

	Results chain	Indicators To be presented disaggregated by sex	Baseline May-17	Data from the survey Dec 2017	Targets May-18	Targets Dec-19	Sources and means of	Assumptions		
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	Three selected communities do not suffer any natural disaster or other unpredicted social upheaval. Other access and quality interventions may take place in these communities but we will be able to account for these because of strong community mapping and monitoring		
		# 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)			
		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)				
Specific objective(s): Outcome(s)	Oc 1: Community health committees and health activists actively <u>taking part in</u> 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	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			
		# 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			
		# 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 an plans 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			
			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 an plans for year 3	60% children receive meals at CSS project ECDs in pilot sites	UCT baseline assessment of services in pilot communities			
			2 gardens in Belhar	43 out of 594 (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			
		# 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			
			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			
		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			
		OC2: Strengthened coordination of services through community leadership, networks, partnerships and linkages with	# 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	The policy context for Health Committees must be stable; Service delivery and student protests, even if they occur,

	local government	# 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.	registers; Pre- and post-training evaluations; Project reports; M& E Reports	do not disrupt the overall work of the project; Criminal violence is contained to a point that is not disruptive to the work of the project.
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) Peace building activities with young people in schools not yet implemented. To commence in year 3	120 peace builders trained (Total)	Training Registers; M&E reports; Meeting Reports	Gang intimidation may undermine the peace work; assumed that the police and state services will be in a position to control this; Trained HC and community members remain in their roles long enough to mentor others should they find employment and leave; Department of Social Development maintains its grant systems as know them; The Health Department does not suffer stock outs and closure of services; Political structures for participation welcome presentations from the HCs and the project in parliamentary forums; External conditions of poverty (e.g. price basic commodities) does not deteriorate unpredictably over the three years.
		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	
			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	80% of chronic patients who participated in the baseline assessment are in care in pilot sites	Training Registers; M&E reports; Meeting Reports	
			Zero at start of project	27% or 69 chronic patients are care club members	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	
		# 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 Yr. 1: klapmuts 8 and Belhar 8: total 16 in year 1 successfully completed training	90 family/ food and nutrition supporters trained (Total: 90)	Training Registers; M&E reports; Meeting Reports	
		# 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	
					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	
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		
		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		
		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		

<p>OP 3. At least 3 community dialogues in each community, to discuss social determinate of health, health activism and health committees</p>	<p># of Citizen's led dialogues to discuss heath and health related issues</p>	<p>Zero at start of project</p>	<p>4 community dialogues taking place in the pilot sites</p>	<p>(7+2+3+1)= 13 Belhar: 7 Gugulethu: 2 Klapmuts: 3 UCT 1</p>	<p>9 community dialogues taking place in the pilot sites (3 each site: Total 9)</p>	<p>Training Registers; M&E reports; Meeting Reports</p>
<p>Op 4: Project experiences and lessons reach, shared with a wide range of policy-makers, civil society, academic community and public officials</p>	<p># Awareness raising activities about the project with elected political leaders in provincial and municipal legislatures, at local level, and amongst NGOs, health departments, local communities and international peers</p>	<p>Zero at start of project</p>	<p>1 meeting with the Social Development Department</p>	<p>10% achieved Belhar: Local government officials were invited to all the community dialogues 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</p>	<p>1 Meetings each with the department of Social Development and Health to share the lessons learned</p>	<p>Training Registers; M&E reports; Meeting Reports</p>
		<p>Zero at start of project</p>	<p>Not yet</p>	<p>2 policy briefs in progress</p>	<p>3 Policy Briefs addressing issues raised by community dialogues and other integrated meetings and events, submitted to policy makers</p>	<p>Training Registers; M&E reports; Meeting Reports</p>
		<p>Zero at start of project</p>	<p>no update</p>	<p>2 academic papers to commence</p>	<p>2 academic papers addressing the objectives of the project</p>	<p>Training Registers; M&E reports; Meeting Reports</p>
		<p>Zero at start of project</p>	<p>1 DVD on project; Website is updated</p>	<p>2 DVDs on project; Website is updated</p>	<p>Active Project website with updated project material including DVDs and personal stories</p>	<p>Training Registers; M&E reports; Meeting Reports</p>

Activities	Key activities OC1	These come from the grant agreement	Factors outside project management's control that may impact on the output-outcome linkage.
		Means: (Costs in the budget document)	
	Activity/ Work Package 1: Child abuse prevention		All of the above, plus:
	1.1 Train a cadre of community-based child protection workers.	Staff time, staff travel, accommodation, staff per diem, training venue, participant travel transport fees, catering, communication, stationery, volunteer stipends, and volunteers.	Co-operation from local services, local officials and key managers to be
	1.2 Initiate ECD services and Support ECD practitioners to formalise services.		Contracts to be established between partners.
	1.3 Train child protection trainees to monitor child safety and protection in their areas		
	1.4 Train child protection trainees to advocate for child safety		
	1.5 Track, record and document all intervention strategies and process status.		
	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.	Staff time, communication, transport, stationery	
	2.2 Identify and recruit young men and women from health committees and other CBOs as Peace Builders.	Staff time, communication, transport, stationery	
	2.3 Training on gender, power and violence reduction.	Staff time, communication, transport, stationery	
	2.4 Trained Peace Builders run workshops in their communities and initiate advocacy events.	Staff time, staff transport, per diems, PWD transport, refreshments	
	2.5 Train peace builders to advocate for child safety	Staff time, staff transport, per diems, PWD transport, refreshments	
	2.6 Train Peace Builders to develop constructive alternatives for young people.	Volunteer travel, staff time, stationery, venue, catering	
	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.	Staff time, volunteer transport, stipends	
	3.2 Train community members on identification of families in crisis; how and where to access resources; innovative approaches to food production.	Staff time, staff per diems, staff transport, participant transport	
	3.3 Training on nutrition and health.		
	3.4 Train Family/ Food and Nutrition supporters to monitor nutrition services in their areas; and to monitor their own programmes	Staff time, stationery, volunteer transport	
	Activity/ Work Package 4: Health promotion		
	4.1 Identify health committee members to be trained as Health Educators.	Staff time, staff per diems, staff transport,	
	4.2 Health educators trained.	Staff time, staff per diems, staff transport,	
	4.3 Health educators initiate community programmes.	Staff time, staff per diems, staff transport,	
	4.4 Host community dialogues with local government officials, local health and other officials involved in health.	Staff time, staff per diems, staff transport, participant transport	
	4.5 Train Health Committees to monitor health services in their areas; and to monitor their own programmes	Staff time, staff per diems, staff transport, participant transport	
	4.6 Train Health Educators to advocate for health.	Staff time, staff travel, accommodation, per diems, stationery, training venues, catering	
	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)		
	5.2 HCs lead citizen dialogues with government officials locally.		
	Activity/ Work Package 6: Documentation and dissemination		
	6.1. Document M&E framework		
	6.2. Conduct community mapping in 3 pilot sites.		
	6.3. Synthesis of community mapping and situation analyses conducted by UCT	Staff time, accommodation, communication, transport, stationery	
	6.4. Production of a Documentary DVD; dissemination of DVD		
	6.5. Presentation of project experiences at relevant conferences and meetings		
	6.6. Tabling of experiences and results to policy makers at local, provincial and national government: portfolio and standing committees		
	6.7. Sharing of information in Southern and East African networks on HCs		
	6.8. Publications		
	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		
	7.2 Set up Advisory Committee involving key stakeholders		
	7.3 Strengthening Health Committees at 3 pilot sites.		
	7.4 Host a national colloquium		
	7.5 Developing community networks		