EVALUATION OF THE COMMUNITY SYSTEMS STRENGTHENING PROJECT IN 3 PILOT SITES IN WESTERN CAPE

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Abbreviations

AE	Adult Education
CP	Child protection
CSS	Community Systems Strengthening for Health Project
DSD	Department of Social Development
ECD	Early Child Development
F&N	Food and nutrition
HP	Health promotion
NGO	Non-Government Organization
PB	Peacebuilding
SAPS	South African Police Service
UCT	University of Cape Town
WC	Western Cape
WFP	Women on Farms Project
TFT	Training for Transition
SDOH	Social Determinants of Health
DoH	Department of Health
RTHB	Road to Health Book

Executive Summary

The Community Systems Strengthening (CSS) Project is a 3-year pilot project managed by UCT in partnership with Women on Farms Project (WFP) and Training for Transition (TFT) delivered in 3 areas - Belhar, Klapmuts and Gugulethu. The CSS project's overall objectives were to build the capacity of community members and Health Committee members to realize their health rights and promote community well-being. This approach included strengthening community activities and service delivery and strengthening organizational and community leadership. With the CSS project coming to an end, it is important to evaluate the project's impact and assess the lessons learned from the pilot. The evaluation of the CSS project can serve to help improve the design of future projects, programmes or policies.

A desktop review and in-depth semi structured interviews were used to assess the effectiveness, sustainability, relevance/impact of the CSS project and provide recommendation for future projects. The desktop review examined the project's logframe to assess if the project has achieved its objectives and targets using project reports and surveys. The 40 in-depth interviews with key informants explored informant's perspective on the projects impact, advantages, weakness and the learnings of the pilot.

With the final interventions concluded, the results suggest there are significant successes as well as lessons to be learned from this ambitious project. The aim was to create an approach which is scalable and repeatable, allowing for application throughout southern Africa, adjusting for specific social, cultural, and economic circumstances. As a pilot project focused on three sites, this has been largely achieved, accounting for very broad differences in social circumstances of participants across the sites - particularly relating to quality and density of living conditions.

The "four legs" of the project (Child Protection, Food and Nutrition, Health Promotion and Peacebuilding) have had overlapping significance, and have shown to be capable of self-sustainability under the correct conditions – the crux of this being how to ensure that these conditions are met. In addition, an Adult Education course was provided to community members from each site which also developed community leadership in the targeted local communities. This "extra leg" involved a rigorous selection process for 8 applicants from each of the three sites, where a total of 24 candidates who met the criteria, were admitted on special grounds to undertake a purposely formulated Higher Certificate in Adult Education at UCT itself. The course was adapted specifically as an accelerated program for the participants of the project. Of the 24, 17 candidates graduated.

Child Protection and Peacebuilding had significant overlap in their interventions, with the same applying to Food and Nutrition and Health Promotion respectively. These integrations have had several significant positive outcomes, as well as highlighting some shortfalls in health services and government mandate, providing a platform for success stories of the CSS project to prevail.

The results show that the CSS project has completed the majority of its targets and objectives either full or in partial achievement. (See logframe below in Table 4.) In addition, the project was able to successfully train community leaders. Key informants confirmed that the CSS trainings and activities were effective in capacitating, providing knowledge and empowering the CSS participants. This was further validated by the CSS participants themselves. Many of the CSS participants are now creating or running their own projects and activities in their communities.

Overall impacts were related but not limited to capacitating and uplifting communities' members through trainings and the Adult Education program. Other areas of impact include; increasing the number of ECDs and after school activities in the communities; delivering peacebuilding activities for young people, establishing food gardens to provide healthy alternatives and decrease hunger. In addition, CSS participants are creating their own NGOs. CSS participants are working closer with key stakeholders to help decrease chronic illness and food insecurity and violence. Empowering the community to organize their own events, trainings and marches for changes, were also visible benefits. In addition, the project succeeded in creating opportunities and platforms to share challenges, advocate for community/ service improvements and network with other key stakeholders via community dialogues, learning exchanges, presenting at events/ conferences and the like.

Various research innovative knowledge development activities also served as important outcomes during CSS e.g. Baseline Survey (2017) and End line survey (2019) of the SDOH, Needs Assessment on the Road to Health Card, Food Security Film documentary

Overall, the project has demonstrated that with the correct support from government, the private sector and relevant NGOs, as well as the buy-in of local communities, it is possible for such interventions to run sustainably. Thus, the approach can be delivered by Community Based Organisations (CBOs), NPOs or other delivery vehicles, with project financial support from government and/ or donors. This approach can be reinforced by improving community based training in the social determinants of health in a simple yet accessible manner including elements of broad based health management and community well-being at grass roots level. In addition, including capacity development on engagement with government institutions and networking with other key stakeholders/ organisations; in order to improve health outcomes for those most in need.

Background

Communities suffer a substantial burden of preventable disease and injury as a result of social factors that increase risk for violence, child abuse, food insecurity and non-communicable diseases. In the Western Cape (WC), statistics show that 6 of the top 10 causes of death in 2012 were related to Non-Communicable disease (Pillay-van Wyk 2016)

In response to the massive problem of preventable disease and injury (Mayosi BM 2012) that the communities in the WC have been facing, a partnership between UCT, the Women on Farms Project (WFP) and Training for Transition, (TFT) was formed in 2016 to develop community agency and Health Committees (HC) capacity to promote intersectoral action for health, wellness and safety in three selected under-resourced communities (Gugulethu, Belhar and Klapmuts) in the WC. This pilot was called The Community Systems Strengthening (CSS) Project.

The aim of the Community Systems Strengthening For Health Project (CSS) was to contribute to the improved governance and access to health and social services for the disadvantaged and marginalized in 3 pilot communities (Gugulethu, Belhar and Klapmuts) in the Western Cape by (1) community health committees and health activists actively taking part in actions to address social determinants of health and (2) strengthened coordination of services through community leadership, networks, partnerships and linkages with local government. The project aims to empower communities to assume ownership of initiatives to tackle food insecurity, violence and neglect, and to hold service providers accountable for delivering the essential services to which community members are entitled.

This project has been funded by the European Union (EU) for three years and interventions include building capacity for advocacy and community-based action to hold government accountable for public services, promoting intersectoral action at community level and delivering awareness raising and networking activities at community level.

CSS overall project activities were structured into an initial training phase and a subsequent implementation phase. As mentioned, various research activities also served as important outcomes during CSS e.g. Baseline Survey (2017) and End line survey (2019) of the SDOH.

Training/Capacity development phase[1]

The CSS project has trained community members in the following four thematic areas. An AE (Adult Education) component was also offered to community members to further develop skills.

1. Food and nutrition (F&N) to respond to high rates of hunger but also to promote access to healthy food and lifestyles
2. Child protection (CP) aims to increase awareness of children rights and promote community responses to child protection
3. Peacebuilding (PB) focuses on violence reduction in communities and has a strong commitment to youth leadership and change at community level.
4. Health Promotion (HP) aims to create awareness of chronic conditions such as diabetes, high blood pressure, heart failure and epilepsy to assist communities in their response but also as a means of prevention.

Adult Education (AE) programme to provide health committees and community members in the pilot sites access to an 18-month formal training in leadership from at UCT Faculty of Education, Adult Education Training Unit.

Implementation phase:

[1] For further information on CSS: http://www.salearningnetwork.uct.ac.za/community-systems-strengthening-css-health-2016-2019

Training and mentoring were aimed at stimulating action and activities that are community and health committee led, responding to the above social determinants of health. CSS participant/ community led action was key to the implementation phase. Thus, the results of the project relate to numbers of people trained as well as numbers of initiatives led by the trained participants which should translate into community change/ overall impact. Other key interventions included community dialogues which served as means of community issues to be raised, knowledge sharing, networking and the like. DVDs/ Film also served as a means to showcase CSS work and share key messages. In addition, community related research was also part of this phase.

In Summary the main Implementation activities included,

- Community research inclusive of student involvement in research e.g. Documentary, needs assessments of RTHB
- Mentorship
- Community dialogues
- Advocacy events
- Community led projects
- Networking activities and opportunities

Baseline and End Line survey assessment

A baseline survey assessment aiming to record the beliefs, attitudes and knowledge of community members about community health and security services to do with Child Protection, Food and Nutrition, Peace Building, and Chronic Illnesses as well as households' demographic, economic and social data was collected in 2017. This baseline assessment data served as a benchmark of the core social determinants targeted for interventions by the CSS project. In 2019, a follow up survey was conducted to compare baseline and end line data on the social determinants of health in the pilot intervention group as well as control groups to provide information on community change mostly relating to indirect beneficiaries. The baseline and end line data provided a host of numerical data on the community households. The Endline survey does not include the input of direct beneficiaries of the CSS project i.e. community members who attended training and were directly involved in CSS activities. The report collates the perceptions on the Social Determinants of Health of community members within pilot areas which may have been influenced by the training/projects of the direct beneficiaries as well as related CSS activities and compares this with control sites. The current CSS evaluation focuses on direct target impact which includes CSS Monitoring and Evaluation data and perceptions of direct CSS beneficiaries.

Current CSS Evaluation

As stated, after three years of providing training and community activities, the CSS project was coming to an end. Therefore, it was important to evaluate the project's impact and assess the learnings of the pilot. The current evaluation focused on a mixed methods approach including desktop analysis and qualitative review of CSS participants (direct beneficiaries), partners and other key stakeholders involved in the project, in an attempt to assess possible impact as well as learn, thus improving the design of future projects, programmes as well as impacting policies.

Note: The project also received approval for a 7-month extension of the CSS programme via the EU addendum process. This was required in order to ensure Gugulethu could be supported with sufficient implementation time due to the site having started a year later. In addition, to provide more contextualized support for the CSS participant-led initiatives and more realistically respond to the newly identified capacity needs within the implementation phase. Approval documentation was signed on February 2019.

The Project logframe matrix was revised and the final approval was received via the Addendum and extension approval process. The logframe was revised to reflect the national health strategy, link to more current information provided by the Baseline survey on access to health and social services, the need for contextualized training on peacebuilding, child protection, Food and nutrition and health promotion interventions as well as related community dialogues. Thus, the updated logframe aimed to be more relevant to community needs as well as national policy. This updated logframe was also used to evaluate the project.

Evaluation Methodology

A two-step mixed method approach was used to evaluate the project. First, a desktop review of the project objectives' targets was undertaken by the evaluator to identify weather or not the project met its overall targets. Then, three focus groups and forty interviews (see table further below) with CSS participants, Health Committee members and stakeholders/key informants were conducted by the evaluator/s using a semi structured, in-depth interview guide to gain the participants' perspective on the projects impact and assess the learnings of the pilot. (See appendices F, G and H)

The project participants interviewed were purposively selected across the three sites, in order to ensure a profile range in age, gender and experience; while the stakeholders were comprised of external parties, including representatives from Health Committees, government officials, donor agency officials and trainers.

Three focus groups were established - comprised of stakeholders and participants (Key informants), with eight members in each group.

The overall objectives of the evaluation are:

- To assess the effectiveness of the project (i.e. the extent to which the project stated objectives/indicators have been met).
- To assess sustainability of the project (i.e. the probability of the project interventions/ related activities continuing after donor support).
- To assess the relevance of the project (i.e. appropriateness of the project activities in relation to the needs and situation within the sites); and to assess impact (e.g. participants felt empowered, additional projects created, better health and social indicators) of activities and interventions.
- To recommend ways of improving future projects.

Desktop review

The desktop review consisted of reviewing the project's logframe to assess if the project has achieved its objectives and targets. The CSS logframe provide a comprehensive list of targets to be achieved based on the project aims. Table 1 describes the overall project's objectives and its main targets.

Projects' quarterly reports summaries, Interim Narrative reports (two), Description of Actions (an outline of the overall project), report on the Higher Certificate in Education in Adult Education programme, and the Baseline and the follow up (Endline) surveys, were used to assess the targets achievements.

Valuable information gained from interviews and focus groups served to validate the intentions of the envisioned deliverable results, with findings from key informants – particularly participants, triangulating with the actual results of the interventions in which they had been involved.

If the indicators based on the project's logframe were completed, then the targets for the specific objective was considered achieved (green column). However, if the indicator was partially completed then the targets will be considered partially achieved (yellow column); while if the indicator was not completed then the targets were considered not achieved (red column).

Table 1: Overall Logframe of the Community Systems Strengthening for Health Project (High Level)	
Objectives	Main targets
Overall objective: Impact	Improved governance and access to health and social services for the disadvantaged and marginalized in 3 pilot communities in the Western Cape
Specific objective(s): Outcome(s)	(1) Community health committees and health activists actively taking part in actions to address social determinants of health
	(2) Strengthened coordination of services through community leadership, networks, partnerships and linkages with local government
	(1) Conduct Child protection, Food and Nutrition, Peacebuilding and health Basic training with a focus on content and skills, in pilot sites

Outputs	(2) Provide leadership and adult learning capacity building training to health committees and health activists of the pilot sites
	(3) At least 3 community dialogues in each community, to discuss social determinate of health, health activism and health committees
	(4) Project experiences and lessons reach, shared with a wide range of policymakers, civil society, academic community and public officials

Key informant interviews

Recruitment processes and target population

The target population included donor, project staff, partner staff, community participants and key informants/ stakeholders of the CSS project (Table 2). The CSS project manager, coordinators and partners provided a list of individuals that have directly or indirectly being involved with the project. All individuals were invited to partake in the study. Informants were approached via email, phone calls and WhatsApp messages to participate in the study and were enrolled after providing informed consent. The below is a summary of the targeted numbers and group. For actual numbers interviewed; see results section below.

Table 2- Overall target population Per site
• 1 Focus Group (FG) of approx. 15 people including participants from each Work package and Adult Education (3 FN, 3 CP, 3 HP, 3 PB, 3 AE)
• 6 Participants interviews per site (i.e. 1 per Work package i.e. 1 FN, 1 CP, 1 HP, 1 PB, 2 AE)
• 1-2 Health Committees members interviews
Stakeholders/ Key informants, Project staff and donor
• 3 Stakeholders/ Key informants: Clinic manager, South African Police Service (SAPs), Department of Social Development (DSD), NGOs
• Project staff interviews per partner i.e. UCT, TFT, WFP
• 1 Donor Interview
Total 3 FGs and 40 individuals (approx.)
• 3 FGs
• 18 in depth participant interviews
• 3 to 6 HC members Interviews
• 9 project staff Interviews
• 1 Donor Interview
• 9 stakeholders Interviews

Data collection process: Interviews

Semi-structured interviews were done face to face and via phone calls. Data was collected using a structured interview guide and lasted between 15 and 60 min. It explored the informants' experiences of participation and/ or their perceptions of the success or otherwise of the project. For instance, we asked questions related to the advantages and the weaknesses of the CSS projects? What activity or training it helped to empower you the most and why? Thoughts about whether the projects can continue without the CSS support? Interviews were audio recorded and transcribed verbatim to facilitate qualitative analysis. (see appendices for interview guides)

Interviews allowed for more depth investigation and included participants from each Work package and the Adult Education leg as well as key informants, project partners, Health committee members and project staff etc.

Data collection process: Post-project focus groups

The same semi-structure questionnaire used for interview process served as a guide for facilitating the focus groups with approximately 10 key informants at each of the three sites. The aim was to involve participants of each Work

package i.e. Food and Nutrition (FN); Child Protection (CP), Health Promotion (HP), Peacebuilding (PB) as well as the Adult Education arm.

The focus groups, lasting approximately 1 hour, provided a platform to discuss and delve into the dynamics of successes and shortcomings of the specific sites.

Results

Logframe Targets

The desktop review consisted of evaluating whether the CSS targets presented in the CSS logframe were completed. Table 3 summarises the overall results. A total of 30 targets were reviewed, 18 have been completely achieved (green) and 12 have been partially achieved (yellow).

The overall desktop results show that the CSS project has achieved its overall and main objectives and made tremendous strides in community change. For instance, the first overall objective: Impact which aim to improved governance and access to health and social services for the disadvantaged and marginalized in 3 pilot communities in the Western Cape has been 100% completed. At the start of the project, Klapmuts did not have a health committee. During the CSS project, individuals have been selected to establish the health committee in Klapmuts and provided training in the functions of Health Committees. In Gugulethu and Belhar, the Health Committees are very active in the community. There are regular Health Committees' meetings at each of the health facility and the relationship is well established and maintained between clinic staff and the HCs.

Some specific examples of achievements include:

For the specific objectives and outcomes see Table 3, CSS project provided many trainings and events in the four themes (F&N, CP, PB and HP) aiming to uplift the communities. In addition, the CSS project Adult Education programme saw 17 graduates who can bolster community action as a result of extensive training in leadership, community research and change. For specific feedback from participants on the value of training see further below: Key Informant Feedback.

Overall, the CSS trainings and community dialogues and the like, seem to have supported the communities in taking action. For instance, in relation to Chid Protection, with the support of the CSS project, additional ECDs have been established in the communities, these ECDs/ aftercare programmes are a lifeline to children providing development opportunities as well as food.

CSS participants are also creating their own NGOs to assist in accessing funding as well as becoming more professional in their community initiatives.

Whilst the drought had a negative impact on food gardening, some sites were able to respond resourcefully such as Gugulethu with Food and nutrition trainees, developing 25 home food gardens.

Presentations at events and conferences was also key in sharing information e.g. HC members and the Project Investigator, presented at the Mozambique conference on the Social determinants of Health providing local community perspectives and voice; at an international conference.

The Life Skills projects in Belhar had far reach into local schools, where pupils were educated in life skills with the assistance of partners and through drama performances promoted understanding of dangerous circumstances, child protection, conflict management and the like; reaching a total of 932 children at over 7 schools.

Other relevant skills development included training in basic fire suppression – trained by local fire warden, as well as basic first aid, which was delivered by Cape Metro EMS and Tygerberg Hospital, whereby successful candidates received certification upon completion. Both training interventions were identified and requested by community members in order to fill the gap for emergency management training in communities where emergency services are often overburdened as well as non-responsive due to safety concerns for their staff and equipment and where fires have destroyed property and killed/ injured many community members including children. The impact of such interventions cannot be overestimated, as they provided skills in hands-on life saving techniques and management, which can be passed on to other community members without any further cost, albeit without certification.

Peace Building interventions were planned between the Health Committees, the health activists and the general community with a strong focus on youth and as a result many of the initiatives focused on "*in* and *after-school*"

activities. The sites responded in different ways i.e. in response to the community need. As per the logframe, a peace building event was planned per pilot site. By the end of the third year, 14 events had been achieved, leading to 467% achievement of the target. This also included many of the interventions targeting youth on gender, power and violence reduction as well as conflict management, discussions around gangsterism, child safety, drug abuse and other lifeskills relevant to young people. In addition, also providing positive alternatives to engage youth such as sports, dance and the like. The logframe initially set out to present this information to 90 young children. Upon completion of year three, 1194 children had been informed across all three sites, including programs such as the Belhar Life Skills program, The Gugulethu Rehabilitation and OASIS programme; and KPA and CHARP in Klapmuts who jointly staged a local concert for and with youth.

Child Protection training was intended to develop 90 aspiring child protection practitioners at the beginning of the project. By the end of the second year of implementation, 134 people had been trained across Gugulethu, Belhar and Klapmuts, achieving 134% of the target, which leveraged massive positive impacts on the affected communities from an early stage, with other relevant training interventions (e.g. Grassroots- early childhood development NGO), to build on and bolster that success. As mentioned, many CP trainees have started ECDs or improved their child focused projects, as a result.

Community dialogues targets were planned at 3 per site (Gugulethu, Belhar and Klapmuts). In year 3, 14 community dialogues had been delivered and achieved, with an audience of 2024 beneficiaries, and 27 community dialogues across the lifespan of the project, achieving 300% of the target in the logframe. Community dialogue themes emerge from discussions with the CSS participants and included a Community dialogue on a Health sector launch in Gugulethu to assist with health service delivery in Gugulethu, attended by the MEC for Health, Gugulethu Development Forum, local Councillor and community members. Klapmuts Back to School Dialogue included plenary discussion with DSD and DOE; where community research was shared on the high rates of young people not attending school. Child protection and child trafficking community dialogue in Belhar was planned and coordinated by two Child Protection and two Peace Building participants, under the guidance of Mr. Kenneth Kelly, Chairman of the Belhar Community Health Forum (BCHF). This event was actioned in response to ongoing reports of missing persons raised by Belhar CSS participants.

Integrated advocacy events promoted solidarity and community action and took enormous planning and logistics yet was 100% achieved. Examples include the various 16 Days activism events which played an integral role in CSS due to the high rates of GBV at the various sites; Klapmuts Youth Day Event was very successful with over 400 people attending. A collaborative advocacy activity for NHI (National Health Insurance) resulted in a march to national parliament in Cape Town, over 600 people participated. Belhar participants presented on CSS at an event which was hosted by national government and attended by the National Police Minister, and how the network increases child protection and raised many issues of concern, regarding child safety and policing in Belhar.

Partial Achievement

Some of the CSS targets maybe have not been completely achieved due to (1) the way the target was measured and (2) the ability of some CSS participants to maintain their commitment to the project. For instance, one of the CSS targets was to have “10% of households in pilot sites receive food parcels/ food”. Although the follow up survey measures the number of households receiving food parcels/food, the measurement only look at 100 households per sites and not the entire community that might have been beneficiated from the project. The CSS project provided many parcels that may not have reached the survey population. Therefore, using the baseline survey data as a measurement of the number of households receiving food parcels/food from the CSS program might be misleading and underestimated.

Another example of the partially completed target is related to “2 chronic illness clubs in each of the pilot site locations”. However, Chronic clubs were started. According to the quarterly report, some of the CSS participants, specially from the Klapmuts site, “fell out in year 3”. It was understood that the CSS project in Klapmuts has faced challenges in the final year in maintaining the participation of participants from the Health Promotion package. According to the quarterly reports, many participants stopped attending meetings regularly, did not show willingness to organize community activities. This fall out could be a result of poor economic support facing the community. Many of the CSS participants were unemployed and were facing financial challenges. They might had decreased their participations due to searching for full time job.

Table 3: LOGFRAME OF THE COMMUNITY SYSTEMS STRENGTHENING FOR HEALTH PROJECT (ADDITIONAL DETAIL ON ACTIVITIES IN APPENDIX)

	Results chain	Indicators	Baseline	Data from the survey	Targets	Targets	Sources and means of verification	Detail: Impact/ Completion
		To be presented **disaggregated by sex**	**May-17 (End of Yr1)**	**Dec 2017**	**May-18 (Yr2) (End of Yr2)**	**Dec-19 (End of Yr3)**		**Target Completed?**
Overall objective: Impact	Improved governance and access to health and social services for the disadvantaged and marginalized in 3 pilot communities in the Western Cape.	# of functional clinic (health) committees in the target areas	2 of PHC facilities with functional clinic (health) committees	Same as previous	2 PHC facilities with functional clinic committees (Gugulethu and Belhar) Klapmuts: clinic monitors in operation only	3 of PHC facilities in project areas with functional clinic (health) committees	Health Department Facility database	Achieved: CSS Implementation results (quarterly reports): 3 HCs Note on Klapmuts: Klapmuts have challenges as they are a new HC. WFP/CSS assisted in accessing new HCs members by supporting CSS participants during the nomination process and 3 CSS participant in Klapmuts were therefore elected by Provincial DOH. However, DOH has not supported the process as expected in the area which has impacted HC membership for klapmuts. WFP/CSS have assisted as best as possible, however there are specific protocol and processes which need to be effected by DOH.
		# of beneficiaries accessing health and social services in the target areas	No data at start of project	103 of 418 Children between 0-18 years with a recent clinic visit in pilot sites i.e. visited clinic in past 4 weeks prior to survey	To be updated in year 3 follow up survey.	25 % increase of children and adults in project areas accessing services at PHC's	UCT baseline of pilot sites (Community profile)	Achieved: Taken from Baseline follow up/ Endline Survey (MF): YES. children visited a clinic/health facility within the 4 weeks prior to the survey has increased from 27% to 41%.
			No data at start of project	Grants - 249 grants accessed by households in pilot sites. Note: some HH may receive more than 1 grant	To be updated in year 3 follow up survey	25 % increase of children and adults accessing social development services	UCT baseline of pilot sites (Community profile)	Achieved: Endline Survey (MF): Two thirds (67.9%) of Households received at least one government grant in 2017. 2019 two thirds (68.1%) of Households received at least one government grant. If we use the 249 vs 389 than there is an increase of 56%

	Results chain	Indicators	Baseline	Data from the survey	Targets	Targets	Sources and means of verification	Detail: Impact/ Completion
		To be presented **disaggregated by sex**	**May-17 (End of Yr1)**	**Dec 2017**	**May-18 (Yr2) (End of Yr2)**	**Dec-19 (End of Yr3)**		**Target Completed?**
Specific objective(s):Outcome(s)	Oc 1: Community health committees and health activists actively taking part in actions to address social determinants of health	# of child protection interventions in three pilot sites led by Health Committees and health activists.	2 interventions in Belhar and 3 in Klapmuts	No child protection interventions led by HC and Health activists No. of children attending creche in survey (pilot sites): 7, 29,12 for Belhar, Gugulethu and Klapmuts respectively i.e. total 48 **Calculation of target: 60% of above figures (in pilot sites) i.e. 4,17, 7 Belhar, Gugs, klapmuts respectively i.e. total target 28**	60% completed: 6 ECDs supported: - 3 new ECDs started (2 Belhar +1 Gugs) but not registered - 3 pre-existing ECDs supported (1 Belhar+ 1 Gugs+1 klapmuts) but not registered	Supporting 6 ECD centres Total (2 in each of the pilot sites) meeting the norms and standards of child care facilities	UCT baseline assessment of services in pilot communities	Achieved: CSS Implementation results (quarterly reports): Yr 3: 6 ECDs supported : 2 Klapmuts, 3 Gugs ,1 Belhar) 3 are informal but all are being assisted to professionalise to meet standards as well as develop children etc. Total to date: 6 ECDs In addition: Aftercare/ Other child focused/ ad hoc: (2 klapmuts+3 Gugs+5 Belhar)=10
					Increase of 86 children attending ECDs across sites (25+20+20+ 21=86). i.e. Further 58 children above target was reached.	60% of children as per survey (in pilot sites) attending ECD centres .	UCT baseline assessment of services in pilot communities	Achieved: Yr 3 CSS implementation results: 522 children in ECDs Dec 2019 Previously reported 86 in May 2018. Endline Survey Intervention group survey: 2019: 16,17,7 Belhar, Gugs, Klapmuts respectively i.e. total 40. 2017 7, 29, 12, =48 children yet Endline Survey results: OVERAL creche attendance in the intervention group increased from 35.0% to 38.5%.
		# of peace building interventions in pilot sites led by Health Committees and health activists.	No peace building interventions in pilot sites led by Health Committees and health activists.	No HC and health activist interventions. However 87 different kinds (12 types) of peace building activities with young people	10% of intervention completed. Mostly training completed with few activities, however none directly with schools. Peacebuilding activities scheduled for year 3.	1 peace building interventions in each community led by Peace Builders (Total: 3)	UCT baseline assessment of services in pilot communities	Achieved: Yr 3 CSS Implementation results (quarterly reports): 13 events =1278 beneficiaries **C**omprising 4events in klapmuts at 147 beneficiaries 6 events in Gugs at 149 3 events/ activities in Belhar at 982 Previously 1 event in May 2018 with 22 attendees. Total to date: 14 events: 1278+22= 1300 beneficiaries

	Results chain	Indicators	Baseline	Data from the survey	Targets	Targets	Sources and means of verification	Detail: Impact/ Completion
		To be presented **disaggregated by sex**	**May-17 (End of Yr1)**	**Dec 2017**	**May-18 (Yr2) (End of Yr2)**	**Dec-19 (End of Yr3)**		**Target Completed?**
		# of nutrition interventions in pilot sites led by Health Committees and health activists.	2 nutrition interventions in Klapmuts (FIF; Ubuntu NGOs). Belhar two soup kitchens	5% households receive food parcels	Approx. 5% reached via events Mostly training completed with ad hoc access to food at events for children and adults. 25 adults at an event. More activities are planned for year 3	10% of households in pilot sites receive food parcels/ food Calculated from survey: 100 households per site interviewed for food parcels. **10%=10 HH per site**	UCT baseline assessment of services in pilot communities	Partially Achieved: Yr 3 CSS Implementation results (quarterly reports): 20+200+20=240 May 2018 Reported 5% reached in our project using 10 HH per site as the target. (25 people accessing ad hoc soup kitchens) Endline Survey (MF): There was a decrease from 5.0% to 3.4% in Households who had a member who was a food parcel recipient. According to the survey (2+2+5) Belhar, Gugs, klapmuts respectively received any parcel in 2019 8,2,9 in 2017.
			No data at start of project	20 children of households participating in the survey, accessing meals.	15% reached 100 children, however at ad hoc event. More activities are planned for year 3	60% children receive meals at CSS project ECDs in pilot sites	UCT baseline assessment of services in pilot communities	Achieved: Yr 3 CSS Implementation results (quarterly reports): ECDs only: Klapmuts:211+Gugs 56+Belhar 22=289 Incl. ECDS and child focused projects for children: 251+56+75=382 Year 3 total: incl ad hoc food donations: 382+200=582 Previously reported May 2018: 15% (100 children at an ad hoc events)
			2 gardens in Belhar	43 out of 594 (SHOULD BE 300) (11+14+18) households functional food gardens	25% reached 6 food gardens (3 Belhar and 3 Gugulethu)	5 functional food gardens in each of the pilot sites. (Total: 15)	UCT baseline assessment of services in pilot communities	Achieved: Yr 3 CSS Implementation results (quarterly reports): 5+25+2=32. (over 200%) May 2018 reported 6 food gardens in total across sites: 15% reached Endline Survey (MF): %In 2019 -16 out of 278 (5+8+3) =5.75% households functional food garden. 2017 =14.3% DECREASE OF 59.8%
		# of health education interventions in pilot sites led by Health Committees and health activists.	Hypertension 2; TB 2; Diabetes 1 groups in Belhar	Elderly Chronic illness club in Gugulethu	17% : 1 chronic club: Gugulethu	2 chronic illness clubs in each of the pilot site locations (Total: 6)	UCT baseline assessment of services in pilot communities	Partially Achieved: Yr 3 CSS Implementation results (quarterly reports) and discussions with coordinators: 3 chronic clubs (1 klapmuts+2 Gugs): 50% 50 members Gugulethu and 10 in klapmuts Previously reported 1 chronic club at 17% of target in 2018

	Results chain	Indicators	Baseline	Data from the survey	Targets	Targets	Sources and means of verification	Detail: Impact/ Completion
		To be presented **disaggregated by sex**	**May-17 (End of Yr1)**	**Dec 2017**	**May-18 (Yr2) (End of Yr2)**	**Dec-19 (End of Yr3)**		**Target Completed?**
			Home based care 3 support groups in Belhar	No home visit support groups	33% achieved Klapmuts: 6 clinic monitors involved in home visits/ support	1 support group per pilot site (total: 3)	UCT baseline assessment of services in pilot communities	Achieved: Yr 3 CSS Implementation results (quarterly reports) and discussions with coordinators: 3 support groups: 100 % but not evenly distributed across sites(1 klapmuts, 2 Gugs) Reported 33% in 2018 in relation to support via clinic monitors visiting homes in klapmuts. Now target relates to support groups and not home visits.
		Health committee members and Health activists actively involved in monitoring services, in the three pilot sites	1 HC members from Belhar; 3 members form Gugulethu and 6 Health Monitors from Klapmuts	Same as baseline	100% completed: 15 HC members trained Belhar: 5 trained HC Members remain active to visit clinics Klapmuts: 6 clinic monitors supported by WFP monitor local clinic Gugulethu: 4 trained HC members monitor services at 2 clinics	5 trained health committee members actively involved in monitoring services (Total: 15)	UCT baseline assessment of services in pilot communities	Partially Achieved: Yr 3 CSS Implementation results (quarterly reports) and discussions with coordinators: 80% COMPLETED (Note on klapmuts: Klapmuts not fully operationalised. Previously Klapmuts only had clinic monitors now they have HC Members which been elected by Government (DOH). 2 of these have received training via UCT/ UWC winter school on HC governance. In addition, Klapmuts HC community members are from the CSS project. DOH is still to provide additional training. However additional challenges are facing Klapmuts in terms of further nominations for its HC. New challenges will require additional nominations to DOH.
	OC2: Strengthened coordination of services through community leadership, networks, partnerships and linkages with local government	# of integrated community advocacy actions to address health issues	No groups doing advocacy	2 Community advocacy activities	33% completed: (1 Belhar+ klapmuts+2 Gugulethu) =4 events of 12	4 integrated advocacy actions in each pilot site. (Total:12)	Media Articles; Interviews with participants and key informants; Minutes of meetings; Attendance registers; Pre- and post-training evaluations; Project reports; M& E Reports	Achieved: Yr 3 CSS Implementation results (quarterly reports): 12 events : 100% (6,5,1 events: Klapmuts, Gugs, Belhar respectively totalling 1050+2395+300 respectively)=3745 Previously (2018) reported 33% of target (4 of 12) beneficiaries 17+127+50=194 Total to date: 12+4=16 events. Total beneficiaries to date: 3745+194=3939
		# of events with national and provincial officials to bring attention to priority community concerns	No events in 3 locations	1 event pertaining to the provincial liquor bill and One national colloquium for health	One national colloquium for health	2 events - 1 event addressing social determinates of health and the other addressing health committees.	Media Articles; Interviews with participants and key informants; Minutes of meetings; Attendance registers; Pre- and post-training	Achieved: Yr 3 CSS Implementation results (quarterly reports):5 events held: Colloquium completed.in year 2

	Results chain	Indicators	Baseline	Data from the survey	Targets	Targets	Sources and means of verification	Detail: Impact/ Completion
		To be presented **disaggregated by sex**	**May-17 (End of Yr1)**	**Dec 2017**	**May-18 (Yr2) (End of Yr2)**	**Dec-19 (End of Yr3)**		**Target Completed?**
							evaluations; Project reports; M& E Reports	
Outputs	OP 1. Conduct Child protection, Food and Nutrition, Peacebuilding and health Basic training with a focus on content and skills, in pilot sites .	# of school-based life-skills workshops run across 3 pilot sites	Zero at start of project	No school-based life-skills programmes	65% reached 61 Peace Builders trained in yr. 2. Yr. 1, training took place in klapmuts only=17 Total trained to date: 61+17=78 (78 of 120)	120 peace builders trained (Total)	Training Registers; M&E reports; Meeting Reports	Completed but Partially Achieved: Delivered and reported in year 2: Accumulated Total 78 of 120. Target 65% achieved
					Peace building activities with young people in schools not yet implemented. To commence in year 3	90 young people exposed to information on gender, power and violence reduction in the pilot sites (Total: 90)	Training Registers; M&E reports; Meeting Reports	Yr 3 CSS Implementation results (quarterly reports): 33+60+30+49+40+982=1194 Belhar lifeskills programme at school, Gugs rehab and OASIS projects. KPA in klapmuts
		Better adherence to treatment for patients with chronic illness in the three sites	Zero at start of project	55 health educators trained	80% completed (72 of 90)	90 Health Educators trained (Total: 90)	Training Registers; M&E reports; Meeting Reports	Completed but Partially Achieved: Delivered and reported in year 2, 80% target completed
			No data at start of project	Approx. 80% of chronic patients in care (260 chronic patients and 218 in care)	No Update. To be updated as part of year 3 survey Activities to increase health promotion/ awareness and the like, will be scheduled for year 3.	80% of chronic patients who participated in the baseline assessment are in care in pilot sites	Training Registers; M&E reports; Meeting Reports	Partially achieved: CSS implementation: 50 Chronic patients Gugulethu 10 chronic patients in klapmuts Approx. 60 via chronic clubs + Care accessed via support club: 60 members total: Approx.: 120 people receiving Endline Data: Comparing all intervention groups to all control groups for changes from 2017 to 2019, it appeared that the intervention areas experienced slightly larger improvements in patients with hypertension being in care and attending in the past month than improvements also seen in the controls. In the intervention areas rose from 81% to 95%. The percentage of patients with self-reported hypertension who were said to have attended for care in the intervention areas

	Results chain	Indicators	Baseline	Data from the survey	Targets	Targets	Sources and means of verification	Detail: Impact/ Completion
		To be presented **disaggregated by sex**	**May-17 (End of Yr1)**	**Dec 2017**	**May-18 (Yr2) (End of Yr2)**	**Dec-19 (End of Yr3)**		**Target Completed?**
								rose from 82% to 96%. The percentage of patients with self-reported hypertension attending care clubs rose by more than 50% from 20% to 31% in intervention areas. For diabetes, process measures were also largely improved in the Intervention Group. In the intervention areas, the percentage of patients being in care rose from 83% to 100%, attending in the past month from 70% to 93% and being part of a Care club rose from 15% to 23%. Overall, the evidence suggests intervention areas experienced slightly greater improvements in care measures for both hypertension and diabetes, particularly in the uptake into care groups Endline Survey (MF): 60% in 2017 had a member with chronic illness. Decrease to 57.7 in 2019.
			Zero at start of project	27% or 69 chronic patients are care club members correct	No Update. To be updated as part of year 3 survey Activities to increase health promotion/ awareness and the like, will be scheduled for year 3.	40% of chronic patients in the pilot sites are care club members	Training Registers; M&E reports; Meeting Reports	Partially achieved: CSS implementation: 50 Chronic patients Gugulethu 10 chronic patients in klapmuts Approx. 60 via chronic clubs + Care accessed via support club: 60 members total: Approx.: 120 chronic patients receiving care via support clubs and chronic clubs Endline Data (please see target above for detail i.e. target 80% of chronic patients (pilot sites) in survey are in care) Overall, the evidence suggests intervention areas experienced slightly greater improvements in care measures for both hypertension and diabetes, particularly in the uptake into care groups Previously reported in May 2018: No update
		# of family/ food and nutrition supporters trained to identify families in need food and nutrition support	Zero at start of project	66 family/ food and nutrition supporters were in training	Accumulated total: 42+16=58 64% to date (58 of 90) Total in yr. 2: 42 - Belhar: 9 - Gugulethu: 29 - Klapmuts: 4 And	90 family/ food and nutrition supporters trained (Total: 90)	Training Registers; M&E reports; Meeting Reports	Completed but Partially Achieved: Delivered and reported in year 2: 64% as stated 2018.

	Results chain	Indicators	Baseline	Data from the survey	Targets	Targets	Sources and means of verification	Detail: Impact/ Completion
		To be presented **disaggregated by sex**	**May-17 (End of Yr1)**	**Dec 2017**	**May-18 (Yr2) (End of Yr2)**	**Dec-19 (End of Yr3)**		**Target Completed?**
					Yr. 1: klapmuts 8, Belhar 8: total 16			
		# of Child Protection practitioners trained in early childhood development, child safety and health child development	Zero at start of project	87 child protection practitioners trained in total	Accumulated total: 80+54=134 (149% reached) Yr2: Belhar: 39 participants Gugulethu: Male 1 + Female 32 Klapmuts: 8 people completed Yr. 2 total: 80 And yr. 1: Belhar: 25 and klapmuts:29= total 54 (yr. 1)	90 child protection practitioners trained (Total: 90)	Training Registers; M&E reports; Meeting Reports	Achieved: Delivered and reported in year 2: 134 accumulated total (yr. 1 and 2) across sites. 149% target achieved
					66% achieved (2 of 3 sites) Belhar and Klapmuts have active child protection forums. Gugulethu is still in process of establishing it	3 child protection forums (1 in each pilot site: total 3)	Training Registers; M&E reports; Meeting Reports	Partially achieved: 3 Child focused groups which emerged from CSS in 3 sites: 80% as Belhar not as active. CP and ECD forum in Gugs in klapmuts Previously reported in year 2: 66% (2 out of 3 sites: klapmuts and Belhar) 66% achieved year 2018
	OP 2. Provide leadership and adult learning capacity building training to health committees and health activists of the pilot sites	# of Health Committee members confident in their knowledge and skills to address health issues and social determinants	6 in Belhar and 10 in Gugulethu HC members received basic HC training.	24 participants enrolled in the Diploma in Adult Education course at the UCT	24 participants enrolled in the Diploma in Adult Education course at the UCT	20 participants enrolled in the Diploma in Adult Education course at the UCT	Training Registers; M&E reports; Meeting Reports	100% completed. 17 graduated

	Results chain	Indicators	Baseline	Data from the survey	Targets	Targets	Sources and means of verification	Detail: Impact/ Completion
		To be presented **disaggregated by sex**	**May-17 (End of Yr1)**	**Dec 2017**	**May-18 (Yr2) (End of Yr2)**	**Dec-19 (End of Yr3)**		**Target Completed?**
			2 HC - Belhar - Gugs	2 HC - Belhar - Gugs	66% achieved. 2 sites have active HCs. Gugulethu HC has been active and they are having at least one meeting a month. Belhar HC is also active; however, meetings are less frequent. Klapmuts does not have a HC but they are considering establishing one. Nominations have been sent in.	HCs in target area have at least one monthly meeting.	Training Registers; M&E reports; Meeting Reports	Partially achieved: 80% completed due to Klapmuts which is still in start-up but this is due to DOH election/ nomination process and not as a result of CSS delivery. Thus Mostly a result of DOH not committing to training of HCs as well as delays in communicating approved elected members. This has impacted Klapmuts HC membership and formalising. However meeting has taken place with Klapmuts clinic. Therefore CSS/WFP has achieved in terms of assisting Klapmuts community in this process. In addition CSS has trained 2 of the elected HC members. the other 2 HC's are highly active.
			No mentoring support	12 sessions Belhar; 6 session Gugulethu; no sessions Klapmuts	50% achieved Belhar trainer has been engaging with health activists and the HC. The chairperson of the HC has been active in all activities facilitated by the trainer. Gugulethu HC is active with some members more involved than others and some members attending training. Interactions are regular but it is not yet based on mentoring only.	Monthly mentoring sessions for HCs with expert community advocates or trainers in pilot sites	Training Registers; M&E reports; Meeting Reports	Partially achieved: 66% achieved Gugulethu coordinator and trainer support Gugulethu and surrounding HCs including Klipfontein subdistrict Gugulethu HC members also benefitting from ongoing training provide by co- funding training via NRF on roles and responsibilities as well as facilitation skills and the like Gugulethu and Klipfontein recently benefited from a strategic planning training ad facilitation as part of NRF (co funding) Belhar: CSS participants is now part of BCHF and as benefited from M&E support Belhar and Klapmuts HCs members also benefited from the RTHB training including templates to assist with referrals Previously reported in May 2018: 50%
	OP 3. At least 3 community dialogues in each community, to discuss social determinate of health, health activism and health committees	# of Citizen's led dialogues to discuss heath and health related issues	Zero at start of project	4 community dialogues taking place in the pilot sites	(7+2+3+1)= 13 Belhar: 7 Gugulethu: 2 Klapmuts: 3 UCT 1	9 community dialogues taking place in the pilot sites (3 each site: Total 9)	Training Registers; M&E reports; Meeting Reports	Achieved: Yr 3 CSS Implementation results (quarterly reports): 6+4+4=14 events/ dialogues: 156% achieved Beneficiaries: 551+1133+340=2024 Previously reported in May 2018: 13 community dialogues Total community dialogues to date: 14+13=27
	Op 4: Project experiences and lessons reach, shared	# Awareness raising activities about the project with elected political leaders in	Zero at start of project	1 meeting with the Social Development Department	10% achieved Belhar: Local government officials were invited to all the community dialogues	1 Meetings each with the department of Social Development and	Training Registers; M&E reports; Meeting Reports	Achieved: Yr 3 CSS Implementation results (quarterly reports): 4 Gugulethu 2 Klapmuts

	Results chain	Indicators	Baseline	Data from the survey	Targets	Targets	Sources and means of verification	Detail: Impact/ Completion
		To be presented **disaggregated by sex**	**May-17 (End of Yr1)**	**Dec 2017**	**May-18 (Yr2) (End of Yr2)**	**Dec-19 (End of Yr3)**		**Target Completed?**
	with a wide range of policy-makers, civil society, academic community and public officials	provincial and municipal legislatures, at local level, and amongst NGOs, health departments, local communities and international peers			and the PR ward councillor always attended. Provincial: The CSS project intention and outcomes to date was presented to 3 different DSD departments. UCT: Presented at the Mandela Initiative Dialogue. The conference was a national gathering to investigate and develop strategies to overcome poverty and inequality	Health to share the lessons learned		7 UCT Total: 13 over 600% achieved Previously reported 10%
			Zero at start of project	Not yet	2 policy briefs in progress	3 Policy Briefs addressing issues raised by community dialogues and other integrated meetings and events, submitted to policy makers	Training Registers; M&E reports; Meeting Reports	4 Completed 133 % achieved
			Zero at start of project	no update	2 academic papers to commence	2 academic papers addressing the objectives of the project	Training Registers; M&E reports; Meeting Reports	Partially achieved. 1 complete. 1 in progress
			Zero at start of project	1 DVD on project; Website is updated	2 DVDs on project; Website is updated	Active Project website with updated project material including DVDs and personal stories	Training Registers; M&E reports; Meeting Reports	Achieved: 100%

General Points Project Delivery

Project Management

UCT was responsible for the overall EU Contract with subcontractors; Women on Farms Project (WFP) responsible mostly for the Klapmuts area, Training for Transition focusing more on Belhar. UCT assisting with the delivery in Gugulethu site supported by two staff (i.e. Trainer and coordinator). A Central UCT team consisted of the Principal Investigator, Project Manager and Project administrator.

All sites had coordinators (as outlined above re subcontractors) throughout most of the project delivery, ensuring that operations were aligned with the envisioned logframe outcomes and interventions delivered.

Meetings were held to ensure feedback, discuss challenges and achievements, with quarterly reports being drafted in line with a predetermined template that spoke to the logframe expectations.

The template was completed by partners/ coordinators, who sent the reports through to the central project management team. The project manager collated the information and disseminated a collated report of the achievements etc, that was in turn sent to all relevant partners across all three sites – critically, keeping them informed as to the happenings across the project and not only their site. This assisted coordinators and partners in keeping in line with logframe outcomes and dovetailing their interventions to coordinate with the other sites, especially for training outcome purposes whilst also ensuring cross site learning.

Monitoring and Evaluation

The Monitoring and evaluation (M&E) process was implemented by means of a tiered approach, whereby partner agencies, participants and site coordinators fed information into quarterly reports that were sent to the project management team. These were conducted in line with the logframe template as stated above. Some of the partners, project team and coordinators felt the logframe was rigid and highlighted the need for more flexibility to satisfy community dynamics in a more suitable manner; as well has highlighting where interventions and outcomes have been a resounding success due to their rigid nature. That said, the logframe was a donor requirement which partners and coordinators understood.

It was reviewed and concluded that some dynamics of the specific sites need to be accounted for within the logframe – where adjustments have been made or challenges highlighted in the reports; however, the sites still needed to comply with the intended outcomes of the logframe in order to deliver the results required for the project outcome as agreed with the donor. As mentioned previously, the project logframe matrix was revised and the final approval was received via the Addendum and extension approval process. The logframe was revised to reflect the national health strategy, link to more current information provided by the baseline survey on access to health and social services, the need for contextualized training on peacebuilding, child protection, Food and nutrition and health promotion interventions as well as related community dialogues. Thus, the updated logframe aimed to be more relevant to community needs as well as national policy.

Local Strategic partner engagement and meetings

Sites built local strategic partnerships (e.g. with NGOs, government etc) to assist the delivery of CSS as well as to assist the sustainability of the interventions developed by community members. Meetings were held between site coordinators and strategic partners as often as possible, in order to create a synergistic relationship that benefitted the outcomes of the project, the outcomes for the partner agencies and most importantly brought added benefits to the participants in the project as well as their communities as a whole.

The engagements at ground level added significant benefit due to the local-level knowledge that was being shared in order to capitalise on events that could bring greater advantages to the communities, while also keeping abreast with issues that the communities were facing.

The meetings held with local strategic partners also allowed for new opportunities to be cultivated for community members whereby they were informed of other training and mentorship opportunities, assisted with their local projects, and guided in how to initiate their own programmes that would benefit them through community cohesion, awareness and peacebuilding.

Implementation Delivery Vehicles/ Methods

Mentorship

Mentorship of CSS participants by coordinators and trainers was part of the project mandate but additional opportunities for mentorship grew through various interventions such as community dialogues which assisted in networking and meetings with local NGOs and community led programmes. In addition, the project team engaged with various strategic partner agencies and relevant CBOs in order to support CSS participants in getting their envisioned interventions or projects up and running. This was particularly successful with partners in training and mentoring participants in community gardening and micro-garden set-ups.

Partner agencies and CSS trainers have also availed themselves for ongoing mentorship for the CSS participants should they request it going forward in terms of enabling sustainability and process optimisation.

Community Dialogues

During project set up, the dialogues allowed sharing of information about the CSS project, as well as ensuring community acceptance – especially among community leaders, to promote cohesion and joint working. Generally, community dialogues served as a platform to raise community issues with key stakeholders and government as well as knowledge sharing and networking. This also allowed community members apart from CSS participants to raise issues that were being experience locally, create a platform to engage and delve into the deeper reasons relating to how and why certain issues are not being adequately dealt with, as well as how to raise issues through the correct channels in order to have their voices heard by relevant intermediaries such as Health Committees and Liaison Officers.

Throughout the project, community dialogues became a vital means of engagement and advocacy.

"It is imperative that we see community dialogues as part of a process and not an end in themselves. Therefore, community members are aiming to build on their resources within Gugulethu but require assistance in linking with key resources outside the community. There is also the need for feedback from officials to communities on the issues raised at community dialogues." Taken from project staff comment within an article. (Poverty and Inequality Initative, SALDRU, School of Economics, University of Cape Town 2019)

Advocacy Events

Advocacy events were also community driven, and in some cases powerful unexpected outcomes of the project. With the support of mentors and managing agencies – particularly UCT, which included events such as civic picketing, engagements with various government institutions – even including the Western Cape MEC for Health. See logframe result above.

Community Led Projects

Various interventions were activated by community members such as the setting up of a safe house, ECDs/ child focused projects emerged, discussions to assist in logistical management of the delivery of medication parcels to the elderly, and community gardens which were created to support soup kitchens and local indigent families. Other examples include peacebuilders targeting young people within the communities using sport and dance as a means to provide positive alternatives for youth as well as a platform to discuss drug abuse, conflict and the like. The links between the CSS participants and the local clinics was also a good result which has seen many fruitful activities emerging such as CSS participants presenting on NCDs at Belhar clinic for example.

Another community led response was the support of victims of spousal abuse particularly in Klapmuts and Gugulethu. In one such case a victim who was supported, laid charges against the perpetrator and eventually secured a conviction. CSS participants supported the victim throughout the court case and attended proceedings as well as picketing outside court. This proved to be a positive unexpected outcome of the project roll-out.

Other community led projects were designed in relation to securing local sponsorship for food parcels and events in order to support soup kitchens and ECD centres in providing food – particularly for the very young and the very old.

Heath Committees played a key role, acting as a bridge between health care facilities and the affected communities. As such, the national colloquium on health committees was organised by and hosted by UCT and

supported with EU funding for the CSS project. The October 2017 National Colloquium was a follow-up to the 2014 event, and had three major objectives, summed up as follows:

1. To create a forum for learning, sharing and strategy development for HCs across South Africa;
2. To support the growth and development of HCs in a re-engineered primary health care system;
3. To review the progress of HCs since the last colloquium in 2014.

This added significant value to the CSS project, by adding weight behind the importance of HC and community led interventions and systems monitoring which keep service delivery in check. (Naidoo, Carron In Collaboration with People' Health Movement 2017)

CSS Impact including Qualitative analysis

Informant interviews and Focus Groups

The profile of informants is summarized in Table 5. In total, 45 key informants were invited to participate in the study but only 40 agreed to participate (89% participation rate). Also, three focus groups were conducted, explore the CSS participants experiences and feedback on being a part of the project. The diversity of the informants enabled an in-depth exploration of the impact of the project, what did work well and what could have done better and possible solutions and recommendations for future projects.

Within the three focus groups, the participants were made up of representatives from various organisations and participants in the project (8 per group). Of the focus group participants, many had also been interviewed in a one-on-one capacity as laid out in in the table below.

Table 5 – Informants interviews sample size

Target Group	**Numbers of Individuals**
Interviews	
CSS Participants	13 (interviewed from focus group)
Health Committees	5
SAPS	4
Neighbourhood Watch/ Police Forum	3
Clinic Manager	2
Project Partners	4
NGOs	2
DSD	1
City of Cape Town	1
UCT Staff	5
Focus Groups	3 focus groups held, (8 Participants per group)
Total (Focus group + Interviews)	**40**
Note: Some of the CSS participants were involved in more than one of the CCS legs, HC's and NGOs at the same time. Therefore, in total 40 people were interviewed and/ or involved in Focus group discussions as some participants were involved in a focus group and an interview etc.	

Specific Achievements of CSS:

Certain interventions of the CSS project deserve specific mention due to the nature of their high impact drawn from reports and mixed method data analysis. These are listed below

Adult Education

An example of a very successful training intervention was the Higher Certificate in Education in Adult Education. The adult education program which provided the participants leadership, community and workplace education was seen by the participants as uplifting and empowering. Receiving the certificate made them proud and reassured them of their capabilities to provide change in their communities.

The Adult Education component, which formed an extra element of training for a group of 24 participants, comprising of 8 from each site, were selected to undertake a Higher Certificate in Adult Education at the University of Cape Town. Of the 24 who started, 17 successfully graduated from their training, and are implementing their skills in local community development (Laatoe 2018).

The Adult Education element of the project provided a beacon of hope to the respective communities, whereby it was visibly demonstrated that even with limited secondary education, with determination, commitment and community support, it is possible to achieve further recognised tertiary education in a vocation which can be used to further empower the community.

The Higher Certificate in Adult Education provided community members with the skills to enhance their role as vehicles of democratic governance for health and wellbeing at community level.

The collaboration between the School of Public health and the Department of Adult Education was excellent and turned out to be essential in the successful delivery of the qualification as the qualification formed part of the CSS project.

The general aims of the course can be summarised as follows:

- A grasp of the fields of adult education, community education and workplace education and training as they have developed within a broader social and historical context of South Africa.
- Basic familiarity with some of the main theoretical traditions in the field of adult education, as well as theories of community development and organisational development.
- Practical skills necessary for competent practice of adult education and training.
- Communicative competence to meet the formal academic criteria necessary to undertake further university study.

The feedback from the participants indicated that the programme objectives had been achieved, that the programme had been taught at the appropriate level for them, that they had learned new skills, realised their creativity and own potential. The programme content was seen as relevant to their situations and was covered effectively. Participants felt that the teaching methods were effectively implemented, the programme material was seen as useful and the workload was manageable

Below are some of the quotes and achievements from the student's evaluation of the course taken from the Adult Education Report (Laatoe 2018)

- *"Every module had different values to my learning, each offering different learnings. Each module taught me new things about myself, my history and myself as a facilitator. "*
- *"Each reading in its own individual way related to my work in my community and my life itself, finding questions to answers that is unanswered for so long, amongst many things. "*
- *"It was not that I did not enjoy, but it was difficult for me to get over my stereotypes. "*
- *"It was a mind opener because it made me remember how effective were some of the things that I had overlooked in my life, e.g. gender, how it shaped my life. How race impacted my life, e.g. the way we were classified as lower class and were not privileged enough to get access to possess companies and run big businesses. "*

- *"I liked that I learned about my history of where I belong in this country. What I am capable of doing. My key learnings is my own stereotypes and racist issues. "*
- *"The course have made a lot of difference in my life. I think what I really liked about it is the fact that I realised that I can learn, because before I thought I can't learn. "*
- *"My key learnings was definitely learning to do academic writing and to work out a workshop from scratch"*
- *"I liked the transformation part best of this course and the fact that this course gives you the opportunity to look back in history and that everyone have a equal opportunity to speak. "*
- *"What I like the best about this course was the theories, history and the designing course. "*

Individual achievements of students are noted below as (Laatoe 2018)*:*

- A student *"… has reported that her project, JOY, is flourishing. With regard to her involvement in her children's school, she is more confident and able to exercise her voice."*
- Another *"was invited to organise an excursion to Gugulethu for City of Cape Town graduate interns. She incorporated a transect walk as we had done in the course as well as visits to various organisations and dialogue and discussions with community leaders related to the Integrated Development Plan (IDP). Nompendulo has started working with the disability sector in Gugulethu and is considering applying for either disability studies at UCT or Social Work at UWC. She, too, was admitted via RPL."*
- Likewise, another student *"was also invited to organise an excursion for a group of City graduate interns in her area, Belhar. Similarly, the programme included a transect walk, visits to organisations and discussions with community leaders. She also prepared a booklet for the interns with pertinent information on the area. Antoinette was also invited, on my recommendation, to co-facilitate workshops for School Resource Officer in Delft. Her planning for this was thorough and the delivery was commendable. Antoinette also facilitates Damelin courses in Belhar."*

Links with Government and policymakers

Various initiatives were undertaken which attracted attention from policymakers and resulted in CSS participants benefitting from further training initiatives and opportunities, as well as creating partnerships and linkages with government institutions such as CHC's – with the support of the Department of Health. CSS participants from Gugulethu were invited to take part in an awareness campaign relating to the 16 days of activism against child and woman abuse by the Western Cape MEC for Health, Dr. Nomafrench Mbombo

Another influential initiative was when WFP and CSS participants from Klapmuts marched to parliament to hand over a memorandum of demands to the South African Police Service (SAPS) and the Department of Justice (DOJ), which were received by representatives from the National Ministry of Police as well as the National Ministry of Justice respectively. Participants were also able to speak directly to these organs of the state in parliament and, provided participants with a powerful platform to voice their concerns and raise awareness over the scourge of gender-based violence in disadvantaged and rural communities.

A community dialogue hosted by national government on the subject of child protection; proved to be incredibly useful as part of network strengthening and project visibility opportunity for Belhar participants, by validating their cause on a platform provided by national government. In addition, as part of network strengthening the participants demonstrated solidarity with the Lavender Hill community, in their struggles against the impact of gang activity in the neighbourhood. The dialogue was hosted by the National Police Minister, and allowed CSS participants to raise concerns about child protection and policing in Belhar, as well as speak about the CSS project – raising awareness about the initiative and its relevance in the community. Approximately 300 people attended the event, which received widespread media attention.

Food and Nutrition

The outcome of the food and nutrition component of the project was outstanding, with numerous successful outcomes, whereby CSS participants even encouraging family members to join and get involved. Despite the challenges of water restrictions due to the drought, numerous food gardens were set up, with individuals also starting to grow food crops at their own personal residences, envisioned for both personal and community consumption.

The level of empowerment was tangible with the growth of their own food, as well as the new source of largely passive income that could be generated by selling or trading surplus harvests.

Food gardens have been well received as a manner to encourage compliance with chronic medication regimens - allowing for medication to be administered as required with a meal of some sort.

Other advantages related to community involvement in a project that visibly empowered people, for example, by having vegetables readily available to boost supplies at local soup kitchens and community feeding schemes; and allowing people to appreciate their newfound knowledge regarding improved nutrition, and consequential health benefits.

In Klapmuts, WFPs provided ongoing training, which later led to capacitating ECDs in the area and a total of 5 food gardens were developed in Klapmuts at the time of completion of the project.

In Gugulethu food gardening was initiated as a community gardening project, administered by the local church. Due to vandalism and the effects of the drought, the initiative evolved towards personal food gardens being started at people's houses and in back yards, using creative ways to make use of limited space to achieve their gardening or urban farming outcome, whereby surplus food is donated to an after school campaign and two ECD's

CSS also built relationships with other training providers. After receiving basic Food and Nutrition training via CSS, many of the CSS participants benefited from additional training.

A Key informant noted: *"So, at some point within our programme, we also got free training from Soil for Life. Soil for life provide all the training for the people in the gardens. But now, for the people we trained in gardens, we said, you know, we invited some others as well – even from health, you know, food and health – they go hand in hand; and the poverty that was cited by the people that were doing drugs – it also gave them something to do. If you do your home garden – at least you can have some vegetables that you can eat from home...So, we thought we would open the garden to everybody else to say, 'we have got a garden at the church.' If people want – from the fresh produce, when we are going to be starting on the next garden produce, we invited more people to come – even from Health, to say, one of the people who took charge in that, was training the people from the food garden - trained the people from the Health leg; from the Peacebuilding – everybody else, you know, just on how to get the skill to do your own garden, because we all need – whether you are coming from the Health leg, or the Peacebuilding – we all need healthy food to be surviving. So, it was all opened up to everybody else, to learn about what you do to your own home garden and ya. All the skills..."So, that is part of the good thing that ya, was there."* (UCT, Key Informant no. 3.)

Another participant co-opted her family to join in the project, which in turn supports her initiative *"When CSS came, I took some people from my community to the CSS project to learn some things. Now even my husband is into the nutrition now. He is planting in the garden. They now support my project. They support my soup kitchen with food from the gardens. Which helps the community. I now can train people with what I have learned, they can help more."* (Gugulethu, Participant Interview no.2.)

Another successful result of the intervention is where Gugulethu participants used parts of their transport reimbursements to buy seeds for their home gardens. They have now turned to selling surplus crops in order to buy extra seeds and seedlings, which they use to sustain themselves as well as donate to surrounding community members in need.

By the time the project ended, there were 25 active home food gardens in Gugulethu related to the CSS participants, and successful linkages have been created with NGOs such as Abalimi Bezekhaya.

The implications of the initiative demonstrate that training in the development of food gardens and good nutrition is a cost-effective manner to ensure communities are armed with food security, as well as with food of nutritional value by initiating or augmenting community and school feeding schemes which can continue to grow, replicate elsewhere and sustain themselves, where one participant stated, *"Since I started this project as a gardener, I can't tell you the last time I went to the shop to buy vegetables. I don't even know the price of veg at Shoprite or Pick 'n Pay. The year before last when I planted mielies and potatoes, I harvested six bags of*

potatoes in the back yard – not even in the garden. I take all available leftover money from my grant and I buy seedlings. I don't want to go to Shoprite anymore – I am Shoprite." (Gugulethu, Participant Interview No. 4.)

As a result of the training and mentoring in the food and nutrition leg of this project, several feeding schemes have been bolstered by soup kitchens that have been created to feed hungry children attending ECDs. As stated, in Klapmuts, WFP is working closely with ECDs to develop food gardens to also assist in feeding the children attending the centres. Another example, in Belhar, Dorothy's feeding scheme, uses food from her garden to feed children attending her programmes, as well as educate children about the importance of nutrition, and the basics of growing food.

CSS has also assisted in supplying the CSS ECDs, Child focused projects/aftercares and soup kitchens with a monthly donation after building a partnership with a donor, CUF, discussed further below:

Impact of the various CSS interventions/ Delivery methods

According to the focus group the CSS interventions had a tremendous impact on the CSS participants. The trainings and ongoing mentoring programs empowered the participants by providing them with knowledge and skills that were missing as well as helping them advocate for changes in their communities.

Training

Overall, responses suggested that the trainings had the greatest impact on participants. One participant mentioned that,

"So, the knowledge and the experience that we have gained just by being in the sessions, the trainings; just using the practical kind of things, we could really take that, and take it to the community, and help with organisations, and how my organisation currently when we did the next phase of the adult education; I literally using that information, and I'm practicing that in my organisation by teaching adults. We didn't just learn how to work with children, but we learned how to work with the parents – that are the children's parents that are experiencing this neglect and whatever. So, it goes both ways – children and parents; and we have learned how to do that; how to do our own workshops; how to do our own project things; how to do our own financial; how to really plan a workshop; we all started with that in the CSS project." (Belhar focus group, participant no. 2.)

Another focus group participant mentioned:

"We were so happy having the certificate and more learning and things that can help the community, because our community is having a lot of problems." (Gugulethu focus group, participant no. 2.)

Another focus group participant added *"When we got the certificate, it was a crazy thing. We were so proud that we had done everything, and they (the CSS) were very proud of us when we went to UCT".* (Gugulethu focus group, participant no. 1.)

Access to Higher Education

As described previously, 17 participants graduated in April 2019, with three students achieving distinctions (Laatoe 2018).

From the Evaluation focus groups and interviews, an informant responsible for the Adult Education training mentioned that the CSS participants who participated in this training not only gained personally but also the community benefitted, for having much stronger leaders.

"So, I think personally for people, they gained a lot out of that – a path to higher education, a qualification, and for the CSS project itself, some very committed people working in communities who would be very willing to work on further CSS projects[…] it *certainly has been strengthened, so their roles in the communities have been strengthened; they are able to see the bigger picture; they are able to see their projects in a broader systemic environment, and so I think certainly that it has had a huge impact […] They have done amazing, amazing projects in Gugulethu, and they have said that a lot of it is out of the CSS project, and certainly what they have learned out of it is out of the Higher Certificate."* (Adult Education Key informant)

Involvement in Community Research

Another intervention that impacted the CSS participants substantially was being involved in the Baseline and Endline survey data collection. The Baseline and Endline survey assessments were extremely important as it provided micro-level data on community issues that was unknown and could be targeted for interventions. This activity involved community members collecting the data. It not only trained the CSS participants on how to conduct research and the importance of research but also highlighted issues in the community (e.g. hunger, violence, health problems) that was not as visible to the community. This was a confronting experience for some of the CSS participants involved in data gathering, where some were appalled and heartbroken by the level of abject poverty within their own communities – and equally shocked that they were unaware of it.

A focus group participant mentioned that *"when we made the evaluation in the houses – although it was sad at times. We know that in Gugulethu there is poverty; but you look at yourself and say, 'I never knew this exists."* (Gugulethu focus group, participant no. 5.)

There were, however, other more positive aspects of the surveying process, with another focus group participant mention *"I enjoyed the most was when we were doing the surveys – getting to know people's opinions about things that are happening in this community; and also, the other thing, it was so sensitive to discover that most people – they are overlooking those things."* (Klapmuts focus group, participant no. 5.)

"When I was involved in the surveys and I told the door to door people that I am from UCT, there were many people who were interested and wanted to follow and get involved. They got hope that we are bringing a good thing. Bringing hope. I told them that I am just a messenger, to find out and to hear the problems." (Gugulethu, Participant Interview no. 2.)

In addition, being involved in the Baseline and Endline data collection provided the CSS participants with experiences that can be used for future employment.

Working group and participant meetings

The participant working groups helped participants collaborate, learn from each other and assisted in maintaining momentum, build sustainability for after CSS as well as an additional opportunity to mentor participants in their own projects

Impact relating to Participant-led initiatives:

The CSS project not only had an impact on the CSS participants but also benefitted the communities via CSS Participant led projects and actions. Through the CSS interventions the CSS participants felt empowered, knowledgeable and inspired to initiate their own projects. The points below summarise participant feedback from the Focus group relating to their projects and community action.

Participants from the Klapmuts focus group highlighted:

"I started a project working with children that I picked up off the street, that I keep busy with dancing – children that aren't attending schools, I keep busy by teaching them to dance, and then I take them to a forum in Cape Town. Activities that they can dance in – competitions. That's what I do. Working with them, rehearsing twice a week." (Klapmuts focus group, participant no. 1.)

"Personally, I registered an organisation on skills development; and I have trained so far – I was doing TOT (Training Other Trainers) and on Sunday, there were thirty of my trainers graduating on Sunday – because I cannot do it on my own, I need other people to do it out there; because what I was teaching, business management and so forth; so I registered that one and it is now on. The major thing that I am specializing on - so far so good, was cleaners, and then how to do 139 candidates, from dish washers; toilet cleaners; shampoos, or shoe polishers; a lot; so that is what I have done so far this year." (Klapmuts focus group, participant no. 2.)

Gugulethu focus group participants summarised the following:

"I am in the third leg of my project. We have started our own group – Mapilisane, where we share everything that we have got – health wise and social wise – like the Freedom Charter." (Klapmuts focus group, participant no. 1.)

"We created Siyenza – meaning 'We are doing what we are trained for'. We are working together with these four legs. We also have our own garden at the church at the back – although we have challenges with water." (Gugulethu focus group, participant no. 4.)

"We are in the process of registering our NPO Number – after being facilitated by the CSS. This will lead to us having an NGO working as a hub with all of the four legs. We are working out of the church now, but with assistance of the pensioners – and after registration, we hope to grow it from there and work with all of the four legs helping each other." (Gugulethu focus group, participant no. 3.)

Belhar focus group participants stated:

"I have organised a peace walk that will be taking place on the 26th of October. So, I have submitted a plan, and we are waiting for a permit. So, we are doing it at Belhar Primary School. So, the next thing was going to be that all the organisations will join like this group – maybe your group, or that group." (Belhar focus group, participant no. 4.)

"I have grown a vegetable garden. I made my own compost, with stuff. When I am planting, I can share with others." (Belhar focus group, participant no. 1.)

"It just gave us a platform where you can take control of any situation. Through the ECD program, um, I started opening up more, you know, starting by opening the garages in the afternoon, because we know in our communities there is a real lack of reading – kids that drop out of school – that is one of the serious things, and that is also attached to crime, because children get frustrated and embarrassed if they can't read. So, starting with that ECD training, I've opened up the garage – anyone was welcome." (Belhar focus group, participant no. 3.)

Perceptions of CSS impact according to other key informants (stakeholders)

Most key informants agreed that the CSS has had a positive impact in the communities. The impact related to empowering and capacitating individuals, spreading knowledge and awareness regarding food nutrition, health and violence and communities working together and networking with key stakeholders.

Taking Action and leading change:

Many of the examples of impact related to participants taking initiative and action following training.

For instance a key informant mentioned that one example of the *"impact it had was allowing people to really start taking initiative of doing small community based initiatives and organisations, that they could feel empowered to do that in their own community and not have to wait for some big organisation to do it for them, or just join another job, it could do things on their own, and are feeling capacitated to provide services, like aftercare, like food kitchens, and things like that".* (Klapmuts, CSS Key informant no. 2.)

More specific example of actions taken by the CSS participants:

"In the week that the community members participated in the training program, they negotiated a bungalow; and that is how they set up their safe house; and within a week, we already had like two families that needed the safe house, you know; and the one was quite critical, because the husband had got to know that his wife was getting supported from the project." (Belhar, CSS Key informant)

Other key informants commented on the implementation of food gardens and food nutrition trainings in the communities.

- *"They have their own gardens, you know, they have their own food gardens where they can grow their own vegetables – they don't have to go and buy it. They have people who bring medicine to them."* (DSD, Key informant)
- *"We did at the ECD centres was to start food gardens; and they would provide those crops from the gardens – they would provide food for the kids; and we usually talk to them. There are two of them that we started the gardens a few months ago, because we struggled out with the previous gardens. The one has started*

harvesting, and it was beautiful veggies, I must say; and she said she is going to cook a meal for the kids the next day." (Klapmuts, CSS Key informant no. 1.)

One key informant explored:

"People are sort of relaxing and waiting for the government to do things for them – but now the CSS awakened them again – to say, you can do things for yourself. Like the food gardens, I visited with the team sometimes when they go to Gugulethu – I've seen like people's gardens; I even went to some of the creches -and now the people are taking the Child Protection more serious. I remember the one of the ladies – she's even got the private creche that she is running; but she is even taking kids that don't pay, because she learned from the CSS that Child Protection is very important – you can't leave kids on the pavement, you know." (UCT Staff, Key informant no. 2.)

Knowledge transfer

Another example of impact mentioned by key informants related to the knowledge gained during the trainings that was cascaded to other members of the communities.

"I know they are conducting awareness's - they go to clinics, hospitals around, and then have engagements, meetings, and go to steering committees and ward committees – so they speak about their interventions they are embarking in their capacity." (City of Cape Town, Key informant)

Community Action and Advocacy:

In addition, according to key informants it seems that the CSS project has awakened the communities to work together and drive change with their own hands. They have participated in marches, government committees and dialogues.

CSS value was also seen in terms of facilitating advocacy and community action. This is in line with the several advocacy events and community dialogues held by CSS and its participants as well as participants taking part in other related community action, as mentioned previously.

Many of the community dialogues were opportunities where large audiences could be reached, with several others attracting a broader spectrum of engagement including government officials.

"It caused a lot of impact in the community, because Gugulethu community was seen as a very reluctant area when it comes to going out there, doing pickets, doing court monitoring, going to marches, and shout for what we need as a community, as a whole. Then a response would come." (Gugulethu, NGO Key informant)

Areas for Improvement

It was identified during the project that there is a deep need for more business knowledge, financial and structural support.

According to the focus group participants money and structural support were viewed as a common problem among the CSS participants.

Belhar focus group mentioned that there was a lack of financial knowledge, management skills and accountability among the participants resulting in mismanagement of funding and tensions between the participants.

"The participants did not have the proper, was not informed, or not equipped with the proper knowledge and skills to work with that part of the project – the phase of getting the money and running the project." (Belhar focus group, participant no. 2.)

"Some of us have been working in organisations so long, know what to do, and how to do it and go about; but there were participants that did not have been doing projects on their own accord, in their own way, how they feel how it should be done, and how they have. So, they will say maybe, 'yes, I know how to do a project. I know how to do a workshop, or how to run a whatever.' But how to go about paperwork – writing everything up, and slips, and whatever – that part was lacking." (Belhar focus group, participant no. 5.)

With most of the community members struggling to meet month end, another money related issue raised among the focus groups is that the CSS participants might struggle financially to continue their projects and activities due to budget constraints. Most of the CSS participants are unemployed and volunteer their time. They are passionate about helping the community and the little resources they have; they share with others. Although, the CSS project provided them with training and support, they are struggling to keep their projects running as there is a lacking financial support e.g. stipend.

"There is poverty; there is a lack of unemployment; there's – I mean if you come into this community – you will come out teary – full of tears because of things you witness around you; witness in the community […] So, to volunteer as a counsellor, it's not going to work – because with the people's got the skills, but they need an income – they need a stipend." (Belhar focus group, participant no. 2.)

Participants mentioned that they need *"proper jobs – not only volunteering in the community."* (Gugulethu focus group; participant 2), equipment and airtime to continue their activities and projects. However, other CSS participants mentioned that they should also find other ways to raise money to continue their projects.

"We must also learn to be independent from – it's good to get money from UCT, or bigger organisations; but also, we must learn to submit; send to Blue Ribbon for bread; send to this Coca Cola for financial aid; sent to – I mean, the private companies, you know what I'm saying. We can get our financial aid also from there; and if we get money from UCT, well then, it's a bonus." (Belhar focus group, participant no. 3.)

There is an understanding among the CSS participants that the aim of the CSS project is to help them to be independent. One participant mentioned *"that [being independent] was one of the objectives of the CSS project*." (Belhar focus group, participant no. 4.)

However, to be able to raise money on their own, participants mentioned that they needed to be registered with an NGO. According to the focus groups, there is an expectation that CSS will provide structural support and teach the participants on how to register their own NGO; however, according to participants that structural support was limited and, in some cases, missing.

"Your organisation needs to be registered in order to go to people […] when the organisations had to register in the project. The support was given there; but nothing followed through. The organisations didn't – whoever registered; whoever submitted their things – all of us couldn't be there; but we sent someone to go and do it; and that didn't follow through. We are still waiting for our certificates to say that we are registered. So, that is also a thing that made organisations, um, that they cannot go – they cannot use their letterhead, because they get the stuffs – they get the numbers." (Belhar focus group, participant no. 5.)

A participant in Klapmuts focus group mentioned

"They also said that they are going to help us start our own NGO's and stuff; but they just never came back." (Klapmuts focus group, participant no. 3.)

Another participant added

"We are still not registered as an NGO. We have attempted to – since Emily. Emily helped us well, but Emily was busy; but it turns out that she has been removed or divorced from this. So that is that." (Klapmuts focus group, participant no. 4.)

It was also acknowledged that there is a lack of standardised training in how to manage and fulfil the positions required to run an NPO. In the Belhar Focus Group interview it was noted that the different groups received different funding values, and different levels of support in starting their group 'NPO projects'. With further investigation it was found that they believe that they would have benefitted as a group – (all CSS participants) if there was standardised training in organisational business management, in order for the correct participants to be selected and mentored further in fulfilling their mandate in their elected posts such as treasurer, secretary and chair of these organisations. It was felt that many of the organisations failed at start-up due to a lack of understanding of what is needed in order to successfully run them.

"And within our own organisation, where we start reviving executive boards on the Police Forum, I am now the chairperson there, so I have asked to start trainings – how can you have a person in the position that doesn't know? She's excited to be there, she wants to do the work – but she doesn't have the..."

"So, that thing of having all the treasurers put together; start doing a small training thingy (workshop); everyone does the same template; everyone does the same procedure.

Have the secretaries together; start brainstorming with them. Have the chairpersons together – start working. It's nothing to read – this is your roles and responsibilities; but, practicing it and doing it – that's something different. So, if that was there, I'm sure man, this thing could have been, and there would have been organisations that would have still been standing, and flourishing." (Belhar Focus Group Participant no. 5)

With another Focus Group participant noting: *"So, for me, it was what went wrong is, the participants did not have the proper, was not informed, or not equipped with the proper knowledge and skills to work with that part of the project – the phase of getting the money and running the project."* (Belhar Focus Group, participant no. 2.)

The lack of the CSS participants' ability to raise their own money to continue their own projects and activities can potentially threaten the future sustainability of their projects.

When asked to highlight the weakness of the CSS project, most key informants answered that money was an issue. Most of the CSS participants are unemployed. Although, they have been trained to support the communities with their own activities and projects, they must still provide to their families.

Participants need to provide for their families; "*you could mobilise other things because of their passion of it; but going along, passion cannot put food on the table at the end of the day."* (City of Cape Town Informant)

CSS project should had provided a starting kit:

"So, you train people; you give them a skill, and you encourage people to do things – but you don't even come with a starter pack, you know; so I think that was the weakness of the project. For example, if you say to people, they must start their own food garden – maybe you can come with seedlings; the rakes, or something – but there was nothing for that, you know." (UCT key informant no. 2.)

Marketing of CSS

Another weakness of the project mentioned by the key informants was related to marketing. For instance, some key informants have not heard of the CSS project or did not know what the CSS project was about.

When asked if he had heard of the CSS project one key informant mentioned "No, it's very strange that I didn't hear anything about that." (Klapmuts SAPS)

Another point relating to marketing;

"good starting point to approach to say, 'this is who we are, this is what we do, this is the value', so you are aware of exactly what the CSS is doing, and ya, in that aspect, the marketing could have been better, so that you know, this is organised, or this is activities that the CSS is doing in the community." (Klapmuts NGO)

Health Committee role and CSS

Key informants noted that there was an overwhelming focus on the Community Health Forums relating to the selection of community leaders, and it was felt that selection of health-related leadership and community representation should be conducted on a more democratic basis. Although the health forums did a lot of good work, it was sometimes felt that they were running their own agenda with regard to the project, and deliberately misleading the community. This led to several disgruntled participants leaving the project due to the perception of financial mismanagement and lack of transparency.

This was highlighted by a Belhar interviewee: *"Now, Professor London has got a long history with the Health Committees, and his intention was to have them be an oversight in this intention of strengthening the community networks; and in my view they weren't the best decision, but they have a long history of representing the community members for access to health; bit in this particular model of strengthening systems in communities,*

because they wanted the leadership role – and the intention was to strengthen networks, and not an oversight role; I mean that wasn't their fault, it was UCT's fault because Professor London wanted that." (Belhar Key Informant).

Ending of the CSS project - Sustainability

The CSS project was able to connect and partner CSS participants with stakeholders and other NGOs. This has been an incredible success and perhaps an alternative for support after the ending of the CSS project. CSS participants have access to clinic managers, government links e.g. City of Cape Town, and other NGOs e.g. Abalimi Bezekhaya, eBosch, which they can continue to network and build partnerships.

When asked if the CSS participants were willing to continue their projects without the CSS support; all participants in the focus groups agreed that they are willing to continue their projects and activities but were concerned of not having enough financial support to continue.

Key informants confirmed that they are willing to support the CSS participants after the ending of the CSS project. This support is related to additional training, participating in their events, providing space support for events. Nevertheless, CSS participants must continue to network and request assistance from them when needed.

Concern was raised about the withdrawal of UCT and associated ongoing project funding, with many interviewees suggesting that ongoing financial support was necessary – even if it is a minimal stipend, in order to keep participants motivated to proceed towards fully fledged sustainability i.e. The project has ended before all desired outcomes have been reached, and ongoing finance is required – even informally through donor funding or NGOs, in order to reach the outcome of absolute independent sustainability, as elaborated on by a Key Informant from UCT: *"Well, it's a funded project, so it's not – so that's a weakness, because it's an intervention that has a specific life. Its funded for three years – coming to an end in December, so inasmuch as it has been able to achieve certain things, the question is, 'will that be carried forward', and part of the reason for the weakness has been kind or reluctance of authorities to take up the lessons from the CSS – partly our fault for not being pushy enough about it."*

"Um, I think it's been pretty successful as a way of transferring skills to communities, and it has created some forms of autonomy by community members, its unskilled people with an adult education certificate – and they are sort of functioning better – so they may be able to continue the work in the long term.." (UCT, key informant no. 4.)

Project and Community Innovation

Community led outcomes

Community led outcomes of the CSS project differed significantly across the three pilot sites. Drawing on their local community strengths laid out as follows:

Belhar

Life skills and Child Protection:

An example of a well delivered outcome, was in Belhar and led by CSS participants who facilitated life skills workshops at local schools. In one example, a four-day campaign, reached 735 children. The team used drama as well as folk tales to highlight risks to young people and children. In total, the lifeskills workshops reached 932 children in Belhar schools.

Gugulethu

Food security

Gugulethu CSS participants initiated community food gardens and created a cooperative seed funding scheme whereby they saved money from their transport reimbursement, and pooled it to buy seeds for a food garden at the local church as well as individual food gardens, which was used to supplement CSS participants food

security (many of whom are also unemployed), as well as supporting feeding schemes such as soup kitchens, as well as donations of vegetable staples to indigent community members

After school Programmes

Another initiative being driven by CSS participants – particularly the Peacebuilding group is the After-School Programme which involves netball and soccer training practices with a mission to address substance abuse and high school drop-out rates through healthy engagement and exercise with peers in a safe space. The programme currently has ±30 regular participants.

Klapmuts

Community research and advocacy

The Back to School campaign which ran successfully in Klapmuts was a community driven project initiated to identify how and why so many children are dropping out of school. With CSS assistance via WFP, a questionnaire was designed to assess the reasons, with one of the major findings being that there is no high school in Klapmuts, and poverty prevented access to travel for many children to reach school, leading to them dropping out. This information has been passed on to the relevant authorities in order to find a workable solution to support scholars. The absence of a high school in the community was raised as a significant contributing factor to high drop-out rates by partner organisations e-Bosch and the Klapmuts Community Policing Forum, as well as noted by WFP, with the following:

"Yeah, I think a big impact was the back to school campaign this year, where we collected cases of children under the age of 15, and there was like up to thirty-eight cases plus of children, under the age of 15, not in school; and we referred them to the Department of Education and Department of Social Development. So, it's, that a lot of those cases have since been handled but some of those cases still remain." (Klapmuts, Key informant, Women on Farms).

e-Bosch underlined the difficulties for children to access high school education as a major barrier with: *"Well, one of the problems for what I feel, is for instance there is no high school in Klapmuts, so one of the problems is children have to travel to other places, so you have a high dropout rate of children in Klapmuts that are school leavers due to the fact of their circumstances; and also the high unemployment rate is also causing a big problem, so I think that one of the biggest situations is there needs to be skills development and work creation."* (Klapmuts, Key informant, e-Bosch).

Unexpected results

Discovery of extent of inadequate nutritional outcomes

During the 40 interviews conducted with participants and key informants, food insecurity was highlighted as leading to defaulting on the use of prescribed chronic medication for illnesses such as TB and HIV due to the negative side effects of using the medication on an empty stomach. This was highlighted as a cause for concern by Health Forums, Community Health Systems Liaisons and CHC Facility Management Staff relating to the development of drug resistance as well as further health complications for the patients. This could be largely alleviated by developing partnerships with the Health Clubs at the CHC's, facility management and nursing staff, in collaboration with the community structures who support the food gardens, in order to ensure that community members are at least afforded sufficient food to encourage consistent use of medication. This will also allow health of the most vulnerable community members can be closely monitored without repeated emergency clinical admission, as well as to alleviate abject nutritional deficiency, which is an element that has been neglected or failed completely with respect to both local and national government management and involvement to date.

Community Members organising medication dispensing and logistics.

The dispensing of medication, particularly for the aged has been highlighted as a significant obstacle in access to healthcare. It was noted that CSS participants set up access schemes for collection and transport of medication for patients that are not able to wait for them at the CHC (via the chronic clubs):

"So, what is happening is the CSS program has made at least services get to the people, particularly the elderly – some of them can't get their own medicine; at home, there is nobody to take care of them with health-related issues." (Gugulethu, Key informant, Gugulethu Development Forum)

CSS participants in Belhar have also assisted, with the CHC Manager stating: "*I know there is an NGO of such communities and got support groups in the community as well, of which I know of some of your CSS members is part of the support group, assisting in such a way; and also when we needed a new place to dispense the chronic medication, due to our clinics in the other areas not being available due to renovations happening there – the members of the CSS was very much willing to quickly assist us in order for us to get medicines; so ya."* (Belhar, Key informant, CHC Facility Manager)

Road to Health Research

During the course of the project, CSS initiated research on the RTHB (Road to Health Book) in order to ascertain if the child focused projects used the booklet but also to facilitate referral links between ECDs and the clinics to facilitate better health outcomes for children. A medical student from UCT assisted the CSS project manager with focus groups and interviews in Klapmuts, Belhar, and Gugulethu, where the understanding, use and importance of RTHB was assessed. In addition, the Western Cape Department of Health (DOH) provided approval to speak with relevant CHC managers and 3 managers were interviewed with DSD (Dept of Social Development) providing access to Environmental Health personnel. The report identified the need for user friendly training on the RTHB targeting ECDs/ child focused initiatives as well as a development of a simple referral tool that can facilitate referrals between ECDs and clinics.

Following the research, CSS utilised the skills of an exchange student who worked with the CSS Project Manager to develop accessible training material and the referral template. DOH provided copies of their training materials, as well as additional information as a means to assist the material development. These included presentations, pamphlets, and the like. The child focused projects of CSS were invited to a training workshop and the material was delivered by the CSS project Manager. The feedback from participants highlighted the value of such knowledge. In addition, following training many have informed CSS of how they are cascading information to parents and ensuring children are vaccinated etc.

The above is an example of Community based participative action research where research has led to an action and thus change.

Donor Funding

An international donor, CUF, was identified by the CSS project management team, and managed to secure funding of R5000 a month for child related projects, providing food parcels for them on an ongoing basis, in support of the ECD training and mentorship fostered during the CSS program. Approximately 12 facilities are being supported out of this intervention.

The Child focused projects were trained on how to develop a basic funding proposal which was collated by UCT and submitted to CUF. This training/ mentoring will assist them in future to facilitate in achieving sustainability for their NPO's upon registration as well as other projects that they are involved in.

Food and Nutrition Documentary and learning exchange

A student from New York University worked at UCT via exchange program, and created a film documentary focussing on the Food and Nutrition segment of the CSS programme, whereby she interviewed various participants across the three sites, and tracked their journey in becoming urban farmers, providing food for their families as well as others in need in innovative ways, under difficult circumstances. The documentary is available for viewing on the DVD section on the website in the footnote below[2].

The documentary was viewed by the Food and Nutrition participants from the 3 sites at UCT and was followed by an in-depth discussion around food security. The discussion involved NGO Abalimi Bezekhaya and was followed by a Q and A session with a manager from Department of Agriculture.

[2] http://www.salearningnetwork.uct.ac.za/community-systems-strengthening-css-health-2016-2019

Mozambique Conference

Professor Leslie London and two Health Committee members from Gugulethu and Belhar attended the first International Conference on the Social Determinants of Health (SODH) held in Mozambique, where they presented findings relating to their experiences in the field – particularly in impoverished communities, where inequality in access to health care, acceptable living conditions and poverty were focal points addressed as well as highlighted how CSS has assisted in this regard.

Discussion

The overall objectives of this evaluation were to assess the effectiveness, sustainability, relevance/impact of the CSS project and provide recommendation for future projects.

Effectiveness

The overall results show that the CSS project has completed its overall targets and objectives. Through the desktop analysis, a total of 30 targets were reviewed, 18 have been completely achieved (green) and 12 have been partially achieved (yellow), please see logframe results.

In addition, key informants had confirmed that the CSS trainings and activities were effective in capacitating, providing knowledge and empowering the CSS participants.

The CSS participants emphasised that the trainings in the four legs (Child Protection, Food and Nutrition, Peace Building, and Chronic Illnesses (Health Promotion) were a powerful stimulus for change and provided information that they were not aware of and that can be implemented back in the communities.

Relevance and Impact

The CSS project was a much-needed intervention in the communities as it provided training and knowledge sharing that was missing in the communities. The desktop results and the key informants' feedbacks show that the project built capacity for advocacy and community-based action to hold services accountable, promoted intersectoral action at community level and delivered awareness on food nutrition, health and violence and networking activities at community level.

The ability to provide meaningful research as one of the consequences of a community led project adds credence to its relevance – allowing for further potential academic growth and development along this avenue, while providing a social service to the communities most in need.

"And I think that as an institution – a research institution, I think a strength of the project is the research capacity that they can add to the intervention they do. So that is a strength compared to a regular NGO in terms of activities that they do." (Donor Agency, Key Informant).

As per the previous section, some of the overall impacts were related but not limited to the Adult Education program, through which the CSS project was able to empower community health activists to act as vehicles of change. There was an increase in the number of ECDs in the communities and numbers of children in safer places as well as receiving meals.

The food gardens seem to be providing health alternatives to the communities and decreasing hunger. In addition, some of the community members are planting their own gardens and selling or exchanging the food as a form of income. The communities seem more united as they are organizing their own events, trainings and marches for change.

Life skills programmes with schools and peacebuilding afterschool activities aimed to help develop positive behaviours. CSS tried to use various methods to improve learning and to innovate, e.g. Food and Nutrition documentary. Links with key organisations and government is also an important impact. The project constantly looked for new ways of improving impact such as the RTHB training.

Chronic clubs are also involved in assisting CHCs dispensing medication which is an invaluable contribution to improving access to healthcare and overall health outcomes of vulnerable groups such as the elderly.

Sustainability

Most of the CSS participants mentioned that they are willing to continue their projects and activities. However, lack of funding/money might pose a threat in moving their projects forward. As mentioned, most CSS participants are unemployed, and some have dropped out of the project because they had to find source of income to provide for their own families. The CSS project had provided capacity development/trainings for community members to be self-sufficient, however it might not have been sufficient. For instance, some CSS participants mentioned that they were not able to complete their NGOs registrations to apply for additional funding.

Sustainability remained a major issue due to the lack of ongoing funding, as described by a key informant: *"But there was no money for mentorship – we just got to here – we even improvised with our travel money, because the EU was providing R60 for travel money; and at some point we were saying to people – because if you don't see people for quite a long time in the program – there is not going to be motivation. So, we split the R60 into three R20, and we engage with people, and we said, 'let's renegotiate this transport money', because we need to see each other quite often, so that we can build that kind of motivation – because if you see people once a month, and people are not working – you are never going to see people…So, we improvised, and said, you know, 'this R60 – because we don't have money – how about we split it into R20 travel money – then we can see each other more…So, those are the things that, you know - really, why are you asking people? Because from the R60 that they were getting, they might be walking form home and back – then they can look at, 'I'm going to be buying bread from this money – this is what I can buy and put food on my table…Now we are pushing people even further and saying – you know, because we want people to keep the motivation going, and you know, all of that, they are going for R20 per session – because there was no money."* (UCT, Key Informant no. 3.)

Although CSS participants might struggle to continue their future projects due to lack of funding, the networking with stakeholders built during the CSS project might help with alternatives support to continue to move their projects forward. Most key informants mentioned that they are willing to support the CSS participants with additional trainings, participating in events and providing a location for gatherings.

Lessons learnt and recommendations

According with the desktop and the key informants' results, there is resounding evidence that the CSS project has been highly beneficial to the three intervention sites. However, there are lessons that can be learnt and shared from CSS project and perhaps taken to/ shared with other areas for future projects.

Teamwork

CSS participants mentioned that they struggled in the beginning to form groups and work together due personal relationships. For instance, some had mentioned interpersonal issues between participants interfering with the development of some projects. One key informant mentioned that she was left out after having a disagreement with another participant.

In addition, power relationships between participants and stakeholders such as Health Committees should be avoided. It was mentioned that the Health Committees in some cases/ sites, seemed to dictate the project agendas.

Additional training in management and sustainability

CSS Participants and some key informants drew attention to a lack of financial accountability among the CSS participants. It was expected from the CSS participants to budget and manage their projects; however, most did not have management skills which caused tension among the participants.

It was noted that basic broad level training in business management would be of great use to those starting or already involved in CBOs and would be of significant use to future project groups. This will allow all groups to be trained to a level whereby they can democratically elect appropriate individuals for positions and tasks to be fulfilled – based on a comprehension of the task requirements and fulfilment of the correct skillset for the job. Basic training in financial management and bookkeeping, were identified as skills that would assist in

future projects and CBO management. In addition, participants would also benefit from Funding proposal development, Basic Monitoring Evaluation/ Reporting.

Funding/Money

The results have shown that CSS participants struggled with funding and some of them had to drop out of the project due to financial constraints. Moving forward new projects should capacitate the participants to create their own network, intensify training in writing their own grants and creating their own NGOs and how to successfully fundraise events.

The CSS project was supported by different donors and UCT. These institutions have complex systems that don't easily translate into environments supportive of community engaged research which includes accessing services from community vendors and the like. For instance, the CSS project team spent unnecessary time in meetings, sorting out budgets; petty cash, cash advances than if the system were more efficient.

Marketing

It was suggested that projects such as the CSS should be well advertised in the communities. As it was highlighted in the results, some key informants mentioned that they have not heard of the CSS project. They were collaborating with the CSS partners but were not aware that their collaborations were part of the CSS project.

Considerations for Research

It was identified during the course of the project that there were several bottlenecks with regard to a university and research institution operating in the space of NGOs – working on community projects, which is well outside the traditional scope of operations. This led to frustrations in terms of efficiency, particularly in relation to timelines and funding. A key informant summed up the point as follows:

"So, as I said, we have to – I think one lesson learned is about this ethical approval for the baseline and the studies; and I see it in a number of projects that other universities; other research institutions – I think these are lessons that are not learned enough."

"Then, I think, for efficiency maybe concentrate more on one or the other aspect of the – you know – either food security or health etc., because it may be a risk to spread out. It's a strength to do lots of little things – but it also takes more time to coordinate those other arms." (Donor Agency, Key Informant).

As mentioned previously, one of the important strengths of involving a university is improve the research capacity alongside the delivery of interventions.

Recommendations based on lessons learnt

Future projects should investigate the following, based on lessons learned from this project:

- Provide conflict and power resolution training in an organisational and collaborative context to assist participants in building a teamwork ethic
- Teach participants basic financial, bookkeeping and management skills
- Intensify training on sustainability (e.g. how to create their own NGOs, how to write and apply for grants, how to create fundraise events, M&E/ Reporting)
- Advertise the projects on the community newspaper. Make sure the key stakeholders and partners are aware of the mission and the objectives of the project
- Provide some sort of financial support (stipend or seed funding) at least at the beginning until the project is well stablished and monitor the project growth.
- Donors and partners should create an efficient logistic support for community-based research.
- Investigate how to best disseminate information across all levels and structures involved in future projects in order to improve standardised processes between sites, particularly with regard to financial incentives such as travel reimbursements.
- Use existing community networks to integrate future projects into the community structures. The CSS project has created as well as identified several valuable networks for further development.

Future opportunities

Chronic Clubs

Chronic Clubs provide a platform for motivated, likeminded individuals who are generally keen to make a difference in their communities. They can be co-opted to spread awareness about the importance of food and nutrition with health promotion. If they can be motivated to support and train vulnerable individuals in community and home gardens that have been proven to be so successful in the community of Gugulethu during this project – deep grass roots results can be achieved with improved compliance to chronic medication regimens requiring food to be taken with relevant medication. This can result in fewer relapses, reduced transmission of infectious disease, and reduced chance of the development of drug resistance in relation to noncompliance.

Road to Health Card Education

It was found during the CSS project that knowledge about the use and importance of the Road to Health Card is generally lacking in impoverished communities where it is of vital significance to the growth, development and immunisation of young children.

Community Health Workers and Social Workers may be of great use in training community members such as creche managers, schoolteachers as well as parents who visit the CHCs.

By improving knowledge surrounding growth, nutrition and immunisation, parents can be better informed about the development of their children and understand the importance of the monitoring and regular CHC visits, as well as when it may be necessary to request more specialised services.

Food Gardens

The success of the food gardens, both as community gardens and individual home gardens needs to be an affordable method to improve the health and livelihoods of many impoverished communities and individuals. The simplicity of the interventions with the tangible results seen particularly in Gugulethu provide a blueprint for further roll-out in other projects and communities.

Integrated advisory and training services

The project has underscored the importance of advisory/ training services, and particularly how multidisciplinary teams and approaches can have massive positive synergistic impacts. An example for recommendation would be to integrate food and nutrition training with health promotion training in order to improve general knowledge which is lacking in the communities surrounding the importance of both elements together.

Conclusion

The overall objective of the CSS project was to contribute to the improved governance and access to health and social services for the disadvantaged and marginalized in 3 pilot communities in the Western Cape. The results show that the CSS project was able to build the capacity of community members and health committee members to realize their health rights and promote community well-being.

The CSS project has operated for three and a half years, with the first year focused on projects set up, community entry and buy in and recruitment of participants, training material development; year 2 delivering a substantial component of training and year 3 focused more on community activated projects. The results show that the CSS project has had tremendous positive impact in the intervention sites. With the support of the CSS project, additional ECDs have been established in the communities assisting in the development and health outcomes of children, food parcels have been distributed, soup kitchens set up, youth activities such as drugs and alcohol prevention programme are running, lifeskills programmes delivered in schools, participants have set up their own NGOs, community and individual's food gardens have been created, community dialogues and advocacy events have raised community voices an galvanised local support, whilst links to important structures (internal and external to the communities) have also been developed. From training to implementation, participants are using their knowledge, skills and networks to take action in their communities around key challenges relating to the social determinants of health.

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Appendix A – Key Informant Interview Guide

Key Informants Interview

Stakeholders/ Key informants: Health Communities, Clinic FM, SAPs, DSD, NGO, project staff interviews per partner i.e. UCT, TFT, WFP – Questions

Stakeholder/ Key Informant Interview
Date:
Group:
Participant No.
Reference:
Questions:

1. **Can you tell me about your organisation and the role it plays in protecting or promoting health in this community?**

   ***Probe: Are you involved in any of the following: child protection, peacebuilding violence prevention, food and nutrition/food security and health promotion/chronic disease prevention and management*.**

   Response: "

2. **Have you heard of the CSS project? What is your relationship/involvement in CSS?**

   Response: "

3. **Are there other organisations operating in this community that play a role in child protection, peacebuilding violence prevention, food and nutrition/food security and health promotion/chronic disease prevention and management?**

   Probe: What do these organisations do? Do these organizations have links to CSS?

   Response: "

4. **How serious … (According to the stakeholders/key informants' organizations)**
   a. **How serious is the problem of child abuse in this community?**
   b. **How serious is the problem of food insecurity in this community?**
   c. **How many cases of undernourished children do they see per month or how prevalent do they think it is in the community every month?**
   d. **How serious is the problem of violence in this community?**
   e. **How serious is the problem of chronic disease in this community?**

   Probe: **What do you think are the reasons? What do you think can be done about it?**

   Response: "

5. **Do you know of any CSS interventions (e.g. mentoring, community dialogues, Film, networking opportunities, training or any activities provided by or linked to CSS)?**

Probe: What interventions do they know? How do they learn about the CSS? Are they involved with CSS? If, so why and how are they involved with the CSS? What activities are they involved and what its impact?

Response: "

6. ***What are the advantages and weakness of the CSS projects?***
   Probe: **Probe: Give us some examples of the advantages and weaknesses of the CSS project. S*etting up food gardens in the community/ mentoring/ training did help and, if so, how did it help?***

   Response: "

7. **If Communities were to take action on the community problems (child abuse, food security, health, peacebuilding), what do you think would be the best and most effective strategies for them to pursue? Why do you say so? Did the CSS initiated or lead to some of the responses to these problems? How might the services assist them?**
   Probe: If the CCS helped to address to these problems.

   Response:

8. **Do you think the CSS caused any impact in the community?**
   Probe: Can you give us some examples? Did the CSS impact child protection and child health, food security, peacebuilding, Health (access to clinics)? How?

   Response:

9. **Do you think the CSS participants network/ link with your organization or other sites and between the project and other projects?**

   Response:

10. **Are you or your organization willing to support the CSS participants even after the ending of the CSS project?**
    Probe: How do you plan to support?

    Response:

11. **What lessons can be learnt and shared from CSS.**

    Response:

12. **What lessons can be taken to other areas or shared with other areas?**

    Response:

13. **Any other points you would like to add/ comments?**

    Response:

Appendix B – Participant Interview Guide

Participant interviews per site (i.e. 1 per Work package i.e. 1 FN, 1 CP, 1 HP, 1 PB, 2 AE) – Questions

Participant Interviews -
Date:
Group:
Participant No:
Reference:

Questions:

1. **Are you involved in any of the following: child protection, peacebuilding/ violence prevention, food and nutrition/ food security and health promotion/chronic disease prevention and management?**
Probe: ***Why did you get involved and how did you get involved?***

Response:

2. **Which CSS interventions impacted you to initiate change? Do you feel empowered because of the CSS project?**
Probe: Give us an example? How do you see yourself before and after the CSS project?

Response:

3. **What are the advantages and the weaknesses of the CSS projects?**
Probe: Give us some examples of the advantages and weaknesses of the CSS project.

Response:

4. **Do you think the projects can continue without the CSS support?**
Probe: Ask for the reasons and alternatives.

Response:

Appendix C – Focus Group Interview Guide

Focus Group Questions - 15 people (3 FN, 3 CP, 3 HP, 3 PB, 3 AE).

Focus Group Interview -
Date:
Group:
Participant No.
Reference:
Questions:

1. How have you been involved in the CSS Baseline Project?

Probe: Why they have been involved? when they started and how?
Response:

2. Think back over the years that you been participating in the CSS project and tell us your most enjoyable memories.

Probe: What went well? What did you enjoy about the program? What activity or training it helped to empower you the most and why? Which CSS interventions impacted you the most (training, community dialogues, the ongoing meetings and mentoring)?
Response:

3. Do you feel that the CSS empowered you to initiate changes or create your own projects in the community?

Probe: How have you changed? Did you take what you have learned to create their own projects or to teach others?
Response:

4. What have you done as a result of CSS? Actions/ projects initiated or improved?

Probe: Give us examples of actions/projects.
Response:

5. What did not go well in the CSS project?

Probe: What needs improvement? Why does it need improvement? What one can do to make the CSS program better?
Response:

6. Do you think the CSS caused any impact in the community?

Probe: Can you give us some examples?
Response:

7. Where you able to network with other sites and between the project and other projects?

Probe: Do you feel that because of the CSS you can reach out the Clinics' managements, SAPs, DSD or NGOs for support?

Response:

8. Are you willing to continue your projects without the CSS support?

Probe: How are they going to continue their projects without the CSS?

Response:

Appendix D – Activities related to Logframe of the Community Systems Strengthening for Health Project

	Key Activities	*Year 3 updates*
Activities	**Key activities OC1**	
	Activity/ Work Package 1: Child abuse prevention	
	1.1 Train a cadre of community-based child protection workers.	Complete: Accumulated total: 80+54=134 (149%)
	1.2 Initiate ECD services and Support ECD practitioners to formalise services.	100% completed
	1.3 Train child protection trainees to monitor child safety and protection in their areas	100% completed
	1.4 Train child protection trainees to advocate for child safety	100% completed
	1.5 Track, record and document all intervention strategies and process status.	100% completed: Previously 70%
	Activity/ Work Package 2: Violence prevention and harm reduction	
	2.1 Train a cadre of peace builders to Cooperate with schools to identify vulnerable children.	65% of peacebuilder target has been trained (78 of 120)
	2.2 Identify and recruit young men and women from health committees and other CBOs as Peace Builders.	100%
	2.3 Training on gender, power and violence reduction.	100%
	2.4 Trained Peace Builders run workshops in their communities and initiate advocacy events.	Mentoring: 100%
	2.5 Train peace builders to advocate for child safety	Mentoring: 100%
	2.6 Train Peace Builders to develop constructive alternatives for young people.	Mentoring: 100%
	Activity/ Work Package 3: Access to Food and nutrition	
	3.1 Identify health committee and community members to be trained as Family/ Food and Nutrition supporters.	Completed but 64 % achieved
	3.2 Train community members on identification of families in crisis; how and where to access resources; innovative approaches to food production.	100%
	3.3 Training on nutrition and health.	100%
	3.4 Train Family/ Food and Nutrition supporters to monitor nutrition services in their areas; and to monitor their own programmes	Training and mentoring: 100%

	Activity/ Work Package 4: Health promotion	
	4.1 Identify health committee members to be trained as Health Educators.	80% completed: (72 of 90)
	4.2 Health educators trained.	100%
	4.3 Health educators initiate community programmes.	100%: However, these are cross functional CSS participants and not all health educators as CSS aims to be holistic and integrated. Therefore, synergy was promoted as health is multidimensional. For example, Child protection participants took the lead on child health. . Health participants in Gugulethu worked with the chronic clubs and support groups e.g. Mama Afrika is a CSS participant. In addition, the Food a nutrition group played a key role in sharing nutrition information to promote health. Workshops in the community on health topics such as first aid, epilepsy etc were initiated in the community by CSS participants and HC members. CP participants involved in RTHB and clinic referrals. previously 50%
	4. 4 Host community dialogues with local government officials, local health and other officials involved in health.	100%: 12 events: Klapmuts: 6; Gugulethu: 5; Belhar: 1: Total beneficiaries Year 3: 3745; Total beneficiaries to date: 3745+194=3939: Total events to date: 12+4=16 events. Previously (2018) reported 33% of target (4 of 12) beneficiaries 17+127+50=194
	4.5 Train Health Committees to monitor health services in their areas; and to monitor their own programmes	100%
	4.6 Train Health Educators to advocate for health.	Mentoring: 80%: Previously reported as Not completed
	Activity/ Work Package 5: Leadership and leadership training as health committees	
	5.1 Opportunities sought for CSS trainees to access training in leadership (capacity building)	100% completed
	5.2 HCs lead citizen dialogues with government officials locally.	Achieved: 6+4+4=14 events/ dialogues: 156% achieved. Gugulethu: 6 community dialogues 115+162+40+39+59+136=551. Klapmuts: 4 community dialogues:160+40+96+286=1133. Belhar: 4 events (1 was a dialogue using door to door survey);20+120+200=340. Total Beneficiaries: 551+1133+340=2024. Previously reported in May 2018: 13 community dialogues (144%). Total community dialogues to date: 14+13=27.
	Activity/ Work Package 6: Documentation and dissemination	
	6.1. Document M&E framework	100%: Previously 80%
	6.2. Conduct community mapping in 3 pilot sites.	100%
	6.3. Synthesis of community mapping and situation analyses conducted by UCT	100&
	6.4. Production of a Documentary DVD; dissemination of DVD	100%

	6.5. Presentation of project experiences at relevant conferences and meetings	100% Previously 20%
	6.6. Tabling of experiences and results to policy makers at local, provincial and national government: portfolio and standing committees	100%: Previously: No progress
	6.7. Sharing of information in Southern and East African networks on HCs	100%: Previously: 20%
	6.8. Publications	1 completed and 1 in progress
	Key Activities for OC 2:	
	Activity/ Work Package 7: Networking and Coalition Building	
	7.1 Host community dialogues with local government officials, local clinic, police and other community activists	Achieved: 6+4+4=14 events/ dialogues: 156% achieved. Gugulethu: 6 community dialogues 115+162+40+39+59+136=551. Klapmuts: 4 community dialogues:160+40+96+286=1133. Belhar: 4 events (1 was a dialogue using door to door survey);20+120+200=340. Total Beneficiaries: 551+1133+340=2024. Previously reported in May 2018: 13 community dialogues (144%). Total community dialogues to date: 14+13=27.
	7.2 Set up Advisory Committee involving key stakeholders	N/A. As reported in year 2.
	7.3 Strengthening Health Committees at 3 pilot sites.	80% Klapmuts, WFP has supported the HC members in klapmuts in a variety of ways including helping set up meeting with klapmuts clinic and the like. 2 have received training from UCT/UWC via Winter school on HC governance and roles. However awaiting further communication from provincial re training. Gugulethu: Gugulethu coordinator and UCT trainers support the Gugulethu health committee as well as are supporting other HCs in klipfontein and surrounding areas. Gugulethu HC is benefitting via co funding form NRF. Across sites: Belhar, Gugulethu and Klapmuts: HC members from Belhar, Klapmuts and Gugulethu all profited from the Winter school on HC. UCT and UWC Public Health collaboration at Winter School held at UWC. Training on Health Committees' Vehicle for Providers and Communities to Realize the Right to Health. Belhar and Klapmuts HCs members also benefited from the RTHB training delivered by CSS including templates to assist with referrals
	7.4 Host a national colloquium	100 % completed
	7.5 Developing community networks	100%: Belhar very good relationship with clinic, churches; In Gugs: Sonke. MCSJ, GDF, Ilifa lab? COCT, DOH; Klapmuts: eBosch, SCAN