

‘Think for yourself - Think for tomorrow’: Exploring the impact of peer-led HIV intervention and psychosocial support groups for vulnerable youth in South Africa

**Report prepared for the Harvard School of Public Health
and the Centre for the Support of Peer Education**

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Chapter 1

Evaluating a peer-led intervention for vulnerable youth

Introduction

This report, building on Swartz, Van Der Heijden, Makoae et al., (2009), offers a contribution towards understanding three important phenomena in South Africa: the widespread effect of HIV/AIDS, the ongoing needs of orphaned and vulnerable children (OVC¹) living in poverty and made extraordinarily vulnerable by the AIDS pandemic, and the promise of peer education to contribute towards meeting their psychosocial and HIV/AIDS educational needs.

In partnership with the Harvard School of Public Health, the study examines, on a formative level, the impact that a structured, time-limited, curriculum-based peer-led intervention (entitled *Vhutshilo 2*) has on a group of vulnerable youth in periurban and rural areas. Since this is the first time the programme has been implemented and evaluated, apart from the impact measured, this evaluation set out to learn what parts of the curriculum and strategy work well; how to improve delivery and supervision; how best peer educators might be supported and their connection to group members promoted; and how or whether to engage parents and other community members. In other words, “the goal was to demonstrate, and move towards institutionalizing an intervention that would be an affordable, practical, sustainable mechanism for meaningful prevention education and psychosocial support which we could reasonably expect to produce changes in attitudes, norms, intentions and behaviour as we improved both our intervention and our ability to measure it” (Deutsch, 2010, personal communication).

Before turning to the results of the study, including recommendations for curriculum improvement; comments on peer education as a strategy; the impact on youth participants, peer educators, and the organisations that implement the programme; and responses from community members including parents, this chapter seeks to place the study in context. It will consider youth vulnerabilities in general and in the context of poverty and HIV/AIDS; describe peer education as practiced in this study and elsewhere; and briefly situate peer education intervention in the context of policy frameworks locally and internationally.

Adolescence – vulnerability, risk and resilience

Adolescence is frequently described as a period of change and difficulty with vast explorations in identity and the ‘trying on’ of different selves (Kerpelman and Pittman, 2001). During adolescence, young people also encounter social problems such as substance abuse, unplanned pregnancy, increased risk-taking and depression, frequently for the first time. These problems however occur in context, and scholars such as Bronfenbrenner (1979) have helped

¹ Adolescents in this study (target age 14 to 16 years old) are OVC by virtue of the Children's Act of 2005 (Act No. 38 of 2005) where any person under the age of 18 years old is a child. In general however, throughout this report, OVC participants will be referred to as vulnerable youth.

us to adopt a holistic view of adolescence by interrogating notions of context and environmental influences on teenage risk and psychosocial behaviour. According to Ribbens McCarthy (2007, p. 287), risk-taking is common among adolescents and is to be regarded as a natural part of leaving childhood. At the same time as risk-taking behaviour increases, young people are exposed to multiple options for increasing their resilience. Frequently, finding and adopting resilient behaviour in contexts of deprivation and poverty is more difficult than in environments where greater support mechanisms exist for youth, but it is not impossible.

All young people, no matter their context, have the need for access to knowledge, skills and psychosocial support (Richter, Foster and Sher, 2006, 10) that will assist in avoiding harmful choices especially with regard to sexual health, substance use and violence. However, in the context of the adverse conditions adolescents face in under-resourced communities in South Africa and in other parts of the developing world, these are difficult interventions to provide. Young people are frequently in and out of school due to the effects of poverty and the quality of education in periurban and rural parts of South Africa is especially poor. Furthermore, while families are important to young people's development and well-being, they are frequently incapacitated by the burden of poverty and illness.

Who are vulnerable youth?

The concept of vulnerability is usually used in connection with orphans and other groups of children who are more exposed to risks, and have fewer resources to deal with these risks, than their peers. The World Bank uses the concept of 'social orphans' to describe children whose parents might be alive but are no longer fulfilling parental duties (e.g. drug addicts who are separated from their children with little chance of reunion; parents who are sick; parents who are abusive or who, for other reasons, have abandoned or largely neglect their children). In an operational context we can say that vulnerable children or youth are those who are most likely to fall through the cracks of regular programmes or interventions, or, using social protection terminology: vulnerable youth experience negative outcomes, morbidity, malnutrition and poor educational outcomes at higher rates than do their peers.

Adolescent resilience research differs from risk research by focusing on the assets and resources that enable some adolescents to overcome the negative effects of risk exposure. An asset-based focus on adolescent development identifies protective factors, assets and strengths that diminish the chances of negative health outcomes for adolescents (Rink and Tricker 2003). Both risk and resilience are of importance in this study.

Factors influencing the vulnerability and risk taking behaviours of youth in South Africa

In the South African context, the pervasive effect of poverty for the majority of youth means that children and youth have particularly few assets with which to develop resilience to environmental threats and risky health and social behaviours. Nattrass (2009) and Dryfoos (1990) in particular have shown that poverty plays a pivotal role in the HIV epidemic in sub-Saharan countries, and affects the vulnerability of people, including young people, to HIV infection by driving risk-taking behaviour. Poverty, when combined with the usual social upheavals of adolescence, combines to make intervention for poor youth crucial (Hurrelmann and Richter, 2006; Jessor, 1998). These interventions should be characterised by addressing both social and behavioural factors that impact on adolescent's risk-taking and psychosocial capacities to deal with poverty and subsequent vulnerability. Some of these social and

behavioural factors will be highlighted below, and include alcohol use, involvement and exposure to crime and violence, transactional sex, unprotected sex and multiple concurrent partnerships, high school dropout (and subsequent unemployment) and poor access to public health facilities by young people. A few pertinent facts associated with each of these risk factors are highlighted below.

Alcohol abuse and use is associated with greater sexual risk taking, including increased risk for sexually transmitted infections (STI), including HIV/AIDS (Kalichman et al., 2007, p. 141). There are gender differences in alcohol use and sexual risks; men are more likely to drink and engage in risk-taking whereas women's risks are often associated with their male sex partners' drinking.

Young people constitute a considerable percentage of both victims and perpetrators of crime, and in particular violent crime, in South Africa (Burton, 2007). Exposure to crime and violence has resulted in many youth regarding it as an everyday occurrence. Consequently, young people who are exposed to violence at a young age "are significantly more likely to become perpetrators of criminal, violent or other antisocial behaviour... both as repeat victims and as potential perpetrators of violence" (Burton, 2007, p. 2). In addition, the relationship between violence and sexual exploitation is frequently reported (Buga et al., 1996, Wood, Maforah & Jewkes, 1998 and Richter, 1996). In Richter's study, for example, 28% of the women in the sample had been 'forced' to have sex by their male partners. Much of this coercion is accompanied by violence or the threat of violence.

Transactional sex is sexual exchange for material gain and is a further feature of the risk and vulnerability environment of young South Africans. Especially prevalent among young women (but not only) some researchers have called it "survival sex" since "sexual relations with men are an important means to achieve social and economic status" (Meekers and Calvés, 1997, p, 361). Even when these transactional relationships occur for "commodities" (Leclerc-Madlala, 2003) or to "advance their education, gain employment... or simply achieve higher status in youth cultures which prioritize conspicuous consumption" (Dunlke et al., 2007, p. 1236), there is some agreement that transactional sex is wrapped up in poverty and unequal gender relations. In a study conducted in Cape Town, Jewkes et al., (2001) report that 21% of pregnant and 19% of non-pregnant teenager women reported having sex for money or presents. Many of their partners are significantly older (i.e. 'Sugar daddies') which in turn has implications for condom-use, with young women finding it difficult to insist on their use when confronted with an older, persuasive, powerful, gift-giving male.

If transactional sex is a risk behaviour involving mainly (young) women, then having multiple sexual partners (frequently concurrent) is reported as a primarily (but not only) male phenomenon, beginning in adolescence. Rosenberg et al., (1999) reported that sexually active male adolescents who have multiple concurrent partners (MCP) are at high risk of acquiring sexually transmitted infections. Halperin & Epstein (2007) explain that in southern Africa, men who engage in MCPs increase their risk of acquiring HIV due to the wider sexual network of which they are a part – especially during the highly infectious period that accompanies a new HIV infection, when the virus can spread rapidly given the wide network of stable and ongoing partnerships. Swartz and Bhana's (2009) recent study on teenage fatherhood offers insight into how poor young men's emotional needs may be an important driver in MCPs.

Apart from risky sexual behaviour, including a lack of condom use, and the relationship between alcohol, violence and sexual risk taking, adolescents in South Africa contend with poor education and limited access to public health facilities.

In the South African context, the school dropout rate increases dramatically after Grade 9. School dropout is in turn highly correlated to teenage pregnancy among both males and females. Further, Grant and Hallam (2006, p. 5) argue that “school enrolment is most often viewed as protective, providing a structured setting in which children receive support and develop their capabilities and knowledge”. In addition, many clinics are viewed as “unfriendly” (Faxelide et al., 2008 and Arube-Wani et al., 2008) by adolescents living in South Africa, and so once youth have dropped out of school, there are limited opportunities to reach them with basic risk reduction prevention education.

For those in school, sex education frequently does not meet their needs for a variety of reasons: teachers are embarrassed to offer relevant messages (especially given cultural taboos) (van der Riet et al., 2005, van der Heijden & Swartz, 2010), young people notoriously do not listen in a classroom context, believe themselves to be immune from harm (Swartz & Bhana, 2009), are faced with irrelevant messages, or are not in school for enough time to ensure that messages reach their target. In addition, psychosocial distress is seldom, if ever, addressed (Jooste, Managa and Simbayi, 2006), much less in a school context, and individuals frequently fall through the gap (or are lost in the crowd) when it comes to identifying youth in trouble and referring them on for additional support. When identification does occur, except in the most resourced parts of the country, there is a dearth of mental health services available for the majority of South African’s periurban and rural poor who need help.

Addressing real youth needs that impact on HIV/AIDS infection, recognising the ‘emotional desert’ many adolescents in poor communities inhabit, and finding ways to help young people for whom services are few is an urgent task. In this context, peer education offers a promising way to address young people’s needs for both psychosocial support and HIV prevention education.

The value of peer education for psychosocial intervention and HIV prevention

The dearth of appropriate HIV prevention education and psychosocial support for adolescents means that millions of young people lack the capacity to acquire the necessary resilience skills and have little understanding of how to find help when needed. Furthermore, few mechanisms exist that can facilitate the delivery of these needs to vulnerable children due to poverty and lack of community resources. In this context, interventions need to close up these gaps in a sustainable way utilising resources on the ground that enhances social learning and support.

Peer education is considered a health promotion strategy and intervention modality (Shiner 1999) able to complement other more individualised modes of health promotion and delivery. Peer education programmes target the peer group as the unit of change in order to modify social norms, and use an individual from the target group (i.e. ‘peer educator’ or ‘peer facilitator’) as the agent of change (Chandan et al., 2008, p. 12). Of late, peer education programmes have gained particular reputation within the context of sexual and reproductive health, in particular in HIV prevention among youth. There is, however, a dearth of data on effective peer education programmes, not because none exist, but because there has been

few that have undergone rigorous evaluation, and even less that agree on standards, roles and systems within which peer education can effectively function. Frequently, peer education programmes and their intentions are not always well-planned and sometimes do not reach their objectives of long-lasting behaviour change. The problems associated with this are often reflective of the programme's inability to follow standard guidelines for effective peer education (Ward et al., 2008).

Due to these ongoing weaknesses in peer education, *Rutanang* (Deutsch & Swartz, 2002), a multiyear collaborative effort spearheaded by the Harvard School of Public Health² produced standards of practice guidelines for peer education that were subsequently agreed by a wide range of stakeholder groups. *Rutanang* is a framework of what peer education might be and the programme structures and mechanisms it requires to ensuring effectiveness. The *Vhutshilo* strategy arose out of this initiative.

According to the *Vhutshilo* philosophy, peer education relies on young people's agency and resources (preferably with adult supervision) to affect change among their peers in multiple ways. Ideally, peer education can achieve multiple aims: it can undo cultural and traditional beliefs, bridge the generational gap of sex education and allow peers to experience discomfort together and foster a context of mutual help. While it is of crucial significance that peer education programmes focus on prevention, it is also important to understand that psychosocial needs of youth impact on both risk and resilience, including helping young people to access real support and safety nets. This is different to formal prevention education interventions. In peer education, lessons are designed to unsettle, problematise issues, and allow for open discussion with multiple possible responses in varying circumstances. It clarifies the distinction between *reactive* education and *proactive* education. It anticipates young people's needs, and chooses those topics that it is most appropriate for young people to talk among themselves about. The *Vhutshilo* vision of peer education is not intended to be a miracle strategy nor a stand-alone behaviour change model.

The *Vhutshilo* strategy uses the standards and roles described in *Rutanang*. According to these standards, fundamental to successful implementation of any peer education programme is consensus about goals, essential elements and guidelines of peer education. A peer education system needs to be interactive and age-appropriate, providing face-to-face interaction and simultaneously addressing socio-emotional barriers to learning. It requires structured and repeated exposure, sequenced sessions that have measurable learning objectives and adult supervision. *Rutanang* provides the following working definition of peer education that includes four roles of peer educators:

Peer education is the process whereby trained supervisors assist a group of suitable young people to: [1] educate their peers in a structured manner; [2] informally role-model healthy behaviour; [3] recognise youth in need of additional help and refer them for assistance; and [4] advocate for resources and services for themselves and their peers (Deutsch and Swartz, 2002, p. 37).

Furthermore, Deutsch and Swartz (2002, p. 65ff) advocate ten basic standards that ought to characterise peer education programmes:

² Dr Charles Deutsch from the Harvard School of Public Health (HSPH) headed this initiative. The Centre for the Support of Peer Education (CSPE) emerged out of this collaborative process. The principal author of this report co-authored the *Rutanang* series of documents while working for HSPH.

1. *Planning*: Is there a detailed plan of action, based on actual needs with clear, measurable goals?
2. *Mobilising*: Is there commitment, understanding and support from the leadership of the institution in which you are working? Are there shared vision, and resources?
3. *Supervisor infrastructure*: Have supervisors been carefully selected, trained and contracted?
4. *Linkages*: Have you included the partners and support structures you need for your programme?
5. *Learning programme*: Is your learning programme an effective, tested, 'beyond awareness', interactive programme, delivering adequate dosage in correct sequence?
6. *Peer educator infrastructure*: Have peer educators been carefully selected, trained and contracted, with defined roles, performance standards and graduated responsibilities?
7. *Management*: Are peer educators and supervisors well managed and is the delivery of all four roles of peer education quantifiable and happening effectively?
8. *Recognition and credentialing*: Are there credentialing and reward mechanisms in place to ensure growth opportunities for peer educators and for supervisors?
9. *Monitoring and evaluation*: Do you have a realistic monitoring and evaluation plan that includes documentation and information management?
10. *Sustainability*: Do you have a practical and operative sustainability plan dealing with compliance, public relations, staffing, funding and peer ownership?

These ten standards and four roles will be referred to implicitly and explicitly over the course of this report, and will be returned to in the concluding chapter.

Peer education in the context of the policy and practice frameworks

There are a number of local and international policy frameworks and practices that impinge on this study. We discuss them briefly to place peer education into context, and to outline the environment in which it must operate – that supports its implementation and contributes to the difficulties with which it must contend. Perhaps, most clearly, providing HIV/AIDS intervention and psychosocial support for children and youth is a national and international priority. The National HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 (Republic of South Africa, 2007, p. 35) identifies young people aged 15 to 24 as a priority group in reducing new HIV infections.

The South African Children's Act (Act No. 38 of 2005) provides an enabling framework for peer education in that it helps to secure children's rights. The health and well-being of children is at the forefront of the Children's Act, with special attention paid to the role of children, their families and communities in providing care and protection for children. In particular it advocates for "*structures, services and means* for promoting and monitoring the sound physical, psychological, intellectual, emotional and social development of children" and enjoins government and other agencies to "*strengthen and develop community structures* which can assist in providing care and protection for children; protect children from discrimination, exploitation and any other physical, emotional or moral harm or hazards".

Furthermore, the South African National Youth Policy (2009 – 2014) makes explicit the rights of adolescents to information, education, and psychosocial support. It highlights the effects of poverty and "under development" on young people and emphasises the need for young

people to participate in finding solutions to the problems they face. In particular it advocates for “safe and nurturing environments” and promotes the importance of:

- Supporting the *psychological, emotional and physical well-being* of young men and women;
- Acting as and providing positive *role models*;
- Encouraging *participation* by young men and women in community life and development;
- Allowing young women and men to develop *responsibility* for themselves;
- Assisting young people in reaching their full *potential*; and
- Respecting and accepting the *contribution* made through the talents, resources and ideas of young men and women in society today - and not just in the future.

Peer education employs many of these principles, including “role-modelling”, “responsibility”, and respecting young people’s own capacities to contribute towards social change.

With respect to orphans and vulnerable children and youth, the South African National Department of Social Development’s strategic Plan (2009 – 2012) aims to “to create a caring and integrated system of social development services that facilitates human development and improves the[ir] quality of life” (Republic of South Africa, 2007, p. 20). It recognises that there is a dire need for “evidence-based youth programmes” (ibid., p. 84) and protecting vulnerable youth (ibid., p. 72). While not yet available, the South African National Department of Basic Education is currently drafting guidelines for the implementation of peer education as part of the school programme.

The President’s Emergency Plan for AIDS Relief (PEPFAR), that funds both CSPE and the implementing partners with which CSPE works, has a number of strategies that align with peer education as a delivery mechanism for vulnerable youth. First, it too insists on evidence-based interventions, as *Vhutshilo* strives to be. Second, it has a focus on vulnerable youth in its 2008 agreement with partner countries and stipulates that at least 10% of all funding should be geared towards meeting the needs of orphans and vulnerable children. Finally, it also requires that at least half of all money be directed towards prevention education including “activities promoting abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction” (Pepfar, 2008).

While few policies specifically refer to peer education, with the exception of the Department of Education’s forthcoming guidelines, peer education is encouraged by the existing policy milieu. It encourages the engagement of young people in youth-led programmes that ideally facilitate contexts in which youth’s rights can be realised, where adolescents find positive role models within the groups of which they are part and are active agents in ensuring on-going psychosocial intervention that allows them to feel safe and protected. Peer education ultimately provides a safe space where vulnerable youth can debate and dialogue about risk and resilience and find practical and relevant way to address these (Campbell et al 2005). Each of these policies contributes to realising this aim.

Aim of the study and report outline

The overall purpose of the study was to assess the impact of a time-limited, curriculum-based, socio-educational support group for 14 to 16 year old vulnerable youth. These groups are

designed to be an inviting space in which young people can discuss issues and receive support from those like themselves i.e. from similar backgrounds of vulnerability. Peer educators, as role models of resilience educate and advocate for their peers, and help them to find help. The programme's objective is to help youth develop the psychosocial and sexual health related knowledge, attitudes, beliefs, and skills required to engage in healthy behaviours. A focus on HIV prevention and dealing with adverse situations through psychosocial support is core to the curriculum's content. The specific objectives of the study were to investigate the feasibility of training and supporting South African community-based programmes to reliably deliver a peer-led group intervention for vulnerable youth. The evaluation documents how a peer-led intervention can successfully contribute to adolescents' psychosocial and HIV prevention needs.

The report is divided into nine chapters. In this introductory chapter we have introduced the needs of vulnerable youth and provided an overview of how peer education has the potential to articulate with these needs in light of existing national and international policies. Chapter 2 describes the methodology used to evaluate the *Vhutshilo* programme and its impact on young people. The various methods used are argued to appropriately capture the implementation process as well as impact on all role players. Chapter 3 considers the curriculum used in the *Vhutshilo* strategy, and asks how appropriate is the content, what gaps exist and whether materials were appropriately facilitated. Chapter 4 offers an evaluation from *Vhutshilo* group participants regarding the way in which the curriculum was implemented in practice. Included in this evaluation is how time is used; barriers to effective communication between peer educators and *Vhutshilo* group members; and how these barriers might be reduced.

Chapter 5 focuses on the impact of the programme on beneficiaries in both statistical and qualitative measures. The chapter covers methodological challenges, demographic characteristics of the youth who are typically involved, and provides results and discussion on the multiple psychosocial domains in which one would expect to be influenced by participating in *Vhutshilo*. Chapter 6 discusses the peer educators' experience of the *Vhutshilo* programme, including their recommendations for improvement and their experience of evaluation as used in the *Vhutshilo* strategy. Chapter 7 debates the problems of capacity and organisational management that can hinder or encourage the successful implementation of a programme such as this. It covers issues of sustainability and challenges that implementing partners and sites experience with running the *Vhutshilo* peer-led programme.

Chapter 8 briefly explores the broader community responses to the programme. The chapter explores whether parents and guardians in this study regarded themselves as key agents in providing psychosocial support to adolescents and to what extent they knew about their child's participation in the peer education programme. Finally, Chapter 9 offers a summary of our findings and makes recommendations for future implementation. It reflects on how to measure effectiveness in pilot studies such as this one and offers a case study of how *Vhutshilo* was successfully implemented in a small, deeply rural site in Limpopo, and to what effect. Although not included in this report, a confidential addendum has been provided to HSPH that supplies technical details regarding consent forms and research instruments in seven languages, completed lesson observation sheets and a site by site mapping of implementing partners.

Chapter 2

Research design

Research objectives

The purpose of this study was to assess both the *feasibility* and *impact* of a time-limited, curriculum-based, socio-educational support group for 14 to 16 year old adolescents experiencing multiple vulnerabilities in the context of HIV/AIDS. The latter aim was achieved by comparing the effect of the intervention, called *Vhutshilo 2: Peer-led prevention and support group for 14-16 year old OVC* (Deutsch and Edoh, 2008) against adolescents of similar backgrounds who did not participate in the programme. This component of the study asked how or whether the intervention improved participants' knowledge, attitudes, future intentions, skills and behaviours that are known to contribute to the prevention of HIV infection and other risks for which OVC are especially vulnerable.

Since this was a pilot study, assessing the *feasibility* of the *Vhutshilo* programme was also a central aim. Here the objective was to assess the strengths and weaknesses of the intervention components, evaluating these through direct observation of sessions as well as through interviews and evaluation questionnaires to assess necessary changes to curriculum content and programme delivery. Specific aims included:

1. Evaluating training and support for peer educators and supervisors to deliver *Vhutshilo 2*.
2. Understanding the impact of a peer-led intervention on peer educators themselves, including the benefit and consequences that peer evaluation of performance plays in programme outcomes.
3. Understanding and measuring the organisational burden of the programme including the extent to which the programme is replicable and at what cost.
4. Recording reactions of community members and families of participants.

Research design

The research design was a mixed method (both qualitative and quantitative), longitudinal, quasi-experimental formative or process evaluation. It was formative evaluation since it used empirical data to assess the delivery of the programme, its impact on beneficiaries, and the outcomes with a view to improving a pilot programme. It was longitudinal in the sense that it was not a once-off engagement with participants, but collected data on several occasions over a period of time (Van der Riet et al., 2005). It was quasi-experimental in that it made use of a control group and an intervention group that was not randomly assigned but selected according to set criteria. A quasi-experimental design uses *either* multiple groups or multiple waves of measurement across a time-series analysis (Agha, 2002). In our case we used both to strengthen the design. Due to practical limitations our design comprised a three point measurement of impact (see Figure 2.1). A four point measurement (including a post-test for the control group) would have been stronger, as would have an increased number of participants in both control (n=110) and intervention groups (n=73).

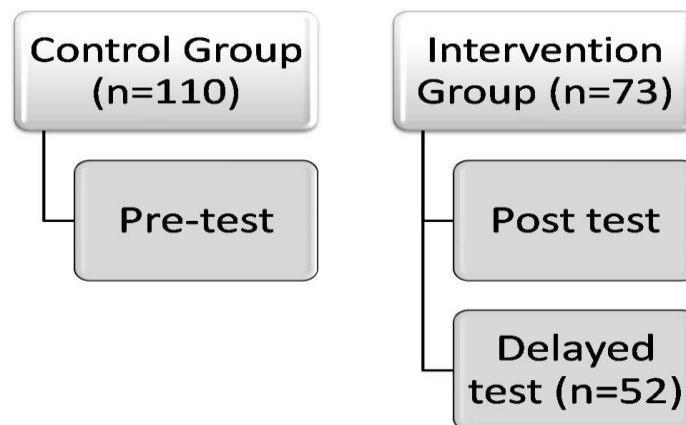


Figure 2.1 Three point quasi-experimental design used in quantitative component of evaluation

The quantitative component comprised a 92 item questionnaire filled out by both *Vhutshilo 2* and control group members. The qualitative component employed focus groups, observations and interviews. The qualitative design component of the evaluation was intended to give deeper insight into findings arising from the questionnaires, and to provide contextual meanings to participants' experiences, from organisational managers and leaders, peer educators, community members and the youth beneficiaries themselves. Essentially, the qualitative methodology attempted to measure indicators in a participatory manner. Van der Riet et al., (2005, p. 79) argue that participatory research techniques "emphasises ways of assessing local and situated understandings" and "local categories and frameworks for understanding and experience" whereas in conventional research the quantitative component of research usually defines the way in which data is extracted from participants. Each of these quantitative, qualitative and mixed methods research instruments are described below.

Quantitative component

'What do you think?' questionnaires (see Addendum 1) assessed multiple indicators, which were derived to reflect the curriculum content of *Vhutshilo 2*. Each member of the *Vhutshilo 2* intervention group and of the control group was asked to complete the 92 items in the language of their choice. The questionnaire was split into two parts, namely a demographic and an indicator section. The indicator section measured performance on nine scales (see Chapter 5 for a detailed description of indicators). Scores were compared between the *Vhutshilo 2* and control groups to ascertain difference, if any, between the control and intervention groups. For *Vhutshilo 2* group members, questionnaires were administered at the end of the programme as a *post-test* (T2) and again between three and four months later as a *delayed test* (T3) to measure the lasting impact of the programme. Control group (T1) members were only assessed once, usually at the same time as the *Vhutshilo 2* post-test. In total 235 questionnaires split into control-, post- and delayed timeframes were analysed.

Qualitative components - Interviews and focus groups

Interviews were used to gather in-depth knowledge of an organisation and assess the impact of the programme on youth. Adolescents' self-reports were a significant contribution. Semi-structured interviews with organisational leaders, project managers, programme coordinators and site supervisors assessed organisational burdens and impacts. Semi-structured interviews

with supervisors focused on the contextual and site-based impacts and burdens of the programme; whether the training they had received was suitable to their role; what role they had in implementing and supervising the programme and what they felt the most significant impacts on the adolescents were. Thematic analyses were utilised to interpret and code interviews and helped produce the most meaningful data or quotes in relation to indicators of adolescents' sexual knowledge, attitudes and intentions/behaviour. Focus groups with peer educators discussed the benefits of the programme on their self development and how they evaluate and support each other as facilitators. In addition, at least one focus group per site was held with a minimum of five community members (teachers, parents, community leaders, neighbours etc.). Community members knowledge of, and responses to, the *Vhutshilo 2* programme was recorded. Addendum 2 provides schedules for each of these interviews.

Mixed methods

Implementation evaluation

Likert-type responses were used to measure young people's views of the manner in which *Vhutshilo 2* was implemented as part of the process evaluation (see Addendum 3 for this instrument). These results were further elaborated by asking a randomly selected subsample of *Vhutshilo 2* members to answer short, structured but open-ended questions about the implementation process. Overall, 17 *Vhutshilo* group members were interviewed. To provide a further basis for our evaluation of impact, 15 control group participants were interviewed with regard to basic competencies as assessed by indicators.

Observation

Observation sheets were designed to document the delivery of the curriculum during the programme sessions – noting their strengths and weaknesses, peer educator facilitation abilities, and details regarding the venue and capacity of the site as a whole (see Addendum 4 for completed observation sheets). Observation sheets were mainly analysed qualitatively, although with regard to peer educators' use of time, some descriptive quantitative analysis was done.

The ethics of researching vulnerable youth

In practical terms, the research study was approved by the ethics board of the Human Sciences Research Council in South Africa and the Human Subjects Committee at the Harvard School of Public Health in the USA. The first step in obtaining informed consent for the study involved a briefing meeting with the site and organisational management to explain the nature and purpose of the study, and to discuss ways of co-ordinating fieldwork visits and the procedures necessary for the selection of control groups. During this initial meeting discussions were held around the most appropriate strategy of obtaining consent from participants and their legal guardians in the study.

HSRC fieldworkers and *Vhutshilo* staff worked together to ensure that consent was obtained and was informed. We anticipated difficulty in obtaining informed consent, mainly due to illiteracy and an absence of legal guardians. To overcome the first, we ensured that consent forms were available in native languages and that consent was verbal with written supporting documents. To overcome the second challenge we applied to the HSRC research ethics

committee for permission to obtain proxy consent where necessary i.e. from school teachers or a community caregiver. (See the draft guidelines produced by the HSRC ethics committee in Addendum 5 in this regard). However, in this research study, there were no cases in which proxy consent was needed.

In addition to consent from guardians/caregivers, assent was obtained from participants who were under the age of 18 years. Peer educators who were 18 years old and above gave consent in their own capacity, as did community members and staff (see Addendum 6 for copies of all consent forms in each of the languages used). All participants were given assurances of confidentiality in order to protect them from stigma or negative labelling. No participants are identified by name in this report, instead pseudonyms are used for all peer educators and youth participants. With their permission, organisations, but not individual sites are identified in the study as part of the capacity building role of this project. Organisational leaders are identified by their roles. The confidential addendum reveals details about individual sites, and is therefore not generally available.

Interviews with adolescent participants about sensitive topics were performed in accordance with the principle of minimising harm (Boyden and Ennew, 1997, p. 53). Additionally, respondents were offered the choice not to answer items in questionnaires or interviews that made them feel uncomfortable, although they were encouraged to answer and offers of help (through referral) given to further discuss discomfoting issues. In the event, many respondents left items in the sexual behaviour section of questionnaires undone. So while this gave us some indication that this principle of “minimal harm” was adhered to, it impacted on our ability to accurately (and quantitatively) record young people’s actual sexual behaviours.

The research sample

The research sample consisted of group members, control group members, peer educators, community members and organisational leaders and managers from each of the six sites that participated in *Vhutshilo 2* pilot implementation, as well as the Harvard School of Public Health’s Centre for the Support of Peer Education (CSPE) and ECHO leadership. These sites were located in two provinces, namely Gauteng and Limpopo. A number of criteria informed site selection:

- At least one site from each of the six selected service implementers who were piloting the *Vhutshilo 2* programme.
- A balance between periurban (township) and rural sites.
- A balance between sites that participated in the pilot test of *Vhutshilo 1* in 2007 and 2008, and those that recently joined thereby exhibiting varying levels of programme experience.
- A balance of programmes running in both provinces to ensure ethnic and geographic diversity.

Table 2.1 provides a list of sites that participated in the study, including those that fell out along the way. ECHO, an organisation that works with HIV positive adolescents was interviewed as an interesting case with regard to future implementation of *Vhutshilo 2*, but did not participate in implementing the programme. Participants in control groups were at sites close to, but not at (at least 5 km away), intervention sites to avoid contamination and where it was reasonably expected that the intervention would be shortly offered. This was a key ethical concern in selecting control group participants. Criteria for selecting the control group

sample was the same as criteria used to select *Vhutshilo 2* participants, and sites were encouraged to choose control group participants in the same way that they chose *Vhutshilo* participants. Overall, in terms of gender representation, most sites had a similar representation between boys and girls (twice as many girls as boys), except for Olive Leaf Foundation Site B, where the group comprised only girls.

Table 2.1 List of organisations and sites that participated in the evaluation

	Location	<i>Vhutshilo 1</i>	Province	Language
HEARTBEAT				
Site A	Periurban	Experienced	Gauteng	Sesotho
Site B	Periurban	Experienced	Gauteng	Sesotho
OLIVE LEAF FOUNDATION				
Site A	Periurban	Inexperienced	Gauteng	Sesotho/isiZulu
Site B	Periurban	Experienced	Gauteng	Sesotho/isiZulu
Site C*	Periurban	Experienced	Gauteng	Sesotho/isiZulu
CARE				
Site A	Rural	Inexperienced	Limpopo	Tsonga
Site B	Rural	Inexperienced	Limpopo	Sesotho
Site C*	Rural	Inexperienced	Limpopo	Tsonga

* These sites were discontinued (see Fieldwork practicalities and challenges).

Table 2.2 documents the final numbers of research participants and compares them to the numbers envisaged in the initial research proposal.

Table 2.2 Numbers of research participants

	Proposal Target	Actual
Number of sites	11	6 (2 dropped out, excludes ECHO and CSPE)
Number of peer educators	30	21 43% female; 57% male
Number of adolescent participants	100	73 61% female; 39% male
Number of adolescent control group members	100	110 68% female; 32% male
Number of staff (supervisors and organisational management)	20	13 85% female; 15% male
Number of community members	30	48 77% female; 23% male

Numbers fell below those envisaged due to various sites falling out along the way due to organisational and practical difficulties, and a number of sites not beginning *Vhutshilo 2* implementation due to organisational difficulties.

Implementing Partners

The eight selected sites are fully profiled in Addendum 7 (Organisational Mapping) along with CSPE and ECHO. In some cases the implementing partner and the site are part of the same

organisation (Olive Leaf Foundation and Heartbeat), in other cases the implementing partner itself partners with a CBO in order to run *Vhutshilo 2* groups (Care). These layers contributed to the complexity of this evaluation. In addition, ECHO is included in the mapping for the purpose of being an 'opportunity' site for *Vhutshilo 2*. The director of CSPE describes this opportunity:

ECHO [works] with HIV positive adolescents – many of whom don't know their status... And for others who know their status [they need help with ARV] adherence, understanding confidentiality... stigma etc. – all of those are valuable detours for *Vhutshilo 2*... people in charge of the kids are concerned about their sexual behaviour and sexual choices and sexual decision making and a lot of risky behaviour going on. It offers *Vhutshilo 2* an opportunity!

The Harvard School of Public Health's Centre for the Support of Peer Education is the organisation spearheading implementation of *Vhutshilo 2* peer-led groups for OVC in South Africa. Working with selected South African partners operating drop-in centres for vulnerable children, and more recently those based at schools, CSPE developed and field-tested *Vhutshilo 1*, a peer-led strategy for 10 to 13 year old OVC. Trained and supervised peer educators (16-19 years old) planned and facilitated these groups, and serve as role models of resilience and where needed identify and refer children for additional support and services. We evaluated *Vhutshilo 1* in 2009 (see Swartz et al., 2009).

CSPE receives PEPFAR funding through USAID to apply HIV/AIDS prevention education through peer education to the needs of South Africa's vulnerable children and adolescents. With *Vhutshilo 2*, they aim to target adolescents (aged 14 to 16 yrs old) facing multiple vulnerabilities and who are particularly at risk or exposed to risky behaviours and environments that increase their chances of being infected with HIV. These adolescents not only require education to prevent risk behaviours for HIV infection but also need sustained psychosocial support and coping skills to deal with adversities.

CSPE works with a number of partner organisations to implement *Vhutshilo*. The organisations who piloted *Vhutshilo 2* in various sites were Heartbeat and Olive Leaf Foundation in Gauteng and Care in Limpopo. They all received funding from PEPFAR. The six sites chosen for the study varied in structure, resources (such as funding, staff personnel and services). The *Vhutshilo 2* sessions were all held after school and lasted approximately an hour. At one site groups were run on a Saturday. CSPE, as a provider of support and technical assistance, in addition to offering implementing partners the use of the *Vhutshilo* strategy, provided initial and ongoing training for supervisors and peer educators, and managed the monitoring and evaluation component of the strategy.

Fieldwork practicalities and challenges

Boyden and Ennew (1997, p. 54) remind us that researchers have a responsibility to be transparent about the methods used and reveal the practical obstacles encountered in the research. A number of challenges were encountered and are related below.

Methodological challenges

Delayed tests were conducted four months after the series of 13 *Vhutshilo 2* sessions were completed, not six months as originally planned. This was due to time constraints, i.e. many

sites were delayed in implementing *Vhutshilo 2* and therefore not enough time remained in the current research agreement to conduct six month delayed surveys. However, at four months, we exceeded (by a month) the delayed tests reported on in the majority of studies in Kirby et al's (2007) evaluation of more than 80 adolescent sexual health interventions. We therefore have confidence that a four month post test is sufficient to provide us with an estimate of residual change in participants. In addition, while we expected the psychosocial aspects of the questionnaire to be less affected by this short delay than information about their sexual behaviour, we have already noted how it was difficult to obtain accurate data regarding sexual behaviour from this group.

While we did not initially plan for pre-tests to be conducted, where opportunities arose to do so, they were conducted. In the end, there were too few pre-tests obtained to be of evaluative use. All but three of the sites had initiated the programme before we entered the field. As can be expected, delayed post tests were also challenging as locating young people after a four month break was difficult to achieve. Fieldworkers worked together with site supervisors and child care workers (where available) to ensure young people kept the delayed post-test meeting date. Overall, we were able to locate 71% of young people for delayed post-tests (52 out of 73) – this falls within an acceptable limit, although the power of our study might have been increased were we to have had a larger sample.

Sampling problems

With regard to the control groups, we found that there was not complete congruence between control groups and intervention groups. This was despite our efforts to ensure that control groups were selected on the same basis as *Vhutshilo 2* group members i.e. same age, gender composition, and socio-economic status. Because control group members were already involved in sites of implementing partners in some way (although not in *Vhutshilo* groups) they could be expected to have higher sets of social competencies than their peers who had no NGO or youth development involvement. As a result, control group members are likely to perform at a higher level than a randomly chosen control group. However, the fact that control group members had some intervention, albeit informal, constitutes good practice in terms of comparing the effects of an intervention (Flisher & Klepp, 2009). Consequently, we would not expect to find large differences between control and intervention group performance. Those differences we do encounter can, however, we can confidently attribute to the role of the *Vhutshilo 2* intervention.

So while the incongruence between control group and intervention group was by chance, it was weakened at two sites through some contamination. We discovered that at Care Site A that the control group and intervention group members acquired food parcels from the same centre despite having been separately recruited from different schools. At Olive Leaf Foundation Site A, young people in control and intervention groups attended the same school although control group members were not involved at the same site. If we were to have removed these youth from the sample, it would have driven down the power of our evaluation due to a smaller sample size. This was a conscious decision we took, but one which we note would have had some impact on our results. The methods that we used to overcome this challenge are discussed in Chapter 5, and included some post-hoc matching of the control sample to that of the intervention sample, without overly diminishing sample size.

Generally it was noted that sites that had prior experience with research evaluation, i.e. had participated in the *Vhutshilo 1* evaluation were stronger in data collection and organisational arrangements for the study than those who had not. As a result these latter sites experienced more challenges.

Another challenge that we found in all sites was that the implementation of the programme was largely disrupted by school events, especially during holidays and exam time. Consequently some site visits could not be conducted as planned and adjustment to the fieldwork schedule had to be done. At some sites, sessions were not always run consecutively and this hindered capturing a wider variety of curriculum contents and sessions. Sometimes, due to lack of money sessions had to be rescheduled and researchers were not informed of changes. These are understandable difficulties. In two sites (Olive Leaf Foundation Site C and Care Site C) the programme was eventually cancelled and data collection could not be completed.

Data collection

Data collection went especially well in Heartbeat sites while there were more challenges at site level at Olive Leaf Foundation and Care. Challenges emanated from lack of communication between coordinators, supervisors and the group members. Although supervisors were instrumental in coordinating the proceedings of data collection, they did not always have the authority to make certain decisions. They relied on the site or organisational coordinators who lacked hands-on experience with the programme. Supervisors also had other commitments besides running the programme. As a result these activities tended to take priority over the facilitation of the *Vhutshilo 2* research process. The largest challenge with Care sites was that all three sites held their sessions on the same day (Wednesdays). This made it impossible to observe sessions as intended. Furthermore Care Site B commenced with the programme before we entered the field and was on session 7 by the time data collection began. We therefore treated this site as a priority as we had only six weeks for data collection. In most organisations community focus groups were difficult to convene as participants complained of a lack of transport money to attend focus groups. We offered to reimburse transport costs but potential participants did not have money to get from their homes to the centres. We asked for centres to pay them in advance and then we would reimburse the centres, but sites did not have money to help with transportation issues. We also noted that the 'closed group' theory after session 4 did not always pan out in practice. This had implications for the data collection as sometimes there were a fluctuating number of group members.

Language

Initially, sites were contacted to get an idea of what the majority of member's mother tongues were and we translated consent forms and questionnaires³ accordingly. However, upon arrival in the field there were unanticipated language barriers in Limpopo where sePedi and Xitsonga were more widely spoken than Venda. While the curriculum was written in English, most site peer educators ran the sessions in the participants' native language, which our fieldworkers were able to understand. Through observations, we concluded that peer educators were able to translate the curriculum successfully, using English words and terms when concepts and

³ Translation was vexatious especially with response items as many local languages lacked the nuances required to differentiate between subtle responses such as "sometimes" and "seldom". Since we were using existing scales wherever possible this was problematic. Inevitably we reduced responses to accommodate language limitations.

content did not easily translate into a local vernacular. Language arose as a further issue when participants came to complete questionnaires. Although they had access to a questionnaire in their mother tongue, most requested the English version rather than a native language questionnaire. We are unable to assess to what extent this may have disrupted the questionnaire methodology. At the least, it resulted in participants taking an extended period of time to complete questionnaires.

Gaining consent

There was one instance that a supervisor demanded that we send the transcript of the interview to his senior manager to read before he signed the consent form allowing us access to his answers to our questions. We received his consent form via facsimile a week later. Such action raises the issue of whether the data from this interview was reliable, instead of merely acceptable to superiors. There was only one incident of this nature.

Conclusion

Overall the research strategies and instruments used to measure the impact of *Vhutshilo 2* can be held to provide a reliable indication of *Vhutshilo's* impact. The various challenges with regards to the study design and data collection which were encountered have been taken into consideration when analysing data. In addition, while we report in some detail the many and varied responses obtained from research participants, we do so for the sake of transparency and completion. Not all opinions solicited were informed (see especially parent's responses in Chapter 8). In the chapters that follow, we report on our findings and offer some evaluation of our findings including their congruence with the *Vhutshilo* philosophy and strategy of peer education. We begin with a detailed evaluation of the *Vhutshilo* curriculum, a central component of the *Vhutshilo 2* peer education strategy.

Chapter 3

Curriculum evaluation

Introduction

Underpinning *Vhutshilo's* philosophy is that young people learn from interactions with their peers through formal educational activities within a structured curriculum. The *Vhutshilo 2* curriculum provides the basis for educational input from peer educators. It seeks to provide materials that will unsettle, provoke and stimulate discussion around topics that are best discussed amongst peers, rather than taught by adults. The curriculum covers 13 sessions and includes HIV knowledge that can be used to reduce risk; an assessment of vulnerability to HIV; normative determinants of risky behaviour – such as substance abuse, condom use; and psychosocial skills such as decision-making, help seeking and supportive behaviours. The *Vhutshilo 2* curriculum consists of a manual and learning materials with which implementing organisations must become familiar. It was produced by the HSPH's CSPE and was designed through consultation with implementing partners. The format and layout helps peer educators to recognise which words and sentences are most relevant (in bold) and need to be spoken or paraphrased during sessions. The value of evaluating the *Vhutshilo 2* curriculum at this point is that it is currently in its pilot phase. While recommendations for its improvement are detailed, it should also be noted that young people responded well to materials overall and were engaged and energised by them, as they were delivered by peer educators. In this chapter we provide an evaluation of the curriculum based on a content analysis, and informed by young people's responses during session observations (including the final evaluative session) and on evaluation questionnaires (Addendum 3) completed by *Vhutshilo* group members at the conclusion of the programme.

Design and teaching strategies of the curriculum

The *Vhutshilo 2* curriculum explains carefully and clearly the strategy to be employed in delivering the programme:

Each session's learning activities target different educational objectives; but every session also provides fun, connection among members and peer educators, and a safe place to express emotion and ask for help. One of the goals of the groups is for members to recognise that they possess considerable skills, strength, and wisdom to support one another.

One important feature of the curriculum for 14-16 year olds is the complexity of the characters (Thandi, Biko and their friends). These characters are neither all good nor all bad. They make decisions that are based on many factors, not just the 'kind' of person they are. In some cases, the decision a character makes is the best or healthiest one; in other cases, it is not. The characters are not 'all good' or 'all bad' because we want them to be as similar as possible to the young people in these groups. Learning with characters whose choices cannot always be predicted will challenge group members to really think through the situations in the activities and how they make their own choices.

While it may be tempting for educators or social workers to use this curriculum, it is not designed for facilitation by adult professionals. *Vhutshilo 2* is designed to be used by peer educators because peer educators are usually better at creating fun learning activities and promoting mutual help; and because there simply are not enough adults available to South Africa's OVC. But it can only be used effectively by peer educators who have been carefully trained, supervised and supported within a strong adult infrastructure. Peer education is not magic, and people are not born with facilitation skills and a command of HIV/AIDS information. In unskilled hands, a hammer is not a tool at all; it is only clumsy or dangerous. This curriculum can serve a critical need if used within a carefully planned program addressing OVC (Deutsch and Edoh 2008, p. 4).

Overall, the *Vhutshilo 2* curriculum seeks to be fun and interactive, provide real life and complex scenarios with which vulnerable youth can identify, and be delivered by trained peer educators rather than by adults.

Assessing the curriculum

In what follows we examine the *Vhutshilo 2* curriculum in terms of how it addresses the psychosocial needs of adolescents in three ways. First, we looked at each session on paper and critiqued it for age-appropriateness, and the extent to which it fulfilled its own stated objectives. Second, through observation of many of the sessions, we assessed how the curriculum worked in practice. Addendum 4 provides completed observation sheets for all lessons observed, including training sessions that were observed. Third, we noted gaps in the content or how existing content may be improved keeping in mind the overall objectives of *Vhutshilo*. We begin by reviewing the curriculum's goals and objectives in general and then turn our attention to the individual sessions.

Curriculum goals and objectives

The *Vhutshilo 2* curriculum used similar themes as the *Vhutshilo 1* curriculum but broadened these themes to include content that was more suited to the needs of this older age group. *Vhutshilo 2* has various content themes that transverse the 13 structured sessions. The curriculum is designed to be delivered in sequence, with each session building on knowledge and lessons learnt from previous sessions. Some sessions aim to facilitate the development of self-control in adolescents while others focus on protection against violence and emotional upheaval. While the curriculum is not specific to HIV risk and protection, the scenarios used in many sessions are related to HIV and risky sexual behaviour e.g. losing someone close to AIDS, the vulnerability of adolescents to coercive or transactional sex, and the negative repercussions of risky behaviour such as drinking, pressure from peers to have sex, being involved in crime, and having multiple concurrent partners.

A strong emphasis on emotions and appropriately expressing these emotions is evident throughout the curriculum. The sessions that particularly deal with 'emotions' are session 2 *How does it feel?: What to do with feelings inside* and session 5 *With a little help: Dealing with grief and loss*. Boyden and Ennew (1997, p. 53) warn us that vulnerable youth

may be bearing a heavy burden of feelings that they cannot usually express. Giving them an opportunity to tell you about their lives may open the floodgates of emotions. You may have to take responsibility for, and deal with, difficult situations that may arise during research.

Thus the curriculum needed to focus on grieving, expressing anger, confrontation, and finding help. In all of these areas, decision making skills are central – and this is another thread evident throughout the curriculum. Decision making among youth made vulnerable by external threats such as poverty and lack of role models and education is difficult, and is further confounded by exposure to drugs and alcohol. Each session was designed to facilitate useful and context-relevant knowledge with clear health and psychosocial goals.

Table 3.1 *An outline of sessions with their objectives*

Session	Topic	Purpose
Session 1	<i>Making our space</i>	To help members feel part of a new and exciting experience, with PEs they can trust and characters like themselves who they will follow throughout the group.
Session 2	<i>How does it feel: What to do with the feelings inside</i>	To help members know what they are feeling and teach them healthy ways to express their feelings.
Session 3	<i>Who can I run to: Finding support around us</i>	To help members think about the different kinds of relationships they have and find people they can turn to when they need help.
Session 4	<i>Self-talk: Making decisions at difficult times</i>	To teach members how to make good decisions at difficult times.
Session 5	<i>With a little help: Dealing with grief and loss</i>	To help members to talk about and accept their feelings about death and loss.
Session 6	<i>How much is too much: Talking about drinking</i>	To help members understand why they should avoid alcohol, and why some people abuse alcohol.
Session 7	<i>Standing up or standing by: Thinking about crime and violence in our lives</i>	To help members reflect on violence around them, and on what they can do to make their communities safer.
Session 8	<i>Safe with 1 or none: Staying safe in sexual relationships</i>	To help members see the benefits of “taking a break” from sex and the risks in having sex with multiple partners.
Session 9	<i>What’s love got to do with it: Having healthy relationships</i>	To teach members about healthy and unhealthy sides of love relationships and to help them think about why they choose to be (or not be) in relationships.
Session 10	<i>What are you really getting out of it: Something-for-something relationships – transactional sex</i>	To teach members about the risks of exchanging sex for gifts and favours and to help them think of other ways to get these things.
Session 11	<i>Plant a seed: Supporting our friends</i>	To provide members with tools for supporting their friends.
Session 12	<i>The changes we wish to see: Thinking about the future</i>	To have members reflect on their skills and qualities and how they can use these strengths to reach their personal goals and improve the world around them.
Session 13	<i>Vhutshilo Talent Show: Session review</i>	To give members the opportunity to review and celebrate what they have learned in the <i>Vhutshilo 2</i> programme.

Each used multiple activities targeting risk and protective factors, scenarios that included the threats and capacities spoken of above, and focuses on problem-solving. In addition, the *Vhutshilo* pedagogies are described as follows:

Working from drawings, stories, role-plays, songs, and questions, the activities focus on the session objectives and are based on situations members may actually face and feelings they have (Deutsch and Edoh, 2008, p. 8).

Overall objectives were meant to lower risk behaviour among adolescents and allow important debates around subject material that is often not openly talked about in other settings. Table 3.1 provides an outline of each of the 13 sessions of *Vhutshilo 2* and lists the objectives for each. Clearly, the sequence of sessions is important. The initial sessions aim to create a space of trust and safety to allow members to freely discuss more emotional and uncomfortable issues in latter sessions.

A detailed look at each *Vhutshilo 2* session

Using empirical data from observations sheets where available, this section critiques each session and provides evidence from group members regarding how learning objectives were achieved. Overall, six sessions were observed, most a number of times. Table 3.2 provides details of these observations.

Table 3.2 *Sessions observed*

Session	Number of times observed	Sites
Session 5 Grief and loss	2	Care Site A and Heartbeat Site A
Session 7 Crime and violence	2	Heartbeat Site A and Care Site B
Session 8 Safe with 1 or none	1	Heartbeat Site B
Session 9 Healthy relationships	2	Care Site A and Olive Leaf Foundation Site A
Session 10 Transactional sex	1	Olive Leaf Foundation Site B
Session 13 Session review	6	Care Site A and B, Heartbeat Site A and B, Olive Leaf Foundation Site A and B

Session 1 Making our space

Session 1 introduces the characters Biko, Thandi and their friends. Their experiences are used to help illustrate some of the difficult parts of being a teenager and highlights scenarios adolescents may face in their communities, family and relationships. The intention here is to stimulate reflection and help youth consider ways to promote their own healthy behaviour. Session 1 further provides an opportunity to form group bonds and secure a safe environment for members. Its primary indicator relates to trust and following group norms and rules in this learning context. Members team up with a ‘buddy’ in order to reinforce learning objectives throughout the programme.

Your buddy is someone you can talk to about whatever is going on in your life... In the *Vhutshilo* program, you can share your feelings and thoughts with your buddy but you also have to listen and be respectful (Deutsch and Edoh 2008, p. 27).

The session sets the context for the coming sessions and allows members to engage with each other on general topics, asking members “What are some other things that happen in your lives, or in the lives of your families and friends, that you think we should be talking about in the coming weeks?” (ibid.) This is a fundamental question posed to adolescents with potential to create an interactive learning environment in keeping with the *Vhutshilo* philosophy.

The ‘Trust Fall’ activity, where members have to rely on each other to catch them as they fall backwards, is a good introduction to the meaning of ‘support’, needing support, supporting your friends and trusting people enough to rely on them for support. This activity drives home the essence of *Vhutshilo 2* as a psychosocial support group allowing peer-to-peer relations to be the vehicle of trust and openness for an open exploration of the adversities adolescents may face.

Session 2 How does it feel: What to do with the feelings inside

Session 2 aims to help members know what they are feeling and teach them healthy ways to express their feelings. By the end of this session, members were expected to be able to identify ways they show different feelings and learn healthy ways of demonstrating their feelings in the future. The session uses a story about ‘Thandi’s Bad Morning’, including illustrations. Adolescents were asked questions about the story that ultimately illustrated how expressing emotions and telling someone how you feel, is productive. Members debate healthy and bad ways of expressing anger, happiness and sadness. Group members stated that during this session they learned that:

- *“One should not keep his/her feelings inside: He/she must talk to someone else”.*
- *“To share our feelings because keeping them inside leads to bad decision making or danger”.*

Session 3 Who can I run to: Finding support around us

The aim of Session 3, ‘Who can I run to: Finding support around us’ was to help members to identify the most important relationships in their life and name people within their communities they can go to for various types of support. A related intention was to foster mutual help among adolescents. Members were helped to understand the complexity of support seeking, and that “the people around us do not always give us the advice that is best for us. When we get advice, we should think about why the person might be telling us to do what they say, and then decide for ourselves” (Deutsch and Edoh, 2008, p. 37). Peer educators are trained to stress that friends don’t always help you, and can lead you astray and can be bad examples. Thus the session integrates the effects of peer pressure on decision-making. As the curriculum points out, “People can be helpful in some cases and not helpful in others. That is why it is good to have more than one person to go to” (Deutsch and Edoh, 2008, p. 40). During our evaluation, members indicated that as a result of this session they learned:

- *“To be open”.*
- *“One can get support from the people she or he loves”.*
- *“There are many people around us who can offer us support”.*

Practical recommendations: One improvement to this module would be to change the use of the term 'market' (p. 40) to either 'shopping centre' or 'taxi-rank'. Markets are not common in rural or urban contexts, unless it is a craft market or a distribution market where large supermarkets purchase produce.

Session 4 Self-talk: Making decisions at difficult times

The ability to recognise people who can support you is important for making decisions in difficult circumstances. This is the topic of session 4 which concerns self-talk and decision making and asks members to take time out to think carefully before making a decision. The session's story of Thandi and her science exam showed how friends could pressurise you to make choices that are not always beneficial to you. The session shows how 'self-talk', thinking clearly and weighing up the pros and cons of a decision first in your head, can help you to make the 'right' decision. Decision making is an important indicator in assessing adolescent risky behaviour. Members reported that they had learnt to:

- *"Consult with other people about the decisions that we make as they might be the wrong decisions".*
- *"Think carefully about the decisions we make as they have an impact in our lives and other people's lives".*
- *"Not make uninformed decisions".*
- *"Think before you do anything".*
- *"Think twice before you act".*
- ***"Think for tomorrow"**.*
- *"Choose the right friends".*
- *"Not submit to peer pressure".*
- *"Take responsibility for the decisions that they have made".*

Practical recommendations: We note that there is no introduction to self talk as a concept, and that the discussion turns to self-talk merely by asking the question 'What makes it difficult to use self-talk?' (p. 46 - question 4). This needs an appropriate segue.

Session 5 With a little help: Dealing with grief and loss

Session 5 deals with grief and loss and was observed at three different implementing sites. The session is based on the premise that all people have to deal with bereavement over the life course, particularly in the context of HIV-related deaths in South Africa:

The importance of providing psychosocial support to those young people forced to cope with the trauma of dying and death in the HIV/AIDS context is critical. With their resilience and their ability to cope with their life circumstances severely impacted, it is important that they are attended to emotionally so that they can make better use of opportunities for education, health and material care (Insideout, 2009, p. 6).

Supervisors were expected to be present during this session due to the sensitive nature of the content and topic. At Olive Leaf Foundation Site B, the supervisor was present but did not participate; she comforted the children and spoke to each child privately outside. At Heartbeat Site A, the supervisor and co-ordinator were present and engaged in the lesson itself.

The core activity in this session was a discussion around two pictures of Biko remembering his deceased father and another of Biko sitting alone on a bench. Although there weren't enough pictures for everyone in the group to see (at all sites), the pictures encouraged group members to think and they were silent for a long time. Prompts by peer educators included: *"What is happening in the picture? What do you see? Does Biko look happy? Why is Biko sad?"*

Statements that members made lead us to believe that the session elicited the emotional burdens adolescent's carry with them, that they sometimes feel responsible for loss and are confused as to why they should experience it. Research alerts us to the myriad ways that culture and traditional beliefs discourage talking about death and dying in South Africa's African communities, creating a heavy burden on youth exposed to the death of a parent or loved one (van der Heijden and Swartz, 2010). Through the session discussions, it was clear that *Vhutshilo* members could express these burdens as well as have hope for the future, and not let loss drag them down, as one member stated, "Don't let your broken past shatter your future" (Heartbeat Site A). Self-talk was mentioned as a coping mechanism to express emotions instead of allowing them to fester. In addition, group members made the following comments during the session (as observed at Heartbeat Site A):

- *"You feel responsible for everyone".*
- *"There's somebody who cares about me out there".*
- *"Keeping everything inside, you lose focus".*
- *"You need to express".*
- *"It is not the end of the world".*
- *"There is a better place".*
- *"Have 'inner-person' talk – have to move, on slowly but surely my life will take direction".*
- *"You can't help the way you feel".*
- *"Sometimes I regret the day I was born".*
- *"Everyone expresses feelings in different ways".*

The members spoke not only of loss, but also of the significance of having a guardian (not necessarily your biological parent) in your life that cares for you. They built on the session dealing with feelings and expressing them, and realised that they need to look to the future, live life to the fullest, and help friends through difficult times.

When the session started at Olive Leaf Foundation Site B, most members said that they do not cry and found crying 'strange' or 'stupid'. Some said that they would not cry in front of other people or their friends. However, due to the emotions bought up during the closing ritual, many youth were visibly emotional and referrals were given to those who needed further help.

Overall, observers noted that the objective of the session was accomplished. Young people were afforded the opportunity to express themselves regarding feelings and experiences about which they had not previously spoken; had a chance to talk about things that had caused hurt or sadness; and were able to speak about people whom they blamed for their current situations (especially family members who were emotionally abusive).

In Care Site A, fieldworkers observed that few group members participated in the discussions. Those who did participate did so speaking softly, thus making it difficult for other members to hear and understand what they were saying. At Heartbeat Site A, one group member cried

inconsolably throughout the session. Group members were encouraged by the peer educator facilitating to comfort the young woman who was emotional. They all came together and told her that she could not help how she felt, that her feelings were natural. Following the session, group members reported:

- *"I have learnt to accept my loss and not to be afraid to cry".*
- *"Not to keep the feelings inside me".*
- *"I have learned to appreciate what I have and because there are people who have less fortunate than me".*

Practical recommendation: Group members and peer educators questioned the appropriateness of the laughing activity as an icebreaker, given the seriousness of the topic. We concur with their evaluation.

Session 6 How much is too much: Talking about drinking

Session 6 deals with the rising abuse of alcohol among teenagers in South Africa. The purpose of the session was to help members understand what 'drinking too much' means, the reasons that some people drink too much, and the repercussions of drinking too much. It aimed to communicate the following knowledge, skills and attitudes around alcohol use:

- People are responsible for what they do, whether they were drinking, drunk or sober.
- When people drink alcohol, their body might still be able to do the same things, but their mind is not as sharp, so they often make bad decisions.
- The best thing to do to stay safe when you are around someone who is drunk is to get away from them.

In addition, the gender determinants of drinking were discussed, as well as the adverse affects of drinking on healthy relationships. The session covers various facts about alcohol and includes a fact sheet on drinking (Deutsch and Edoh, 2008, p. 58-9). Group members' learnings indicated that these aims were largely achieved:

- *"Before I attended this session I was tempted to start drinking because of peer pressure and that it seemed like a cool thing to do but now I am no longer tempted".*
- *"I have learned that too much drinking is not good".*
- *"Other people abuse alcohol because they have problems at home, stress or peer pressure".*
- *"Drinking does not solve problems".*
- *"Too much drinking is not good as it leads to teenage pregnancy, HIV infection and casual sex".*
- *"People should limit or stop drinking".*
- *"If you overdose with drinking you might get some disease, you won't be able to account for".*
- *"People spend money on alcohol instead of important things thus causing life at home to be uneasy".*
- *"Leads to dependency, alcoholism and DTs".*

Practical recommendations: On p. 56 the manual says “Alcoholics don’t always drink every day. What makes their drinking a problem is *not how much they drink*, but what they do when they drink and what happens to them and to other people when they do those things” (emphasis added). This statement perhaps needs to be reconsidered in the light of the personal effects of alcohol on an individual, including its socio-economic effects, rather than only “what they do when they drink”.

Session 7 Standing up or standing by: Thinking about crime and violence in our lives

Session 7 focuses on crime and violence in young people’s lives and aims to “help members reflect on violence around them, and on what they can do to make their communities safer”. Using pictures as discussion starters, group members discussed the effects of crime and violence, the feelings of the people that they were seeing in the pictures, how to prevent or end violence around them and what they can do to make their communities safer.

At an observation at Care Site B when peer educators asked where they experienced the most violence, they mentioned ‘neighbours’ and fighting with peers and siblings over cellphones. The use of the pictures helped group members to report that:

- *“Crime and violence is caused by peer pressure, or home circumstances”.*
- *“Solving personal problems using crime or violence does not help instead it makes things to be worse”.*
- *“Crime and violence leads to death or imprisonment”.*
- *“Help police if an investigation is going on”.*
- *“Support others and [the] community”.*

The session picked up again on emotions surrounding crime and violence. Shame was a noteworthy emotional component of what abused adolescents or adults may experience. The curriculum states that, “People often feel shame when they suffer physical or sexual abuse because they believe that they there is something wrong with them because they have been abused” and “People often feel guilt when they suffer from sexual abuse because the abuser makes them believe that they wanted to be abused and that what happened was their fault” (Deutsch and Edoh, 2008, p. 62).

In reaction to the image depicting a funeral setting, Heartbeat Site A members reflected that they have learned that “crime does not pay” and “people should not be involved in criminal activities because they will be arrested”. Another member said that in order for people to avoid being involved in criminal activities they should be educated. A final lesson learnt during this session was that “although people accomplish things easy by committing crime, at the end they suffer the consequences of their actions”.

A fieldworker noted, during an observation of the session at Olive Leaf Foundation Site B:

“The objective of the session was accomplished. This was evident in the emotional outcomes... The children were given a platform to express themselves about feelings they had never before spoken about. They were given a chance to talk about things that made them sad, hurt or the people that they thought were responsible for some of their situations. They also spoke about some family members who were emotionally abusive towards the members that made them feel rejected and hurt”.

However not all observations reflected this. At Care Site A, members were silent and unreactive. None of our observations picked up on discussions of AIDS-related deaths or stigma surrounding 'What people might say'.

Overall, this session is rather weak in achieving its objectives. Its title hints at dealing with issues of bystander behaviour but does not help participants to confront such behaviour. Also its objective of "naming two steps they can take to prevent or end violence around them" is not sufficiently addressed. Young people are helped to not glorify violence but this session does not go far enough to deal with issues of violence in vulnerable young people's lives.

Practical recommendations: On p. 63, (Summary) – "who" should be "what" in the first point.

Session 8 Safe with 1 or none: Staying safe in sexual relationships

Session 8 about staying safe in sexual relationships' aims to help group members see the benefits of "taking a break" from sex and the risks in having sex with multiple partners. The discussions were based around a sexual network map, and is one of the most interesting and effective sessions in the *Vhutshilo 2* curriculum. It has a strong and clear message – to stay safe have sex with no one, or one partner. If you have sex always use a condom, and ensure you have a one month break between sexual partners. Never have multiple partners. It is forthright and creative from the opening "swing your partner" icebreaker to concluding discussions around sexual networks, the meaning of faithfulness and gender differences.

The use of the sexual networks map elicited numerous responses from group members, including the following comments recorded by fieldworkers:

- *"I see the faces of couples who have their wives and their girlfriends as the lines are paired".*
- *"The lines show that one can have a candy man ('sugar daddy')".*
- *"It is showing people's emotions, the arrows shows who is mad at who".*
- *"I see different types of lines; some show short term relationships, others long term relationships".*
- *"People should use protection all the time as they might get STIs".*
- *"There might be more than one partner involved, they might be dating other people and not inform their current partners".*
- *"People have a freedom of choice and can have sex even when they are drunk 'it's their choice'".*
- *"Moses the guy who is faithful should choose if he wants to use a condom regardless of what Thandi is doing with other guys... they both have their own choices to make".*
- *"No one will force you to sleep with anyone or do anything they do not want to".*

Despite some group members reporting having felt shy talking about sex, this module went to the core of sexual health issues and evoked lots of discussion. Discussing HIV/AIDS and multiple concurrent partners is a large component of this session, as is the importance of changing behaviours and attitudes towards sex. The issue of the benefits of disclosure of one's HIV status elicited multiple responses and much debate from youth. By the end of the session young people reported that they had learnt:

- *“It is bad to have multiple sexual partners”.*
- *“Partners or couples should make decisions and talk about issues that are relating to their relationship”.*
- *“You can live a healthy lifestyle by having one partner”.*
- *“Abstain from sex”.*
- *“Get tested”.*
- *“Be faithful and have one partner”.*
- *“Sex is for married people”.*

When asked to describe how “taking a break” from sex today can help you in 5 years, some responses were as follows:

- *“One would be safe from HIV and AIDS infections”.*
- *“One will have a child at the right time”.*
- *“One will be able to make wise decisions about his or her sexual behaviour”.*

Myths of contracting HIV are a part of this session and others that follow. In the review session (Session 13) *Vhutshilo* members were able to recognise myths about HIV, i.e. you get HIV from hugging, from drinking from the same glass, by staying with someone who has HIV (Olive Leaf Foundation Site A), HIV can be transmitted through kissing, sharing cutlery, hugging, shaking hands or sharing the toilet with an HIV positive person (Heartbeat Site B), and bathing with an person infected by HIV (Care Site B).

Practical recommendations: This is a strong and effective session. On p. 67 the name Brave is inappropriate to a South African context. Courage is a name used in South Africa but not Brave. Indigenous names are preferred to anglicised names. South African children frequently have an English name as a concession to English speakers rather than as a first choice. “Mbale” is spelt “Mbali”.

Session 9 What’s love got to do with it: Having healthy relationships

Session 9, concerning healthy relationships endeavours to teach members about the nature of healthy and unhealthy love relationships and helps them to reflect on their choices to be (or not to be) in a love relationship. Peer educators probed about the underlying causes that make a person want to be in a love relationship with another and what the risks are of being involved with more than one person at the same time. The topics of homosexuality and multiple concurrent partners came up in the group discussions. Members agreed that being with more than one partner is risky as it puts young people at danger of being infected with STIs and HIV. People choose to be single because they don’t want to fall pregnant or get infected with HIV “as these consequences will add burden to their already struggling families”. Some of the remarks group members made about healthy relationships and what they had learnt included:

- *“Partners need to be there for each other”.*
- *“Good relationships are characterised by trust, happiness and no betrayal”.*
- *“It is everyone’s wish to be in a healthy relationship”.*
- *“There is no perfect relationship, people need to be there for each other”.*
- *“A messed up relationship cannot be fixed even if we try hard. Instead of trying to fix the relationship one should just move on”.*

- *“Love and support each other”.*
- *“Healthy relationship builds trust, honesty and responsibility”.*
- *“Use condoms”.*

Practical recommendations: On p. 73 delete ‘step’. On p. 75 change ‘villager’ to someone ‘out of fashion’ or ‘ibari’. Some of the youth are ‘villagers’ and don’t use the term. Change ‘football’ to ‘soccer’; ‘playing you’ to ‘two timing you’; and ‘it depends on’ to ‘it depends’ (all on p. 76) to reflect the instructions on p. 73. The use of pictures for this session seems superfluous, and may be age inappropriate.

Session 10 What are you really getting out of it: Something-for-something relationships

Session 10 ‘deals with something-for-something relationships or transactional sex. This proved the most widely reported on session throughout our evaluation of the programme. In the session members are encouraged to describe two things that make a relationship transactional in nature, and should be able to explain why people who have ‘something for something’ relationships (including ‘sugar daddies’) are at risk for HIV infection. It also states as a secondary aim that members will be helped to think of other ways to get the gifts and favours they may want. This objective is not met in the session, and should be removed, or content to meet this aim incorporated.

The session was based on a story about Thandi and Anna giving something to get something in return (again as with the previous session the use of pictures to tell this story is unnecessary). As will be reflected in the following chapter (Chapter 4 - the implementation evaluation), this session was the most provocative in multiple ways. Observation of this session (Olive Leaf Foundation Site B) recorded peer educators posing questions to the group such as: *“What comes to mind when I say ‘sugar daddy’? What causes people to have sugar daddies?”* Replies from group members reflect the importance of socioeconomic contexts and status among friends. Members said people have sugar daddies because of *“poverty”, “family situations or background”, “competing with friends”, “for some people it’s just for fun”, “supply family with food”,* and *“peer pressure”*. It was frequently raised that one may lose one’s reputation if you have a sugar daddy. Fieldworkers noted some of the answers to specific questions posed in this session as follows:

- Does ‘something for something’ only apply to girls only? Do you think guys also have a something for something with older women or sugar mommies? *“Women who seem to earn more than their husbands might also get younger men who are unemployed or those who live in townships and exchange money in return for sex”.*
- What’s the difference between marriage and something for something? *“Marriage is different from something for something as it involves love”.*
- Why are something for something relationships focused on girls only? *“Many girls exhibit a demand for things like new clothes, cellphones and doing their hair, and that puts them at risk. Women also fear for their children’s well-being and may engage in transactional sex for food or money”.*
- What are the risks of being in a something for something relationship?

“The risks of being in a something for something relationship might lead you in being infected with HIV, STIs, and pregnancy [because] you expose yourself to sleeping with different people”.

- Does something for something also involve a ‘man to man’ relationship?
“Gay men also get involved in such relationships as they would get involved with married men. They also need to buy themselves clothing and do their hair”.

In the curriculum it says:

Boys are also at risk for ‘something to something’ sex – with older women and men. But we do not hear about it as much because boys are often ashamed of admitting it. Also, because boys cannot get pregnant and usually have more freedom than girls, it is sometimes harder to find out about what they are doing. But boys can catch STDs or HIV just as girls can, and they can also feel bad about themselves for doing things that they do not want to do (Deutsch and Edoh, 2008, p. 84).

Over all the different groups agreed with the fact that being in a ‘something for something relationship’ connotes that you are selling your body and it is equivalent to “*prostitution*” because there is an exchange of money and goods.

Group members at the Olive Leaf Foundation Site B, consisted only of girls, mostly in the same grade and aged between 15 and 17 years, reported the following learnings from this session:

- *“I learnt that something for something is risky”.*
- *“Something for something is like selling your body”.*
- *“One should be self reliant, go to school so that you can be able to afford some of the things you need”.*
- *“Do not compare yourself with other people”.*
- *“Dating a sugar daddy does not make you promiscuous; it may be because of your family’s situation”.*

Other group members’ learnings included:

- *“You do not need to pay for sex”.*
- *“Never depend on ‘something-for-something’ relationships”.*
- *“One might lose their dignity, people might see”.*
- *“Do not think for today, **think for tomorrow**”.*

Youth responded in the session that ‘something for something’ relationships were caused by peer pressure, with friends wanting to conform to their peer group’s standards e.g. wearing branded clothes. They were able to acknowledge that the consequences of something for something’ relationships were irreversible. As one group member noted, “There is nothing for *mahala* [free]”.

Practical recommendations: Delete second part of session’s purpose on p. 80. Change ‘market’ to ‘supermarket’ or ‘taxi rank’ on p. 82. Change ‘STDs’ to ‘STIs’ on p. 83.

Session 11 Plant a seed: Supporting our friends

Session 11 dealt with supportive behaviour and aimed to provide group members with tools for supporting their friends. During the session review, adolescents reflected on what knowledge they had acquired from this particular session. Comments included:

- *“Some people need our support”.*
- *“To support other people meaningfully”.*
- *“We have the ability to support our friends through difficult times”.*
- *“We need to give our friends the right advices”.*
- *“Encourage our friends to make the right choices”.*

With reference to helping or supporting a friend who is HIV positive, young people were asked to tell of three ways in which they could achieve this. Replies included:

- *“Provide the person with healthy foods like fruit and vegetables. Accompany and support the person to seek health services. Assist the person with his/her household chores when he/she is sick” (Heartbeat Site B).*
- *“To be there for them. To visit them when they are sick. Love them as your friend” (Olive Leaf Foundation Site A).*

Helping friends and giving them advice was the main goals of the session. By ‘planting a seed’, adolescents can help change the way a friend thinks about his or her life, even if they do not take help or advice immediately.

Practical recommendations: On p. 87 group members are asked to role play both negative and positive behaviour. Having young people role play negative behaviour is not ideal. Instead, scripts could be used for young people to read when offering negative resisting behaviour, while being encouraged to brainstorm and verbalise multiple ways of resisting these scripted lines.

Session 12 The changes we wish to see: Thinking about the future

Session 12 was about developing a future orientation. Its purpose was to have members think about their skills and qualities and how they can use these strengths to reach personal goals and impact their communities. Members reported to have learnt the following:

- *“One should work hard in order to get what he/she wants”.*
- *“No one wants to be dependent to his/her family or friends forever”.*
- *“I have learned to DREAM BIG”.*
- *“Have good advices so they can be used in future”.*
- *“Be a responsible person so that you can change”.*
- ***“Think for yourself** and [about] the consequences”.*
- *“Education is the key to success”.*
- *“Future depends on an individuals and his or her behaviour”.*
- *“One must know his or her skills and talents”.*
- *“We need to realise that the choices we make affect the people in our lives”.*

The session aimed to help adolescents realise that everyone has skills and qualities. “We can all find ways of using them to improve our lives and the lives of others. No matter what, going to school and studying hard is one of the most important things that we can do to improve our chances of making our dreams come true” (Deutsch and Edoh 2008, p. 90). It was a strong session with a good balance of skill building and discussion.

Practical recommendations: P. 90 – change ‘on’ to ‘how’.

Session 13 Vhutshilo Talent Show: Session review

Session 13, the final session was designed to be a review of the curriculum’s content and took the form of a talent show. Through observation of all six sites’ final session, as well as members and peer educators’ reflections on the session, we were able to evaluate what adolescents remembered and had learnt throughout the sessions. These findings have been incorporated into the discussion of each session. From a critical perspective, despite being two hours in length instead of the usual 1.5 hrs, and having various options, Session 13 has too many activities to fit into the time allocated for the session. Various components and assignments were omitted due to time constraints. Due to this session being a central monitoring and evaluation (M&E) tool of the programme, this needs to be rectified. The session needs to be substantially shortened, and should probably comprise 3 rather than 4-6 ‘assignments’. In addition, asking a peer educator observer to note answers during the session proved to be beyond the ability of most of the peer educators observed. It is probably better done by an adult supervisor.

Practical recommendations: On p. 95 add ‘to say’ between ‘thing’ and ‘about’. On p. 96 add ‘of’ between ‘names’ and ‘all’.

The curriculum’s efficacy and recommendations for improvement

In summary this chapter has asked ‘Does the curriculum address the needs of vulnerable adolescents?’ Observers in the field reflected that those sessions that were to the point and which were well-prepared by the peer educators and where peer educators were familiar with the content were the most energetic and had the best learning outcomes. The incremental and compound effects of the sessions are clearly reflected in the quotes from members as reported in this chapter. While we could not expect the pilot curriculum to get everything right first time, the totality of the messages emerging from members indicates engagement and strong learnings from these peer-led sessions. The use of pictures (in the main) stimulated different scenarios and stories from personal experience, but is not necessary in cases where a story is simply being told. *Vhutshilo’s* curriculum strongly supports its overall strategy of assisting older peers to provoke discussion and mutual help amongst group members in their own communities and contexts.

The session on ‘Talking about Drinking’ was recognised from CSPE’s observations to be too repetitive and omitted discussion on drugs. In the session on crime and violence, it was recognised that the session needed to further explore different *forms* and *types* of violence that may affect adolescents, and coping mechanisms when confronted with these.

Two gaps identified include suicide, and rape and coercive sex. While these issues probably require the intervention of an adult professional, they were raised during various sessions and

peer educators were at a loss regarding how to deal with them. While we do not recommend they be included in the curriculum, they need to receive particular attention in peer educators training, with regards to how group members may be referred for help.

For HIV positive youth, a peer-led session considering issues of particular relevance would be a worthwhile addition to the programme. These topics include issues of disclosure, dealing with stigma and adherence to ARV programmes – targeted to adolescents who know their HIV positive status.

Barriers to facilitating the manual

There were reflections by CSPE staff that while the curriculum is a structured tool, there were some difficulties with facilitating it and some gaps were identified in the content. Peer educators needed to tease out important scenarios that arose from the session that were not necessarily discussed during training or available in the *Vhutshilo 2* manual. Also, there were often insufficient pictures for everyone to see and use as a stimulus for conversation. With regards to peer educators’ facilitation skills, it is interesting to note that peer educators spent much less time talking during the sessions observed than was the case with *Vhutshilo 1*. Figure 3.1 compares the time spent on each *Vhutshilo* session for the two programmes.

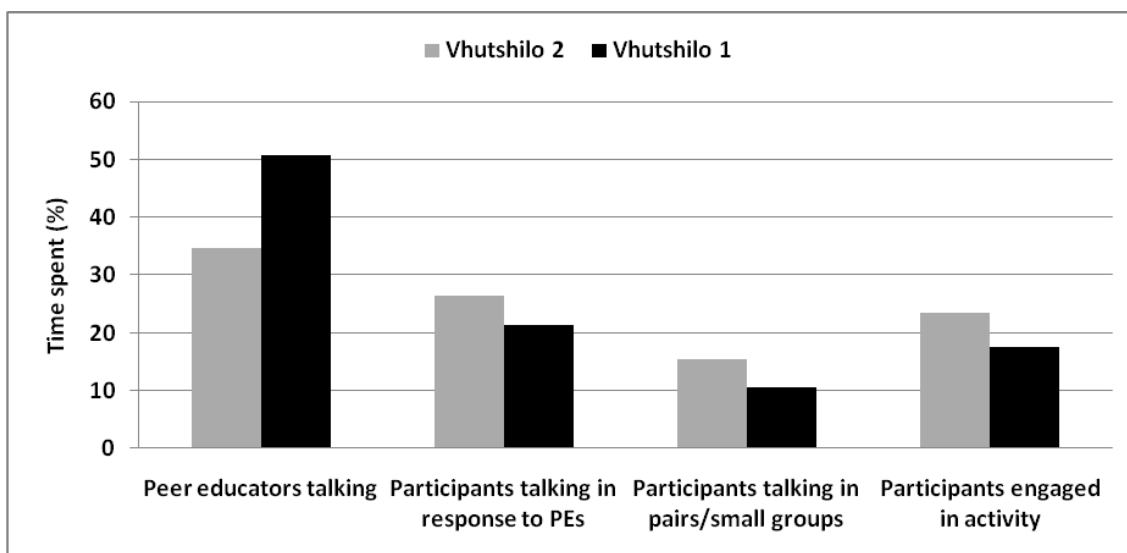


Figure 3.1 Comparison of how time was spent between *Vhutshilo 1* and *Vhutshilo 2* peer-led sessions

Figure 3.2 provides a breakdown of how time was spent for the eight sessions observed (excluding final sessions). It is clear that time spent on each of the session’s four components i.e. distributed between peer educators talking; participants talking in response to peer educators; participants talking in pairs/small groups; and participants engaged in activity, is not linked to content but rather to the expertise of peer educators and the support of supervisors. While sessions were generally more interactive with peer educators spending less time talking there were no clear trends to observe, i.e. no one site stood out as having better or worse facilitation skills. Care Site A and Care Site B got a surprising balance (both were new and inexperienced sites) between the four components, while sites such as Olive Leaf Foundation Site B (an experienced site) tended to spend more time talking or responding to peer educators rather than in talking to each other or engaged in activity.

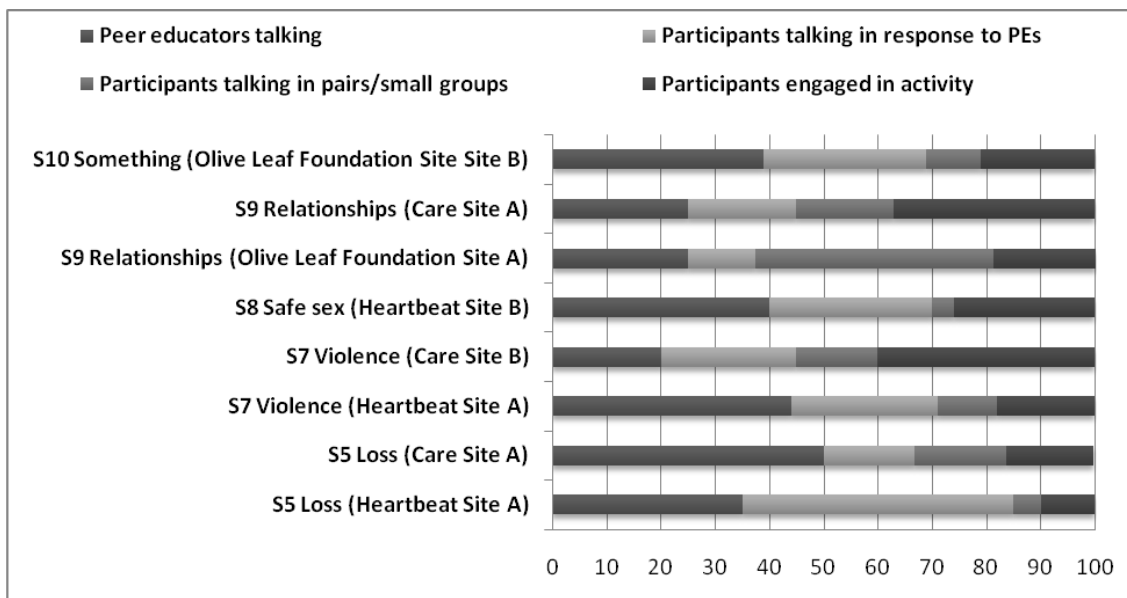


Figure 3.2 Breakdown of how time was spent in observed sessions

Conclusion

This chapter has offered an evaluation and recommendations for the improvement of the *Vhutshilo* curriculum. These may be summarised as follows:

1. With regard to the range of content in the sessions, it is age-appropriate (with some exceptions) and contextually relevant. There is nothing comparable available for vulnerable youth in South Africa.
2. Although sexual health is a culturally taboo subject, the curriculum is thorough in covering the topic. The manuals are structured but offer enough space for adapting content to different sites and contexts.
3. Session 8 (Staying safe in sexual relationships), Session 10 (Something-for-something relationships), and Session 12 (Thinking about the future) are particularly excellent modules. They capture the importance of certain topics being best presented by peers rather than adults.
4. While other modules are good, some have room for improvement. They also most likely set the platform for stronger modules to achieve as much as they do.
5. Session 4 (Self-talk: Making decisions at difficult times) and Session 7 (Standing up or standing by: Thinking about crime and violence in our lives) are important but currently weak modules. Recommendations to improve sessions are summarised in Table 3.3.
6. Rename the 'buddy-up' activity as 'Recap', 'Quick Chat' or a 'Check in' (as it is referred to on p. 9 of the curriculum). 'Buddy up' in the South African context is linked to the child's programme of especially Soul City, and is age inappropriate for younger children, not adolescents.
7. Rename the 'Brag book' to 'Journal' or 'Diary'. 'Brag book' is not an age appropriate term for 14 to 16 year olds.
8. The 'Make a Move' activity that invites young people to choose a gesture as a code to remember the lessons is also not age appropriate. Making this activity more open-ended (i.e. "design something to help you remember this session e.g. slogan, poster, rap, sign etc.") may create opportunities for better use of this important feature of each session.

9. Furthermore with regard to peer educator training, the *Vhutshilo 2* curriculum states that there are ten themes that need to be repeated and reinforced throughout peer educator training (Deutsch and Edoh, 2009, p. 11). While some are relevant, we find that others do not adequately describe the learning outcome of themes. Items 1 to 4 seem to capture the meaning of the training objectives, whereas 5-10 do not. In one case, 'say Aunty' has no meaning in the South African context. South Africa kids say 'mercy' instead of 'aunty' to indicate 'giving up'.

Table 3.3 Summary of evaluation of each *Vhutshilo 2* session

Session	Topic	Comment
Session 1	<i>Making our space</i>	Introductory, should include an explanation of what the programme strives to achieve as a whole, not just the goals of the group.
Session 2	<i>How does it feel</i>	Good.
Session 3	<i>Who can I run to</i>	Good, although more help-seeking skills related to abuse, HIV/AIDS and teenage pregnancy required.
Session 4	<i>Self-talk and making decisions</i>	Weak, needs improvement. Self-talk needs to be properly introduced, and decision making steps (and detractors) emphasised.
Session 5	<i>Dealing with grief and loss</i>	Good, could be expanded to include talk about stigma and the myths surrounding death.
Session 6	<i>Talking about drinking</i>	Good, although drug use could be added.
Session 7	<i>Thinking about crime and violence in our lives</i>	Weak, lacks depth. Needs to explore different types of violence, and possibly bystander behaviour.
Session 8	<i>Safe with 1 or none</i>	Excellent.
Session 9	<i>Having healthy relationships</i>	Good.
Session 10	<i>Something-for-something relationships – transactional sex</i>	Excellent, provocative and memorable. It could explore other ways of getting money and material things.
Session 11	<i>Plant a seed: Supporting our friends</i>	Good, but needs more skills, not only discussion.
Session 12	<i>Thinking about the future</i>	Excellent, skill-based, practical and inspirational.
Session 13	<i>Vhutshilo Session review</i>	Too long, doesn't keep members engaged. Focus and shorten.

In this chapter we have provided our own evaluation based on observations of young people's responses to sessions, with a focus on the curriculum as a central vehicle for providing peer education to vulnerable youth. In the following chapter we turn to adolescent's self reports about *Vhutshilo 2* sessions. In it they report on sessions liked, disliked, remembered and those they believed to have had the greatest impact on their lives. They also offer insight into why attendance was committed or sporadic (when it was) and how *Vhutshilo* might be improved.

Chapter 4

Implementing *Vhutshilo* – youth self reports

Introduction

In order to ascertain young people's experience and views of the implementation of the *Vhutshilo 2* programme, group members (n=73) were asked to answer a brief questionnaire at the end of session 13 (see Addendum 3) that included short open-ended interview questions about the sessions and the implementation process. The objective of this part of the evaluation was to obtain feedback from group members regarding the context in which the curriculum was implemented, such as the levels of trust in the group and whether they felt they could openly discuss issues with peer educators; whether they received support from their peers in the group; and to what extent they believed their participation helped them to protect themselves from HIV/AIDS. In addition to the questionnaire, further data was extracted from observation sheets and subsample interviews (see Addendum 2 and 4).

In this chapter, we report on our findings in four sections, namely group members impressions of programme outcomes; session attendance and impact of sessions (i.e. which sessions were most liked or disliked); which sessions they believed had the greatest impact on them; and finally their recommendations for improving *Vhutshilo 2* as a peer-led psychosocial and HIV intervention strategy for vulnerable youth.

Group members impressions of programme outcomes

With regard to programme outcomes, *Vhutshilo* group members were asked to respond to 15 questions ranked on a Likert scale of 0 to 10 where 0 was a negative answer and 10 was a highly positive answer. In analysing responses we grouped answers into four categories: (1) Group environment (2) Curriculum materials, (3) Peer educators and (4) Programme outcomes. Figure 4.1 provides a summary of these results.

Group environment

With regard to the group environment, *Vhutshilo* group members were highly positive with scores ranging between 7.5 and 8.3 for whether there was trust in the group, the extent to which they received support, were able to develop friendships in the group and felt protected in the group. This is a particularly good reflection of what peer educators were trained to do and what the *Vhutshilo* group space strives to provide.

Curriculum materials

With regard to curriculum materials, group members were less positive. On the question whether materials embarrassed them, the average score was 5.8 out of 10. Members responded with a score of 6.6 to both the question of whether materials were difficult to remember and whether rituals were memorable. However, as we see in 'programme outcomes' despite these slight criticisms of the curriculum group members still report that

they strongly believed *Vhutshilo* helped to protect them from HIV infection - responding with an average assessment of 8.5 out of 10.

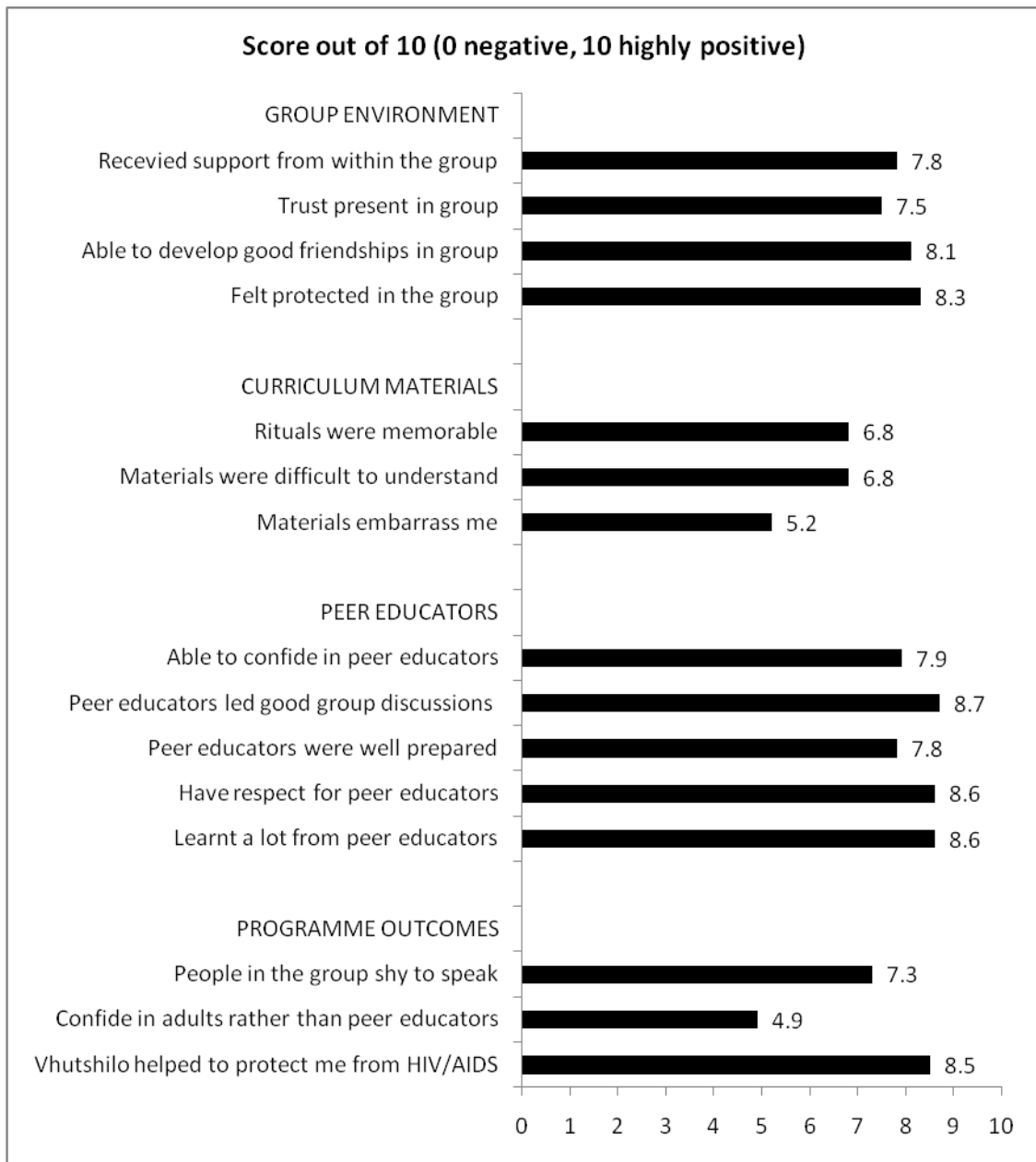


Figure 4.1 Results of group members self reports on the efficacy of *Vhutshilo 2*

Peer educators

With regard to *Vhutshilo* members' evaluation of peer educators, the results reveal that peer educators were seen to be competent in facilitating sessions by leading good group discussions (8.7); that they were respected (8.6); and that group members were able to 'learn a lot' from peer educators (8.6). Slightly less positive were *Vhutshilo* group members' assessment of peer educators' levels of preparation (7.8) and their personal assessment of whether they could confide in peer educators (7.9) – although both these latter assessment are still relatively high.

Programme outcomes

As previously reported, *Vhutshilo* group members reported that participation in these peer-led support groups helped protect them from HIV infection. They did note that people were somewhat shy to speak in the group rating it on average 7.3 out of 10. They were ambivalent about whether they would rather confide in adults or peer educators (4.9), in spite of reporting that they were able to confide in peer educators. This is an important finding and indicates that further work needs to be done to help group members feel confident to confide in peer educators – which is a key underpinning of the *Vhutshilo* strategy.

Session attendance and most liked or disliked

The second section of the implementation evaluation focused on the numbers of sessions attended by *Vhutshilo* group members and the sessions they most liked or disliked. On average, group members reported attending eleven out of a possible thirteen sessions. This is an important finding. It signals both that group members had done enough to benefit from the psychosocial support offered, according to the guidelines of the *Vhutshilo 2* strategy, and that they found the programme engaging enough to attend consistently.

When young people said they liked or disliked *all* sessions we left the score blank. The remaining results appear averaged in Figure 4.2. During subsample interviews with group members they elaborated why they consistently attended (or failed to attend) sessions, and why sessions were liked or disliked. There were no sessions that stood out strongly for youth as most disliked. Instead approximately ten young people each mentioned that ‘Making our space’ (Session 1), ‘Who can I run to?’ (Session 3), ‘Something for something’ (Session 10), and ‘Grief and loss’ (Session 5) were among their most disliked sessions.

As was the case in *Vhutshilo 1*, group members disliked the ‘Grief and loss’ session *“because it brought up memories I didn’t want to remember... [and] because people were crying... it was sad”* (Dipuo, Olive Leaf Foundation Site B). As is apparent later, the ‘Grief and loss’ session was also among the sessions most remembered, most liked and most significant – although not to the same extent as it had been to younger *Vhutshilo* group members (see Swartz et al., 2009).

The session dealing with transactional sexual relationships, ‘Something for something’ while also amongst those disliked, was reported to have been liked by 23% of young people. The reasons they gave can be summarised by Dipuo, a young woman, aged 15, from Olive Leaf Foundation Site B:

“Because I’ve learnt many things from it. Like in a healthy relationship there has to be trust, communication, love, you have to be there for each other. And love each other for who you are and not pretend [but in] ‘Something for something’ [I learned] maybe a person loves you for your money”.

Another group member, 14 year old young man, Mokete from Care Site A, spoke of the importance of ‘Something for something’ relationships since it showed that people choose these relationships (*“Thandi told Anna to leave her alone because she does that for herself [have sex in exchange for money] so she can look smart”*) but also raised the issue of how he had learned that testing in the context of something for something relationships was important (*“Anna said, ‘Let’s go to the clinic so you can be checked’”*).

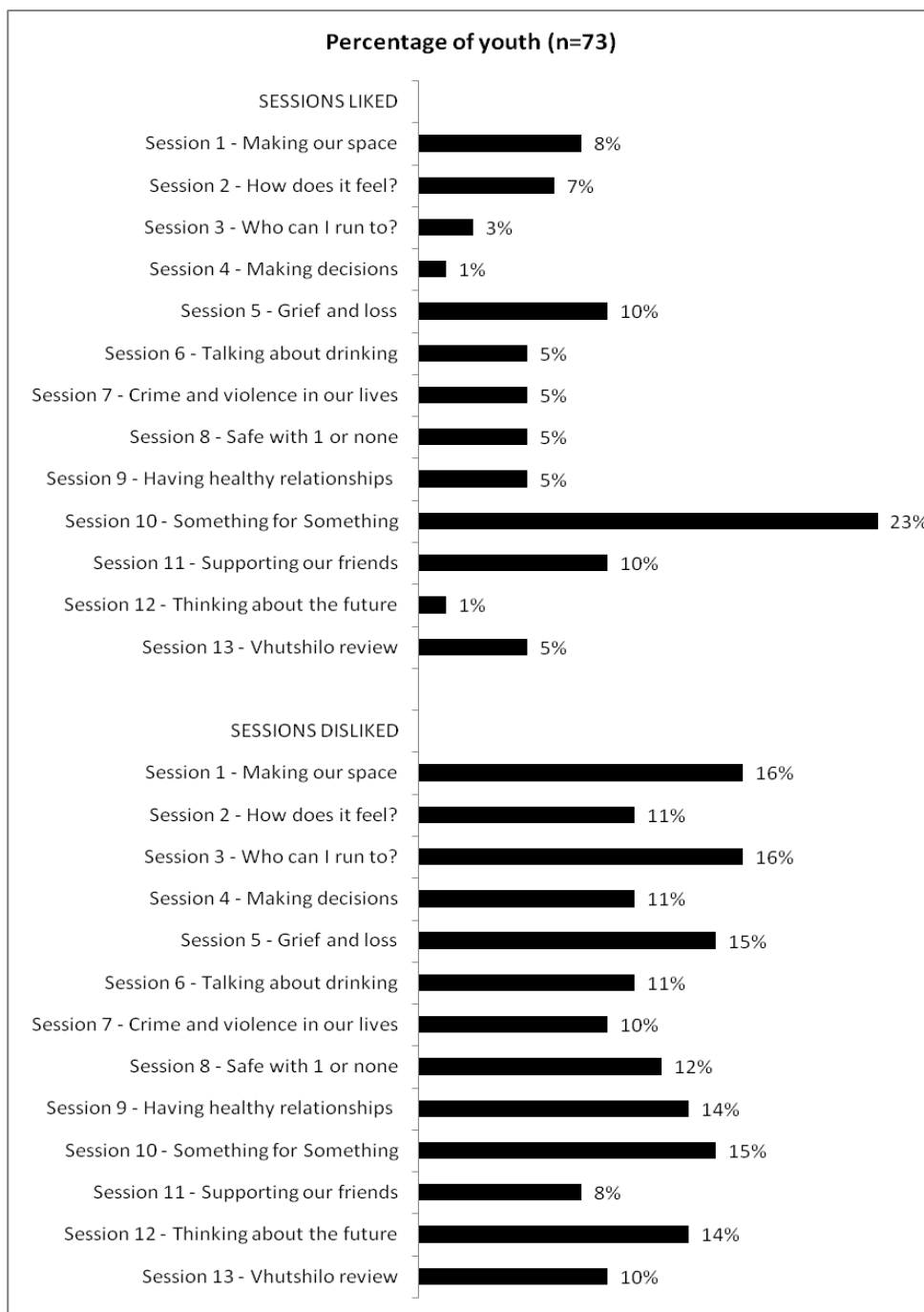


Figure 4.2 Sessions most liked and disliked by Vhutshilo 2 group members

Self reports of impact

Next *Vhutshilo* group members were asked to reflect on the overall impact that *Vhutshilo* had on them, and were asked to tell us about the sessions they most remembered and those ‘that made them think the most’, i.e. had the most significant impact on them. Figure 4.3 provides the results for both these questions, which will be considered in turn below.

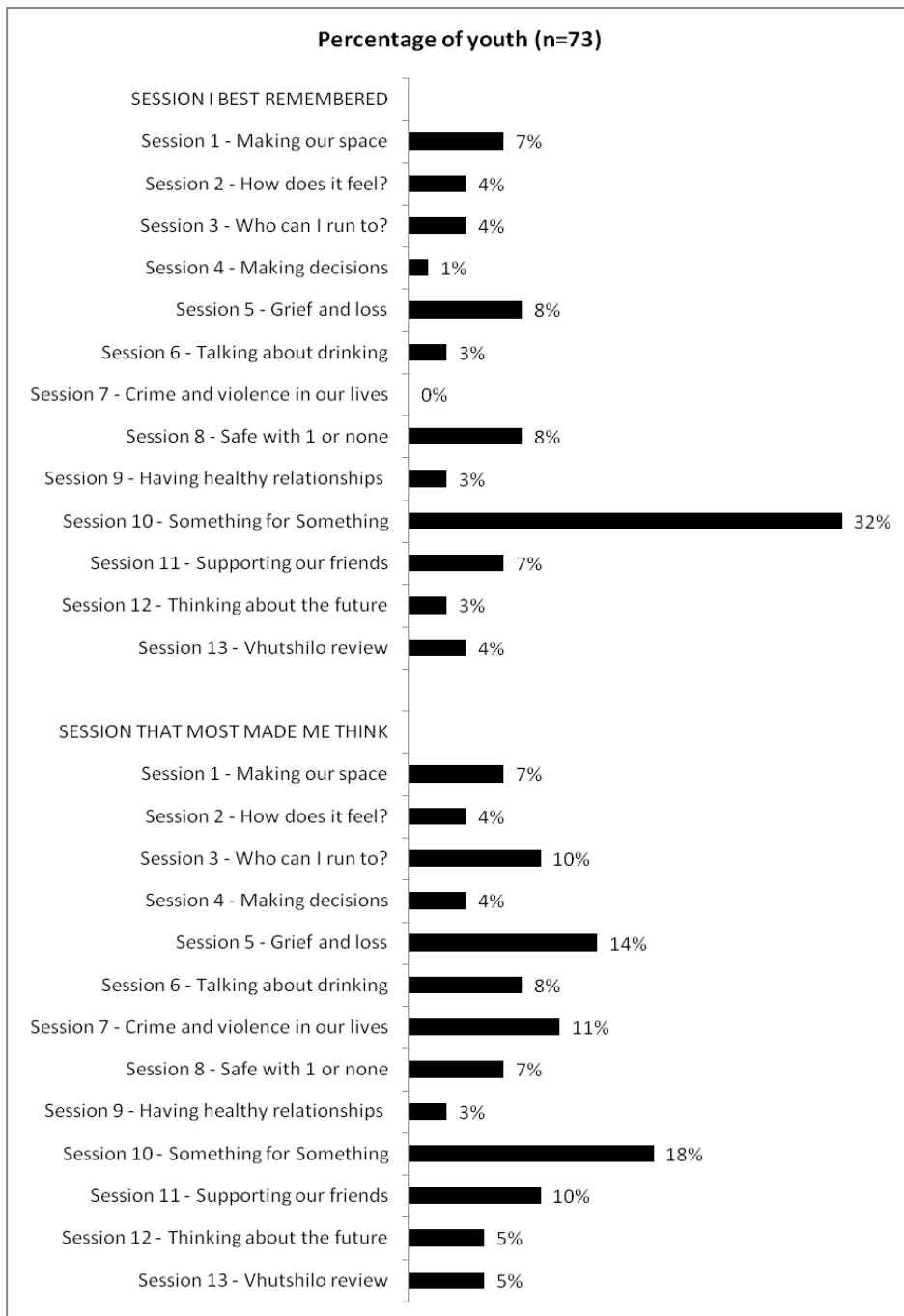


Figure 4.3 Members assessment of which Vhutshilo sessions were most memorable and most significant

Most remembered

By far, ‘Something for something’ was the most remembered session reported by group members, for various reasons:

“‘Something for something’ - that session! It taught me about people, what are other people doing, like it’s something for something, it means people they give because they need. For instance you go and become a prostitute, because when you are a prostitute you are expecting money. You go and sell your body then you get money. I think that thing is very very dangerous” (Simphiwe, Male, 17, Olive Leaf Foundation Site A).

“Something for something relationship’... it’s something that happens daily, it happens all the time... I have learnt is that [I must] love someone for who he is and not because of what he has” (Katlego, Female, 18, Heartbeat Site B).

“That one of ‘something for something’... It made me see life in a different perspective, how girls are behaving outside and that if you want to have a good life you must first go to school” (Sibusiso, Male, 15, Care Site B).

‘Safe with 1 or none’ and the ‘Grief and loss’ sessions ran a distant second, along with ‘Supporting our friends’. Overall, it seems that the programme as a whole was well received by group members, rather than individual sessions, except of course for ‘Something for something’ and to a lesser extent the ‘Grief and loss’ session.

Significant change – deepest impact

When group members were asked to reflect on which session made them think the most, or had the most significant effect on their lives, ‘Something for something’ was once again ranked as being most significant, along with the session on ‘Grief and loss’.

“Grief and Loss’ ... We were talking about our emotions... We were crying - like the things we were talking about made me appreciate everything I have in life” (Omphile, Female, 15, Olive Leaf Foundation Site B).

A number of young people flagged ‘Supporting our friends’ and ‘Who can I run to’ as having a high impact on their lives. ‘Crime and violence’ also received some mention since:

“ Because about violence and crime I realised that if you involved in crime and violence, it’s not simple, you don’t gain, you don’t get something, you don’t succeed if you are involved in one of those things” (Simphiwe, Male, 17, Olive Leaf Foundation Site A).

A few such as Dipuo, provided a strong motivation for why the session on staying safe in a sexual relationship was important:

“Safe with 1 or none’, yes because we were all keen to hear what is happening during sex. They want to know what you mean about a healthy sex relationship, what do you do and what do you use” (Dipuo, Female, 15, Olive Leaf Foundation Site B).

Youth recommendations for improving *Vhutshilo 2*

The final part of the implementation evaluation asked *Vhutshilo* group members to report on recommendations for improving *Vhutshilo 2*’s content and implementation. A number of youth participants said that “there is nothing I can change about it – it was perfect” but a number had constructive suggestions to make. Some members felt that it was important for members to graduate to be peer educators and for new members to be immediately recruited once the existing group was completed. The need to spread the word about *Vhutshilo* was reported frequently. So for example young people said:

- *“I will make Vhutshilo better by telling other children to attend”.*

- *“I think we need to discuss what is happening in Vhutshilo with our friends”.*
- *“I would talk about Vhutshilo to the classrooms in school and spread the seed”.*
- *“By having members go around to schools and letting others know about it”.*

Fostering respect in the groups, respecting each other during the sessions, keeping to time, and allowing members a chance *“to give other people in the group advice”* was recommended. Some requested that *“people must not laugh during the session as this disturbs our conversation and we can’t be serious”*. Further suggestions for improvement included:

- *“Give support and love the members more”.*
- *“Time keeping is bad and members turn up when they want to”.*
- *“I would make a change so that we could demonstrate the trust and respect, love and partnership we have”.*

A further recommendation was that the content be changed to make more sessions about *“other things in our lives – not only about sex and relationships”*. A few youth made suggestions regarding HIV testing (*“It would make Vhutshilo better by knowing my [HIV] status”*), being afforded service opportunities (*“I’d like us to visit orphanages and old age homes to help them out”*) and having *“more peer-to-peer participation during the session”*. Two participants summed up their feelings about Vhutshilo when they said:

- *“I would change nothing about this programme. It is so good for us. I did not know anything but today I know something”.*
- *“I think Vhutshilo makes my life better because there is something that I didn’t know before but now I know many things about life – like if you have a problem and you don’t have a parent, you can still survive like others”.*

Conclusion

Overall, the recommendations from the beneficiaries pointed out issues of sustainability, greater reach to more beneficiaries, and fostering respect between members. They also expressed a need for peer educators to exercise better time management during the sessions and for group members to be more punctual. The opportunity to know one’s HIV status was reported as something *Vhutshilo 2* could facilitate.

The implementation evaluation reflected that adolescents involved in the *Vhutshilo 2* sessions were engaged and attentive and were able to report on the most significant changes that *Vhutshilo* brought to their lives. Their recommendations need to be taken seriously. However, two recommendations in particular need further discussion. Widening *Vhutshilo’s* content is frequently called for by group members, but should be considered in light of an understanding of available resources and also with the knowledge that young people do not always know what they need, due to a lack of experience. Furthermore, with regard to allowing more peer to peer interaction, and space for giving *“advices”*, this is not a recommended practice given the need for peer educators to be trained to successfully facilitate psychosocial and HIV intervention for peers. Group members might be encouraged to graduate to become trained peer educators in the future, but do not currently have the skills or ability to do more than help and support each other for now.

Chapter 5

Impact on group members

Introduction

What impact did *Vhutshilo 2* have on the youth who participated? Our response to this question is presented in four sections. The first provides an account of procedures that were carried out in the research process to increase validity. Second, we describe the sample, outlining demographics, recreational characteristics, reported sexual behaviour, and youth perceptions of risk. Third, we report our findings by considering differences between sites, and between the control group and intervention group by overall indicators, at completion of *Vhutshilo 2* and again four months later. Fourth, we offer a second analysis, this time by individual question with regard to differences between control group and intervention group. In conclusion we summarise our results in order to answer the research question above and offer a brief analysis of the relationships between psychosocial competencies and youth demographics.

Procedures to increase validity

Indicators

In evaluating whether *Vhutshilo 2* was an effective intervention, nine indicators (see Table 5.1) were specified as domains in which one would hope to see a positive change. Each indicator was derived from the *Vhutshilo 2* curriculum, and was evaluated using a number of questions which measured information relevant to that specific indicator. Each question was drawn either from existing scales in the literature, or was designed to measure what was considered to be information pertinent to the indicator. Addendum 1 provides detailed information regarding the source of each question, and contains copies of the final questionnaire used in all seven languages (English, IsiZulu, Sepedi, Sesotho, Setswana, Tshivenda and Xitsonga).

Pilot group

Before the questionnaire was administered to our sample, a pilot study (n=17) was conducted to verify our assumptions about the complexity of language, item discrimination, and general practicalities of administering the questionnaire. The level of language was found to be acceptable, a few practicalities (such as physical spacing between participants, instructions regarding pacing for participants, an introduction protocol for field-researchers, as well as social desirability issues) were corrected. Items with low discriminant validity were removed from the questionnaire, or were reworded to correctly elicit the relevant information. Once our questionnaire had been edited after the pilot study and administered in the field, data entry took place.

Table 5.1 Overview of indicators and session relevance

Indicator	Description	Session
1. Help-seeking (HS)	Can <i>Vhutshilo</i> members identify places and people they can go to for help? Do members report coping skills, self care and help-seeking behaviour? Do they know how to form trusting relationships with peers and others and to recognise the value of trust? Do they perceive social support from their friends? Do they feel connected to their community? Or is there a sense of hopelessness?	S3 S7
2. Supportive Behaviour (SB)	Do they know how to identify people in need of help? Do they demonstrate willingness and an ability to help friends and be supportive to others generally?	S3 S11
3. Emotional intelligence (EQ)	Are <i>Vhutshilo</i> members better able to recognise, name and appropriately express their feelings/emotions? Do members exhibit Interpersonal grief skills, and do they possess healthy affective channelling and recognise emotional consequences to actions.	S2 S5
4. Decision-making (DM)	Do youth demonstrate better decision making and problem solving skills, especially in the context of HIV risk?	S4 S6 S7 S8
5. Future orientation (FO)	Do members demonstrate goal setting and optimism about the future? Can they identify their goals and plan to reach them or make the changes they need and want to make in their lives?	S9 S12
6. Gender orientation (GO)	How do youth perceive gender, and incumbent roles?	S8 S9 S10
7. HIV, sexual & relationship health – Knowledge (HSRK)	Are youth able to demonstrate accurate HIV prevention knowledge, and are they able to dispel HIV related myths?	S8 S9 S10
8. HIV, sexual & relationship health – Attitudes (HSRA)	What are the attitudes and beliefs surrounding HIV related information? Are these attitudes conducive to either a healthy or risky belief structure?	S8 S9 S10
9. HIV, sexual & relationship health – Behaviour & Intentions (HSRBI)	Do youth plan on behaving in a manner conducive to HIV prevention? Is their current behaviour placing them at increased risk of HIV infection?	S6 S7 S8 S9 S10 S11

Designing and deconstructing the questionnaire

A number of procedures were followed in order to ensure the highest possible validity of the questionnaire, both during the design stage and in capturing and analysing data. Each of these steps is described below.

De-randomisation and ordering

As each indicator's items (excluding demographic questions and sexual behaviour items) had been distributed throughout the middle part of the questionnaire randomly, it was necessary to re-order sets of questions into their respective indicators. It was our argument that if we randomised item placement in the questionnaire, then each question would be given fuller attention, instead of the respondent getting into patterns of response. It was decided that demographic items, because of their neutrality and introductory nature would be best suited as the initial questions respondents would face. In the middle section came all of the psychosocial questions relating to our indicators, randomly placed. Accordingly, the items which documented sexual behaviour needed to come last as it gave the respondent a chance to become comfortable with providing sensitive information in a questionnaire format.

Response options, item weightings and summed totals per indicator

As many of the items that were used were derived from existing scales, it was our intention to keep the original answer scales (Likert response options) as far as possible. However, since each scale came with its own response option set, this meant that we had to contend with unequal response options being compared to one another under any one indicator. In order to make these unequal responses comparable, they needed to be standardised. This was done by multiplying and then dividing each response by 60, which was the lowest common denominator between response options. In doing so, we converted each questions' score, whether it was a 1 out of 2, or a 1 out of 6 for example, to a score of between 0 and 1. The standardised score for each questionnaire item was then summed for each indicator, so that each participant got one overall score for each indicator.

Item reversals

As is common practice (cf. Howell, 1995), there were numerous items which were reverse scored. This was corrected in the spreadsheet such that for a reversed question score of 1, we assigned it a score of 6, or vice versa (assuming that this was the response option range for the question).

Data cleaning & 'Lie items'

The final step that took place at data entry was to clean the data for entry and measurement errors. Included in this step was the intention to exclude questionnaires which were deemed to be overly influenced by social desirability. Randomly placed in the questionnaire were two questions unrelated to demographic or indicator information. These two items were: "I never lie" and "I am always a nice person". It was decided that if both of these questions were answered as being "True", that we discard that respondents' questionnaire as being overly influenced by social desirability. The rationale behind this decision was that it was extremely unlikely, even impossible, that a respondent could claim to *never* lie, or to *always* be nice. On

analysis the ‘lie items’ failed to correlate significantly with indicator scores and since it reduced the sample size, lie items were discarded from further analysis.

Creating a control group

As discussed in Chapter 2, the control group, although selected according to a set of uniform criteria (the same as selection of *Vhutshilo* members) resulted in a somewhat older, more educated group of young people with a higher socio-economic status than *Vhutshilo 2* youth. In order to make meaningful comparisons between *Vhutshilo 2* and a control group, we had to reconstitute the control group so that it resembled, on averages, the *Vhutshilo 2* groups on important factors such as age, gender, grade, recreational profile, and socio-economic status (SES). This practice of post-hoc matching of a control group to an intervention group is an acceptable procedure in this scenario, provided the integrity of the data is left intact (Graziano & Raulin, 2004). Accordingly, control group members who were either 17 or 18 years old, or who had a disproportionately high SES were removed from analysis. A total of 39 respondents were removed from analysis, either because they were too old, or too ‘wealthy’ relative to others. After completing this phase of data cleaning, we believe the demographics of the three samples (control, post, and delayed) were comparable. Table 5.2 summarises the number of questionnaires used at each stage of the research process. Methodological issues aside, let us turn to our findings by introducing the youth who participated in *Vhutshilo 2*.

Table 5.2 *Numbers of questionnaires used at each level of analysis*

Number of questionnaires	Pre-test/Control	Post-test	Delayed	Total
Returned	110	73	52	235
Discarded	41	5	12	58
Analysed	69	68	40	177

Describing *Vhutshilo 2* youth: demographics, risk, recreation and sex

Demographic characteristics

For all demographic information (see Table 5.3), we have used data from only *Vhutshilo 2* participants (post-test) so as to allow for a specific focus on *Vhutshilo* youth (n=68). That said, the site with the most questionnaires completed appropriately was Care Site A (n=15) and the least was Care Site B (n=10). The average age for respondents was a few months above 15 years old. The site which had the oldest participants was Olive Leaf Foundation Site A at an average of just over 16 years, while Heartbeat Site B enrolled the youngest age groups, at an average of just older than 14 years. Overall, questionnaires were completed by more girls (61%) than boys (39%). Olive Leaf Foundation Site B and Care Site A were comprised primarily of girls, while Heartbeat Site A and Heartbeat Site B were made up mostly of boys.

In general, seSotho (27%) was the language most spoken at home, followed in order by isiZulu and sePedi (both 17%), xiTsonga (15%), seTswana (14%), tshiVenda (5%) and isiXhosa (3%). In terms of educational level, the average school grade was Grade 8 (Gr. 8.8). Sites which contained the most educated youth included Heartbeat Site A (Gr. 9.4), Olive Leaf Foundation Site B, and Olive Leaf Foundation Site A (both Gr. 10), while the least educated sites were Care Site A (7.5) and Care Site B (Gr. 7.2).

Table 5.3 Demographic summary of participants

Organisation	Site	n	Age	Girls	Boys	Grade	SES	Rec.	Languages
CARE	Care Site A	15	14.3	85%	15%	7.5	4.6	3.5	sePedi
	Care Site B	10	14.4	50%	50%	7.2	7.0	4.0	xiTsonga
HEARTBEAT	Heartbeat Site A	12	15.3	33%	67%	9.4	7.0	3.3	seSotho
	Heartbeat Site B	11	14.2	18%	82%	8.0	9.0	4.3	seSotho & isiZulu
OLIVE LEAF	Olive Leaf Foundation Site B	14	15.9	100%	0%	10.0	10.9	4.9	seTswana
	Olive Leaf Foundation Site A	11	16.6	45%	55%	10.0	7.7	3.6	isiZulu & sePedi
Control Average		69	15.6	68%	32%	9.3	7.7	3.6	seSotho
Vhutshilo Post-test Average		68	15.3	61%	39%	8.8	7.7	3.8	seSotho
Vhutshilo Delayed Average		40	15.8	60%	40%	9.4	7.7	4.0	xiTsonga & seSotho

The socio-economic status (SES) measurement was comprised of three sub-scores. First, the type of assets each youth had in their home, namely television, electricity, bicycle, car, tap water, or telephone (mobile or landline). For each item in the home, a point was given (having a car was given an additional point), making the range for this sub-score 0-7. Second, the type of house each youth lived in, with scores ranging from 1-3. A shack, informal settlement, backyard dwelling, traditional house and hut were all weighted equally as one point. A flat was weighted as two points, while a house with an inside toilet was scored 3. Third, each youth was asked to select the most appropriate statement regarding available money. The statements ranged from having no money for food through to having enough money for food, clothes, and 'a bit extra'. The range for this sub-score was from 1-4. All points per youth were summed, producing a SES score of between 0 and 14. As can be seen in Table 5.2, Olive Leaf Foundation Site B participants were the least poor, with an average score of 10.9, while Care Site A was the poorest with an average of 4.6 points. In order to interpret these SES findings, we considered a score of between 10 and 14 to indicate that youth were likely to be living above the poverty line⁴, that those scoring below 6 and 9 lived below the poverty line and were economically vulnerable, while those scoring below 5 were likely to be seriously vulnerable.

In terms of living arrangements, most children lived with their mothers (63%), brothers (59%) and sisters (54%). Following these people came grandmothers (41%), uncles and aunts (both 29%), cousins (25%), fathers (19%), other people (19%), grandfathers (12%), and friends (2%). There were on average 5.4 people per house (including the participant), and most youth lived in informal settlements.

Youth perceptions of risk

Adolescents from both control and *Vhutshilo* groups reported that alcohol was one of the most significant factors contributing to, or exacerbating the problems they faced in their day to day

⁴ For the purposes of this study the poverty line is R593 per capita per month as defined by Statistics South Africa in 2008 and reported in Armstrong, Lekezwa and Siebrits (2008, p. 8).

lives. Alcohol was claimed to put them most at risk of contracting HIV and lessening their ability to resist HIV infection. Issues like domestic violence, teenage pregnancy, rape, poverty and transactional sex, and the adverse effects of alcohol and substance abuse were seen as contributing to losing inhibitions and therefore also control over risky behaviour. Losing a parent often lessened the income for a family and made households more susceptible to poverty. Lastly, taverns and parties were often regarded as spaces that could put adolescents at risk of engaging in unsafe behaviour. It was saddening to know that even some mundane activities, such as walking to school, were viewed as potential threats to safety and health.

As part of the qualitative component of the study, a subsample (n=32, control n=15, *Vhutshilo* n=17) of young people were interviewed in order to elicit more detailed answers and stories from adolescents in response to the indicators we desired to measure (Table 5.1). With regard to risk, youth were asked 'What are some of the things that young people may do that put them at risk of HIV infection?' Alcohol and the dangers of rape and abuse were prominent in their responses as indicated by the following quotations:

Young people are facing alcohol challenges, and it is the cause of teenage pregnancy and it causes HIV and AIDS because they drink and do things they didn't plan to do... [or] you're the older one [of siblings] and you decide to go and get money so that you can support your siblings... it can lead you to want something for something [transactional sex]... Maybe you date someone, maybe you have sexual intercourse in order for him to give you money or buy you groceries (Ayanda, Female, 17, Heartbeat Site B).

Us as young people we drink alcohol to impress our friends... You find that you go and sleep around because that alcohol is controlling you... And drugs you know - these are the things that cause problems (Norman, Male, 17, Olive Leaf Foundation Site A).

Rape, yah, abuse, and being spoken to in a bad way (Tsepo, Heartbeat Site B control).

Recreational activities and profiles

As part of attempting to understand our sample, we gathered information relating to how *Vhutshilo* youth spent their free time. We provided statements of recreational activities that were easily divided into healthy and unhealthy (physically and psychologically) activities. For example, activities like playing a sport, doing homework, going to church, and doing house chores are assumed to be conducive to healthy minds and bodies. On the other hand, it is not hard to imagine activities such as having sex, drinking, doing drugs, and getting involved with crime as having an overall detrimental effect on the participants' health. Activities were scored according to how likely an activity could be expected to expose someone to HIV, with 'healthy' or 'neutral' options (1-10) increasing the score, and 'harmful' activities (11-16) decreasing the score. Table 5.4 reflects the proportion of youth spending their time on each of the stated activities.

Overall, *Vhutshilo* group members indicated a slightly healthier recreational profile than controls, but both control and intervention groups seemed to portray their recreational activities as mostly healthy. As can be seen in Table 5.4, most youth filled their spare time with homework, followed equally by house chores, such as cooking, cleaning, or looking after siblings, and church, youth group, or choir attendance. These were followed by watching lots

of television and seeing friends, while participation in sports and being involved in music or drama were the final activities done most often.

Table 5.4 *Recreational activities of Vhutshilo group members*

No.	Activity	Proportion of youth spending their time on this activity
1	Homework	73%
2	Housework	59%
3	Church	58%
4	TV	49%
5	Friends	46%
6	Sport	39%
7	Music & Drama	36%
8	Paid work	14%
9	Partying	14%
10	NGO involvement	14%
11	Drugs	3%
12	Fighting	4%
13	Crime	4%
14	Drinking	5%
15	Gang involvement	6%
16	Having sex	10%

On a site level, groups of *Vhutshilo* participants were scored as described above and their scores compared. Table 5.5 provides these scores for each site. Olive Leaf Foundation Site B youth had the healthiest recreational profile (49%), followed by Heartbeat Site B (43%) and Care Site B (40%). The sites with least 'healthy' recreational or spare time activities were Heartbeat Site A (33%), Care Site A (35%), and Olive Leaf Foundation Site A (36%). Figure 5.1 graphs the relationship between SES and Recreational profiles per site indicating that increased wealth generally affects youth risk profiles in a positive direction. In addition, it is also encouraging to note that while control group and *Vhutshilo* group's recreational profiles were similar immediately after the programme (36% for the control group and 38% for *Vhutshilo* intervention group immediately post intervention), this increased to 40% for the *Vhutshilo* group in the delayed assessment. This result is not statistically significant but nevertheless encouraging as it suggests that further improvement might be on the horizon.

Table 5.5 *Summary for recreational activities*

Organisation	Site	Average
Care	Site A	35%
	Site B	40%
Heartbeat	Site A	33%
	Site B	43%
Olive Leaf	Site B	49%
	Site A	36%
Control		36%
<i>Vhutshilo</i> Post-test		38%
<i>Vhutshilo</i> Delayed		40%

Descriptive sexual behavioural data

Part of our assessment of *Vhutshilo 2* efficacy was intended to be a comparison of actual sexual behaviour data. However, multiple challenges arose in terms of eliciting honest and accurate information from participants. The principle issue related to participants reporting ambiguous sexual data. Of the participants who reported their sexual behaviour in one question, many would supply contradictory evidence in another question. For example, a respondent might claim

to 'never have had sex' when asked about his/her current sex life, but report that 'they were willing' when asked about the first time s/he had sex.

That said, sexual behaviour was measured through questions Q80-3, Q85, Q87, Q89, and Q92. Each participant was given a sexual behaviour score, made up of items which ranged across broad behaviours, and included topics such as relationship and sex life status; virginity loss experience; time since last intercourse; number of sexual partners in the past year; and whether condoms were used during the participants' last intercourse. Overall, both *Vhutshilo 2*

groups scored lower⁵ (post 18% & delayed 17%⁶) than controls (23%) for *risky* sexual behaviour. Although, due to issues discussed above this result must be viewed with caution, it is a principle aim of *Vhutshilo*, and an encouraging result.

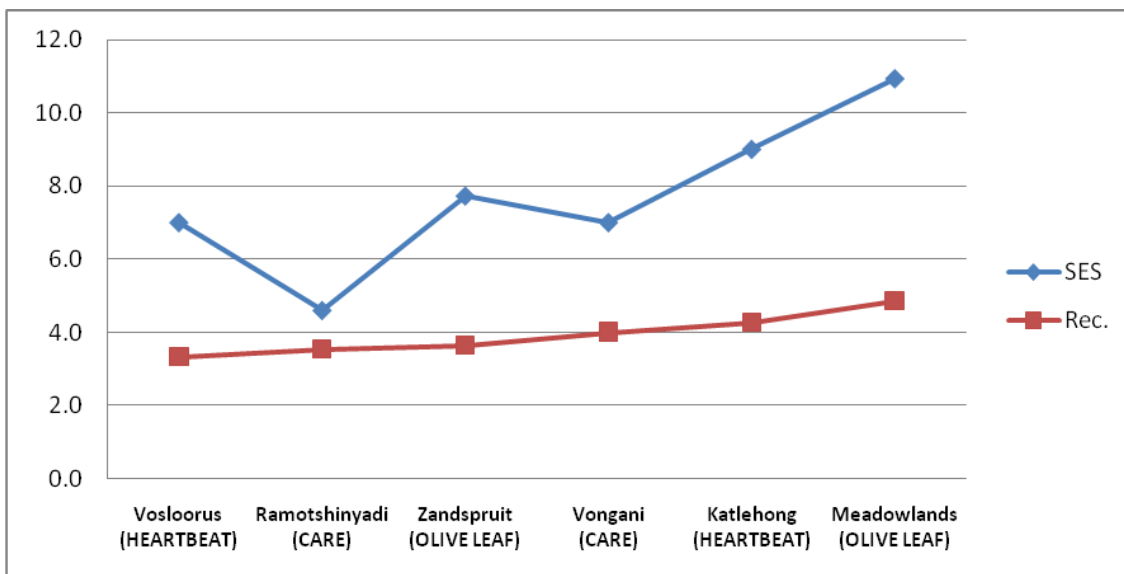


Figure 5.1 Comparison between SES and Recreational profile for Vhutshilo group members

Overall, most of the youth in the study were not involved in risky sexual practices. As a result of this, and as a way of describing the *Vhutshilo* sample more fully, the below report back on sexual behaviour is based on an analysis of only *Vhutshilo 2* participants at post intervention (n=68), and will mention briefly the ways in which these youth typically deviate from the ‘good’ norm in their risky behaviour. First, only seven participants were involved in relationships with more than one person. Second, of the youth that were currently having sexual intercourse, twelve had one partner, while five had multiple partners concurrently. Third, of those who had had sex, most had had sex for the first time between the ages of 14-16, although the age range included 2, 9, 10, and 13 years. Fourth, nine of the partners were between the ages of 17-19, while three were 14-16, and five were between 10-13 years old. Fifth, the clear majority of sexual encounters were mutually willing encounters. There were minimal reports of either being forced or raped, but one needs to keep in mind issues of incomplete disclosure. Two respondents reported having raped someone else. Sixth, only one participant reported having sex in the last few days, while nine reported in the last month, and seven in the past year. Seventh, of the respondents who did admit to having sex within the past year, they had on average 1.6 partners. Lastly, in terms of whether a condom was used during the last intercourse, 66% (16) of participants said ‘no’, while only 33% (8) participants said ‘yes’.

Findings: Comparisons between sites and groups by indicators

In evaluating whether *Vhutshilo 2* was an effective intervention, nine indicators were specified as domains in which one would hope to see a positive shift. Each indicator was derived from

⁵ The lower the percentage, the less risky his/her behaviour is.

⁶ The use of percentages here is for the reader’s assistance only, and does not reflect exact increments, due to the manner in which healthy and unhealthy behaviours were scored, and because of multiple response options disallowing a meaningful maximum score from which to calculate true percentages.

the *Vhutshilo 2* curriculum, and was evaluated using a number of questions which measured information relevant to that specific indicator (See Addendum 1 and Table 5.1). For simplicity's sake, quantitative findings are reported on first, followed by the qualitative narrative behind the numbers. As reported in Chapter 2, qualitative data was thematically analysed, using Atlas Ti, revealing problems adolescents faced that could trigger multiple vulnerabilities, and how young people engaged in help-seeking behaviours and coping strategies to deal with these. Themes that were significant included being wary of risks, in terms of alcohol, substance abuse and sexual/HIV risk behaviour. *Vhutshilo* group members referred directly to *Vhutshilo* session content when speaking of risky behaviours or the consequences of engaging in risky behaviours. Control groups, however, were also able to identify risks, spoke about help seeking behaviour and had knowledge of HIV and how to protect themselves. What follows is a breakdown of each indicator from both a numeric perspective and a narration of experiences provided by participants. Table 5.6 provides a score, expressed as a percentage, for each indicator per site, while Table 5.7 summarises overall comparisons between our control group (n=69) and *Vhutshilo* intervention groups (post n= 68, delayed n=40). Table 5.8 provides the key for indicator abbreviations. Each indicator will be considered in turn, with HIV related knowledge, attitudes and intentions considered together.

Table 5.6 Site comparisons per indicator

Organisation	Site	HS	SB	EQ	DM	FO	GO	HIV K	HIV A	HIV I	Total	Site rank
Care	Care Site A	45%	52%	43%	43%	36%	48%	48%	40%	21%	42%	6
	Care Site B	61%	67%	64%	55%	70%	42%	81%	57%	42%	60%	2
Heartbeat	Heartbeat Site A	64%	57%	58%	59%	47%	61%	65%	55%	37%	56%	3
	Heartbeat Site B	57%	47%	51%	43%	52%	37%	60%	49%	38%	48%	5
Olive Leaf	Olive Leaf Foundation Site B	70%	59%	67%	53%	67%	70%	79%	70%	75%	68%	1
	Olive Leaf Foundation Site A	53%	46%	62%	53%	48%	54%	64%	64%	43%	54%	4

Table 5.7 Overall comparisons per indicator

Groups	HS	SB	EQ	DM	FO	GO	HIV K	HIV A	HIV I	Total
Control	60%	57%	61%	53%	48%	54%	73%	59%	44%	57%
<i>Vhutshilo</i> Post	58%	56%	58%	51%	53%	54%	66%	57%	42%	55%
<i>Vhutshilo</i> Delayed	59%	59%	58%	49%	58%	59%	75%	61%	42%	58%

Table 5.8 Indicator key

HS	Help Seeking
SB	Supportive Behavior
EQ	Emotional Intelligence
DM	Decision Making
FO	Future Orientation
GO	Gender Orientation
HIV K	HIV Knowledge
HIV A	HIV Attitudes
HIV I	HIV Intentions

Help seeking behaviour

Help seeking can be broadly summarised as the ability or willingness to look for help when facing a problem which requires input from additional people. This indicator was measured using nine questions. The site which reported the highest help seeking behaviour was Olive Leaf Foundation Site B (70%) followed closely by Heartbeat Site A (64%) and Care Site B (61%). Olive Leaf Foundation Site A (53%) and Care Site A (45%) were weakest for this indicator. Overall, help seeking showed a negative difference (-2%) between control groups (60%) and

Vhutshilo post (58%). Four months after the intervention, help seeking behaviour had increased slightly from 58% to 59% for *Vhutshilo* group members, but still below that of the control group.

In most cases, qualitative interviews revealed how adolescents engaged in help seeking behaviour and were all able to report that they had someone they could go to for help ('people in your life that you know can help you'). People who were most often turned to for help were class teachers, principals, guardians, life orientation (LO) teachers, friends, social workers, and the police. In only one case was a peer educator chosen as the person a young person would consult for help, however this might only indicate that strong friendships were available for youth. Youth reported that they felt relief when seeking assistance and that friends approach them with their problems too. They would consult 'older people' for 'difficult problems'. Not one of the subsample interviewees said they would not seek help or had no one to help them in times of need, although some had no experience of seeking help. When 15 year old young woman, Sindie, a control group member from Care Site B, was asked to tell a story of help seeking she replied, "*I don't have any [stories]*". Six control and four *Vhutshilo* members reported that they would not seek help from parents or guardians who they thought would 'scold' them or not be willing to help them, particularly with sensitive problems like relationship issues or abortion, and a few said they sought help from formal centres, as illustrated below:

I can go to my uncle and my aunties, but if it's something private yah I talk to my friend (Katlego, Female, 18, Heartbeat Site B).

Maybe [I go to] my class teacher or even anyone older, because it's a difficult problem, but not my mother, not my parents, maybe a friend, [but my parents] are not free with me instead they will scold at me, they are not free. I'm even scared to tell my mom that I'm dating, I'm afraid because she will scold me (Dipuo, Female, 15, Olive Leaf Foundation Site B).

The help that I got was from attending counselling sessions at some centre for young people like me who had the same problem [raped] (Nosipho, Female, 17, Olive Leaf Foundation Site B control).

Supportive behaviour

Supportive behaviour, defined as an ability and willingness to help others who might be in need, was measured through six questions in the 'What do you think?' questionnaire. We found that Care Site B (67%) reported the highest supportive behaviour followed by Olive Leaf Foundation Site B (59%) and Heartbeat Site A (58%). Care Site A (52%), Olive Leaf Foundation Site A (46%), and Heartbeat Site B (47%) performed less well. Overall, controls (57%) reported only slightly more supportive behaviour than *Vhutshilo 2* participants (56%). After four months, however, *Vhutshilo 2* participants' supportive behaviour measurement increased to 59%.

Narratives from youth showed how helping others from personal experiences was prevalent. Not surprisingly, the kind of support friends sought included dealing with multiple vulnerabilities and adverse circumstances. These included relationship troubles, substance

abuse, teenage pregnancy, sexual and physical abuse, abortion, or family problems, as illustrated below:

She [a friend] wanted help about [pause] having been raped [pause]... how you can solve that problem? I told her to find a person she trusts, an older person because [the older person] can solve the problem that she has. It can be any person that she trusts (Grace, Female, 18, Heartbeat Site B control).

It's was my old friend... then this boy slept with this girl... this girl found out she was pregnant. And he didn't know how to tell his mother. He wanted to raise money to give this girl so that she can do [an] abortion. This girl said 'no she doesn't want to do an abortion'. I told him, 'You know what, rather do it once... even though your parents are going to shout at you... but they will forgive you. I said he must tell them (Katlego, Female, 18, Heartbeat Site B).

For me, me, it depends on the nature of a problem. If it is sexual abuse, I tell her [my friend], maybe she was raped two months ago... I would advise her to accept that it had happened to her. If I realise that I won't be too much of help, I would just refer her to my superiors [adults] (Mashudu, Male, 15, Care Site B control).

Emotional intelligence

Emotional intelligence was measured using nine questions, and was defined broadly as an ability to recognise and manage emotions, including the emotional implications of actions and reactions to losing family members (parents especially). The sites that scored highest for this indicator were Olive Leaf Foundation Site B (67%), Care Site B (64%), Olive Leaf Foundation Site A (62%), and Heartbeat Site A (58%). Care Site A (43%) was the weakest. Overall, controls (61%) scored marginally higher than *Vhutshilo 2* participants both post and delayed (both 58%).

All young people in the qualitative sample had lost a loved one and had to deal with emotional trauma. The following quotes reveal that in both groups, the loss factor was prevalent and had impacted on adolescents in various ways. Typically, youth coped with loss by expressing their emotions. However, some youth coped less effectively with loss, as Leago (Olive Leaf Foundation Site A) revealed. However, the fact that he, and others, was able to talk about the negative changes and effects loss had on his life reveals that youth display coping mechanisms and resilience:

I feel bad but I have to accept that [my mother] is no longer around... Eish... yah... when we talk about her like this I'm not happy... I remember the things that happened when she was around. And now when I think that they won't happen again, and they will never happen, that is what makes me unhappy... I feel like I can be alone and not talk to anyone... [My life has] changed... and I also thought since I don't have parents I don't have anything... So I also did my things the way I wanted them... I ended up smoking and drinking alcohol and using dagga (Leago, Male, 17, Olive Leaf Foundation Site A).

I just heard that my mom had passed away and I was heartbroken because there was no sign of her sickness... I feel like crying... I take one of her photo[s] and look at [it], then I'll start crying and my grandmother will ask why am I crying and when I tell her,

she will tell me not to look at those photos because I will end up being stressed and it might affect me. [Where are the photos now?] They are at home... They hide them. I don't know where they have kept it (Serena, Female, 15, Care Site A control).

When I started living with her, my mom had passed away and my dad passed away as well... it was decided that we stay with that woman, life was good... I'm not in good terms with her... I felt like the world doesn't exist, I thought the world was no longer there, I won't live because she's dead, I told myself the best thing to do is to follow her [suicide]... I feel good because I remember all the great things she did... [but when I miss her] I feel lonely as like she could sit and hold me... [Respondent starts crying] (Paulina, Female, 16, Heartbeat Site B).

The day he [my uncle] passed on my heart was sore, I was hurting. What has changed? ... it's to stand for myself, because life is short... Because my mom and dad can die any time and I'll be left alone. It means I must depend on myself [and] be independent in life (Katlego, Female, 18, Heartbeat Site B).

I feel so excited [to talk about my father] because my mother does not want me to talk about him. I'm so excited because you give the opportunity to talk about him (Sharon, Female, 16, Care Site B control).

Decision making skills

Decision making, as we defined it involved the ability to make considered choices and utilise problem solving skills, especially in the context of HIV/AIDS. This indicator was measured using seven questionnaire items. The site which performed best for this indicator was Heartbeat Site A (59%), followed by Care Site B (55%), Olive Leaf Foundation Site B and Olive Leaf Foundation Site A (both 53%). The two sites which were weakest included Heartbeat Site B and Care Site A (both 43%). Overall, the control groups (53%) were stronger than *Vhutshilo 2* groups post intervention (51%). This negative difference increased as time went by so that after four months scores were yet lower for *Vhutshilo* groups (49%) than before.

Both control and group members reported that feeling safe and protected at home was important and promoted behaviour that would not put adolescents at risk of HIV infection. Young people said they needed guidance from parents and good communication between parents and themselves. School attendance and education were described by adolescents to be healthy decisions. Engaging in 'safe activities' was a strategy used to avoid risky behaviour. One *Vhutshilo 2* member had made a decision to join a counselling group as a strategy to avoid risk and cope with adversity. Grace and Katlego, for example, had a good sense of risk and how to avoid them by doing 'safe' activities, sticking to the rules, and avoiding sexual encounters:

Int: What are the things [PAUSE] that get young people into trouble?

G: It's not protecting themselves... It's not following the rules

Int: And then what are the things you do that you think can get you into trouble or in danger?

G: It's having sex... Walking at night... And not listening [to advice]

Int: How can you avoid trouble?

G: I must decide to stay at home and do my work as usual, tidy up the house... It's watching TV and doing my schoolwork (Grace, Female, 18, Heartbeat Site B control)

If they can be protected at home first, they will be able to do the right things. I think maybe they can be taken to school, because most people no longer go school... If I'm sitting at home and studying nothing happens, I'm safe (Katlego, Female, 18, Heartbeat Site B).

Future Orientation

Positive future orientation, incorporating both goal setting and optimism about the future was measured using three items in the questionnaire. *Vhutshilo* participants from Care Site B (70%) and Olive Leaf Foundation Site B (67%) sites reported the strongest positive future orientation, followed by Heartbeat Site B (52%), Olive Leaf Foundation Site A (48%) and Heartbeat Site A (47%). Care Site A (36%) was the weakest site. Overall, control groups demonstrated lower future orientation (48%) than *Vhutshilo 2* participants (53%). Four months later, *Vhutshilo* participants' scores had risen again (58%), but remained just short of statistical significance. Future orientation was statistically strong in our evaluation.

Qualitative interviews provided further evidence that positive future orientation was stronger in *Vhutshilo* group members than in control group peers. Thematically, education was a goal that nearly all participants aspired to possess in order to succeed. Another was escaping the cycle of poverty in order to pay for a good education, as illustrated by the following quotations:

I should be educated... Be able to support my family (Sindiswa, Female, 16, Olive Leaf Foundation Site B).

My dream is to see myself tomorrow being an educated person (Simphiwe, Male, 17, Olive Leaf Foundation Site A).

My dream is to be an actress and to become a business woman, and to help other people. [What kind of help do you think you need to achieve that goal?] The only help I need is to be educated... I also wish we could move out of a shack now... We don't have money to move out from a shack, so I cannot change that (Brian, Male, 17, Olive Leaf Foundation Site A control).

Equitable gender orientation

Gender orientation, which is concerned with how participants understand and reflect gender equality, identity and roles, was measured using eight questions. The site reporting the strongest equitable gender orientation was Olive Leaf Foundation Site B (70%), followed by Heartbeat Site A (61%) and Olive Leaf Foundation Site A (54%). The weaker sites included Care Site A (48%), Care Site B (42%) and Heartbeat Site B (37%). Overall, control groups (54%) demonstrated the same gender orientation as *Vhutshilo 2* participants (54%). However, after the four month delay, *Vhutshilo* groups (59%) had improved their score by 5%.

As far as adolescents' gender orientation and attitudes about gendered behaviour is concerned, qualitative analysis revealed that men tended to engage in more violence and high risk behaviour than women, and that members were more articulate about the inherent unequal power relations that affect equitable gender relations. Women's lives were said to be

'hampered' by pregnancy and household chores, and that they were exposed to coercive sex. As mentioned earlier, this picture of coercion wasn't evident from the questionnaire, probably due to disclosure problems. Both a *Vhutshilo 2* member and control member, from the same site, reported the unequal power distribution and the burden of teenage pregnancy affecting women's lives and access to education. Female participants frequently spoke of sexual activity as 'forced'. The following quotations from research participants further illustrate these conclusions:

Girls' lives differ in that... maybe you find that you have sex and it happens that you make a baby... A boy can go to school but a girl cannot because she is pregnant, yah I can say they differ in that sense (Katlego, Female, 18, Heartbeat Site B)

And then again boys, their life I see it as straight because anytime he impregnates someone he can continue with school and a girl is left behind (Paulina, Female, 16, Heartbeat Site B control)

Maybe you are in a relationship with him and then he forces you to sleep with him (Brian, Male, 17, Olive Leaf Foundation Site A control)

If a boy wants a girl to do something, she will do it even, if it is against her will because if she does not do it, the boy might beat her up...Most boys are savages and girls are being fooled by most boys. So in that way boys' lives are different from girl's lives. (Sibusiso, Male, 15, Care Site B).

Boys do not have manners, they can take you by force and go and have sex with you without your will, but girls will never do that (Tsakane, Female, 14, Care Site B)

HIV, sexual and relationship health – Knowledge, attitudes and intentions

Overall, these indicators failed to demonstrate consistent differences between control and intervention groups.

Knowledge of HIV, sexual health and relationship health was tested using eight items in the questionnaire. The sites recording highest scores for this indicator were Care Site B (81%) and Olive Leaf Foundation Site B (79%), followed by Heartbeat Site A (65%), Olive Leaf Foundation Site A (64%) and Heartbeat Site B (60%), while Care Site A (48%) performed least well. Overall, controls (73%) performed much better than *Vhutshilo* participants (66%), showing a difference of -7%. Four months later however, knowledge had increased for *Vhutshilo* participants (75%).

Attitudes relating to HIV, sexual and relationship health were tested using fourteen questions. The site which performed most strongly was Olive Leaf Foundation Site B (70%), followed by Olive Leaf Foundation Site A (64%), Care Site B (57%) and Heartbeat Site A (55%). Heartbeat Site B (49%) and Care Site A (40%) participants were weakest in this domain. Overall, controls (59%) demonstrated better attitudes towards HIV and related information when compared to the *Vhutshilo 2* participants (57%). Following the four month break however, *Vhutshilo* scores (61%) had increased beyond those of the controls.

Intentions related to HIV prevention, sexual and relationship health, were measured using six items in the 'What do you think?' questionnaire. The strongest site by far for this indicator was

Olive Leaf Foundation Site B (75%), followed by Olive Leaf Foundation Site A (43%), Care Site B (42%), Heartbeat Site B (38%), Heartbeat Site A (37%), and by a wide margin the weakest site Care Site A (21%). Overall, the control group (44%) was stronger than *Vhutshilo* participants at both post and delayed assessment (both 42%).

During qualitative interviews, when group members were asked to relate what they would change about *Vhutshilo 2*, one member said that the discussions around sex and sexual health were inappropriate, reflecting the extent to which sexual discussions are still considered taboo in African societies. Peer educators reported that they used euphemisms when talking about sex (see Chapter 6). In spite of the presence of some awkwardness about discussing sexual matters, when asked about the risks that exist for contracting HIV/AIDS, groups listed multiple factors influencing risky behaviour, such as engaging in sexual intercourse, having multiple concurrent partners, avoiding condom use, transactional sex, and drinking alcohol. They also mentioned susceptibility to peer pressure, not having sufficient information regarding sexual health and lack of education as pertinent factors. It was noted that control members mentioned concurrent partners as a risk more than members did, despite the focus on MCP in the curriculum. The following selection of quotations from research participants illustrates these themes:

It's talking about sex and things like that... That's the only thing I could say most people didn't want to talk about because they even called sex by another name... They called it 'what you call'... Yah that one was better, because when you say sex other people think you are swearing at them or something, you are rude or something if you talk about sex (Katlego, Female, 18, Heartbeat Site B).

They should not engage themselves in sexual activities... They should not want things just because someone else has them, because they do not know how s/he got those things: Things like shoes. Someone might have got those shoes from prostitution.[How should people protect themselves?]. They can go to school and be educated so they could get good jobs. They get HIV through selling their bodies because they do not know that people who are buying them things have got HIV or not (Sindie, Female, 15, Care Site B control).

Yah its drinking and peer pressure, yes because friends most of the time they put you into trouble... like sleeping with girls... Because even if you can use a condom but still it can burst... Yah you can get it, still you can get it, you can also make a girl pregnant (Katlego, Female, 18, Heartbeat Site B).

Others drink... maybe a person [goes] to a club or a tavern... they drink and then meet strangers and have one night stands... not knowing the person's status you can be infected (Dipuo, Female, 15, Olive Leaf Foundation Site B).

It's having sex and not using condom... It's walking at night with boys... It's being with many boys at once... Yah it's agreeing when a boy says he wants to sleep with me... If I agree that I want to sleep with him it will put me in danger (Grace, Female, 18, Heartbeat Site B control).

Correlations between indicator scores and demographics

As has been shown, there were few differences between control group and intervention groups with regard to overall indicators, except that in a number of indicators intervention group's scores went up after four months. Consequently, two further analyses were performed. The first analysis conducted consisted of correlating performance on indicators with demographic markers such as age, sex, grade, socioeconomic status or recreational profiles. Demonstrating this relationship using a correlation provides interesting, contextualised insights into underlying factors which relate to the questionnaire scores. In order to make comparisons meaningful, all indicator scores were summed per participant and compared to demographics using Pearson's correlation co-efficient (r). The demographic which correlated least with indicator scores, and surprisingly so, was gender ($r=0.17$). The second lowest correlation, another surprising find, was with the recreational profile, or rather what activities youth undertook during their free time ($r=0.18$). Stronger correlations came from age ($r=0.33$) and educational grade ($r=0.38$). However, the strongest correlation between psychosocial strength and demographics came from socioeconomic status (SES) ($r=0.44$). Figure 5.2 illustrates the relationship between indicators and SES. One inference of this relationship is that *Vhutshilo 2*, an intervention aimed at vulnerable youth, is targeted at the correct population, as SES largely determines youth vulnerability.

Findings: Comparisons between sites and groups by individual questions

Due to the minimal findings with regard to impact when measuring difference in indicators between *Vhutshilo* members and control group members, a final series of analyses were conducted on each of the individual questions in the 'What do you think' questionnaire. The results here showed some statistically significant differences between members of the control group and the *Vhutshilo* intervention group in seven questions and will be briefly described. Table 5.9 provides a summary of these findings.

In order to obtain these results we ran independent sample t-tests comparing control group responses with *Vhutshilo* post-tests responses (T1 and T2) and comparing control group responses and *Vhutshilo* delayed responses (T1 and T3). Next we ran related sample t-tests

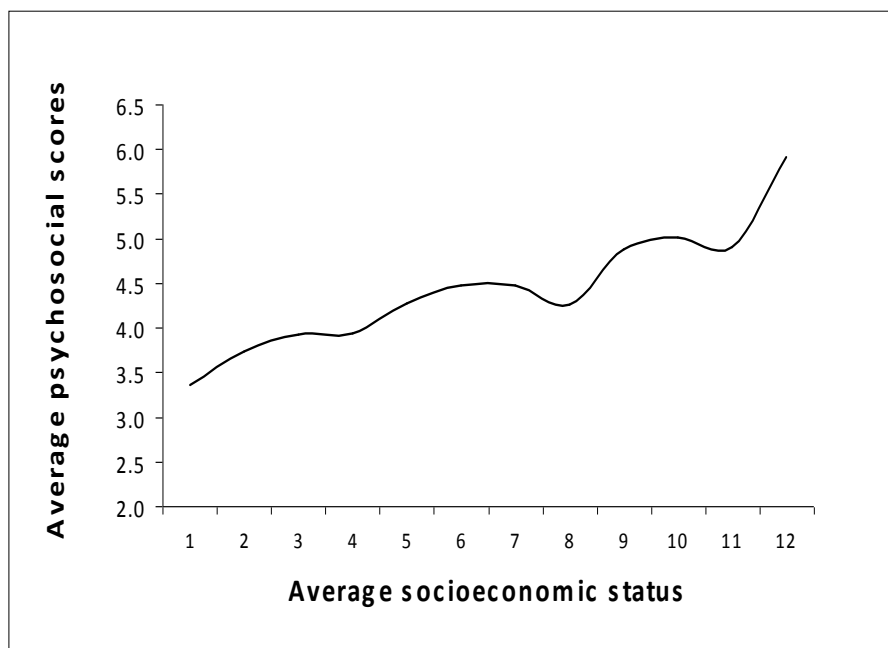


Figure 5.2 Relationship between SES and psychosocial scores

comparing *Vhutshilo* post-test responses and *Vhutshilo* delayed test responses (T2 and T3). Overall we found four questions on which *Vhutshilo* members outperformed control group members, and a further four questions where there were significant differences between *Vhutshilo* group members immediately post intervention and four months later, to which we can meaningfully ascribe and interpret *Vhutshilo* influence. Significance was found at 95% confidence level ($p < 0.05$) in these items except for question 68 between *Vhutshilo* post-test and delayed responses (T1 and T3), where significance was at the 99% confidence level ($p < 0.01$).

Table 5.9 Summary of statistical significant differences found for individual questions between control group (T1) and *Vhutshilo* group post-test (T2) and delayed (T3)

Question	Session	Measurement
Indicator 2: Supportive Behaviour		
68. My friends think that I'm good at helping them solve problems (Procidano & Heller, 1983)	S3 & S11	Between T1 and T2*
		Between T1 and T3**
Indicator 5: Future Orientation		
65. I never get what I want, so it's stupid to want anything (Kazdin et al., 1983)	S9 & S12	Between T1 and T3*
Indicator 7: HIV, sexual and relationship health - Knowledge		
16. A person can get infected with HIV by holding hands with an HIV positive person (Chandan et al., 2008)	S8, S9 & S10	Between T2 and T3*
33. Having sex with a virgin cures AIDS	S8, S9 & S10	Between T2 and T3*
49. A pregnant woman who is HIV positive can transmit HIV to her unborn baby (Chandan et al., 2008)	S8, S9 & S10	Between T2 and T3*
Indicator 8: HIV, sexual and relationship health - Attitudes		
36. My friends believe it's OK for people my age to have sex with several different people in the same month (Basen-Engquist et al., 1999)	S8, S9 & S10	Between T1 and T3*
54. I believe it's OK for people my age to have sex with several people in the same month (Basen-Engquist et al., 1999)	S8, S9 & S10	Between T2 and T3*

* Significant at the 95% level of confidence

**Significant at the 99% level of confidence

Key:

T1 = Control group

T2 = Intervention group post-test

T3 = Intervention group delayed post-test

Question 68 asked youth to respond to the statement "My friends think that I'm good at helping them solve problems" (Procidano & Heller, 1983). The *Vhutshilo* intervention group (post-test) responded significantly more positively to this question than the control group. More interestingly this positive response increased over time with the *Vhutshilo* group responding yet more positively after four months had passed (at the 99% level of confidence). We may conclude that *Vhutshilo* has some effect on young people's sense of supportive behaviour efficacy. Session 3 and 11 offered *Vhutshilo* participants skills in how to be supportive to friends who were in need of help.

In question 65 youth were asked to respond to the statement "I never get what I want, so it's stupid to want anything". The *Vhutshilo* intervention group, four months after the completion of the course, scored significantly higher than the control group in this question. In other

words they believed more strongly than the control group that they could get what they wanted. According to Kazdin et al (1983) this question tests young people's future orientation and the extent to which they believed they had some control over their lives and their ability to take action that could determine their life outcome, rather than being passive and fatalistic. In Swartz et al., (2009) a similar finding was reported based on qualitative evidence concerning the impact of *Vhutshilo 1* on 10 to 13 year old children's future orientation.

In questions 16, 33 and 49 youth were asked questions relating to HIV, sexual and health knowledge. The three questions specifically dealt with basic knowledge about HIV infection ("A person can get infected with HIV by holding hands with an HIV positive person" - Question 16); a common myth around HIV infection ("Having sex with a virgin cures AIDS" – Question 33) and a more advanced question concerning transmission of HIV ("A pregnant woman who is HIV positive can transmit HIV to her unborn baby" – Question 49). In all three questions *Vhutshilo* respondents showed a significant increase in knowledge between the end of the *Vhutshilo* course and after a delay of four months. While it is possible to assume that there may have been other interventions that contributed to this increase in knowledge, the sample covered six sites and it is unlikely that all might have experienced similar interventions. It is therefore reasonable to conclude that *Vhutshilo* not merely raised knowledge levels, but encouraged participants to actively seek out knowledge concerning HIV and sexual health over time after the programme terminated. *Vhutshilo 2* may be argued to have increased young people's sense of agency and may have led them to seek out new information.

In question 36 and 54 young people were asked to respond to statements that tested their attitudes towards HIV, sexual and relationship health. In particular question 36 asked youth to respond to the statement "My friends believe it's OK for people my age to have sex with several different people in the same month" and question 54 "I believe it's OK for people my age to have sex with several people in the same month". Both questions were derived from Basen-Engquist et al. (1999) and aimed to measure young people's attitudes towards multiple concurrent partnerships from two perspectives, a personal opinion and a measure of an individual's view of their peer group's view. For question 36, there was a statistically significant difference between the control group's attitude on this question and that of the *Vhutshilo* intervention group after four months, although not immediately after the end of the intervention. *Vhutshilo* group members tended to modify their views and believed that their peer group did not condone multiple partnerships compared to the control group.

In question 54, *Vhutshilo* group members modified their own opinions after a four month delay and more recorded that it was not okay to have multiple concurrent partners in the same month. This is a particularly strong finding. The *Vhutshilo 2* programme seems to have positively affected young people's attitude towards multiple concurrent partnerships, as well as influencing their perceptions of their peers' views of MCPs. This finding was significant at the 95% level of confidence.

Conclusion

In terms of overall site performance on grouped indicators of *Vhutshilo* efficacy, Care Site A (42%) was consistently the weakest, followed by Heartbeat Site B (48%), Olive Leaf Foundation Site A (54%), and Heartbeat Site A (56%). The two sites that showed consistently high scores were Care Site B (60%) and Olive Leaf Foundation Site B (68%). However, before sites are too quickly criticised or praised, the relationship with demographics needs to be taken into

account. The common denominator between Care Site A and Heartbeat Site B is that they enrolled the youngest, least educated, and poorest youth. From the correlations between overall indicator performance and demographics discussed above, we know that SES ($r=0.44$), followed by education ($r=0.38$), and age ($r=0.33$), predicted indicator performance. Both Care Site A and Heartbeat Site B were ranked poorly for SES, education levels, and age of participants. Conversely, Olive Leaf Foundation Site B, the best performer, also comprised the least poor (although still poor), oldest, and most educated participants.

On this note, an important and interesting finding was the strong correlation between SES and indicator strength. The implication, as mentioned earlier, is that if one construes vulnerability in financial terms, then the children most in need of the programme would be the poorest, most vulnerable children. Implementing organisations might consider further utilising this as a selection criterion when recruiting participants.

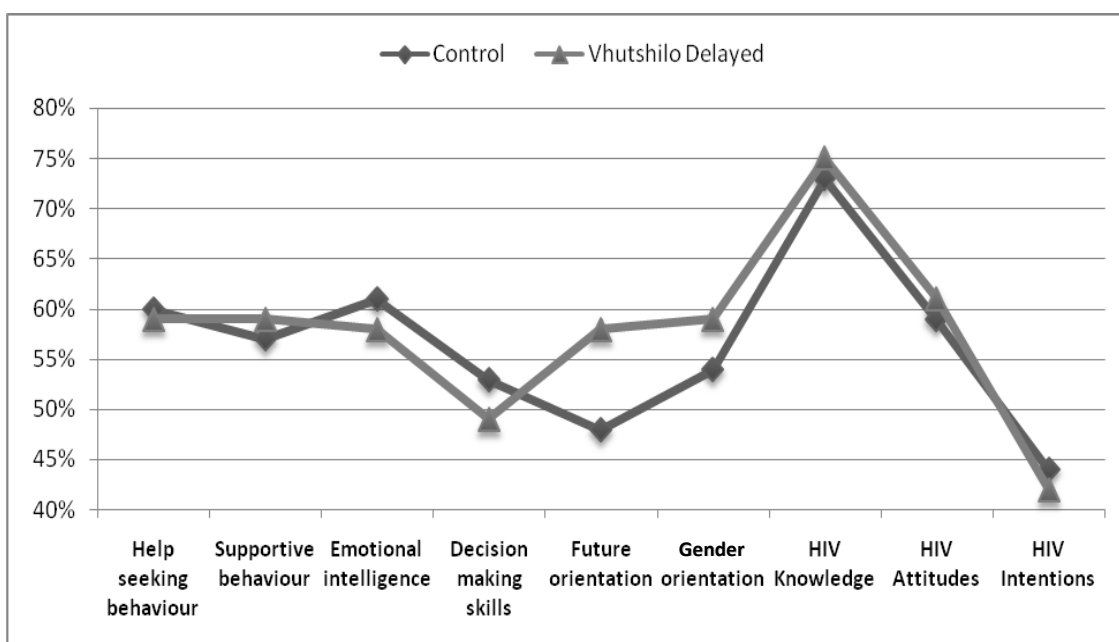


Figure 5.3 Summary of differences between control and intervention groups

Overall, following the above comparative analyses between scores of control and *Vhutshilo* group members according to the devised indicators, does not offer conclusive evidence of *Vhutshilo 2* efficacy. Figure 5.3 summarises the difference between control and intervention group (delayed post-test) in each domain. It is possible, that the use of a strong series of devised indicators may have masked *Vhutshilo's* subtle effects. However, when individual questions are analysed for significant differences, a number of statistically significant findings were encountered. These show some evidence for *Vhutshilo's* efficacy, even at this early stage of implementation. This is especially true of HIV knowledge (myths, basic and advanced information); young people's agency to help and support others; their own sense of future orientation and personal agency; and in terms of their views regarding the way their friends perceived multiple concurrent partners and their own views of it – in both cases seeing it as more disagreeable. Furthermore, in terms of reducing actual sexual risk behaviour, a principle aim of the intervention, *Vhutshilo* youth (delayed post-test) exhibited less risk behaviour than either controls or themselves four months earlier.

Finally, in nine cases *Vhutshilo* participants appeared to have answered more strongly and positively given the four month delay. This is an especially important finding that speaks both to the longer term efficacy of *Vhutshilo* and the importance of delayed post-testing as a methodology given the promising impact it reveals following a four month delay. The fact that *Vhutshilo* sets into motion long-term change, beyond the duration of the 13 week intervention, is of the utmost significance. The generally improved psychosocial picture seen in *Vhutshilo* youth after a four month delay gives hope that whatever change has been brought about in each person might continue to grow after the intervention. This model of gradual and continuing change fits well conceptually with the psychosocial nature and aims of *Vhutshilo 2*. One would hope that the seeds sown through the programme continue to grow in this compound manner going forward.

Chapter 6

Impact on peer educators

How are peer educators similar to youth they serve?

The aim of this chapter is to explore the experiences of and impact on, peer educators (PE), who participate in a peer-led programme such as *Vhutshilo 2*. It aims to determine how their involvement may be improved as they serve others and evaluate each other. Peer educators are central to the implementation of this programme, and therefore exploring the impact of the programme on them is crucial as this impact can either promote or inhibit its success. Consequently, strategies can be developed to overcome the problems identified so as to facilitate and enhance the effectiveness of the programme.

Focus group interviews (see Addendum 2) with peer educators were conducted in all seven sites implementing *Vhutshilo 2*, including Care Site C (later dropped out). Only peer educators currently participating in *Vhutshilo 2* implementation participated in focus groups. Overall the sample comprised 21 black African youth living in informal settlements in Gauteng and in rural areas in Limpopo. There were twelve males and nine females. The youngest peer educator was 17 while the oldest was 21. Their home languages included isiZulu, seSotho, sePedi and Xitsonga. The majority of peer educators came from either a grand-parent headed household (38%) or single-parent headed household (38%), with only four peer educators coming from double-parent headed households. One peer educator came from a child-headed household. Overall the socio-economic status of peer educators was low because they lived either in impoverished communities or were unemployed. Many had completed matric but did not have the money to further their studies. On average there were three peer educators per site, and slightly more male peer educators than female. Peer educators were on average 18.5 years old and had an average educational attainment of Grade 10, although education ranged from Grade 10-12. Table 6.1 summarises their demographic data.

Table 6.1 Demographic data of peer educators by organisation

Organisation	No. of peer educators	Gender ratio (Male:Female)	Age (average)	Distance PEs live from site (No. Far:Close)	Education Attainment
Olive Leaf Foundation Site A	3	1:2	18-20 (19)	3:0	Grade 12
Olive Leaf Foundation Site B	3	2:1	19-21 (20)	3:0	Grade 11-12
Heartbeat Site B	4	2:2	17-19 (18)	2:1	Grade 10-12
Heartbeat Site A	2	1:1	19-20 (19)	0:2	Grade 11-12
Care Site B	2	2:0	18 (18)	1:1	Grade 10
Care Site A	3	2:1	17-19 (18)	2:1	Grade 10
Care Site C	4	2:2	17-19 (18)	4:0	Grade 11-12
TOTALS (AVERAGE)	21(3)	12:9	17-21 (18.6)	16:5	Grade 10

In regard to the selection of peer educators, criteria used varied between organisations. The majority of sites conducted interviews, one organisation selected peer educators based on the recommendations made by the life orientation teacher from a local school, while another

organisation selected their peer educators from other programmes run at the centre based on their performance in these activities. Peer educators reported they were conscious about their poor socio-economic background and its adverse effects on their lives. As a result, a desire to make a difference in someone else's life motivated them to become peer educators. Their commitment was shown by their willingness to continue with the programme despite difficulties with scheduling and the distance that needed to be travelled. Sixteen peer educators lived some distance from the site while only five lived close by (within walking distance). Overall, there was marked psychosocial and SES congruence between peer educators and group members, especially with regard to experience of adverse life events. The key difference between peer educators and group members was age and education status/level; peer educators were on average 3.2 years older than group members, and had between one and two years more education than group members, although some were no longer in school due to completion or dropout.

Peer educators' insights about the *Vhutshilo* strategy and curriculum

During interviews peer educators were asked a number of questions that aimed to determine their level of understanding about peer education as a strategy, their role as peer educators, the extent to which they understood the messages of the *Vhutshilo 2* curriculum, as well as their experiences of session facilitation, evaluation received and training provided. Their answers are reported below.

Goals and key messages of the programme

The stated aim of *Vhutshilo 2* was to reduce and prevent high risk behaviours amongst OVC especially with regard to HIV infection, teen pregnancy and abuse, and to provide psychosocial support by keeping OVC connected to their peers and communities. Peer educators appeared to have a clear understanding regarding the reasons the programme was initiated. Their understanding is that *Vhutshilo 2* empowers teenagers to make appropriate decisions on how to lead their lives, to guide and change unhealthy behaviour, and to enhance accountability for the decisions that young people make in their lives. Furthermore, they identified teen pregnancies and teen suicide as consequences of unhealthy behaviour. Peer educators identified a need to reduce the crime rate and HIV infection amongst young people, and eliminate unhealthy habits such as smoking and alcohol abuse. Most importantly, in line with the programme's objectives, peer educators recognised the need for *Vhutshilo* to provide vulnerable youth with a safe and non-judgemental space to discuss personal issues that they are unable to discuss with adults.

While peer educators recognised that sessions provided adolescents with an opportunity to socialise and connect with one another, they were also aware of the programme's specific objectives. According to peer educators the key messages of the programme are *"whatever they [members] are going through they are not alone"*, *"young people should have confidence in themselves in whatever they do and they should not lose hope as they can overcome their challenges"*, *"young people should have future plans"*, *"to talk about the things that are bothering them and not to keep such things to themselves"* and *"not to succumb to peer pressure"*.

In order to determine peer educators understanding of the programme, they were asked to identify the important issues that the curriculum addresses. Participants demonstrated an in-

depth and positive understanding of the programme as they mentioned issues such as dealing with grief and loss, stress management, teenage pregnancy, HIV, future planning, crime, alcohol abuse (both in society and at home), problem solving, as well as sharing and dealing with feelings. Peer educators felt that the curriculum was sufficient to meet the needs of young people and that, unlike in *Vhutshilo 1* (see Swartz et al., 2009), they used the manual throughout and did not have to collect additional information for sessions. While peer educators were certain that the curriculum was sufficient to meet the needs of the young people, they were however concerned that the number of targeted group members was too limited. They felt that more members should be selected as there were more people who needed the programme. In addition, they felt that *Vhutshilo 2* was a follow-up to *Vhutshilo 1* and that the criteria for selecting members into the programme should be based on the fact that they had attended *Vhutshilo 1*.

Sessions most enjoyed facilitating and those disliked

While peer educators clearly exhibited an overall positive attitude towards the curriculum, when asked to specify sessions they most and least enjoyed facilitating, interesting findings were noted. They mostly enjoyed the sessions where members demonstrated positive interaction and least enjoyed sessions that elicited little or no interaction between themselves and group members. Specific mention was made of sessions 9 and 10 dealing with healthy sexual relationships and transactional sex respectively. Although group members reported these sessions as memorable and significant, peer educators spoke of their discomfort in facilitating them due to cultural taboos. The majority of peer educators reported that they most enjoyed the 'Grief and loss' session as they also benefited from it. While they valued this session, they also pointed out that it is the most difficult session to facilitate, and felt they were poorly prepared to facilitate it. Illustrating peer educators' reaction, one of them said:

I could see that some children were not okay at all, the things we were teaching them were touching to some of them, but I was also feeling pain because I grew up in a better way as compared to them. When I saw that those children were not okay I felt their pain. When I tried thinking how they felt my heart became painful that is why it was difficult and gave me problems.

Evidently, the intense emotions that this session evokes from both peer educators and group members, and their uncertainty regarding how to deal with these emotions is a challenge to peer educators and something requiring further attention by programme implementers.

Peer educators' understanding of their role

The role of peer educators involves more than being an educator. According to Deutsch and Swartz (2002), in addition to being an educator, other roles entail being a role model of healthy behaviour (or resilience), a supporter and referral agent to group members, and an advocate for the programme. Peer educators seemed unaware of the complexity of their roles outlined in the training. Nearly all of them identified themselves as educators and supporters to group members, but did not mention any other roles. On the other hand, they did not consider role modelling as a role but as one of the qualities that peer educators are obliged to possess. Moreover most of them believed that they are role models because members seemed to trust and have confidence in them.

Overall, peer educators perceived education as their core responsibility, and while enjoying it, acknowledged that it is challenging. Challenges included misconduct of members, being subjected to criticism by observers, being unable to deal with the emotions of members, as well as their struggles with asking probing questions within the theme of each session. Most peer educators mentioned that the role they least enjoyed was that of observer (see later for a full explanation). As for programme advocacy, or advocacy around general youth issues in their communities, no organisations or sites paid attention to this role, and subsequently peer educators did not fulfil this role. Advocacy is one of the four roles outlined for peer educators in the *Rutanang* standards of peer education (Deutsch and Swartz, 2002).

Supporting group members in need was a role in which peer educators excelled. While they reported that it was not easy at the beginning, peer educators worked hard to socialise and connect with the members. This relationship meant that group members felt “free” to approach peer educators whenever there were issues “burdening them”. However, peer educators did not always respond appropriately. Group members sometimes reported that they were not always dealt with in a confidential manner by peer educators (see chapter 4). Frequently, peer educators offered advice or counselling, instead of referring them to people who are more skilled – referral being another central role for peer educators outlined in *Rutanang*. Clearly, peer educators need both training and support to fulfil the subtleties of their roles, although in the main they had a good understanding of their roles.

Monitoring and evaluation: A vital but challenging aspect of *Vhutshilo*

In addition to the general roles of peer educators mentioned above, a peer educator had to assume the role of being an observer at each *Vhutshilo 2* session. Overall the responsibility of the observer was to critique the facilitation, and to observe group dynamics, including how the group and individual members responded to the curriculum. This element of monitoring and evaluation (M&E) in *Vhutshilo 2* essentially assessed how well peer educators were implementing the curriculum, identified problems in conveying messages and content within the curriculum itself, and helped to identify group members in need of help. It is argued by CSPE that being an observer is a central role for peer educators to assume as it is relevant to their monitoring and evaluation strategy. This is an important innovation in the *Vhutshilo* strategy. Few other peer education programmes include a monitoring strategy designed to be implemented by young people who are not professionals per se.

Generally the purpose of M&E strategies is to empower participants to initiate control of the programme and take corrective action in the process of implementation (Njuki et al., 2008). Such processual evaluation has been included because peer educators have previously confirmed that the presence of an observer enabled them to improve their performance and rectify the mistakes that were identified “along the way”. Validating the necessity of having an observer, one peer educator said:

Observers check mistakes and things that we can improve, and things that we are lacking in... if I cannot observe myself, I won't be able to see anything wrong that I am doing, so if there is someone else observing me then I would be fine.

While peer educators acknowledged that it is important to have an observer during the session and that they enjoyed facilitating sessions, the majority interviewed did not like taking the role of observer. Most of the participants perceived this role as “boring” since it limited their active

participation in a session. Furthermore, others commented that corrective strategies cannot be implemented promptly as they were only allowed to present feedback *after* the sessions. The negative perceptions about this role were further exacerbated by the awareness that one has to receive or give feedback to his or her peers. While peer educators welcomed *receiving* feedback regardless of whether it was positive or negative, they disliked *giving* feedback. They stated that although getting feedback sometimes hurts, it motivated them to perform well and to improve on their mistakes. On the other hand, giving feedback (especially negative feedback) was a challenge as they were uncertain about how the recipient would receive it, and feared repercussion to their relationships with each other. As a result some peer educators actively avoided the role of being an observer. In summary, peer educators listed the following challenges with regards to being an observer:

1. Feedback given is sometimes subjective and offensive.
2. They feel that the observation forms focus more on the curriculum than the group dynamics.
3. There is limited time for debriefing as planning for the next session in most organisations is done after the session.
4. Differences of opinions between the observers and the facilitators could lead to resentment amongst peer educators.

Despite the fact that peer educators were able to elaborate on these challenges, they were not able to articulate ways in which the role of an observer might be improved.

Support and training provided to peer educators

Training and supervising peer educators is a central feature of the *Vhutshilo* strategy. Deutsch & Edoh (2008) ascertain that its effectiveness can only be achieved if peer educators' training is mandatory and supervision careful and thorough. The validity of this statement was attested by peer educators' views of supervision, and the fact that all peer educators implementing *Vhutshilo 2* were trained and later attended top-up training.

Training

A training session for peer educators was held at African Roots Conference Centre in Polokwane and was observed by fieldworkers. Participants consisted of peer educators from Care Site A, B and C situated in Limpopo Province. In total there were 12 peer educators (6 young men and 6 young women) present at the training. The training session was held from the 15th to 17th May 2009. During the first session peer educators identified the following expectations they had from the training course:

- *"To learn about the prevention of HIV and AIDS as well as teenage pregnancy".*
- *"To learn how to interact with people from different backgrounds".*
- *"To learn about sexually transmitted infections".*
- *"To be informed about how to help young people involved in risky behaviours like substance abuse".*
- *"To learn to communicate with other young people".*
- *"To learn about factors that influence young people to be involved in risky behaviours".*

The content of the training was comprehensive focussing on facilitation skills and provided trainees with information about HIV/AIDS, life skills and sexuality. Training facilitators were well prepared. Addendum 4 documents specific observations conducted during training sessions, for peer educators, for supervisors and 'top up' training for both groups.

According to peer educators, training consisted of presentations by the trainers, group discussions about roles and mock facilitations of sessions. Although peer educators appreciated the fact that they were trained, they felt that certain issues need to be addressed. Khomotso (Female, 20, Heartbeat Site A), one of the peer educators felt that:

Most of the time they [the trainers] were not talking much about facilitating, we were talking about the qualities of peer educators, and other activities. We were only told on the Saturday that tomorrow we are presenting and that was not enough time. They should have allowed us to prepare to present from Friday.

Furthermore Masingita's (Male, 18, Care Site B) had the following to say:

Yes, we did get some relevant information in the training, but I feel like there something else lacking. You see, for instance, you see someone who is an alcoholic and you see that he needs help even though he might have said that he does not need help. We are unable to help such people because we don't have the necessary skills to handle such cases, you understand. I think if we can get more information on how to help, it would make a difference.

These statements resonated with most of the feedback given by peer educators regarding training. Their complaints seemed to centre on the limited time allocated to prepare their sessions leading to poor presentation and a lack of probing around sensitive or significant themes. Although they raised legitimate concerns about the training, they could not articulate how training could be improved except that on-going top-up training events should occur. Sibusiso (Male, 18, Olive Leaf Foundation, Site B) further suggested that *"Trainers should be young and energetic, because during training I could not engage with the trainers well. They are older and I was afraid that some of my questions might offend them"*.

Support and supervision

Of critical importance to the role of peer educators is strong adult support and supervision (Deutsch & Edoh, 2008). Peer educators were conscious about the presence and role of supervisors, and in most cases spoke highly of their interaction with adult supervisors. According to them, the role of the supervisor is *"to plan the sessions with us", "oversee that we are doing things the right way", "correct us when we are doing wrong things", "solve problems for us and provide us with the things that we need for the sessions"*. Peer educators spoke of supervisors holding debriefing sessions at the end of each session and offering feedback on their performance. They related that receiving feedback from their supervisors was significant as it motivated them to improve their performance.

The majority of participants were content with the support given by the supervisors. However, some emphasised that guidance provided by supervisors during planning and facilitating the sessions is paramount, and that supervisors can only do that if they attend *all* the sessions. They were aware that supervisors were not required to be present in all the sessions, and were

confident that they could run some of the sessions independently. However, they felt that supervisors could not efficiently guide them if they missed sessions. In only one instance did a peer educator report that a supervisor “*did not even plan the sessions with us*”. Peer educators planned individually at home, and this impacted negatively on the programme. This dilemma of whether supervisors ought to be present in all sessions is unresolved, although it was clear that supervisors’ presence during evaluation and preparation was essential to the success of the programme.

Capacity building

The *Vhutshilo* training manual describes the role and use of peer educator trainees (PETEs) to help “peer educators with set up, time keeping, group management, attendance and clean up... PETEs are selected by peer educators at the end of one session for the next session... they get a chance to discuss how the session went with peer educators (Deutsch and Edoh 2009, p. 6). However, while this seems to be a good idea on paper, none of the sessions that we observed implemented the practice. PETEs were never formally chosen and had no recognisable role in any of the sessions. This is unfortunate as this new aspect to the programme could incentivise members to become peer educators at a later stage, and potentially be used as a strategy to deal with attrition of existing peer educators. The PETE structure added another layer to an already complex strategy.

Peer educators’ assessment of the programme’s impact

So far this chapter has focussed on the factors shaping the implementation of the programme and the experiences of peer educators while implementing *Vhutshilo 2*. Not unlike other peer education programmes (Barber et al, 1995; Ebreo et al., 2002; Pearlman et al., 2002), *Vhutshilo* peer educators expressed positive benefits of being involved with the programme. They spoke of their voluntary involvement and being inspired to participate due to the social, future professional and emotional gains obtained through involvement which surpassed financial reward. Fikile (Female, 18, Care Site C) comments:

[My reward is] getting enough that would help me to succeed in life. I used to tell myself that I don’t have a bright future... but being a peer educator has helped me realise my dreams. It has also helped me to improve my school performance. I don’t allow people to be above me in school. I compete with them. If they get higher marks now, I make sure that I also get higher marks next time.

Knowledge and skills acquired

As was the case in other studies of the impact on peer educators, *Vhutshilo* peer educators reported having gained knowledge, confidence, and self esteem through their involvement. Although peer educators reported that there had been no educational or employment opportunities available to them yet, they felt that the skills gained were crucial for their future career endeavours. Peer educators indicated they gained presentation skills, communication skills, and were more empathetic towards other people. Those peer educators who had completed schooling and were unemployed reported that *Vhutshilo* involvement kept them occupied - they felt that they made productive use of their time. Conversely, those who were still at school indicated that the programme had helped them focus on their studies, with

subsequent improvement in their school performance. Some were disappointed however by the lack of tangible rewards available to them. They expressed a hope for “certificates”.

The changes in their lives

When asked how the programme had impacted on their health and risk behaviour, once again Fikile’s (Female, 18, Care Site C) comment summed up a common view:

It has changed my life for the better. I used to tell myself that I know things while I did not know anything. But every time I read this book, it changed my behaviour. I quit smoking [both dagga and cigarettes], drinking and even robbing people, I used to rob people using my fathers’ gun but I changed all that. I’m now a new kid. Even pastors want me to be part of their churches. It made me to be more focused about my dreams in life.

Peer educators attested to having made positive changes in their lives. Most participants believed that the changes were a result of the fact that, “*for the first time*”, they were given an opportunity to “*talk freely*” about feelings and issues that had been bothering them for a long time. Some reported optimism about their future, more understanding of their families’ socio-economic status, and believed they had been helped to make “*better decisions about my life*”.

The psychosocial similarities between peer educators and the youth they served enabled them to identify with the challenges and the struggles faced by group members. As a result, peer educators learned the significance of seeking help as a way of dealing with their struggles. They realised that there were support structures within their communities that were available to them and that success was not dependent on how much money one had. Many expressed “*feeling jealous*” towards the group members and regretted not having similar opportunities when they were younger, as it could have had a positive effect on their lives. They believed that they would have been equipped early in life to make wise decisions and be more proactive. In summary, however, it can be safely concluded that the impact on peer educators was similar to that of group members in terms of HIV prevention education and psychosocial skills, in addition to feelings of agency self-efficacy and making a difference to others lives. These are important findings.

Peer educators’ perceptions of Vhutshilo’s legacy for group members

Finally, in order to obtain a further perspective regarding the impact that *Vhutshilo* had on group members lives, peer educators were asked to comment from their observations what they believed this impact might have been. Once more, peer educators had a lot to say concerning this issue. They felt that members responded positively to the opportunity to share their adverse life experiences with each other – often for the first time – and had opportunities to “*change things if they wanted to*”. Some peer educators noted changes in group members’ behaviour. For instance, peer educators reported that at the beginning of the programme, members were disrespectful, reserved and emotionally burdened. Towards the end of the programme, peer educators noticed behavioural and attitude changes; members were tolerant, involved and appeared emotionally “*free*”. These changes were not only noticeable during the sessions. The fact that some peer educators lived in the same areas as group members allowed them to witness changes at home and in their communities. They noticed a decline of unhealthy behaviours such as smoking, drinking, and fighting and more focus on

school work amongst group members. Some peer educators reported that group members grew in their ability to communicate. Peer educators stated with enthusiasm that in five years time, they believed *Vhutshilo 2* group members would be able to distinguish between “*right and wrong decisions*”; refrain from “*doing wrong things*” and resist pressure from their peers. Most importantly, they hoped group members would retain knowledge and skills to protect themselves from HIV and be likely to share the knowledge they had gained with others in their communities.

Conclusion

We began this chapter by asking the question, ‘How were peer educators similar to the youth they served and why is this significant?’ From the data collected, there is evidence to show that there were profound similarities between peer educators and group members in terms of areas of residence, socio-economic status, the type of families that they came from, and their overall adverse life experiences of alcohol, risk behaviour and poor educational backgrounds. These similarities benefited the programme since peer educators were able to understand and relate to members, and were inspired to be involved with the programme to help others like them. In turn they benefitted through dealing with their own struggles, and developing confidence and skills for the future. Selecting peer educators who are similar, but somewhat older (three years older appears to be optimum), to members is crucial, as group members are likely to associate well with the person with whom they can identify (Klein & Sondag, 1994). In addition, peer education is predicated on the assumption that people are most likely to change their behaviour if liked and trusted peers are seen to be changing theirs. From a practical perspective, the smooth working of the *Vhutshilo* programme seemed to be better facilitated by peer educators being somewhat older than those in *Vhutshilo 1* (see Swartz et al., 2009).

Furthermore, peer educators’ perspectives about *Vhutshilo* shows they had a clear understanding of *Vhutshilo’s* strategy, curriculum, aims and their role. Despite some trepidation at transgressing cultural taboos, they found the curriculum worthwhile but did note some areas of additional support. Supervisors need to be somewhat more involved in preparation and debriefing than currently, although their attendance at all group sessions is ambivalent. Peer educators receive and appreciate training, but require additional training in the subtleties of their roles including additional help in differentiating between offering advice as help, and referring youth on as constituting help; increased skill in asking probing questions during sessions; and improving their ability to act as advocates for community youth issues.

While there was some attrition of peer educators, especially among female peer educators, its cause was not established. This needs to be investigated, along with suitable reward systems for peer educators. Overlooking incentives is detrimental to peer education programmes (Walker & Avis, 1999). Furthermore retention of peer educators is crucial since trust between peer educators and group members is built gradually, and opportunities for helping increases over time and with increased experience of peer educators, thus increasing the benefits of the programme (Pearlman et al., 2002).

Finally, peer educators spoke about the enormous contribution of *Vhutshilo* in their lives. They repeatedly wanted the programme to cater for more young people, and saw *Vhutshilo* as offering them something to do in an environment in which not only did they have nothing to do, but doing nothing increased their potential for succumbing to multiple risks. *Vhutshilo* contributed towards stemming this tide in peer educators’ (and group members’) lives.

Chapter 7

Organisational cost

Introduction

This chapter assesses the organisational cost or burden of the *Vhutshilo 2* programme on implementing sites from the perspective of three main categories of role players (n=17), namely the implementing organisations' leadership, middle management (managers and coordinators)⁷ and those directly responsible for implementing the *Vhutshilo 2* peer education programme at sites (supervisors). It analyses the implications of offering the intervention in terms of both benefits for and burden on the implementing organisations. It also asks what is the acceptable cost (financial and otherwise) of running a peer-led, structured and time-bound programme for youth who live in poverty and who may not have the conventional support structures such as parents and competent adult caregivers. In summary, each category of personnel perceived the additional responsibilities introduced through implementing *Vhutshilo* as either an 'enhancer' or a 'hassle' to their on-going activities.

Table 7.1 Personnel respondents

Organisation	Site	Organisational leaders	Coordinators (Middle management)	Peer education supervisors
Care	Site A	1	0	1
	Site B	1	0	1
Heartbeat	Site A	1	1	1
	Site B	0	1	1
Olive Leaf Foundation	Site B	1	-	1
	Site A	0	0	0
CSPE	--	1	4	--
ECHO	--	0	1	--
Totals	(n=17)	5	7	5

Managers were interviewed to provide an overview of the services and activities provided through their on-going programmes and how those were related to supporting adolescents who were vulnerable due to poverty and HIV and AIDS. For partner organisations that had not yet implemented *Vhutshilo 2* during the assessment, interviews sought to establish the managers' expectations of *Vhutshilo* for their beneficiaries and how, once implemented, the curriculum would complement their on-going programmes. In what follows, managers' perspectives are discussed first, followed by those of supervisors.

Perceptions about organisational and *Vhutshilo* goal complementarities

In organisations that have already implemented the *Vhutshilo 2* curriculum, managers identified similarities between the services they provided and approaches used and the goals of the curriculum. The manager of Heartbeat describes this congruence:

⁷ These two categories will be referred to as 'managers' in this chapter.

Our whole goal is to have an adult presence [in the homes where children do not have a parent or adult caregiver] and supervision and Vhutshilo provides children with a skill to make those adult decisions without an adult present (Manager, Heartbeat).

Furthermore, one manager indicated that *Vhutshilo* augmented the Life Orientation (LO) curriculum provided in schools but was also unique because the mode of delivery allowed discussion among peers. *Vhutshilo* was also seen as helping young people with information regarding available services:

Vhutshilo helps them to access help, they know where to go. We can't stop the crime, but we can open up the avenues on what to do (Manager, Olive Leaf Foundation).

Capacity development, communication and on-going support from CSPE

Programme agents' training

The *Vhutshilo* peer education intervention is unique from other programmes that also provide psychosocial and material support to children and youth affected by HIV and poverty as it emphasises concrete training and good supervision (Deutsch, 2008). This training provided to implementing partners at the outset and along the way is critical to the success of the programme. However, CSPE reported that the senior managers of some of the organisations were not keen to participate in the training despite consultations prior to programme commencement that agreed on the importance of training. This may be attributed to the fact that not all senior leaders were present at these consultations, or did not fully grasp the intricate nature of a peer education intervention, including the roles required of volunteers and supervisors. However the benefits of undergoing the training were many:

CSPE actually provide the whole training curriculum; our supervisors were trained; our peer educators were trained. We became coordinators but the coordinators are being trained by CSPE as well (Site Coordinator, Heartbeat).

Those who attended the training indicated that it provided the opportunity to familiarise themselves with the content of the curriculum and the peer education strategy. The training also prepared the primary agents of delivering the curriculum, namely peer educator supervisors and peer educators, to facilitate the discussions among group members and ensure the programme delivered on its aim of offering mutual support.

The leadership reported that the provision of training materials and a curriculum for youth in distress was a unique innovation that addressed the needs of youth and augmented the services organisations provided to communities. For example, a representative of Heartbeat's management reported that their organisation did not have the capacity to implement and manage the *Vhutshilo* programme alone. Implementing and managing the programme would require the current staff to acquire new skills and the organisation to develop a manual. These would mean engaging an external consultant because the activities would be time consuming. In another instance, *Vhutshilo* was the main way that the organisation targeted adolescent youth (Care, Limpopo).

Support through communication

As suggested below, maintaining contact with the sites was a highly appreciated form of support from CSPE. Communication involved monitoring and observing sessions.

They come and do support visits, and they do monitoring visits to see if we require any top-up training... We are using the Vhutshilo curriculum as our main psychosocial support mechanism in Limpopo, in partnership with CSPE (Provincial Coordinator, Care).

The curriculum, and the fact that in other sessions they would come and observe those sessions, even on the day before they would come and observe...preparations and planning to just to come and check that we haven't lost the plot (Site Coordinator, Heartbeat).

From CSPE the support is great - they call constantly, they visit, they are around, you know things like those. They've got a lot of work, but they don't forget that we are their children (Programme Coordinator, Olive Leaf Foundation).

One criticism received from partners concerned the nature of interaction between *Vhutshilo* implementing partners and CSPE. There were concerns that CSPE did not consult partners before finalising plans for meetings and training. While coordinators were more likely to find their minimal involvement in the planning of some of the *Vhutshilo* activities useful given their multiple roles, some managers were concerned about the top-down approach to planning by CSPE as it did not take into account that the partners may have other commitments that could be disrupted or interfere with their participation. For example, communication of meeting plans was considered part of the support CSPE could provide to their partners to lessen conflicting demands:

I think on top of what they are doing they need to give me a schedule of what they're doing, in terms of planning, from the start. A schedule that will tell us what is happening throughout the year so that I can include that in my planning. It's good and all that, but I'll only get an invitation to a partners meeting or training 2 or 3 weeks before and then I have to arrange for travel, so if I knew what's going to happen in advance, that would help. And also to give us a summary or a report every month or every quarter saying this is how your team has performed, or your staff members are struggling with these issues, because our psychosocial department can also assist on certain issues (Manager, Heartbeat).

Overall, the organisational leaders perceived CSPE as the primary role player in the implementation of *Vhutshilo*. Some of the managers were of the perception that CSPE determined how *Vhutshilo* should be run including deciding who should attend training while the coordinators performed supportive duties to facilitate such activities.

While reliance on CSPE is appropriate for capacity building and in the process could lead to improvement in the delivery of the programme, the view among the leadership that the organisations lacked competence to continue the implementation without the external support from CSPE could also be concerning. The current context characterised by inadequate buy-in of management and multiple functions performed by the key personnel who implement *Vhutshilo* explain why CSPE's technical support is highly valued.

They have basically run with it. If it wasn't for them I would not have an idea what's going on... whenever there's training or an issue or something needs to be arranged, they help me... I will arrange all the travel, but they... have lists of people to contact. They know exactly what's going on and they give me feedback... I can't continue with the programme if it's not for them, because I have so many other things to run. It's really good to have them in charge of the programme. Even the people at our site level know them, and know they can phone [CSPE staff]... or whoever there directly. They don't need to phone me first to discuss a certain issue – and that's really good. We can count on them to take things further and if they [CSPE] really need assistance we can intervene if we can (Coordinator, Heartbeat).

Not every programme manager has a background in peer education, and even though I do, it is not my sole baby. I have six other OVC programmes to manage. We would miss the technical support that is streamlined to peer education. You would not get best practices that are happening, you would not get research evaluations, you would not get a forum to share best practice experiences within different organisations, and CSPE provides all of that (Manager, Olive Leaf Foundation).

It is important that CSPE and the implementing organisations have a common perception about each other's roles and allocation of responsibilities to ensure that the programme is sustainable and capacity building occurs without over-burdening the partners. While some of the leadership recognised the form of support from CSPE desirable in alleviating their workloads, the concern could also be with this level of support becoming a risk for sustainability and capacity building once CSPE support is withdrawn.

Managers' perspectives on financial burdens

Most of the incurred costs were related to travel for training and partner-meetings run by CSPE. Travel was expensive, since in many cases it was far, and included all *Vhutshilo* personnel and volunteers. In addition, all the organisations had to support sites with funds for catering and peer educators' and members' transport. Not all implementing organisations reported financial problems with the implementation of *Vhutshilo 2*. In fact, the leadership sometimes indicated that the benefits of the programme for young people were far-reaching. They included the youth's improved performance at school especially in life orientation subjects. This perception could be attributed to the relatively high level of integration of *Vhutshilo* into existing programmes of some of the partners such that the delivery of the curriculum was not only seen as a complementary activity to OVC services already offered; it was also not a separate activity requiring separate budgets – frequently funders were also the same. For example, the value of integrated programming was corroborated by different levels of leadership of Olive Leaf Foundation:

*Olive Leaf Foundation is funded by PEPFAR then *Vhutshilo* programme [is funded] because OVC has funds so *Vhutshilo* is just an integration of.... it's just an additional service. Let me say whatever OVC funding we get it includes *Vhutshilo 1* and *2*... I think if it is possible to make the training and accommodation nearer to the implementing projects, it would be better, but I don't think these costs out-weigh the good that *Vhutshilo* brings to the lives of these kids. We have got sponsorship; we won't just stop *Vhutshilo* because of the financial burden. The benefits are greater than the costs (Project manager, Olive Leaf Foundation).*

Our organisation has many structures and support systems within our communities so we were lucky to have piloted Vhutshilo 1 on a small scale. We don't have challenges with resources in terms of site level meetings, transport, snacks during the sessions etc. But with funding going down, and the economic meltdown, it's becoming more and tighter – we don't have as much available to all these programmes as we used to. But we do provide a snack as we feel this is important as it is sometimes the only place they get food. The camps are costly (Programme manager, Olive Leaf Foundation).

In other instances, however, the integration of *Vhutshilo* into implementing organisations' activities disrupted the running of the curriculum. Since the curriculum comprises time-bound activities, disruptions are likely when its planned activities are not harmonised with organisational business. At the time of the evaluation, Olive Leaf Foundation was undergoing a transition to decentralise funding and the process led to *Vhutshilo* peer education being postponed for one week. Transition necessitated planning to ensure that the programme manager could pay for training-related expenses such as catering and the venue for the final session. The conceptualisation and design of the *Vhutshilo* peer education curriculum is such that the programme runs continuously, so taking *Vhutshilo* as just one of the services provided by the implementing organisations and not observing some of its unique methodological requirements could be a shortcoming.

Another distinct perspective was that *Vhutshilo* added a financial burden on the operational budgets of the implementing organisations. This seemed to happen when there was a perceived disjuncture between *Vhutshilo*-related expenditure and those seen as core organisational programmes. It could also be a matter of timing as in some cases the programme was introduced after budgets were finalised without including it. Some of the community-based organisations (CBOs) responsible for implementing *Vhutshilo* did not support the running of *Vhutshilo* for some of these reasons.

The challenge is that our budget is more on programme implementation, and you will usually find that most of our partners don't include Vhutshilo as one of the programmes they have budgeted for. And also, the Vhutshilo curriculum was not part of the proposals that went out – so it was largely not budgeted for. So the sites, Care Site A, B and C, they were not financially ready to take on Vhutshilo... You will find that our partners were not getting the maximum support from management of the CBOs. Maybe because Vhutshilo wasn't funded for - it was seen as this other programme that is done but is not really part of the work that they're supposed to be doing (Provincial Coordinator, CARE).

Inadequate support of the *Vhutshilo* programme by some of the implementing partners is a serious threat to the delivery of *Vhutshilo 2* and it was reported that some sites stopped running the programme because peer educators did not receive assistance for travel. Some leadership understand the environmental context of providing *Vhutshilo 2* and realise that supporting the children with transport and snacks were integral to running the programme. Similarly, the delivery of the programme was negatively affected when there was insufficient or inconsistent supervision of peer educators.

Despite the reported financial burdens, the organisational leadership generally considered the programme to have tremendous benefits for their own staff, peer educators and participating

youth. Participating staff were reported to have developed new skills such as presentation and facilitation skills. These are important skills in the development enterprise and could be seen as long-term investments in empowering people who will continue to benefit from opportunities that require such skills in their own communities.

Supervisors' perspectives on organisational burden

In this section we attempt to provide an analysis of the objective tasks that the peer education supervisors performed. This is based on a description of their existing organisational roles and how these roles expanded following the introduction of *Vhutshilo 2*. In addition, we describe the roles of the supervisors, both as formally outlined during the *Vhutshilo* training and in the manual provided by HSPH/CSPE, and as roles evolved during the implementation of the intervention. Finally, we consider supervisors' subjective assessment of how their dual responsibilities affected them and contributed to the organisational cost of implementing *Vhutshilo 2*.

Supervisors' roles in their organisations and in relation to Vhutshilo

The supervisors of peer educators described their functions first in relation to the organisations by which they are employed and second in relation to the *Vhutshilo* programme, and this pattern was consistent in all interviews. When they assumed responsibilities in the *Vhutshilo* programme, they already worked with communities, schools and families mainly to identify children made vulnerable by HIV and AIDS due to their adult caregivers' illness or death, and linked them to the services. For example, the supervisors worked as youth coordinators, fieldworkers, care-workers and childcare workers. Some of the supervisors identified themselves as follows:

I am a care worker at Care Site C and a supervisor at Vhutshilo 2 (PE Supervisor, Care Site C).

I am a childcare worker here in Heartbeat. My job is to do visits for these kids on a daily basis. Another thing is that I distribute clip bags and that is basically my job; I am involved with peer education and I am a supervisor (Supervisor, Heartbeat).

When probed on their responsibilities as supervisors of peer education, they identified their responsibilities primarily according to the script laid out during the supervisors' training provided by CSPE. These responsibilities were described primarily as being a support to peer educators, ensuring the successful delivery of the programme. They highlighted their roles as supervising session preparation, being present at *some* sessions, and debriefing afterwards with peer educators. The following comments highlighted this common observation:

I support the peer educators and group members that is, the children. When they are planning the preparation for the session. Also when they are implementing the session, so I have to be there to guide them, to run the programme, because somehow they end up jumping some questions, very important questions... they have to be free... to conduct these sessions (Supervisor, Care).

My job is to support peer educators to make sure that they plan. I am there and make sure that through debriefing, I help them as a support system. Not that I have to be

there in every session, but if I feel that they do not feel very comfortable about the session they come to me and then I go back to the session and it also depends which session it is. There are certain sessions that I feel are heavy and they can't be alone on those sessions... I help them a lot with debriefing and planning sessions to make sure they understand everything in the manual even though sometime we ourselves do not understand, when you think alone there are things that you are unable to do but as a team you feel fine (Supervisor, Heartbeat).

The supervisors' role descriptions also indicated that their initial job responsibilities expanded as a result of the *Vhutshilo 2* programme. All the supervisors had responsibilities in relation to both their organisations and the *Vhutshilo* programme and in both roles they performed multiple tasks. For example, the following are some of the descriptions of what their organisational responsibilities entailed:

As a CCW [child care worker], the first thing, working as a field worker, I go door to door searching for patients, orphans and vulnerables. When we find patients we refer them to a social worker if they don't get anything at all. The social worker will handle the situation, hand over food parcels or grants. If you find the 'vulnerables' - when we say the 'vulnerables' we are talking about a situation where maybe the mother does not work or only a mother works as a farm worker or is self employed - then we refer them to the [site name]. We have a drop-in centre, where we cook for them and after cooking... now I am working at the drop-in centre, I am a "cooker" [sic]... After cooking I play with the children, doing dramas, home works and whatever (Supervisor, Care).

I am a fieldworker... I go out to the field, to schools a lot, we counsel children that have problems, at most we work with programme of OVC... it's orphan and vulnerable children. We give them counselling; those children whose parents have passed on and when children do not understand that the parents might have HIV/AIDS we try to communicate with the child. We have therapy with the children; they do it in a group of twelve for about eight weeks... [As supervisor to peer educators], my role is to guard the peers [peer educators]; to see... as they are planning their work, to check if the timing is right (Supervisor, Olive Leaf Foundation).

Some of the supervisors performed additional functions and provided support in areas that might not be specified in the manual. For example, some interviewees indicated that they did not only do debriefing with the peer educators but also provided counselling to group members. Their resourcefulness in this regard is consistent with CSPE's vision to deliver the *Vhutshilo* intervention through existing institutional and human resource capacity in implementing organisations. However, the scope of their functions in this area requires monitoring to ensure that referrals continue to be made when necessary.

I maintain order as an adult ...kids at times may misbehave and disrespect one another. I assess thereafter if anyone has a problem and they need counselling at that time ...then it is there. My peer educators bring them to me and I talk to them and it's very good to have a counsellor because other sessions affect them and they leave being hurt, so we try to keep that okay so that when they go back home they go feeling relieved and healed (Supervisor, Olive Leaf Foundation).

Although the majority of the supervisors indicated that their participation in *Vhutshilo* was fulfilling in many ways, some indicated that the intervention placed demands on their time and impacted on their performance of other tasks in their respective organisations. Describing the nature of role conflict he experienced in his dual role, one of the supervisors suggested that the implementation of *Vhutshilo* curriculum would benefit if the implementing organisation would consider involving another supervisor for the programme:

My opinion, I think it needs a specific co-ordinator to implement it to the children. Because since I am the youth co-ordinator, I come here every day at 13:00 to prepare for Vhutshilo then I do this and that... The approach these days, I can say 70% of my work is focused on Vhutshilo, because I get here at 8:30 I do my task for HIV prevention then at 12:00 I start focusing on Vhutshilo. Especially Tuesday and Thursday I have to concentrate on Vhutshilo only... it [the other work] suffers (Supervisor, Care).

The idea of implementing *Vhutshilo* activities within the institutional and human resource capacity on the organisations seems to be a challenge. The chronic problem of skills shortage in the communities is likely to affect the delivery of the programme following this strategy even though it is expected that communities will benefit from skills acquired through participation in *Vhutshilo*. The challenges may also be attributed to the identity of the programme as a separate activity that is not yet integrated into the programme work of the implementing organisations. Presently, the viability of the intervention following the existing delivery model seems to be challenged by its position relative to the existing programmes of the implementing organisations with the activities of the latter prioritised. The experiences of peer education supervisors in relation to the support they are rendered by the implementing organisations highlight the marginal position of the *Vhutshilo* intervention relative to organisations' programmes. Its viability therefore largely depends on the commitment of the organisations' leadership to support the peer education and psychosocial support components unique to *Vhutshilo* instead of perceiving the programme as an 'add-on' to existing staff responsibilities.

Supervisors perceptions of support received by own organisation

Given the multiple duties of the peer education supervisors, it was important to assess their perception of the support they received from their own organisations. Two dimensions of support were cited by supervisors: First, encouragement by the site coordinators and sometimes managers. The level of support varied with some of the supervisors indicating that the site coordinators showed interest in their *Vhutshilo* activities and monitored them constantly. The second dimension of support expected was the provision of material and financial assistance for *Vhutshilo 2* activities.

The supervisors identified the organisational leaders (site coordinators and managers) who showed interest in *Vhutshilo* activities as their immediate support system. They helped supervisors with debriefing, with exploring challenges with regard to the *Vhutshilo* curriculum, were involved during the planning of session activities, coached and monitored the supervisors informally, and facilitated the transfer of resources needed for day-to-day running of the programme. Indicating the value of such leadership, some of the supervisors reported:

I get support from my coordinator. I sit with her and tell her how the session is being run... and the challenges I was faced with. Always she gives me support. She will ask if I have already planned, or are the children okay, and do the peer educators respect you?' They [coordinator and manager] know that on a day like this and a time like this we run a session... it's consistent because she is always checking what I always do. She doesn't give me that freedom that I am a supervisor - and she coordinates everything that I do: the kids' register, that the kids have food... that they have transport money... that the peer educators have their transport fare, everything. When she goes on leave she tells me please take care and you tell me when I get back from leave (Supervisor, Olive Leaf Foundation).

The site coordinator, like if we are doing something she will ask how far we are with it; and if she does not understand she asks how are [we] doing the job and we then explain to her. Even our management, he comes and looks at our manual and asks how we do things and we explain it to him. They are very supportive and even on Wednesday because they know that we go to [the Vhutshilo venue] they... they let us go early... They are supportive (Supervisor, Care).

He [site coordinator] is aware of every activity that takes place at the centre, he monitors my reports on a weekly basis. If he is not satisfied he tells me. When we are planning or implementing he comes around if he is available (Supervisor, Heartbeat).

However, a different picture was depicted in situations where organisational leadership was perceived as not supportive. Some supervisors described the challenges they encountered running the programme which they believed could be alleviated through supportive management. The main concern was with the unavailability of finances needed for mundane supplies and overhead expenses especially refreshments and transport costs which could be facilitated by site coordinators with the approval of managers. Bottlenecks were associated with either site coordinators' lack of cooperation and interest in the programme or management failing to plan for *Vhutshilo* activities adequately.

So far the help she offers is fine. But the ones above her, the help they could give us especially with finance - Our coordinator is okay, it's the ones above her (Supervisor, Heartbeat).

*As a care worker I have a lot of work in the field. All they can do is to encourage me, us, to say he also has lots of work outside of *Vhutshilo*. He needs to encourage us to do more and say 'Do not lose hope' (Supervisor, Heartbeat).*

The burden associated with some organisations' failure to ensure the availability of cash needed for supplies was significant. When a situation requiring expenditure arose but the organisation would not support as expected, the supervisors incurred costs to assist children. They assumed this responsibility because they generally viewed themselves as a link between the site management and the children.

The strategic goal to deliver the curriculum using the available organisational capacity of the implementing partners implied that supervisors performed multiple roles which straddled *Vhutshilo* and implementing organisations' existing programme activities. The activities on both programmes took time to plan and execute and in some instances the supervisors felt over-stretched. Under the current model of delivery, it would be important for organisational

leadership to appraise the situation of their staff acting as *Vhutshilo* supervisors regularly. Therefore, the relationship of, and communication between, the supervisors and their site coordinators or managers is critical for reducing both the objective and subjective burden reported by some supervisors. Additionally, investing more in supervisors seems to be a critical form of support which would benefit the organisations irrespective of the capacity of the managers.

Vhutshilo is delivered through a highly structured system of relationships between role players in implementing organisations. Some of the programme coordinators and organisational leaders were concerned that they did not maintain sufficient contact with the peer education supervisors. But what was equally important was the perception that the management of some of the implementing organisations did not show interest in *Vhutshilo*-related activities or left the coordinators to struggle on their own for long.

I think this year the support from Olive Leaf Foundation is not like last year. Last year there was not even one manager involved, I was pulling alone... alone together with the supervisors. It was tough but I think this year I managed to get my assistant manager to be with me in the meetings, she has attended about three to four this year. She constantly would be asking me how is Vhutshilo... you know it's not so much but it just gives me strength. It gives me strength to go on no matter how difficult, it encourages me, it stimulates me, and even if I know that it is not easy... we are together in the workshops, she is there (Programme Coordinator, Olive Leaf Foundation).

Skills shortage, bottle-necks and liminality

Skills shortage is part of the larger environment within which *Vhutshilo* is implemented. In addition, *Vhutshilo* plays a role to mitigate the shortage of psychosocial support programmes in the contexts in which it is implemented. Supervisors of *Vhutshilo* programmes are key to its success. They in turn display enormous passion to deliver the curriculum purely for its intrinsic benefits to vulnerable and poor children. They also perceived the success of the intervention or its failure as reflecting directly on their abilities to implement the knowledge imparted to them during CSPE's training. It is also important to realise that supervisors viewed their work to include advocating for the children's interests and were often critical of organisational authorities' actions that jeopardised their role. Some of them worked beyond their call of duty to retain the children on the programme with little support from authorities or superiors. Currently, training focuses on the supervisors' role in ensuring effective facilitation of the sessions; however, this is a narrow outlook given the several administrative tasks which the supervisors coordinate and which connect *Vhutshilo* to the implementing organisation's management. It would seem that the social and structural factors that influence the performance of the supervisors' roles are currently not addressed in training yet they are central to the success of the *Vhutshilo* programme.

Programme coordinators (usually responsible for OVC programmes) are the main link connecting *Vhutshilo* to the leadership of the implementing organisations. They may not be involved in routine activities of the intervention (hence not so relevant when it comes to realising child outcomes), however, they are responsible for ensuring that the monies are available to provide for routine expenses such as transport of peer educators and children, and refreshments for sessions. All these have been found to influence participation and will

ultimately affect programme viability. Currently, the programme does not pay its beneficiaries and facilitators for participation, but given the programme “implementation context” (Hoadley, 2007) it is critical that the factors that facilitate regular participation are considered. Supporting participants through transport and nourishment are real needs in this context.

Communication between peer education supervisors and the different levels of authority on-site is important for ensuring that the programme reaches sufficient numbers of children and retains them for the duration of the programme. The successful implementation of *Vhutshilo* and its ability to make the desired impact on the participating children partly depends on peer educators and their supervisors, hence the investment in their training. However, relative to the organisational framework of the implementing organisations, supervisors are relatively powerless and depend on the organisational managers for support. In this sense, the intervention could be seen to be dependent on a category of personnel who following their initiation into peer education fall into liminality. Turner (1969) defined liminality as a social space that is “betwixt and between the original positions arranged by law, custom, convention and ceremony” (p. 95) – in other words, on the margins, in an unstable and less structured place with no routines or rules and whose participants are undefined with no rights or obligations (Turner, 1969 cited in Thomson & Hassenkamp, 2008). For example, it was observed that while training equipped supervisors to understand their roles, their performance measures were not discussed (and how could it, since CSPE is an external agency). Instead, emphasis was on how their supervision skills would impact on the performance of the peer educators. This must change once the *Vhutshilo* intervention becomes integrated into organisational programme work.

Clearly the main sources of burden experienced by some of the supervisors are the challenges that emanated from the poor organisational capacity of some of the implementing entities to support and facilitate the running of this additional programme but also due some difficult personalities. The challenges are significant given the socioeconomic context of implementing *Vhutshilo*. In fact, anecdotes indicated that in some sites youth (both peer educators and group members) left or threatened to leave the programme following incidents of misunderstanding between the programme coordinators and the peer educators’ supervisors. In most instances however, the supervisors were satisfied with their site coordinators’ support, but it is clear that peer education requires consistent supervision at multiple organisational levels.

CSPE support and supervisor’s roles in M&E

Overall, supervisors pointed out that CSPE provided support at the planning stage, trained peer educators and themselves. Training introduced the peer education approach to the supervisors and was valued since it improved their competence and empowered them to deal with participants. Supervisors did not have past experience in peer education in general, but more specifically they acquired new knowledge on several themes addressed in the *Vhutshilo* curriculum. It was also reported that CSPE supported supervisors and maintained contact with them through visits and telephone calls to check on their progress and find out if they encountered problems during programme implementation. Supervisors reported feeling motivated by this necessary support. However, they also emphasised that more regular interaction with CSPE following training was necessary. For example, one supervisor was anxious that they were not paid visits and that it would be helpful to have CSPE representatives coming and observing how they implemented the activities, at least after the

first six weeks of programme implementation. The advantage of this approach would be that mistakes could be identified and rectified without having to wait until the next programme began.

A further role that supervisors had to perform involved the monitoring and evaluation of the *Vhutshilo* programme. They indicated that their role was to complete the CSPE provided observation forms after every *Vhutshilo* session, collate and keep them in the office for CSPE staff to evaluate. However, interviews did not establish how supervisors perceived the adequacy of training in this area. It was clear that supervisors considered the observation forms critical to the process of continual improvement that *Vhutshilo* espoused. One supervisor indicated that although some of the peer educators may dislike the idea of being observed, including observation by their peers, they believed that knowing that the observation forms needed to be completed at the end of the sessions motivated peer educators to handle the sessions with integrity and to speak kindly to team and group members. Also, when observations were done properly, they helped peer educators to improve their facilitation skills based on the feedback they received.

Integrating responsibilities, roles and reporting

The challenges of running the *Vhutshilo* programme on the part of the implementing organisations need to be understood in the context of three important factors: first, an era of increased monitoring and evaluation systems; second, high interest in the provision of oversight over public and private resources from government and international community funders; and lastly, the on-going global economic melt-down. But more specifically, the perceptions of the organisational leadership regarding the burden of implementing the *Vhutshilo* curriculum to some extent reflect the level of integration of *Vhutshilo* into on-going programmes.

Implementing organisations have devised mechanisms for on-site staff to report on their monthly activities. However, it would appear that the supervisors may not report according to their managers' expectations. As one of the managers indicated, monthly reports tended to be general leading to further requests for specific information on peer education. Since this could be a new responsibility for some of the supervisors, the extent to which they were capable of performing the task as well as their need for capacity development in this area require proper assessment and monitoring. Time-consuming activities have been reported to increase organisational burden (Lemak et al., 2003). For example:

We ask them to submit a monthly report and in theirs we ask them to talk about their activities – including peer education – but a lot of these reports come out to be very general and we really have to go back and ask them for specific information – it is not always relevant to what we need (Coordinator, Heartbeat).

Some of the managers in the implementing organisations who were also responsible for *Vhutshilo* indicated that their workload had increased and this was a challenge. These managers indicated that due to their increased workloads, it was difficult to interact with the supervisors on a regular basis. As a result their level of supervision and support to peer education supervisors was low.

With Olive Leaf we have got so much work and it prohibits us to be available to the supervisors of Vhutshilo on a regular basis. We meet with them very scarcely... it's just that they were well trained – they are just working on their own... It's definitely a big challenge, it really concerns me.... I have added responsibilities and roles. Even when they have camps – supervisor camps – I go there... to be with them 2 or 3 days I'm with them. I can't spend time with them to give them support. I'm just there to give them support because when we are here we have a lot of work load to do (Programme Coordinator, Olive Leaf Foundation).

The manifestation of administrative burden for managers seemed different from those of supervisors. The former seemed to be affected by scarce financial resources and demanding reporting requirements by funders. The latter emphasised their day-to-day experiences with implementing the activities and ensuring continued participation which could largely be attributed to the implementation context, especially poverty. The burden could also be due to poor relationships and communication among supervisors and coordinators in some of the sites and dual responsibilities across *Vhutshilo* and other programmes given their distinct requirements.

The fact that the supervisors of *Vhutshilo* peer educators have a dual role cannot be ignored. Many of them mentioned that they expected their site coordinators to show interest in peer education and encourage them on an ongoing basis by occasionally being present at the sessions and constantly inquiring how activities were going. In that way, the supervisors would do more and would not “lose hope”.

In the context of ECHO (referred to in Chapter 2), the organisation who works with HIV positive youth, organisational cost is exacerbated. Given the issues raised by ECHO during the assessment phase, managers envisaged even more elaborate monitoring and closer supervision of some of the topics than the curriculum currently assumed given the context of their beneficiaries. A critical question, however, would be how such adult-professional support to peers may hinder discussion or influence the outcome. ECHO leadership were concerned about managing a peer educator with the necessary sensitivity but were aware that it would be difficult to control what got to be discussed; specially trained managers and supervisors needed to be involved.

Research indicates that administrative burden on organisations tends to misdirect efforts intended to achieve the primary goals to meeting the administrative requirements (Lemak, Alexander & Campbell, 2003). Referring to it as a ‘hassle factor’, Lemak et al., (2003) indicate that the risk of this phenomenon to organisations is that scarce resources may be shifted from primary services to meeting the oversight requirements with detrimental consequences for clients and beneficiaries. The ‘hassle factor’ has been found to impact negatively on organisations thus threatening programme viability. The implications of increased administrative activities should be monitored carefully to prevent implementing organisations restricting access to *Vhutshilo* and this aspect deterring them from participating in externally funded programmes.

What is equally important is the level of contact that CSPE currently maintains with the implementing sites. While organisations found CSPE support critical to programme success, it is also expensive, although implementing organisations currently only pay transport and accommodation costs. Going forward, alternative mechanisms for keeping in touch after initial training may need to be devised, for example, over the telephone.

Conclusion

The organisational cost of a programme is a significant factor in assessing how influential and sustainable a programme can be. From the data analysed in this chapter, five conclusions may be drawn. First, *Vhutshilo* was perceived positively where organisational leadership recognised that the programme had a complementary role to ongoing activities at programme and site levels, namely family and school programmes and support for youth living with HIV. Second, CSPE's consultation and service provision while critical also represent a threat to *Vhutshilo's* sustainability. The provision of training materials and a tailor-made programme is considered a valuable form of assistance to organisations that otherwise lacked the capacity to design an equally credible programme. While some managers and supervisors were pleased with the communication and technical support provided by CSPE, intimating that they could not "survive without CSPE", others wanted more inclusion in planning and greater support. Managers felt that planning was top-down on CSPE's behalf, and did not take into account the other activities of the organisational management. What was most concerning was the view among the leadership that the implementing organisations lacked competence to continue the implementation without the external support from CSPE.

Third, financial burdens were widely reported, from leadership level to site level. Fourth, poor relationships and communication between supervisors and coordinators illuminate the middle-management gap that adversely affects *Vhutshilo 2*. Without proactive, informed and capacitated middle management, there is not sufficient flow to ensure that the problems are identified and dealt with, and that support is spread across a wider network of stakeholders to ensure sustainability of the programme. What seems to be the key message is that supervisors seemed relatively powerless during the pilot phase of *Vhutshilo 2*. Greater effort need to be made in order to bring them in from the margin and ensure that their positions of liminality are adequately addressed in order to ensure successful implementation of *Vhutshilo*, which for many enhances their roles of working with and caring for vulnerable youth.

Finally, Chen (2009) in offering an alternative model for programme evaluation, warns that "in the real-world", stakeholders are responsible for implementing interventions. Consequently, their concerns regarding programme viability should be taken seriously as these burdens and costs are an important factor influencing the success of any intervention. To the extent that implementers perceive *Vhutshilo 2* as practical and appropriate given the pressing needs in the communities and find it within their capacity, the programme will be sustainable.

Chapter 8

Community responses

Introduction

In a recent publication, the importance of families was reiterated especially with regard to providing services for children (and young people) affected by HIV and AIDS. The Joint Learning Initiative on Children and AIDS (JLICA) draws attention to the following important roles played by families:

The influence of families largely explains the variations between outcomes among children and youth with respect to their coping capacity, adjustment, health, educational achievement, and work productivity. This general principle pertains also under conditions of severe stress. In fact, family influences are even more important when the external environment is either not supportive of children's development or adverse.

...

From the start of the epidemic, families have absorbed, in better or worse ways, children and other dependents left vulnerable by AIDS-induced deaths, illness, household and livelihood changes, and migration. Similarly, families have contributed more or less successfully to the protection of young people from HIV infection. Families, extended kin and near community members, like neighbours and teachers are the mainstay of children's protection in the face of the AIDS epidemic (JLICA, 2009, no page numbers).

Given *Vhutshilo's* aim of protecting vulnerable youth against HIV infection we believed it necessary to ask how or whether community members, especially family members, ought to participate in a peer-led HIV education and psychosocial support intervention such as *Vhutshilo*. We answered this question by first exploring the experience of various community members in relation to the *Vhutshilo 2* programme. We discuss how community members understood the goals of *Vhutshilo 2* and how they weighed the importance of adolescent's participation. We then relate community members' expressions of community needs, interrogate how these articulate with *Vhutshilo's* aims, and relate community members' evaluations of how *Vhutshilo 2* might be improved. Finally, we offer some suggestions for limited community involvement in the *Vhutshilo* strategy.

Who is 'the community'?

A 'community' is commonly understood to be a diverse group of people linked by social ties, which share common perspectives, and engage in joint action in geographical locations or settings. The term 'community members' will be used throughout this chapter to describe various stakeholders who are involved in care-giving for young people within a geographical area related to the *Vhutshilo* implementation sites.

In total 48 community members participated in focus groups across seven sites (see Table 8.1). While participants differed in terms of social and demographic characteristics, and the roles

they played in their communities and families, they all seemed to share similar expectations and desires with regard to young people’s well-being. Community members comprised teachers, social workers, child care workers, parents, guardians and neighbours who interacted with the young people who participated in the *Vhutshilo 2* programme as either group members or peer educators. Of the parents who participated, more were female (12) than male (5) which reflects the realities of female-headed households in South Africa, including father absence (Richter and Morrell, 2004; Oliver, 1998).

Table 8.1 *The number and types of community participants*

	Parents	Guardians	Care worker	Teachers	Siblings	Neighbour	Social worker	Totals
Care								
Site A	3	0	2	0	1	1	0	7
Site B	2	2	0	0	0	0	0	4
Site C	2	1	2	2	1	0	0	8
Heartbeat								
Site A	2	2	5	0	0	0	1	10
Site B	2	0	6	0	0	0	0	8
Olive Leaf Foundation								
Site A	2	1	3	0	0	1	0	7
Site B	4	1	0	0	1	0	0	6
Totals	17	7	18	2	3	2	1	48

Programme objectives as perceived by community members

When community members were asked whether they knew about *Vhutshilo 2* or had previously heard about the programme, it was found that more than two thirds of the parents and other community participants were unaware of the programme. In Chapter 6, it was noted that peer educators did not recognise their role as advocates for the programme and for the issues it raises. This is partially evident in community members’ unawareness. Those parents, who were aware of their child’s participation at the various centres, had done so through providing written consent for their child’s participation in the programme. Of these, very few knew anything of the programmes goals. They reported that the only information they knew was that the adolescents were being educated and engaged in various activities at the centres.

I would say I was not thinking of it, as I understand it now. I thought it was something that was related to their schoolwork. Now that I understand that it is something like this I am very happy and I’m proud that my child is participating in this Vhutshilo programme (Parent, Olive Leaf Foundation Site B).

Some of the parents and guardians admitted that they actually did not want to know about the programme as they had perceived it to be “*distracting*” to young people in that it kept them from doing their school work. They also found it problematic that young people arrived home late after school and one believed that their child was “*using the centre as an excuse to run away from doing their chores*”.

This lack of awareness is problematic given that studies show that the quality of parent–child relationships is seen as one of the most important predictors of sexual risk behaviour moderators (Oliver, 1998).

The importance of youth's participation in *Vhutshilo 2*

Communities, potentially, play an important role in encouraging learning. Where needs are perceived as important to community members, schools and CBOs are encouraged to implement programmes. Consequently, programmes do not experience community members as detractors to their objectives. With this in mind, we attempted to find out how community members regarded young people's participation in *Vhutshilo*. We were especially concerned to know whether community members regarded the topics dealt with in *Vhutshilo* as of relevance to the wider community.

Most community members perceived the *Vhutshilo 2* programme as a life skills educational programme that taught youth the importance of "*respect towards the elderly*", "*respect for themselves*" and for their peers. It was also said the programme influences young adolescents in their "*decision making*", which in turn prevent them from being involved in "*dangerous*" or harmful activities. Community members reported that the programme equips youth with the skills to choose the "*correct friends*", to carefully select the activities they engage in, and to "*know what is wrong and right*". As one community member stated, "*it keeps them out of the streets where they might be pressurised to do wrong things*". Some of the things that were deemed to be wrong were crime, alcohol and drug abuse, teenage pregnancies and early sexual debut. These issues were generally believed to be important as they affected all members of the community directly and indirectly. They were seen to be important in the sense that:

Young people talk amongst each other and they get the opportunity to teach each other and learn from their own peers instead of being dictated to by parents or any other adult (Parent, Olive Leaf Foundation, Site A).

HIV knowledge and prevention was also brought up as an important goal and outcome of *Vhutshilo 2* – both for youth participants and for the sharing of knowledge that it might lead to in the wider community. As one community member reported:

A lot of people in our communities are not aware of the effects of HIV/AIDS... the young adolescents are given skills to use in dealing and coping with HIV/AIDS and they can help the people who in their communities who have no knowledge (Care worker, Care Site A).

Community members also commented that a programme such as *Vhutshilo* could be used to "*bridge the gap*" and improve communication between parents and children, especially if youth are encouraged to discuss its contents with parents. There was no discussion regarding the cultural implications of breaking the taboo of talking to elders about sexual matters with regard to this latter suggestion.

Furthermore, community members noted the importance of *Vhutshilo* as it allowed youth to act as role models for other youth in the community who were not involved in the programme. It also contributed to a sense of belonging amongst involved youth. The programme was said to be important because it "*taught children how to behave*", helped "*build self esteem*", gave adolescents "*direction*" and made them "*think about their future*". *Vhutshilo 2* helped them to "*accept themselves, others and their circumstances*". Overall the programme was deemed important because it influenced adolescents' thinking and guided them in "*dealing with life*"

circumstances. Most of the above comments came from other community members besides parents. Parents appeared to know the least about the *Vhutshilo* programme.

Are issues covered in *Vhutshilo* relevant to communities' everyday life?

There was no significant difference between the sites in terms of expressed needs and aspirations for young people. There was however some differences noted between urban and rural sites regarding adolescents' self actualisation. Urban sites in Gauteng placed emphasis on helping adolescents to improve their personal lives: self development, self-determination and self esteem - they were encouraged to attain independence. The rural sites in Limpopo were more 'other-centred' as they focused on the needs of communities - building individuals to improve the community in which they live.

With regard to prevention education, community members were strongly in favour of an abstinence message rather than other prevention messages. They felt that their children had "*a moral duty*" to themselves and their parents and should rather have "*sex after marriage*" or once they are "*old enough to do so*". This element of denial or unreality needs to be addressed if parents are in any way to be involved in *Vhutshilo* or any other intervention programme. In rural areas, parents reported having little or no knowledge about sex education or the pressures teenagers faced. A Limpopo parent noted: "*You cannot manage something you do not understand*". This was reiterated by others; parents did not see themselves as the key agents in supporting or providing for the children's needs with regard to sexual health. In Gauteng's townships, some parents had been exposed to and acquired information regarding sexuality and health. They were the ones who thought that it necessary for them as parents to initiate conversations about sex health and address the pressures their teenagers faced.

With regard to children's material needs, a number of community members asked that the programme be run on weekends in order to give their children "*something to do*" and "*keep them out of trouble*". This is in keeping with the JLICA report that states one of the impacts that HIV/AIDS has on children is that children frequently resort to crime due to poverty and constraining family environments. Community members also suggested that young people be given food as part of their involvement in *Vhutshilo*. This is an interesting point to note. When external agencies introduce a programme it is clearly with a public health or community development goal in mind. Frequently their goals and that of community members are at odds with each other. In this case abstinence education, diversionary activity and provision of food are not the primary objectives of *Vhutshilo*, or peer education for that matter.

Finally, a number of community members spoke of the importance of *Vhutshilo* dealing with grief and loss since it "*was a big issue in our community when children lose parents*". A lone voice, a guardian, addressed the issue of transactional sex, and spoke of the importance of "*teaching children pride... [so they] should not be tempted to exchange their bodies for material gain*".

Despite few community members knowing of the goals of *Vhutshilo*, we persisted and asked how, from their limited perspectives, the *Vhutshilo 2* programme might be improved. They did not have much to say, other than what has already been reported on changing the nature of the sex education messages. Some argued that communities need to take ownership of intervention messages. In this regard Holahan (1982) argues that communities will only become involved in community intervention if the programme is linked to the character of the

social environment that the individual is linked to. This raises the intractable problem of communities not always knowing what is best for young people. A few other suggestions, which are less controversial included “*how to deal with stress and depression*” and “*the importance of voluntary counselling and testing*”.

How or whether to include family and community members?

Rochat & Hough (2007) discuss the value of programmes which sensitise caregivers to the psychosocial needs of vulnerable children and how to respond to them within families, schools and community settings. Furthermore, Nyawasha (2006) reports it is the community that has a meaningful and central role to play in making sure that psychosocial support is effective. Taking note that traditionally, in Africa, reproductive health, family planning and the prevention of sexually transmitted infections are not subjects for open discussion among adults, let alone adolescents, interventions need to come up with innovative ways in which this gap can be bridged.

Including family members directly may of course not be the best approach. But are there more indirect and productive ways of involving family and community members? Offering parents an information session at the beginning of the programme is one possible mechanism through which the importance of the *Vhutshilo* approach, and its messages, may be relayed. Included in such an information session might be basic HIV information in order to increase parent’s own knowledge, and a sensitive discussion around how a *Vhutshilo* group may play a role in keeping cultural sensibilities about adults not speaking to children about sexual issues. Instead *Vhutshilo* offers older peers the opportunity to instead talk about these culturally sensitive, yet important issues for young people’s health and well-being, amongst themselves (see van der Heijden and Swartz, 2010). Such parental involvement has been empirically demonstrated to increase the endurance of appropriate behaviour (Helsen et al., 1997). The curriculum could also be enhanced by promoting parent-child interactions with subjects relating to coping with conflicts, sexuality, family structures and healthy relationships (Oliver, 1998). Furthermore, community members could be trained to hold what Nosworthy (2009) terms ‘supportive conversations’ to help youth feel their concerns are accepted and that someone is available to listen.

Becvar and Becvar (2003) argue for the importance of reciprocal interconnecting systems. In a community context this means that if community members, especially parents, were more educated about ‘what they don’t know’, it would seep into community sensibilities and community attitudes towards, in this case, sex education would change. The information which is fed to the system, by say a *Vhutshilo* parent or community information session, may promote development of communication and support. Consequently, to have a community that is fully loaded with information regarding the importance of multiple messages, and their roles in supporting vulnerable youth in acquiring these skills, supports and information is to facilitate greater resilience for children.

Chapter 9

Summary and recommendations

This report has provided the results of a year-long formative evaluation of a new structured, time-limited, curriculum-based, peer-led intervention focussed on the psychosocial and HIV intervention needs of vulnerable youth aged between 14 and 16 in South Africa. The intervention strategy and materials were produced by the Harvard School of Public Health and implemented by a number of NGO and CBO partners working with orphans and vulnerable children and who all received funding from the President's Emergency Plan For AIDS Relief (PEPFAR). The express aim of the study was to investigate the feasibility of implementing, in the constrained contexts of rural and periurban South African youth, an intervention that could contribute to producing changes in attitudes, knowledge and behaviour, and that would be affordable and sustainable.

In seeking to address this central question we asked various questions, that we have sought to address throughout this report. In order to summarise our findings we answer the following central questions:

- What parts of the curriculum and strategy work well?
- Does *Vhutshilo* provide meaningful prevention education and psychosocial support to the vulnerable youth it seeks to reach?
- How best might peer educators be supported and their connection to group members promoted?
- How much and how to engage parents and other community members?
- How practical, affordable and sustainable is the intervention?
- What have we learnt about formative evaluation and measuring change from this study?

Then we attempt to describe what constitutes success in the *Vhutshilo 2* context using the standards of practice described in *Rutanang* (Deutsch and Swartz, 2002) and a case study of a rural site in an impoverished community where *Vhutshilo* was implemented. Finally we conclude by reflecting on the research process and making a number of recommendations regarding the *Vhutshilo 2* programme.

Summary of findings

What parts of the curriculum and strategy work well?

The *Vhutshilo* strategy of encouraging support groups led by peer educators under the supervision of trained supervisors is an effective strategy. It requires careful training and support, and is dependent on a clear understanding from implementing staff and supervisors of the roles of peer educators and the means for helping vulnerable youth. This *Vhutshilo* does well through consultation, training and ongoing support of staff by CSPE. The *Vhutshilo 2* curriculum forms part of this strategy and is not designed as stand-alone materials to be used independently of trained peer educators. Its clear goal, that it realises, is to provide vulnerable

youth with an inviting space in which it is safe to talk about issues they confront on a daily basis, and for which there is little adult support. So for example, young people's discussions of grief and bereavement, was once again a highlight in *Vhutshilo 2*. Also of significance to group members were discussions on transactional sex and multiple concurrent partners. These topics are seldom explored in adult-led interventions, and when they are, seldom receive the responses from group members as was evident in this pilot implementation. Furthermore *Vhutshilo's* attention to help seeking and supportive behaviours amongst peers is an important innovation that has the potential for addressing the absence of support services for vulnerable youth.

The criticisms of the curriculum itself are relatively minor and include attention to age-appropriate activities, use of culturally sensitive terminology, and strengthening of two sessions on crime and violence and decision-making. Also, if the curriculum is to be implemented in an environment where group members are living with HIV, a greater focus on adherence to treatment, nutrition, dealing with stigma, re-infection and avoiding risk behaviour needs to be included. While a 13-week programme cannot be expected to do everything, young people asked for more help with regards to alcohol and violence in their communities. Furthermore, while *Vhutshilo* seemed not to impact on young people's cognitive decision-making skills, it also cannot be expected to fix everything that is wrong in the lives of vulnerable youth. The young people who attend *Vhutshilo* programmes are already cognitively disadvantaged by poor education and poverty, and this cognitive backlog cannot be expected to be rectified by *Vhutshilo*. However, that it makes any difference at all to youth in these contexts is commendable.

Does Vhutshilo provide meaningful prevention education and psychosocial support to the vulnerable youth it seeks to reach?

That group members arrive each week, on average for 11 out of 13 sessions is a phenomenal accomplishment. It is evidence that the strategy is desirable to young people. That *Vhutshilo* shows an impact in areas of HIV knowledge gain, HIV attitudes, future orientation and supportive behaviour (measured by individual questions) at this early stage of implementation too is cause for celebration.

Most significant is the way in which those who had participated in *Vhutshilo 2* showed a marked improvement in a number of indicators over time (measured over a four month delay), even if this change was not statistically significant (for overall indicators). Furthermore, we found a strong correlation between demographic characteristics and indicator scores. This suggests that *Vhutshilo 2* is correctly aimed at the poorest youth, as this was the demographic component most highly correlated with poor scores, and who subsequently showed the most improvement.

In short *Vhutshilo 2* provides meaningful intervention to vulnerable youth. It deals with psychosocial care, unsettling youth in order to provoke discussion on certain topics (transactional sex, bereavement, finding help) and fostering mutual help. This type of support system is unique in South Africa, where AIDS-fatigue is frequently experienced as youth are exposed to adult-led materials that seldom engage with the issue that are difficult to discuss in the classroom, and due to cultural sensibilities.

How best might peer educators be supported and their connection to group members promoted?

Peer educators reported that the programme provided young people with a safe and non-judgemental platform to discuss personal issues which young people are unable to discuss with adults. Peer educators further reported that, in most cases, they felt supported by supervisors and where support was not optimal, seemed more able to cope with 'absent' supervisors than their younger counterparts in *Vhutshilo 1* (Swartz et al., 2009). They were also energised by an opportunity to do something for their communities, especially when they were unemployed and had nothing to do.

A serious weakness in *Vhutshilo 1* was due to the close proximity in age and relative immaturity of peer educators, which resulted in poor facilitation skills and less than optimum helping skills. In *Vhutshilo 2* there is a different story to be told. First, since most peer educators were finished school (or no longer at school) and had 'nothing to do' they welcomed involvement in *Vhutshilo* and spoke highly of its rigour. Although their education level was not much higher than participants this seemed to have less of an impact given their age difference (on average a three year difference). They facilitated in a much more effective manner than *Vhutshilo 1* peer educators (not just speaking all the time) and spoke highly of the process of evaluation which they were exposed to (peer evaluation and being evaluated by supervisors). While pleased to receive feedback, they expressed some fear at jeopardising relationships with their peers if they had to provide negative criticism. For them skills learnt during *Vhutshilo* were transferable to the real world context, and while they also spoke of being helped through their own struggles, their focus was on the strong experiences of agency in being able to help others. As was the case in *Vhutshilo 1*, these peer educators found the newly designed Monitoring and Evaluation system burdensome and as a result it was infrequently completed or poorly done.

While training is limited by cost and opportunity, peer educators and supervisors both recognised the need for further training to be focussed on the subtleties of their roles as peer educators. So for instance, differentiating between referring peers for help and offering advice; skills for asking probing questions during sessions; and paying attention to their roles of advocacy and what it means to be role models of resilience, in addition to educators and referral agents, are important areas that require attention. Peer educators have an overall positive attitude towards the curriculum and facilitating sessions. They still display some discomfort with addressing sessions overly relating to sexuality due to cultural taboos, but seemed better able to deal with this discomfort than young peer educators in *Vhutshilo 1*. Finally, although attrition was lower in *Vhutshilo 2* than in *Vhutshilo 1*, these peer educators also spoke of the need for tangible rewards such as certificates and T-shirts or caps.

How much and how to engage parents and other community members?

A frequent request from research participants in this and other programmes (as well as in the literature) revolve around community and family involvement in programmes. During this study we interviewed nearly fifty community members, including teachers, social workers, traditional leaders and parents and were surprised by the outcome. Our findings are in many senses contradictory, however this serves to highlight the difficulty in including community and family in interventions, especially for youth. Most significant was the way in which parents confessed to have little or no knowledge about sex education or the pressures teenagers

faced. So while they had opinions, usually revolving around abstinence, they did not see themselves as the key agents in supporting or providing for the children's needs: "You cannot manage something you do not understand" was a key statement, with which most community members readily agreed.

We also discovered a clear divide between urban and rural respondents. Rural respondents, as can be expected were far more conservative and reflected more clearly cultural taboos regarding talk about sexual relationships and biology. For the most part, community members were not aware of the programme but once made aware were happy to contribute. This is of course problematic if their contributions only jeopardise the intervention, for example wanting only abstinence to be taught even if young people's experiences contradict such a solution. Urban parents and community members seemed to be more informed and less conservative with regard to lesson content but were equally eager to play some role in helping their children. The only recommendations that seems appropriate to take in this regard, is to build into programmes appropriate and manageable elements that would serve to educate family members in culturally sensitive ways, so that young people's learning may be supported – even if only in small ways. This would need more research to operationalise.

How practical, affordable and sustainable is the intervention?

The organisational cost of implementing a structured programme such as *Vhutshilo 2* were evident in our evaluation. For those partners that were not familiar with the complex approach of *Vhutshilo*, it was a struggle to integrate competing demands into existing jobs. The workload and weight of monitoring and evaluating duties were burdensome to partners, and created a 'hassle factor'. Moreover, the alliance with CSPE for support in every capacity, be it training, site monitoring or various technical support services, while critical means that the programme is unlikely to continue without CSPE's support. Peer education is a complex system, but as has been demonstrated, possible and beneficial. It does however, require careful implementation. From an organisational perspective, it was quite clear that all levels of management recognised the benefits of peer education strategies and *Vhutshilo 2* for HIV prevention among vulnerable youth.

What does success look like?

On multiple levels, there are a number of things the *Vhutshilo* strategy accomplishes. It reaches the poorest and least educated youth in South Africa, in both rural and periurban townships. There is nothing quite like it available to under-resourced, impoverished youth. It fits a niche between professional support services for children, after-school programmes, feeding schemes and formal school-based education, by offering structured intervention in a youth-friendly manner. Its focus on peer educators adopting an educative role is critical. It succeeds largely through ensuring that the content delivered by peer educators is appropriate for peer educators to deliver, i.e. it is focussed on generating peer norms rather than imparting information that is best left to an adult or professional. In doing so it avoids the mistakes made by other peer education programmes that focus on training and skilling peer educators, rather than on peer educators delivering peer education to their peers.

One key feature in the success of *Vhutshilo* seems to be support – support provided in four ways. (1) Support offered by CSPE to supervisors, programme managers, and peer educators during the planning phase and ongoing during implementation is critical to *Vhutshilo's* success.

(2) Support given by supervisors to peer educators is an important fulcrum on which the programme turns, inviting continual self-improvement as the programme is implemented. (3) Support received from the implementing partner organisation to both supervisors and peer educators to facilitate appropriate venues, funding for lesson material and snacks, and problem solving where necessary. (4) The underlying philosophy of mutual support between vulnerable youth and their older peers that lies at the heart of the *Vhutshilo* peer education strategy – that turns vulnerable youth in agents, able to help themselves and each other with the many multiple adversities with which they are forced to cope.

Measuring Vhutshilo 2 against Rutanang standards of practice

At the outset of this report we referred to the ten standards proposed by the *Rutanang* research collaborative (Deutsch and Swartz, 2002) that might characterise an effective peer education programme. Combining learnings from *Vhutshilo 1* (Swartz et al., 2009) and this evaluation we again ask the question, what constitutes an optimum environment for effective implementation of the *Vhutshilo* per education strategy, according to these criteria.

1. *Planning: Is there a detailed plan of action, based on actual needs with clear, measurable goals?*

Planning for continuity rather than programme disruption, adequate venues and ensuring that peer educators are trained (initially and on the job) made for higher impact overall. In this evaluation, peer educators performed better based on improved training and learning from weaknesses during *Vhutshilo 1* implementation. Planning to learn seems to be key to success. *Vhutshilo 2* does this commendably.

2. *Mobilising: Is there commitment, understanding and support from the leadership of the institution in which you are working? Are there shared vision, structure and resources?*

Where organisational leaders were aware and informed about the aims and goals of *Vhutshilo*, work on the ground seemed to thrive. In *Vhutshilo 2* implementation, even when organisational leaders were not completely aware of what was happening on the ground, programmes did reasonably well, if middle management were supportive, helped site and programme supervisors overcome obstacles, and helped supervisors to integrate competing job demands with *Vhutshilo* requirements.

3. *Supervisor infrastructure: Have supervisors been carefully selected, trained and contracted?*

Supervisors remain key to the programme. Where they are resourced, enthusiastic, empowered and available to group members and peer educators the programme is successful. A programme ground to a halt when a supervisor left (as was the case of Olive Leaf Foundation Site C).

4. *Linkages: Have you included the partners and support structures you need for your programme?*

Linkages have improved somewhat in *Vhutshilo 2*. This is especially evident in the participation by community members in the evaluation that included teachers, social workers and parents.

However, a reasonable way to include parents and guardians, who confess to not understanding young people's needs and have conservative values that do not help young people to receive the help they need with regards to sexual and reproductive help, remains a quandary requiring attention. In addition, it appears that *Vhutshilo 2* youth are more able to access help from community resources, where these are available, than younger children in *Vhutshilo 1*.

5. *Learning programme: Is your learning programme an effective, tested, 'beyond awareness' programme, delivering adequate dosage in an appropriate sequence, making use of interactive methodologies?*

The learning programme contained important and memorable components. While many build on previous sessions, the model on violence and decision-making require improvement. It is likely that lessening the number of lessons to 10 or 11 would not affect overall programme efficacy and would ameliorate the effects of straddling school terms and exams, which impacts attendance. Older peer educators also seemed to perform better than those in *Vhutshilo 1* with regard to their ability to facilitate lessons in a more interactive fashion.

6. *Peer educator infrastructure: Have peer educators been carefully selected, trained and contracted, with clearly defined roles, performance standards and graduated responsibilities?*

As with committed supervisors, peer educators are also central to the success of the programme. *Vhutshilo 2* peer educators seem to have their roles as educators and agents for identifying youth in need and referring them for help down to a fine art. Their role as role models of resilience and as advocates for youth needs to be further developed. This older group also seemed to embrace more fully the self-evaluation components of the strategy but could do with further training in this area. In contrast to *Vhutshilo 1*, while age mattered in choice of peer educators (2-3 years older seemed to work best) education level was not as important with this older age group. This was especially unimportant if peer educators were out of school, whether or not they had completed their schooling. As with *Vhutshilo 1*, programmes generally got *selection* of peer educators right based on the diversity of the *Vhutshilo 2* group. This is highly commendable.

7. *Management: Are peer educators and supervisors well managed and is the delivery of all four roles of peer education quantifiable and happening effectively?*

Older peer educators, especially those who were out of school and unemployed, appeared to have made a difference to programme implementation in *Vhutshilo 2*. Availability and maturity meant there were fewer complaints from supervisors or peer educators regarding performance. Some peer educators did ask for more consultation regarding which sessions they would like supervisors to attend. This is especially important as peer education is not meant to do what ought to be done by adults or professionals.

8. *Recognition and credentialing: Are there credentialing and reward mechanisms in place to ensure growth, development and advancement opportunities for peer educators and for supervisors?*

As was the case in *Vhutshilo 1* peer educators, especially, requested tangible rewards such as certificates and branded clothing. No data was collected with regard to supervisors' needs for rewards and credentialing.

9. *Monitoring and evaluation: Do you have a realistic monitoring and evaluation plan that includes documentation and information management?*

As with *Vhutshilo 1*, the monitoring and evaluation plan appears to be burdensome to implementing partners. Greater realism may involve limiting observations and reports to certain lessons, rather than requiring repeated data collection. While tools are not complex, it is a feature of the programme with which supervisors and peer educators appear to struggle – as evidenced by poorly completed data.

10. *Sustainability: Do you have a practical and operative sustainability plan dealing with compliance, public relations, staffing, funding and peer ownership?*

Sustainability of *Vhutshilo* programmes appears to rest with the availability of site supervisors and an ongoing alliance with CSPE. Although not as pronounced as in the *Vhutshilo 1* evaluation, sites need small amounts of money for materials and for rewarding peer educators), but greater amounts for ensuring quality site supervisors and for accessing training from CSPE. In terms of ongoing evaluation, this should reasonably be done in three years time, once there is a wider range of sites with experience in implementing the programme.

A Case Study: Care Site B in rural Limpopo

In order to see the multiple ways in which *Vhutshilo 2* was a success, it is important to see how the *Vhutshilo 2* strategy has the potential to reach hard to reach, vulnerable youth in sites that lack services and resources. In illustrating *Vhutshilo's* impact, we have chosen to briefly profile a rural site run by Care in a village near Giyani in the far northern part of Limpopo province, Care Site B. The Care Site B programme began after extensive consultation between Care middle management and CSPE staff. Care had already had experience running *Vhutshilo 1* in other provinces, although not Limpopo province. Despite organisational upheaval, that resulted in limited support being offered to Care's partner organisation at Site B (a local CBO with a drop-in centre), an effective *Vhutshilo 2* pilot programme was run. Care Site B had two staff members responsible for the *Vhutshilo 2* programme, a site coordinator and a supervisor responsible directly for implementing *Vhutshilo*. This partnership seemed to work well.

Peer educators were selected with the assistance of a local school's life orientation teacher, keeping in mind the criteria that peer educators reflect young people's various lifestyles rather than only model youth. There were more potential candidates for the limited number of peer educators needed and interviews for selection were held. The best four candidates were selected - two young men and two young women. During May 2009 peer educators (aged between 17 and 18) years gathered at the African Roots conference centre in Polokwane for training run by CSPE. They spoke mainly sePedi and xiTsonga. After training, during which they learnt the meaning of peer education, their roles as educators and as referral agents for young people in their community, they returned to their village and began to implement the *Vhutshilo 2* programme over 13 weeks, meeting every Wednesday, with few disruptions. They stopped briefly for school exams and holidays at the end of September.

Planning and preparation meetings with the programme supervisor occurred once a week in order to prepare for upcoming lessons. After Wednesday lessons, peer educators gathered in a room at the centre and evaluated their work with the supervisor present. They received and gave feedback, despite some discomfort with giving criticism. They then prepared for the next lesson and so the cycle continued over 13 weeks. Overall Care Site B peer educators performed well; they stuck to the curriculum, used story telling well, asked questions and facilitated rather than 'taught' the curriculum. In a session observed on violence peer educators demonstrated their facilitation skills; they spent 20% time talking, 25% engaged in dialogue with group members, 15% facilitating group members talking to each other in groups or pairs and 40% engaged in interactive activities.

Not all was smooth sailing however. Peer educators struggled to present the 'Grief and loss' session, stopping half way through the session, while a lone peer educator tried to continue through the content. They were upset and so were the young people. At times they felt awkward speaking about sexual issues in front of supervisors, and even amongst themselves. One peer educators, expressed the groups' request that more be done on the problem of alcohol in their community, and that they receive further help on how to help those "*even though he might have said that he does not need help*" (Masingita, male peer educator, 18). Overall peer educators felt that they had been involved in something worthwhile, that helped them to deal with their own struggles, gave them something to do and equipped them for a future world of work with confidence and communication skills.

The group members who participated in the 13-week *Vhutshilo* programmes represent some of the poorest and most vulnerable youth in South Africa, and who, due to their rural location, are seldom accessed with services. There were ten regular participants in the Care Site B *Vhutshilo* 2 support group. Five were young men and five young women. They ranged in age between 14 and 16 and with educational grade ranging from 6 to 9. None had a father present in their household, and all but one were taken care of by a mother (one was cared for by a grandmother). Group members scored an average of 7 out of 14 on the socio-economic scale designed for this research project (the lowest was 4.6, the highest 14). This meant that they lived below the poverty line (having a household income of under R593) and were economically vulnerable. All lived in shacks in the village, reported having electricity and a TV (except for one), and none had inside toilets or taps, although these were a short walk away. Most reported having "enough money for food but not clothing". One young person reported that they did not have enough money at home for food, and one reported having "enough for food and clothes and a little over". There were on average five members in their households, and three households owned bicycles. On average group members attended 11 out of the 13 sessions. Peer educators reported that although it was difficult to prevent new group members from joining the group after it had started, they were able to do so.

What is most remarkable about this group, is that despite being in a deep rural area, contending with pervasive poverty, never having implemented *Vhutshilo* before, and only having limited support from the sponsoring organisation, they managed to do remarkably well in terms of psychosocial indicators. Other sites who were better supported, had less poor youth and who had experience with *Vhutshilo 1* and peer education before performed better (for example, Olive Leaf Foundation Site B), but this Care Site B provides an example of what is possible given a constrained context. Care Site B group members performed second highest (after Olive Leaf Foundation Site B) on the nine overall indicators we designed for this evaluation. Supportive behaviour; HIV, sexual & relationship health – Knowledge; future orientation; and emotional intelligence were amongst the highest. Care Site B did not score

high on decision making abilities, which given their environmental context is perhaps understandable. However, they did remarkably well on gender orientation and HIV attitudes given their conservative rural context (confirmed by community members' responses in focus groups). Furthermore, as was the case with other groups, Care Site B group members' scores increased in the four months following their participation in the *Vhutshilo 2* support group. They kept on learning even after *Vhutshilo* had concluded.

For this case study, we did not choose to profile the site that implemented *Vhutshilo* the best. That was Olive Leaf Foundation Site B. They were experienced and had an extraordinary site Supervisor who was also in the organisation's middle management. The care she took in implementing the programme was astonishing, and the young people recruited into the programme not as disadvantaged as those at Care Site B. What we have tried to show however, is the feasibility of running the *Vhutshilo* programme in severely constrained contexts – of pervasive poverty and high levels of HIV infection, of organisational upheaval, of a lack of infrastructure. The *Vhutshilo* programme shows enormous potential for helping vulnerable youth living in these contexts to “*think for tomorrow*” and “*think for themselves*” even beyond the duration of the programme.

What have we learnt about formative evaluation and measuring change from this study?

Measuring behavioural change is a complex undertaking. While there are studies that have achieved measures of change in youth knowledge, attitudes and behaviours or intentions, it is more common to find few examples of change in small scale studies (see for example, Flisher & Klepp, 2009). Of course, the pressure from donors to demonstrate efficacy is high, and naturally so. Evidence that programmes work is essential for the correct placement of scarce resources and the effective utilisation of staff in work environments already over burdened by demand. In addition to the findings we have articulated in this report, we also have further methodological lessons to report.

With regard to our failure to find statistically significant differences between control group members and *Vhutshilo* group members, we learnt two important lessons. First, is that upon analysis of individual questions, and through qualitative analysis a different story emerged. Key among these findings were that young people who had participated in a *Vhutshilo* group showed statistically significant gains in HIV knowledge and attitudes, future orientation and supportive behaviour when compared to a control group. They also showed gains over time (the four month delay between tests) in a number of areas. This is a key learning; the importance of a delayed testing following an intervention, of this or any other type. A three month delay seems to be the norm in the studies that Kirby (2007) analyses and in our case produced meaningful comparative results. Second, our study may have been improved by using a larger sample size. At n=110 for control group participants, n=73 post-test and n=52 for delayed post-test participants, this was too small a size for the rigour of quantitative analysis.

Third, is that using strongly designed sets of test items for a few indicators may in fact be too powerful a methodology when combined with a small sample. Initially, it was our plan for the sample to be at least two or three times its ultimate size, however due to the difficulty of rolling out *Vhutshilo* this was not possible. It is a strong recommendation that a second evaluation of *Vhutshilo's* impact be done in two to three years time when there are sufficient sites rolling out the programme to ensure a sample size of between 400 and 700 participants.

The fourth methodological lesson learnt regards the reluctance with which youth, in this study at least, revealed their sexual practices on a questionnaire. Surprisingly, when asked in one-to-one interviews they were more willing to relate the realities of their experiences. Even with attempts at triangulation, it was impossible to validate sexual behaviour.

Fifth, throughout the study we were aware that the outcomes of evaluations need to be situated within the social contexts and fieldwork practicalities of local communities. In this case, we draw heavily on Chen's (2009, p. 3) notion of 'integrative validity' that argues:

Regardless of the intervention's efficacy or effectiveness, unless that intervention is practical, suitable to community organisations' capacity for implementation, and acceptable to clients and implementers, it has little chance of survival in a community.

We have kept this warning in mind throughout our evaluation, and not only measured impact but considered flows of material, recruitment, training, infrastructure, community involvement and organisational cost. Ultimately, this is the meaning of a formative and processual evaluation. The learnings from this study will inform ongoing practice and the promise that *Vhutshilo 2* exhibits on multiple fronts can only be improved with use and modification.

Recommendations

Throughout this report there have been a number of recommendations made, some which need to be taken more seriously than others. Taking into account the formative nature of this pilot implementation of *Vhutshilo 2* at a number of sites that were not familiar with the *Vhutshilo* strategy, we offer the following recommendations, highlighting those possibilities for change that could in fact result in large improvements to the programme.

1. From a philosophical point of view, the way in which the *Rutanang* standards of practice have been designed and implemented in *Vhutshilo 2* is theoretically sound. The four roles that peer educators are trained to perform within a system of supervision and evaluation is strong. That not all of these roles are adequately performed nor the systems completely operational speaks of room for improvement rather than necessitating a change of strategy. *Vhutshilo 2* should be continued and implemented especially in areas of great youth vulnerability. It seems to have the largest impact on the poorest and most vulnerable youth.
2. The *Vhutshilo 2* curriculum works as guiding content for the education role of peer educators. It does, however, require some modification as detailed in Chapter 2, especially with regard to sessions on crime and violence, and decision-making; and in adjusting names of elements to ensure it is age appropriate.
3. Ways need to be sought to attract and retain more boys into the programme. In both *Vhutshilo 1* and 2, only one third of the total number of *Vhutshilo* group members were male. Given young men's risk profile, reaching them is of urgent importance.
4. Special attention during initial and ongoing training should be given to the cultural taboo surrounding talk of sexual relationship and biology. While embarrassment and silence may

in fact be far worse when similar topics are taught by adults and teachers, peer educators did struggle with cultural sensibilities (not as much as their younger counterparts during the *Vhutshilo 1* programme) but none the less, a challenge remains.

5. With regards to training, peer educators require further assistance to understand the subtleties of their roles (especially as advocates and role models of resilience). They need additional training in asking probing questions and differentiating between identifying and referring youth for help, and offering advice or counselling. Supervisors need to be better equipped to support the evaluative component of peer educators' work, including helping peer educators offer and receive feedback. Supervisors also require help to integrate their roles - but this is likely best offered by their employing institution.
6. We have no conclusive data regarding the optimum length of time *Vhutshilo* should be run. Most sites seemed to struggle with 13 weeks especially if it crossed a school term, or occurred in a school term with important examinations or particularly long holidays. It is our feeling that a shorter programme of 8 to 10 weeks may be as effective, but this needs further research to establish. We recommend that further research be conducted regarding the optimal length of a *Vhutshilo* intervention.
7. With regard to organisational cost, it is essential for CSPE to remain in partnership with organisations in order to help them understand the complexity of peer education as a system, and to appropriately 'count the cost' prior to embarking on the programme.
8. CSPE's discussions with ECHO concerning implementing a *Vhutshilo* type programme for youth living with HIV and AIDS, including those who are on antiretrovirals, is an important innovation. To be sure, there will need to be some curricula modification for these youth who face different risks and challenges to those who do not live with the virus. However, it is certainly highly feasible that a peer-led approach would work in an environment where young people living with AIDS are particularly vulnerable. Support needed would be as high as that required by *Vhutshilo 2* participants.
9. That CSPE investigate how best to include family members in the programme in small ways, such as for example inviting community members to an information session during the course, or including a take home question to encourage dialogue between children and parents.
10. That in future implementation of *Vhutshilo* care be taken to optimise the age and educational difference between peer educators and group members. For *Vhutshilo 1* (10 to 12 year olds), an age difference of at least two years and two grades seems optimal. For *Vhutshilo 2* an age gap of at least three years seems to work best, even if it is not accompanied by a three year difference in education level, when working with 14 to 16 year old group members. Education level appears to be insignificant especially if peer educators are out of school (whether or not they completed school).
11. That the *Vhutshilo* programmes be evaluated once the programme has been in operation for approximately three years, although not all participants need to have necessarily run the programme numerous times. The sample size for each should be above 400, if possible.

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