



Training for Transition (TFT)

TFT Training Consultancy, Registration No. 2016/512874/07  
CAPACITY DEVELOPMENT FOR ORGANISATIONS WORKING WITH VULNERABLE GROUPS



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## Community Systems Strengthening Quarterly Report

Submitted on a monthly basis to the partner/organisation CSS coordinator/responsible person

30-Oct-17

UCT Gugulethu

### 1. Number of beneficiaries reached for this reporting period

Male	Female	Total
37	141	178

### 2. Provide a summary of the activities implemented during the reporting period.

List the activity, with the activity number and the date of completion

Describe the activity

Note any problems or delays

Also note and risks or concerns that arisen during the implementation of the activity

2.1

Activity	Activity/Work package No	Date of activity	Male Participants	Female Participants
Health training	4.2.	23 August - 31 August	14	31

**Description of the activity: (Please add any publicity materials: stories, photos, etc.)** Health Training was conducted on 23&24 August Diabetes; Hypertension 30&31 August. This was a very enthusiastic group of people with diverse experiences in the field of health. the majority of them had direct experiences living with diabetes and hypertension, some have experiences these illnesses through their family members. The in-depth on discussions pointed at the lack of access to information of community people and the subsequent spread in myths around these illnesses. Participants acknowledged that the shortage of medication and the attitude of the staff at the health facilities can be seen as the direct cause of poor treatment adherence among people living with these illnesses. Participants also raised a concern on the amount of poverty that is rife in the community that also affect treatment outcomes. They suggested that health training has to be linked with food and nutrition programme of the CSS, as one of the ways to promote adherence as people cannot take food on empty stomachs.

**Problems or delays:** There were no real problems among the group except that the group was very big and that the discussions went on for longer, but these were necessary, the quest for knowledge was high. Participants were also encouraged to go through the manuals as home work and come back with questions for the areas they might have struggled to understand.

**Risks or concerns:** We initially took in more than thirty participants for health training in Gugulethu. We anticipated that some participants might drop-out and we wanted to secure the numbers. Some participants did drop-out but not significantly, we still had just over 30 at the last training, participants that were consistent in attendance.

2.2

Activity	Activity/Work package No	Date of activity	Male Participants	Female Participants
Meeting Information Session	7.5	7/29/2017	21	96

**Description of the activity: (Please add any publicity materials: stories, photos, etc.)** This was the first information session held in Gugulethu for the CSS programme. This session was to get together different stakeholders in the area to introduce the programme formally and provide an opportunity for community members to participate. About 117 people attended the session. Comment from participants: This will bring much needed relief to the community of Gugulethu; they hope that this can be spread to other areas closer to Gugulethu such as Nyanga and KTC. Participants were given an opportunity to choose their programme areas:

Questions from participants: Were they allowed to choose more than one area? Answer: They were encouraged to choose one only to allow for others to also participate and build their skills. Once again it was emphasised that this is a pilot programme. Participants were asked to write their wards to identify the areas they were coming from. In addition, they were asked to allow for a fair distribution across programme areas, e.g. people from the same ward must be represented in all four programme areas, and not to choose the same programmatic areas.

**Problems or delays:** There were people who arrived quite early (more senior people), but the rest started arriving at a later stage, and those that were early started asking for tea/coffee that was never provided for. This was resolved as something that was unforeseen.

**Risks or concerns:** We (team) observed that there were more senior people than young people. So we emphasised that the programme is looking for more younger people who can read and write. We then extended the invite to more people and organisations to secure the most relevant age of the participants. We further asked participants to write down and motivate why they chose their areas of choice to determine their writing capabilities.

Activity	Activity/Work package No	Date of activity	Male Participants	Female Participants
Community Mapping	6.2	13/06/2017	1	15

**Description of the activity: (Please add any publicity materials: stories, photos, etc.)** The community mapping activity was conducted in collaboration with Gugulethu Health committee members, UCT and Gugulethu Community Coordinator. This was in preparation for creating a database for Gugulethu stakeholders. Social development worker in Gugulethu provided us a database of stakeholders in Gugulethu, but upon phoning the stakeholders, the database proved to be outdated. Relevant stakeholders were captured, but ongoing update is being effected. This database was used to invite stakeholders to the information session and to give their members an opportunity to participate in the programme. The database is currently being updated on an ongoing basis.

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*Please add or delete rows as necessary*

### **3. Relationship within and beyond this action**

#### **3.1 How do you assess your relationship with the other partners of this action?**

Good partnership with local health facility managers and Gugulethu Development Forum, Ilitha Labantu ECD forums, Health Club Forums etc has been ongoing and improving. An opportunity for HCs to strengthen their participation in HOD meetings was also developed and ongoing through the added relationships being built through the CSS programme.

#### **3.2 How would you assess your relationship with the participants/beneficiaries of this action and how did this relationship affect this action**

The relationship with beneficiaries has been quite good and getting stronger by day. Participants can't wait to start the implementation phase as they have been waiting for opportunities to assist their communities with health intervention. Participants have also been vigilant of other programmes that might be competition to the CSS programme, they are very protective of the CSS and do not want it to fail. A sense of ownership has been created within the CSS programme.

#### **3.3 How would you assess your relationship with government and/or non-governmental organisations and how did this relationship affect this action**

' This CSS programme has been introduced to many stakeholders within the community through many different platforms that HCs are also part of. Due to their active involvement in health and crime fighting initiatives in Gugulethu Day Hospital, Gugulethu HCs have since developed strong relationships with the MEC for health, such that they, including UCT trainer coordinator, accepted an invitation to attend a session in provincial parliament where the MEC for Health was giving a report on crime interventions in health.

### **4. Linkages and synergies**

#### **4.1 Were you able to develop any linkages or synergies that had an affect/will have an affect on this action?**

### **5. Visibility**

**How have you ensured compliance with the EU visibility requirements?**

All training materials produced have EU logos that is visible. Furthermore, all training and information sessions of the CSS Project have banners and pop-up poster that have EU logos displayed at all times. Participants wear their CSS programme Tshirts with EU logo to our workshops and other events, while health committees and UCT staff also wear their Tshirts with EU logo at all relevant CSS programme events.

**6. Action Plan**

**6.1 Please update the attached action plan**

**6.2 List your main activities for the next quarter**

<b>Activity</b>	<b>Activity/Work package No</b>	<b>Proposed Date of activity</b>	<b>Expected # of Males</b>	<b>Expected # of Females</b>
Health Training Modules: TB, HIV and AIDS, and Epilepsy	4.2.	26/09/2017 - 12/10/2017	12	20
Peacebuilding	2.1	5/09/2017 - 13/09//2017	10	20
Food and Nutrition	3.1	20/09/2017 - 21/09/2017	10	20
Child Protection	1.1	18/10/2017 - 26/10/2017	10	20
M&E	6.1	8/11/2017 - 30/11/2017	40	80