district and provincial level who must ensure that services are delivered in line with the needs identified by the community. In partnership with government departments, civil society organisations (CSOs) and the private sector also contribute to service delivery, adding another dimension to integrated service delivery through the War Rooms. Government services are expected to be delivered in line with the Batho Pele principles and the Citizen's Charter.

At each War Room, community fieldworkers from a range of government departments are integrated and allocated per ward to assist with household and community profiling using the Household Profiling Tool. These fieldworkers approach individual, household and community problems in a collective manner and collect and collate the data in a single database and present them in a coordinated way to the War Room.

### 4. Economic activities

The War Room is a key player in job creation for local communities. This ranges from agricultural cooperatives to sewing groups, to jobs as CCGs and workers in the Community Work Programme (CWP). Infrastructure development in the community is linked to job creation opportunities for local communities. The War Rooms are expected to create access and linkages to markets for local producers of goods and services.

### 5. Environmental care

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

## 2. Governance and leadership structures

OSS governance and coordination structures (Source: Five-year review, 2015).



(Adapted from: KZN OTP, Operation Sukuma Sakhe Five-year review, 2015)

The governance and leadership of OSS is through a matrix of political oversight structures, coordinating task teams, oversight committees, and the AIDS councils at provincial, district, local and ward levels (refer to Figure 6). These structures are mostly existing political and administrative structures, intended to provide leadership, guidance and direction and to facilitate cooperation and coordination across all levels of government in the province so as to offer comprehensive, integrated, transversal services to communities through seamless service delivery.

OSS task teams exist at all four institutional levels:

**1. The Ward Task Team (War Room) operates at a ward level.** It oversees the functioning of the War Room. It is made up of the ward councillor, government departments, community leadership, civil society and fieldworkers. The Ward Task Team reports to the Local Task Team. At the ward level, the ward councillor and the Inkosi are the political champions.

**2. The Local Task Team (LTT) operates at a municipal level.** It ensures that its plans are integrated into the municipal Integrated Development Plan (IDP) and provides guidance to the War Rooms. It is made up of the local mayor (political champion), the mayor, government departments, community leadership, civil society and representatives from the Ward Task Team. The Local Task Team reports to the District Task Team.

**3. The District Task Team (DTT) operates at district level.** It identifies and addresses the challenges experienced at a district, local and ward level. The DTT is made up of the district champion, a Member of the Executive Council (MEC) and district mayor (political champion), government departments, community leadership, civil society and representatives from the LTT. The DTTs report monthly to the Provincial Task Team (PTT).

**4. The Provincial Task Team maintains the momentum of OSS at a provincial level.** It is made up of an executive, government departments and strategic OSS champions. The overall champion for OSS is the Premier of KwaZulu-Natal. The Premier, MECs and Heads of Departments (HoDs) are assigned to each of the 11 districts to play the role of champions from a political and administrative perspective. A provincial level champion (senior official) is appointed as a convener and is charged with supporting the district in gaining buy-in from all stakeholders and to assist in mobilising resources.

The overall provincial coordination of the OSS is located in the Stakeholder Coordination Branch in the OTP. Chief Director Dr Fikile Ndlovu and Director Mrs Senzeni Mkhize are central to the management and leadership of the OSS at an administrative level, with the Premier as the political champion.

**5. AIDS Council: Addressing HIV and TB are central to OSS's objectives.** The AIDS councils at all four levels are therefore linked to the OSS structures outlined above. The ward councillor is the chairperson of the Ward AIDS Committee and also the champion of the War Room – this dual role supports integration between the Ward AIDS Council and the War Room. This close relationship has improved the HIV and AIDS initiatives in KwaZulu-Natal.





### 3. War Rooms

The War Room is the hub of the OSS model and as such has the responsibility to achieve the programme's underlying intent, that is, people-centred, integrated and multi-sectoral service delivery to vulnerable communities. War Rooms are considered as centres for community development.

At a ward level, the ward councillor, traditional leader/*Inkosi*, and social partners such as non-governmental organisations (NGOs) set up a War Room. Currently, there are 823 War Rooms across the province. Their focus is on social ills, such as HIV and AIDS, TB, teenage pregnancy, substance abuse, among others.

Each department is mandated to be involved in the War Room and to render services where they are most needed. Some of the key government departments are Health, Social Development (its agency, SASSA), Basic Education, Home Affairs, Agriculture and the South African Police Service. Service delivery also takes place through mobile clinics or scheduled visits by the departments to the War Rooms on set days.

Fieldworkers, such as the CCGs are the most important link with residents in the cross-functional, and multi-sectoral service delivery model. Through their household visits and profiling, fieldworkers gather important data on the conditions on the ground, and identify common problems and issues in the community, as well as the specific problems that each household faces. The fieldworkers' job, such as a CCG employed by the DoH is not limited to health issues; they will also look at other issues in the household, such as food insecurity, lack of social security, employment, identity documents, among others.

The figure below outlines the OSS service delivery process with the War Room as the locus of integration and central space for community members to interface with government services.

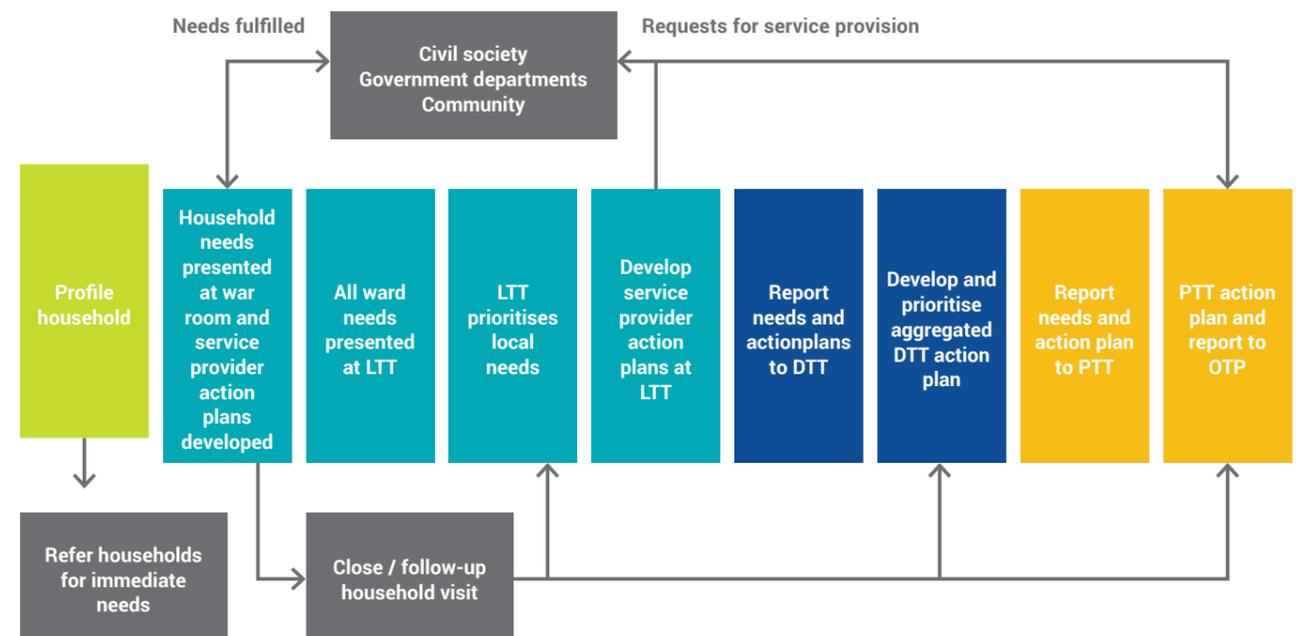
In 2011, the KwaZulu-Natal OTP entered into a partnership with BroadReach Corporation to provide technical and implementation support to the province to implement OSS through a Memorandum of Understanding (MoU). The first product produced was the OSS implementation model on how to institutionalise OSS. Government officials from all departments were trained on the model and how to establish War Rooms, including training on management and leadership development.

Fieldworkers from DoH, DSD, CoGTA, volunteers, agriculture extension officers, and youth ambassadors were identified for fieldworker training. The programme used existing resources and infrastructure in the 11 districts. Master trainers received intensive training from BroadReach Corporation on profiling households. Approximately 11 000 CCGs across the province were trained on their integrated scope of practice through BroadReach Corporation and other PEPFAR partners and the outcomes of the training assessed in Ugu and uThungulu. Each CCG is allocated approximately 60 households in a ward.

The OSS model continued to use the Presidency's War on Poverty questionnaire for profiling households. Currently, BroadReach Corporation is building a data analytics platform providing effective reporting, analysis, predictions and performance monitoring for the OTP. The OSS Handbook was prepared to document all processes on OSS and disseminated to all War Rooms.

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. There are 1 125 Phila Mntwana centres in the province, of which 185 are based at War Rooms. Some of these centres are also depots for medicines. CCGs are allocated responsibilities at these centres. War Rooms are used as a base for forming youth clubs, condom distribution and HIV testing.

#### Operation Sukhuma Sakhe service delivery process



(Adapted from: KZN OTP, Operation Sukhuma Sakhe Five-year review, 2015)

## Outcomes of OSS

The ultimate objective of OSS is the eradication of HIV, poverty and social ills in KwaZulu-Natal. To achieve this, the programme set itself intermediate outcomes of committed leadership, sustainable livelihoods and integrated services to communities. The initial focus of the OSS in accomplishing these outcomes was to address the huge social ills in the province through promoting healthy lifestyles and behaviour change, and secondly to establish War Rooms as the integrating nexus for government services, social partners and communities.

As no formal evaluation of the OSS exists, it is difficult to assess the degree to which the programme has achieved the planned outputs or desired outcomes. However, an academic study (Ndlovu, 2013) and an OTP five-year review (2015) do provide some insights into the programme's achievements.

The main findings from Ndlovu's study on organisational change factors that impact on the implementation of OSS in KwaZulu-Natal were that all change levers were important in driving change. The levers that were implemented are leadership, strategy, communication or marketing and structure, while the levers of technology, human resource management, budget and quality, were either not implemented or not effectively implemented.

The OTP's five-year review, supported by BroadReach Corporation, tracked 40 households and received insightful feedback and reflections from beneficiaries. The review presents a number of household case studies, narratives, and interviews relating to the programme's activities, outputs and outcomes. The review also outlines aspects of the programme that need to be improved.

For example, a CCG, Thembisile Mdletshe from Stezi in the Ntambanana Local Municipality, reflected as follows:

*The child said, "Yes, I am strong" and came over and gave me a big hug and said, "Thank you for the job you do, thank you!" For the mother too, it was the hope I had brought into the house and that is something I learnt from Operation Sukuma Sakhe.*

The following narrative is from a Msinga family (one of the poorest areas in South Africa):

*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.*

*In 2011, the Department of Human Settlements built us a house. All children were assisted by the War Room to obtain identity documents and birth certificates. The Department of Water Affairs and Forestry 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.*

Since 2008, through ongoing efforts of the War on Poverty initiatives, 6 609 households (28 613 individuals) were profiled in the poorest wards in the Msinga Local Municipality (KwaZulu-Natal OTP five-year review, 2015). Households in these wards are slowly overcoming entrenched poverty through access to government services, such as birth certificates, identity documents, social grants, housing, health care, among others, and improving their livelihoods and moving out of poverty.

## 4. OSS good practice

Those wards that have implemented OSS in line with the model and objectives have high performing War Rooms. One such is the Ward 4 War Room in Lidgetton, a short distance from the Mandela Capture Site museum, along the Midlands Meander.

### Ward 4 War Room

The Ward 4 War Room team attributes their success to planning, teamwork, leadership, hard work, and passion. The CDW, CCGs, volunteers and ward councillor work as a closely-knit team. As ward councillor Sithembiso Nkuna notes: "The War Room team tackle matters hands-on and find solutions." They meet weekly. The CCGs are proud of their councillor as he provides exemplary leadership. In the past five years, he has built strong relationships with stakeholders and embedded planning and operational systems. As one CCG admired, "He is a hard-worker, kind, communicates well, and is not fearful to elevate issues to higher levels."

At the monthly stakeholder meetings, the CCGs report on their households, follow-up on interventions and closure of cases. Departments report on progress of the referrals from the War Room. An annual schedule of meetings is sent to departments, though very few departments attend. Once a month, CCGs meet with their counterparts from the other wards in the Umngeni local municipal area as a platform for sharing and receiving updates from their departmental supervisors.



Some members of Ward 4 War Room: Standing (from left to right): CCG Xolisile Gubese, CCG Thandeka Sibiya, CDW Fakazile Nzimande, Cllr Sithembiso Nkuna. Sitting (from left to right): CCGs Zama Khumalo, Phindile Ndlovu, Jabu Molefe and Nothile Vilakazi.

Ward 4 has a *Phila Mntwana* facility. A CCG measures the children's basic growth and health indicators, while urgent cases are referred to the clinic. The CCGs work closely with the family health team at the clinic through social media (SMS and WhatsApp). A mobile clinic visits the War Room twice a month. The Ward 4 AIDS Council ensures that people take their medication. The CCGs follow-up on defaulters and check on chronic medication users. Residents find it difficult to get to the clinic as public transport is not readily available or people have no money for the fare. As from March 2016, the introduction of a mediport at the War Room has made it easier for patients to receive their medication rather than to travel to the clinic. After waiting four years to receive the mediport status, the ward councillor excitedly points out, "The mediport is an example of bringing services closer to people and this will address the issue of defaulting."

The Ward 4 War Room works with many support organisations, such as Ethembeni, TB/HIV Care Association, Rotary, Red Cross and CareWorks. These organisations, and school principals, attend the monthly War Room meetings. Over the past five years, the ward councillor has worked hard to build relationships with social partners, recognising that, as he says, "government alone cannot provide services." The War Room keeps statistics and submits these to the OTP. The teams confidently share their evidence in the form of household profiles and statistics. For example, a list of names of senior citizens and other statistics is displayed on the wall of the War Room. A women's club of senior citizens meet thrice weekly for activities such as beadwork and a luncheon club. A self-assured CCG claims, "We don't theorise, we have evidence, and we take action."

The CCGs are actively involved in OSS activities in the community. For example, when there is a death, they assist to collect money for the funeral if the deceased has no funds or other relatives. This is part of OSS activity – standing up and building.

The team proudly lists the many achievements: 50% referrals closed, reduced new infections in TB and HIV, increased awareness, better understanding of the households, 99% of those eligible receive social grants, services provided to people living on farms, 21 water tanks distributed, and so on. Although Ward 4 is a Premier's award winning War Room with many achievements to show over the past five years, the community and the War Room continue to confront many challenges: too few CCGs, administrative resource deficits, social ills, like drug and alcohol abuse, a lack of social facilities, among others.

A special problem in this ward are informal settlements housing foreign migrants from Lesotho, Zimbabwe and Malawi who have no IDs and therefore do not qualify for government support. They are undernourished, ill and unemployed. Their children do not attend school. The immigrants also have the most number of chronic medication defaulters. The War Room is unable to assist foreign migrants from accessing social grants. However, the CCGs do their best to assist the immigrants, such as with a soup kitchen. The kind-hearted Councillor Nkuna laments, "Hungry stomachs know no documents."

## Diary of a War Room champion

**Mr Sithembiso Nkuna (2011-2015), Ward 4 Councillor, Umgeni Municipality, District of uMgungundlovu:**

*I as a servant of the people, I dedicate my time and life to working and to be of best service to our community. I will do all that is humanly possible in ensuring that these goals are achieved. I also hope that our municipality and our departments and business community will find our achievements motivating and support the dreams of our community. This will not be an individual but collective venture, which will ultimately contribute to changing the lives of our underprivileged people.*

**Birth of War Room:** The year 2012 was the beginning of the War Room and it is still taking shape. A number of social cases were resolved. We intervened in many cases where people were not receiving grants and had challenges with the department – almost all of them were overcome.

Many interventions were made for bereaved families, and neglected children, some of whom were referred to the social worker and were placed in orphanage homes. The War Room is continuing and fully functional and has improved greatly. All cases were attended too. Many people have been referred and adhered to treatments, and are being followed up from time to time.

**Team-building:** The year 2013 saw a huge improvement to the functioning of the War Room. Together with the CCGs and CDW we continued to work as a formidable team and attended and dealt with all cases and referred them and intervened in various cases. We were recognised as the best performing War Room in the District of uMgungundlovu!

**Growth:** The year 2014 was another hard working year and the War Room organised a number of social programmes. The Ward AIDS Council was also launched in 2014 and it started its programmes such as women's dialogues and health campaigns. In September 2014, Ward 4 was the first to launch a Phila Mntwana centre at the War Room. Since its launch, it is working very well and parents are responding positively every month.

All in all 2014 became another good year for Ward 4 War Room. Again the Office of the Premier earmarked it to be used for benchmarking and has been an exemplary example to many wards. A delegation from Harry Gwala District AIDS Council was the first to benchmark on the functionality of the War Room. They were highly impressed.

Monthly reports are delivered to the War Room as well as stats and progress made and follow ups are being made on referred cases. It is operating well and we hope to improve as time goes by. So this was another successful year. Thanks to team work from Ward 4.

**Showing the way:** Our War Room has tried hard under difficult circumstances. This has resulted in it being earmarked by the Office of the Premier as the best War Room. It has been used for benchmarking since 2014. This year we have benchmarked delegations from Mpumalanga province, Mpumalanga Provincial AIDS Council, delegation from Jamaica and delegation from Britain and USA. We hope to continue and to grow from strength to strength and continue to be exemplary.

*The past five years of working with CCGs, ward committee, and CDW has been fruitful and beneficial to the community. We hope we have been of great service to our community. We are also confident that we have made a difference and new infections [HIV and TB] have been reduced in our ward although we have not yet measured the outcomes. Continuous health campaigns, follow-ups and meetings and working as a team have made our War Room to be the best among many in KwaZulu-Natal. We hope that 2016 will be another year of success and we rededicate ourselves to continue working and servicing our community with pride.*

[In the 2016 local government elections, Councillor Nkuna was re-elected in Ward 4 with a two-third majority.]





## 5. Current OSS challenges

Over the past five years, OSS has experienced many challenges in implementing the integrated service delivery change model to address poverty, inequality and social ills, including operationalising the initiative as an integrated, people-centred approach to service delivery. Key challenges relating to fieldworkers, stakeholder involvement, resources, information management systems and data flow, and planning, monitoring, reporting and impact are outlined below.

### Planning, monitoring, reporting and impact

The OSS is experiencing some difficulties with planning, monitoring and reporting processes. Self-reported functionality audits of War Rooms are done annually but there are shortcomings with the audits. The OTP considers their monthly oversight meetings as more effective in providing information than reports. It is difficult to assess the success of OSS in achieving its objectives and the desired outcomes as no formal evaluation has been done. The OTP with the support of BroadReach Corporation, completed a five-year review (2015) of OSS, based on information provided by departments and through interviews with key stakeholders.

The link between planning and monitoring in OSS needs attention. There is also a need to align the OSS data with provincial planning processes. OSS structures do participate in municipal IDP processes. OSS attempts to promote a bottom-up process in providing data for planning. As an OTP senior manager comments, "If people are involved in prioritising and receive feedback from government, then fewer communities will embark on protests. Where War Rooms are functional, they are supporting the ward community to prioritise, e.g. Ward 4 in Lidgetton has supported vulnerable groups with building houses through working closely with DHS and social partners, such as NGOs."

In Ndlovu's (2013) study of OSS, the majority of senior manager respondents indicated that OSS has not increased decentralisation of decision-making, whereas the majority of the provincial heads of departments indicated the opposite. OSS requires planning and monitoring system and process integration to improve the programme's operational efficiency. While OSS promotes bottom-up planning and data collection, many provincial departments continue with top-down processes – illustrating the dynamic tension between a change initiative and the ongoing business of the departments.

In response to a study question, "Do you think OSS is here to change the way services are delivered in KwaZulu-Natal Province?", 89% of the provincial level strategic managers agreed, while 55% of the district managers answered "No".

The study recommends that the OTP and Provincial Treasury should introduce a strategic planning and budget planning process to integrate OSS's vision. Also, the provincial goals, key result areas and performance agreements must be linked to the OSS and a structured approach of supporting operational employees as they implement the OSS be developed.

### Information management systems and data flow

Fieldworkers collect household data using a paper-based questionnaire, which is sent to the OTP in Pietermaritzburg for capturing by eight data capturers. Currently there is a huge backlog in data capture at the OTP. The OTP uses the National Integrated Social Information System (NISIS) to capture the household profiling data. The system, originally used by the Presidency's War on Poverty national task team, has not been updated since the closure of the programme and is considered outdated.

The information captured by the OTP is directed to the relevant departments to take action, though not all departments follow-up on the information. Data from OSS household profiles does not always filter into departmental information systems and in decision-making during departmental planning processes. Proactive councillors, CDWs and fieldworkers contact the departments directly or at War Room meetings.

Interestingly, Ndlovu's study indicates that the majority of provincial and district senior managers (97%) and all provincial heads of departments positively identified information management system as important in the OSS. The OSS War Rooms collect huge amounts of data using a manual-based system and the information is often used at the War Room level. However, at district and provincial levels there are inefficiencies and gaps with data analysis and information is not optimally used (if at all) in the planning, monitoring and evaluation of their respective sector outcomes.

### Fieldworkers

A number of issues impact on the effectiveness of the fieldworkers in OSS. Firstly, there are too few fieldworkers in most War Rooms. The spread of fieldworkers is thin as wards can cover vast areas with many households. For example, in Ward 4, each CCG is responsible for more than the stipulated 60 households. Currently, there are 12 645 CCGs in the province, but there is a need for another 29 648. There are 466 CDWs, with a shortfall of 362. Not all War Rooms have a CDW – an important position as the CDW plays a central coordinating role.

Secondly, there are a number of human resources issues relating to fieldworkers. The entry requirement for CCGs and CDWs is matriculation, though this is not always the case as in some instances the selection criteria is ignored. The councillors select the CCGs, though the intention was that the community selects these fieldworkers. The province will need to consider career paths for the CCGs as some may have the potential to study nursing or nutrition.

Initially the government stipends for fieldworkers differed from that of NGOs. A process of parity and integration followed. The current monthly stipend for CCGs is R1,800. In 2009, the fieldworkers were included on the PERSAL system. They receive no government benefits. In the case of Ward 4, CCGs use their own money for transport and cell phones costs and are not reimbursed. They have requested uniforms and name tags so residents can identify them.

Thirdly, the issue of rank and professional status (highly valued in government as it bestows power and privilege) irks the CCGs as it leads to poor communications and frayed relationships with public health clinic nurses. A CCG shares her frustration: "The clinic nurses look down on us as unqualified. They don't respond to us. The clinic refuses to share HIV and AIDS statistics with CCGs." Her colleague adds: "We pick up more cases [HIV and AIDS, TB, malnutrition, etc.] than the clinic. They don't take us seriously. The clinic refuses to share their boxes of porridge and peanut butter for starving children. They just throw it away when it expires."

Fourthly, as the War on Poverty "foot soldiers", CCGs are the first interface with households. They aim to build rapport and caring relationships with households but at times they experience resistance from some household members who refuse to provide information for the household profile or decline receiving support. These include people who are aware of their HIV or TB status, yet do not allow the CCGs to visit their homes. As a CCG in Ward 4 reflects, "Some throw away their medication. People's attitudes are a serious problem. They expect food and other needs to be met immediately."

The success of the OSS model is integrally linked to the effectiveness of fieldworkers. Until their needs (including recognition and appreciation) receive attention, the objective of people-centric and integrated service delivery will falter.

## Stakeholder involvement

The success of the OSS model is contingent on the involvement of a range of government and civil society stakeholders.

Municipalities are key stakeholders. Delays in municipal service delivery are negatively impacting on OSS. The understanding of mayors of the OSS model is uneven: while some mayors support OSS, others do not. Furthermore, provincial departments' irregular or non-attendance at War Room, LTT, DTT, and PTT meetings leads to poor resolution of the service delivery issues identified by the War Rooms. Also, at times there is a lack of response from the responsible departmental manager once issues have been referred to them or the departments' planned interventions are delayed.

For example, Ward 4 fieldworkers complain, "Sometimes feedback from DSD takes long. Also feedback from the OTP on information provided. The OTP takes long to capture profiles, delaying departments from responding. The rural development department and DHS responses are poor. The response from municipalities is also poor. The departments that generally respond well are DSD, SASSA, Agriculture, Health, and DHA."

Ndlovu's study shows that while most (93%) senior provincial manager respondents (n=54) were aware and participated in the OSS, fewer (59%) district level counterparts (n=22) showed the same level of awareness and participation. These district managers are tasked with implementing government programmes. These results typify the challenge in government that "decisions made at strategic level do not seem to trickle down to the operational level where the implementation of those decisions should take place."

Funding for social partners', such as community-based organisations (CBOs) and NGOs, has eroded. While the OSS receives good support from some social partners, others are reluctant to work with the programme.

## Resources

The issue of resource and budget allocations raise serious questions on the sustainability of OSS.

Physical structures, infrastructure and equipment are limitations in establishing War Rooms. Existing resources of the provincial government, such as used furniture, were sent to War Rooms. For the first three years of OSS, no dedicated budgets were allocated. Only in the 2015/16 financial year, a small budget allocation (R14 million) was made to purchase furniture, equipment and computers. In the current 2016/17 budget, R4 million was allocated. The resource insufficiency has major negative impacts on the functioning of many War Rooms.



The OTP's OSS team has two full-time middle managers. Eight interns capture household profile data. The senior managers in the team have responsibilities beyond the OSS. Ideally, the OTP needs a full time OSS secretariat and local municipalities need to consider dedicating resources for full-time coordination of the OSS at a municipal level.

Of significance to the issue of resources for the OSS, Ndlovu's study shows that almost 90% of the provincial heads of departments and most senior managers (85.5%) at district and provincial departments affirm that budget is important. However, the majority of senior managers and half of the HoD disagree that departmental budgets have been aligned to OSS priorities.

## Institutional boundaries

The KwaZulu-Natal provincial departments and national government departments and entities have different district boundaries, which are not aligned to the eleven provincial districts. This disparate institutional architecture makes it more difficult for coordination and for cross-functional teams to work effectively. This situation has serious implications for multi-sectoral data and information analysis in any geographic space.

## 6. Lessons and issues for further consideration

In the face of the challenges outlined above, in particular the structural and systemic contradictions of the dominant hierarchical and bureaucratic governance model, there are key institutional lessons to be learned in promoting a people-centred, integrated, collaborative and coordinated approach to service delivery.

### Institutional

A key factor in OSS's success is the presence of political champions who have bought into the philosophy of people-centred and integrated service delivery. An early and crucial achievement in 2009 was gaining the buy-in of the provincial government's MECs as political champions of the programme, and winning over councillors and mayors over time. The political champion roles are institutionalised and are an official part of the structure of OSS.

Through the strong leadership of former Premier Dr Zweli Mkhize, OSS promoted accountability across the provincial government, together with a central message of integrated service delivery – a challenge to the entrenched silos. This built on his predecessor, Premier Mr Sbu Ndebele's, Operation Mbo, which was launched in 2006. Dr Mkhize's successor, former Premier Mr Senzo Mchunu endorsed OSS and continued to actively champion the programme, as does the current Premier, Mr Willie Mchunu.

From 2011, the philosophy of OSS was reinforced, identifying weaknesses in the system, and making improvements, such as institutionalising the programme. The continuity and stability of political champions, building on their predecessor's programmes, has strengthened the structures and systems of OSS.

As Dr Fikile Ndllovu attests, "When leadership is strong, we perform well. Leadership is central in OSS. How councillors see development is important. They need to know their ward demographics. Where there is no political leadership, officials and community members give leadership. OSS harnesses community leadership, leaders who are actively engaged in community structures."

Another key display of political leadership is to take OSS "to the people" through monthly provincial Cabinet Day visits to a designated district and local municipality. Departmental heads and senior managers accompany the politicians for these visits and there is an annual calendar of visits. A team prepares for the visits by identifying issues with the local municipality and other role players. Each MEC visits a ward War Room and its projects and discusses issues affecting the ward.

During these community visits citizens engage with politicians and senior managers on a range of issues. Reports are compiled per ward by the OTP team and are directed to the relevant departments to take action.

Ndllovu's study highlights that only half of the senior manager respondents at provincial and district levels consider that there is support from senior management in implementing OSS, while a third of the managers' responses were neutral and a fifth disagreed. On the other hand, two-thirds of provincial heads of departments agreed that there is senior management support. The study concludes that without senior managers' leadership, "government institutions are likely to continue working in silos, regardless of the enabling frameworks that have been put in place. OSS is identified as a programme that seeks to integrate service delivery, therefore leadership is important... OSS will not be as effective unless the issue of leadership is addressed."

The KwaZulu-Natal OTP is playing the role of the Presidency on the War on Poverty programme through guiding other provinces on similar initiatives. The OSS model has been lauded as a best practice model by the national government, PEPFAR, UNAIDS and other provinces. There is a call from the province for national government to provide leadership and resuscitate the War on Poverty programme and to reintroduce a national office for the programme, which should be responsible for planning and monitoring.

The Deputy President's office seems to have picked up the War on Poverty and integrated service delivery baton, convening a best practice model initiative workshop in November 2014 in Nelspruit, Mpumalanga. Deputy President Mr Cyril Ramaphosa exhorted the achievements of the OSS and the importance of sharing learning and experiences on integrated service delivery models. His office has produced a "Best Practice Guidelines for the Implementation of an Integrated Service Delivery Model" (ISDM, Presidency, 2015), which is based on the OSS model. Since the announcement by the Deputy President, Operation Vuka Sisebente has been launched in Mpumalanga, Operation Masiphathisane in the Eastern Cape and Operation Ntirhisano in Gauteng. These provinces receive technical support from BroadReach Corporation.

### Integrated service delivery

According to the Presidency's ISDM, in order to achieve integrated service delivery, all departments and stakeholders would need to change the way they currently do things, combine resources and utilise an integrated service delivery approach to plan and implement services. OSS has attempted to achieve this through introducing a matrix structure into government, but there are many challenges as a result of the entrenched vertical silos and the top-down management mindset.

On whether the provincial departmental organisational structure supports the implementation of OSS, Ndllovu's study found that the majority of senior managers (65%) were either neutral (29%) or disagreed (36%), while 55% of the provincial heads of departments' were either neutral or disagreed.

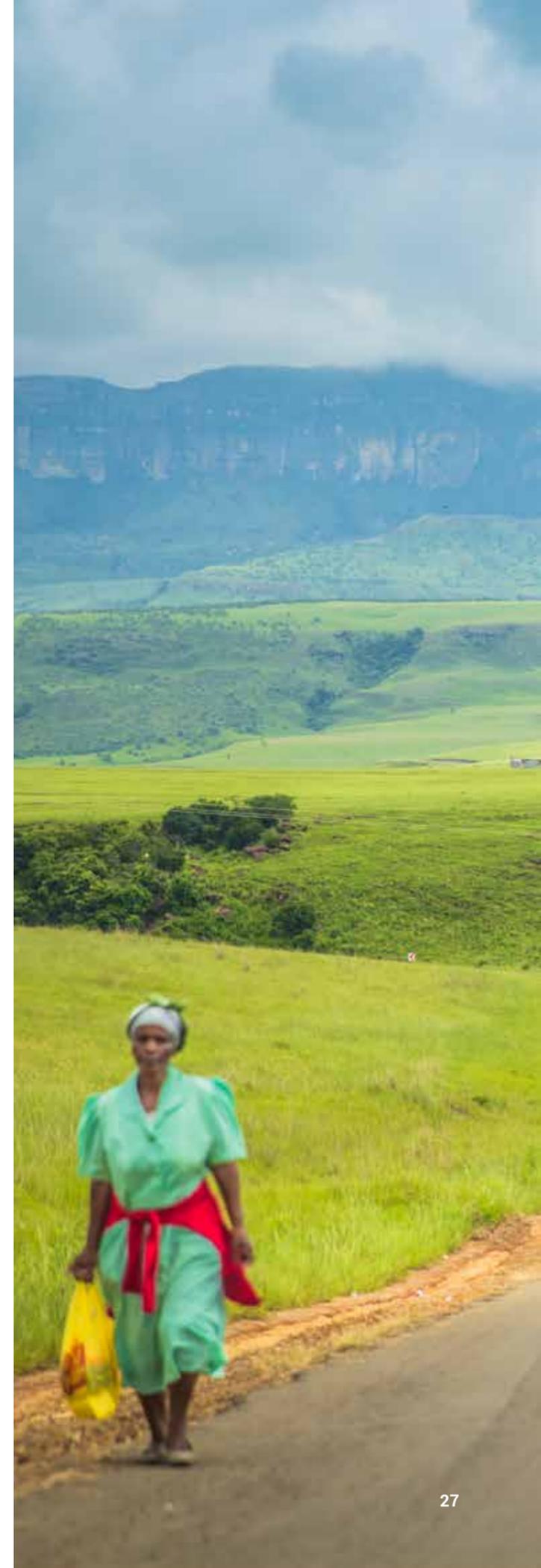
Furthermore, the study indicates that half of senior management respondents and 44% of HoD identified that culture in government hinders the implementation of OSS.

Cross-functional teams (comprising different government departments, local government, social partners and service providers) are a practical example of integration through the War Room. These teams are able to escalate matters faster than the vertical hierarchies. When fieldworkers or councillors pick up issues, or when community members report issues to the War Room, the fieldworkers refer the matter to the relevant government department or authority. In urgent cases, the matter is given priority attention by the relevant department or facility.

However, cross-functional teams operate at the fringes of the mainstream rigid and vertical silos. Promoting cross-functional teams will require government to rethink how it plans, budgets, allocate resources, assesses performance (currently biased to individuals and not teams) and monitors government initiatives. Greater resourcing is required for integration, coordination and collaboration across government. A mindset shift among politicians and managers is essential. Government officials must have the requisite technical and relational skills. Collaboration is about relationships – for OSS it is about the relationship between the ward councillor, fieldworkers, the War Room convener, social partners and government.

Ndllovu found that all the KwaZulu-Natal provincial HoD and most senior managers (92.1%) at provincial and district levels agreed that task teams were important in OSS. The study concludes that task teams are a "structure not normally found in government but the findings imply that they are an important element of OSS."

Government needs to recognise and reward officials working in cross-functional teams and the outcomes of these teams. The current Performance Management and Development System (PMDS) is not designed to appraise teamwork, and as such rewards individual and silo delivery, not integrated service delivery.



One way to recognise and reward collaboration of public servants and integrated service delivery is the KwaZulu-Natal Premier's Service Excellence Award, which confers recognition of the best War Room in the province.

OSS is working towards creating greater equality among ranks when working as a team as the strong rank consciousness in government stifles collaboration. Rank or title does not determine who the War Room convener is and the chairperson of War Room meetings.

The majority of provincial and district senior managers and all provincial HoD study respondents agreed that the introduction of OSS has led to an increase in collaboration (Ndlovu, 2013). The findings indicate that collaboration in delivering services has improved with OSS.

The War Rooms promote accountability by forcing politicians and officials to account to each other and to the community regarding services.

## Impact

The OTP's five-year review is based on narratives from beneficiaries and stakeholders and on data from government departments. There is a dearth of research on OSS and service delivery models in the South African public service. Ndlovu's study raises the need for further research using a larger sample with employees across the service delivery value chain, including the municipal ward level. Additionally, research on OSS will need to include social partners and communities as OSS is about collaboration between government and communities.

The OTP recognises the need for an independent study to evaluate OSS's functionality. This evidence will further enrich the model. Besides, such a study will be beneficial for national departments, such as the CoGTA, National Treasury, Department of Planning, Monitoring and Evaluation (DPME), Department of Public Service and Administration (DPSA) and the Deputy President's Office – the centre of government – as they have a mandate to promote integrated service delivery.

OSS is a living expression of Chapter 3 of the Constitution – cooperative governance and inter-governmental relations. How the OSS model works (notwithstanding the challenges it faces) provides a verdant landscape for learning.



## 7. Concluding remarks

The South African public service architecture and systems remain rigid, hierarchical and overly bureaucratic. This industrial age organisational proclivity continues to dominate government institutions in all spheres, embedding centralised and rank-conscious command and control management and leadership styles. Such archaic and ineffectual public service governance structures and management behaviours only serve to perpetuate the stark poverty and inequality, especially in provinces with former homelands, such as KwaZulu-Natal, with huge historical backlog in socio-economic development.

Over the past five years, the KwaZulu-Natal provincial government has attempted to counter the dominant governance models and approaches to service delivery to the most marginalised communities and households in the province by introducing an integrated, bottom-up, household-centric, and social partnership driven service delivery model through OSS, which built on the achievements of previous programmes addressing poverty. The KwaZulu-Natal OTP continued with the War on Poverty programme, despite the withdrawal of leadership support from the programme's progenitor, the Presidency.

Even though the OSS model challenges the dominant public service governance and management models, it remains trapped within the powerful 20th century dominant narrative of public organisations. In the shadow of this narrative, the democratic South African public service has emerged. Despite the structural and systemic contradictions and tensions experienced by OSS, there are key lessons to draw from this change programme in promoting an integrated, collaborative and coordinated approach to service delivery, while endorsing the Batho Pele values of caring, serving and belonging.

The challenge for the public service is to deconstruct the rigid bureaucratic and hierarchical governance structures, and to evolve integrated, dynamic and agile structures and systems. OSS bears many lessons for such a shift and needs a greater platform in the public service change discourse.

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