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DEVELOPING FIELD GENERATED STANDARDS OF PRACTICE FOR HIV/AIDS PEER EDUCATION PROGRAMMES FOR SOUTH AFRICAN YOUTH.

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A dissertation submitted to the Faculty of Humanities, University of the Witwatersrand, Johannesburg, in fulfilment of the requirements for the degree of Master of Education.

Johannesburg, 2005

Abstract

The focus of this action research study was to facilitate a field generated process to develop guidelines towards standards of practice for peer education. Peer education has been widely used across the globe and often in health oriented fields. In South Africa, peer education practice is marked by the lack of agreed standards and guidelines together with a lack of empirical evidence of its impact on beneficiary groups. The researcher consulted with over 200 individuals who are, in some way, connected or involved in the management of peer education or programmes focussing on youth. The research confirmed the lack of an agreed definition of peer education, the need for guidelines and eventually standards of practice for peer education. There was consensus that peer education was considered a 'valuable strategy' despite a chronic lack of reporting, monitoring and clear goals for most programmes. An additional challenge was the lack of evaluation of the benefit of peer education to beneficiaries. Programmes lack underpinning theories, and often are implemented in an attempt to 'help' communities in any way possible. Lack of a systemic approach and lack of agreed performance standards, perpetuates peer education interventions that fail due to avoidable challenges that could have been averted with more attention to planning and systematic organisation.

The research proposes that with agreed standards and support to implement and build capacity at national and provincial level, peer education could become a flagship for the prevention, care and support to many communities, particularly where there is a chronic lack of resources.

Key words: peer education; standards of practice; field generated guidelines; capacity building; HIV/AIDS education; action research.

Declaration

I declare that this dissertation is my own unaided work. It is submitted for the degree of Masters of Education at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or for examination in any other University.

Barbara Jean Michel

November 2005

Dedication

To my children, Bryony and Justin, who have endured a mother by remote control, not only during the writing of this dissertation, but always.

To my Mom, whose support and pride never wavers, and my family.

To my Dad, who would have been so proud and whom I miss every day.

To Jane Castle, who was patient and respectful of all my competing priorities.

To Patrick Fish,

and Charles Deutsch.

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Abbreviations

ABET	Adult Basic Education and Training
ANC	African National Congress
CBOs	Community Based Organisations
CBR	Community Based Research
CDC	Centres for Disease Control and Prevention, Atlanta, USA
CHBCS	Community Home Based Care and Support
COSATU	Coalition of South African Trade Unions
DASH	Division of Adolescent School Health, Atlanta, USA
DoE	Department of Education
DoF	Department of Finance
DoH	Department of Health
DSD	Department of Social Development
ETQA	Education Training Quality Assurance
ET	Education and Training
FBOs	Faith Based Organisations
GETC	General Education and Training Certificate
HSPH	Harvard School of Public Health
IEC	Information, Education and Communication
LSP	Life Skills Programme
MT	Master Trainer
NGOs	Non-Governmental Organisations
NIP	National Integrated Plan for Children and Youth Infected and Affected by HIV/AIDS
NSB	National Standards Bodies
NQA	National Qualifications Authority
NQF	National Qualifications Framework
OBE	Outcomes Based Education
OBET	Outcomes Based Education and Training
SA	South Africa
SGB	Standards Generating Body
SAQA	South African Qualifications Authority
TA	Technical Assistance
TB	Tuberculosis

VCT	Voluntary Counselling and Testing
YRBS	Youth Risk Behaviour Survey

Chapter One:

1.1 Statement of the Problem

At the heart of Life Skills and other HIV/AIDS prevention strategies is the understanding that knowledge and awareness of HIV/AIDS are not sufficient to reduce the predicted impact that HIV and AIDS will have on society. It cannot be assumed that all people, both professional and lay persons, working with youth, can guarantee success in changing behaviour simply by promoting awareness of a health threat and by providing accurate information, concrete instructions and easily used tools. If this were the case, the Departments of Health and Education would have had an easier task in curtailing the spread of the HIV infection. But it is accepted that that reason and knowledge are only part of any action or decision. Impulse, emotion, prior experience and learned attitudes are constant influences in day-to-day choices and lives. It would be reassuring to believe that individuals are in control of their lives and choices, but the fact remains that situations are often more powerful than individuals (Murphy, 2005: 4).

Based on current evidence, the impact of HIV/AIDS on youth and children will have serious consequences for the social construct of communities, families and South Africa's future (Smart, 1999; Richter, 2003). The situation requires urgent and strategic attention. Without appropriate interventions, youth and children are at increased risk of being infected (due to lack of knowledge and skills) and affected (due to parental infection, illness and death). Current educational programmes have had some influence in South Africa (Scripture Union, 2001; Kelly, 2000; Malambo, 2000; Black, Tobler and Sciacca, 1998). Peer education is one promising strategic intervention, which needs serious attention given to its implementation.

Peer education programmes (PEP) are being designed and implemented in South Africa and yet there is no means of assessing what they accomplish. Most peer education programmes in South Africa are implemented by NGOs. National organisations such as The South African Society for Alcohol and Substance Abuse (SANCA), the Planned Parenthood Association of South

Africa (PPASA) and other Faith based organisations such as Scripture Union (SU), Youth For Christ (YFC) or the Young Men's Christian Association (YMCA) are among those managing national programmes. Although some may not have started out with a focus on HIV/AIDS prevention, there was a natural extension to include HIV and AIDS as the epidemic became more of a threat to youth who are at high risk. Some of these peer education programmes are implemented in school and others in out of school contexts.

Peer Education (PE) is taking place, but there is no central point where PE data is collated, little attention to quality and no systemic or external evaluation. There was, and is, inadequate evidence of what the benefits are to youth, or its influence as a risk reduction strategy. In other words, there was and is insufficient empirical research to show its usefulness.

Peer education means different things to different people partly because standards of practice for peer education have never been defined. Widespread faith in peer education is accompanied by a lack of systematic rigour, an absence of clarity about goals and requirements and inadequate attention to sustainability (Campbell, 2004; Pearlman et al, 2002; Campbell and MacPhail, 2002; Black, 1998; Walker and Avis, 1999; Turner and Shepherd, 1999). The weaknesses of peer education and the success and challenges of PEP practice will be discussed in some detail in the review of related literature in Chapter Two. As a prevention and early intervention technology, peer education promises to enlarge the network of skilled, credible and accessible health educators.

1.1. 2 Rationale for the Study

Appointed to the national Department of Health (DoH) as national co-ordinator for secondary school life skills programmes I was faced with the dilemma that many PEP programmes, although designed with good intent, were poorly constructed with little attention to pedagogy, or rigour in evaluation of impact. It was my responsibility to identify, develop and plan activities supporting youth focussed attempts to curb HIV/AIDS and enhance the national DoH strategy. A significant number had never been evaluated or monitored, nor were there basic criteria to inform evaluations and comparisons. Some

programmes were funded by the DoH, Department of Social Development (DSD) and the donor community without necessary criteria, and were, on many occasions, characterised by inadequate management and supervision. People without sufficient knowledge or experience, who are nevertheless driven to address the gaps and needs within communities related to HIV/AIDS, implement many current PEP programmes.

The focus of the DoE on strengthening the formal curriculum through the implementation of Outcomes Based Education (OBE) (within the Life Orientation Learning Area) and through the curriculum reform process, made it possible to take a new look at programmes which complement and support those offered in the formal classroom. A need to develop guidelines towards standards of practice for new and existing programmes was apparent.

1.2 Importance of the Research

Peer education is not an effective technique for raising awareness (Svenson, 1998: 8). It cannot reach mass audiences quickly and leave them with simple messages. Peer education cannot do what mass communication technology does. Awareness is a first stage and must lead to more intensive and interactive strategies. Peer education is one type of face-to-face approach to health promotion and disease prevention. Huge investment in mass communication does not negate that which needs to be implemented in schools and communities where people know and trust one another. Standards that provide the framework for a well organised, structured and rigorous peer education programme are urgently needed to help stop the spread of HIV infection among youth.

Without appropriate documented standards of practice and criteria, peer education programmes will remain an under-valued and under-utilised strategy. Currently, funding granted for peer education programmes facilitated by the NGO sector is based on an assessment of a business proposal, plan and budget. Little evaluation and measurement of efficacy is documented, as formal standards to inform such a process do not exist. Documentation of standards of practice for peer education practitioners will assist programme managers, practitioners and funders to develop benchmarks from which to

measure the quality and effectiveness of peer education programmes. These benchmarks would ensure that peer education programmes measure up to these standards in order to be considered for support or funding. Documentation of peer education standards of practice will also benefit peer education through formal accreditation. This would give credibility to programmes that currently have little recognised value. The documentation of guidelines will promote and formalise peer education as a valuable strategy in HIV/AIDS programmes.

The process of developing guidelines and standards is as important as the standards themselves. In this study a field-generated approach was used. A field-generated process is based on the principle that the process surrounding the development of standards should be reflected in the outcome. Necessarily a theory of adult education underpins the process. As adults most often manage PE, it was critical to include the principles of adult education as a methodological approach as this was the group most likely to stay involved and utilise the results of the study. Adult education principles are discussed in more detail Chapter 3.

1.3 Research Aims

This research aims to document and analyse an action research, field-generated process to develop guidelines towards standards of practice for peer education programmes for life skills and HIV/AIDS programmes with youth. The field generated process aims to produce a shared vision of what peer education might be, and to describe and define the programme structures and mechanisms it requires. The guidelines will provide a framework to improve programme performance, credibility and sustainability of PEP in all sectors. The product of the research will be a document outlining the minimum criteria and guidelines for good practice. This framework appears in chapter 4.

1.4 Research Questions

This dissertation concerns two organising research questions:

How can rigorous standards of practice for HIV/AIDS peer education be developed?

How do a diverse group of adults with different levels of skills and expertise in peer education work together strategically to achieve acceptable standards of practice?

1.5 Research Method

Research often has its origins in the researcher's curiosity and the need for knowledge and research design is governed by the purpose that determines the methodology (Cohen, Manion and Morrison, 2000). Given that this research is concerned with gathering information related to current peer education practice rather than collecting data, an action research method was a natural choice. Action research involves practical problem solving with theoretical relevance. Its distinguishing feature is the active and deliberate self-involvement of the researcher in the context of the investigation (Akdere, 2003; Cohen, Manion and Morrison, 2000; Earl-Slater, 2002; Penzhorn, 2002; Avison, 2001; McKay and Marshall, 2001, Mumford, 2001; Levy and Brady, 1996). An additional advantage lies in the participatory nature of engagement. Role-players would see their value as important contributors to gathering information on PEP. This provides an opportunity to improve their own practice and assist others in achieving this. An in-depth discussion of the merits of this approach is presented in Chapter Three.

1.6 Background to the Study

HIV and AIDS are words that evoke strong emotions and concerns. Global statistics and estimates derived from an ever-increasing amount of international and local research to determine risk, impact and loss are overwhelming. For some, these figures reflect the daily reality of living with HIV and AIDS. For others, HIV/AIDS remains a mystery, a disease of stigma and denial.

The 2004 Report on the Global AIDS Epidemic estimates that 4.8 million people became newly infected with HIV during 2003 and an estimated 2.9 million people died of AIDS. Global statistics report the highest prevalence of HIV/AIDS in the Sub-Saharan Africa region. The United Nations (UN) estimate that 25.3 million adults and children in Sub-Saharan Africa were living with HIV/AIDS at the end of 2000. By 2002 these figures had grown to an estimated 42 million, although these figures have been revised recently and the global estimate now stands at 37.8 million (UNAIDS, 2004). The global map (Figure 1) shows the geographical distribution of the pandemic as collated by the UN in their 2004 report. This particular map shows estimates of adults and children living with HIV and AIDS in 2003 (UNAIDS, 2004).

The UN report claims that estimates for infected young people are equally alarming, with 6,9% of young women and 2,1% of young men between 15 – 24 years of age living with HIV by the end of 2003 (UNAIDS, 2004). The report highlights the vulnerability of women to the infection.

Figure 1: UN global estimates of adults and children living with HIV/AIDS as of end 2003



Total: 37.8 (34.6 – 42.3) million

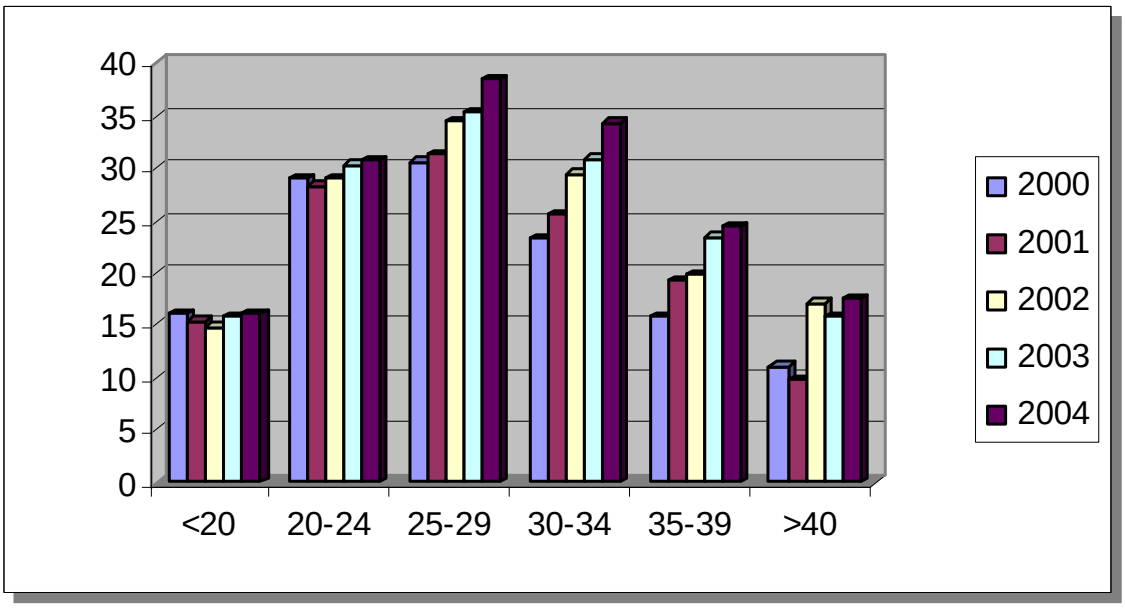
The annual National HIV and Syphilis Antenatal Sero-prevalence Survey in South Africa (DoH 2004), conducted by the Department of Health, is an

important tool that has helped to measure trends and estimate the country's HIV prevalence over some 12/13 years. This survey is conducted in a number of antenatal clinics, geographically spread, during October of each year. The survey assists government departments to identify trends and needs, and guides the country's response. The survey has been recorded since the early 1990s.

The following graph (Figure 2) condenses the results of several surveys to show trends (with age breakdown) of the epidemic since 2000. The overview indicates HIV prevalence in various age groups. South Africa has become known as the world's epicentre of the transmission of HIV. The graph indicates an increase rather than a decrease in the rate of HIV prevalence for all ages and is a concern for all programme managers and implementers.

HIV Prevalence by Age Group – South Africa

Figure: 2 Source: National HIV and Syphilis Antenatal Sero-prevalence Survey in South Africa, 2004



1.6.1 The Country Strategy

The South African Country Five Year Strategy for HIV/AIDS (DoH, 2000) presents identified activities and strategies to deal with various aspects of the

disease. The strategy was designed to guide the country's response to the epidemic and is intended as a statement of intent for the whole country, both within and outside of government. It provides guidelines to encourage stakeholders to contribute to a harmonised response across all sectors.
The primary goals are to:

- Reduce the number of new infections (especially among youth).
- Reduce the impact of HIV/AIDS through interventions with individuals, families and communities.

The following general strategies are stressed:

- An effective and culturally appropriate information, education and communications (IEC) strategy.
- Increased access and acceptability to voluntary HIV testing and counselling.
- Improved Sexually Transmitted Infection (STI) management and the promotion of condom use to reduce STI and HIV transmission.
- Improved care and treatment of HIV positive persons living with AIDS to promote a better quality of life and to limit the need for hospital care.

The plan highlights four priority areas:

Priority Area 1: Prevention
Priority Area 2: Treatment, care and support
Priority Area 3: Research, monitoring and evaluation
Priority Area 4: Human and legal rights

Intervention strategies targeting youth are cross cutting and are integrated across the focus areas of the plan (DoH, 2000: 13).

The HIV/AIDS Directorate at the national department is a dedicated team of officials appointed to various sub-directorates tasked with specific focus areas. They are responsible for guiding and working with provincial counterparts to address issues related to the epidemic and to mount a comprehensive and appropriate response as reflected in the country plan. One of the identified strategies was to look at the needs and interventions necessary to support youth and vulnerable children. With a specific and dedicated budget, the National Integrated Plan for Children and Youth

Infected and Affected by HIV/AIDS (NIP) (internal document, DoH, 1999) was identified as the strategic intervention to focus on issues specific to youth.

1.6.2 The National Integrated Plan for Children and Youth Infected and Affected by HIV and AIDS (NIP)

South Africa's future depends to a great extent on how effectively it can mobilise its human resources to prevent the transmission of HIV among youth. In order to address these concerns and the impact of HIV/AIDS on families and communities, special attention and specific arrangements were made on request by DoH. In November 1999, a special budget allocation was made available to the three national social sector departments: Social Development, Education and Health. The budget was allocated to primary prevention, voluntary counselling and testing, and community based care and support as three interrelated and complementary strategies essential to stopping the spread of HIV and reducing its social consequences. The plan is implemented under the banner of the *National Integrated Plan for Children and Youth Infected and Affected with HIV/AIDS*. The budget allocation was made available for specific activities. The directive from cabinet that accompanied the funds was to 'fast track' the implementation of Life Skills and HIV/AIDS Education Programmes (LSP) for learners in schools. In addition, the provision of Voluntary Counselling and Testing (VCT) was encouraged with a particular focus on youth and Community Home Based Care and Support and Community Outreach (CHBCS) to children and families infected and affected with HIV/AIDS. An executive summary of the plan is attached as Appendix A.

1.6.3 HIV/AIDS and Life Skills Programmes in schools

The National Departments of Health (DoH) and Education (DoE) have been involved in the LSP and HIV/AIDS Education in schools since 1995. Through the Life Skills Project Committee, provincial representatives of the Departments of Health, Education and Social Development as well as a number of national NGOs, teacher unions and higher education institutions were tasked with guiding the implementation of school-based programmes.

Initial interventions targeted the implementation of LSP in secondary schools (1997/8) and a primary school programme was initiated in 1999.

To bring the programme to scale nationally, a cascade[1] model was used. Master Trainers were prepared and tasked with:

- Providing training and technical assistance for teachers (primary and secondary) on sexuality and HIV/AIDS knowledge, skills and attitudes.
- Conducting advocacy and motivational workshops for community leaders, traditional healers, departmental officials and parents.
- Developing materials and support resources for classroom teaching.
- Encouraging peer education as a component of HIV/AIDS initiatives.

Master Trainers were tasked with training high school teachers. During 1997/8, two teachers in every secondary school throughout the country were trained to implement the LSP through this cascade model. It was these schoolteachers who were responsible for the implementation of the programme in the classroom. Although the programme achieved considerable attention, there were a number of challenges that affected its success. Challenges included the irregular attendance of national project committee meetings by members nominated to the coordinating body which, in turn, hampered the teacher training planning process; the lack of insight into the magnitude of the project; and a related lack of capacity to implement and manage the programme. Teacher training only began in the last year of the contract with the EU. Delays in implementation due to, amongst others, a lack of basic communication facilities, poor contact with the largely rural school communities often resulted in poor attendance at training. Provincial officials were expected to assist in the management of the provincial activities in addition to an already full workload. Lastly, HIV was perceived as a health issue, and therefore not accepted by educators as their responsibility. The challenges in the education sector at the time included a range of rationalisation processes that resulted in a number of strikes by teacher unions. A number of training workshops were cancelled resulting in a loss of time and money (Swart, 1997/8: 50). An LSP for primary schools was developed almost concurrently with the high school intervention and so, by

[1] A cascade model trains Master Trainers to train teachers and other education personnel with specific content for example content related to sexuality and HIV/AIDS education, which is 'cascaded' to others.

the time the NIP was initiated, there had been considerable pilot learnings and a modest attempt to develop the necessary infrastructure and strategies to provide a comprehensive life skills programme in the sector.

With the completion of current donor funds[2] for this phase of the programme, and no visible fiscal allocation at the end of 1998, it was difficult to sustain the programme, and until the allocation of fiscal budget to the NIP, there was little development of the LSP. There was a loss of momentum in the implementation of the secondary school programme in particular. A special allocation from the Department of Finance (DoF) in 1999 provided the financial support to revitalise and resuscitate initial efforts. This decisive action to support specific and targeted intervention provided the impetus to reformulate and implement a comprehensive programme.

The opportunity to develop an integrated strategy, and an integrated programme was a particular challenge. It required strategic thinking and planning that would influence the way departments were working at a national and provincial level. The budget was based within the DoF. The instruction to the recipients was to develop and implement a plan that would ensure that the three social sector departments would work together to provide comprehensive services to those children and youth vulnerable to, and affected by, HIV/AIDS.

Departments had never formally attempted to address problems together at a national or provincial level, although services at a local and community level have, to some extent, worked together through referral and the traditional departmental roles and responsibilities. So the terms ‘an integrated strategy’ and ‘programme’ were new concepts. The national task team agreed that the strategy would outline a framework for an integrated approach, but each province, together with a budget allocation, would determine the operational details of the programme.

[2] The EU funds for this project had to be completely administered by the end of 1997 with no possibility of rollover into the following year. In addition, the DoH was not able to mobilise additional funds to continue with the programme immediately but was able to include activities in 1999, with the approval of a contract post for a secondary school life skills coordinator and related operational budget to assist the DoE in the implementation of life skills in schools.

HIV/AIDS had created a situation highlighting a sense of urgency and importance. It was clear that the impact of the pandemic would require creative and forward thinking. Traditionally the three social sector departments do not work together, but rather on parallel tracks. Specific directorates at a national level were now tasked with the job of designing and planning an integrated strategy that would be taken to the provincial departments for their approval, with further design and implementation based on a Cabinet[3] directive. For national and provincial personnel it was a considerable challenge. A team – at national level – was formed with participants identified from the three departments. As an official of the youth sub-directorate responsible for secondary school programmes within DoH, I was nominated to the committee to participate in the formulation of the plan.

Despite numerous challenges, the final proposal, submitted to the NIP steering committee[4], was approved after a number of revisions. Many of these revisions required acceleration of the proposed time frames, which were essentially unrealistic and mostly unachievable. The plan identified a strategy to address prevention in schools, VCT access at community level, as well as care and support for children and youth, in terms of access to social grants and the physical care of ill family members.

The plan identified that coordination was the key to an integrated service. This included the identity of pilot sites that would contain a monitoring component. This would contribute to observing the progress of the strategy and on-going development necessary to measure the improvement of services. For the national team, this was the most difficult task: to define 'integration'; to 'sell' the idea to the provincial departments; to devise a realistic budget for identified activities (provincial and national allocations through the disbursement of conditional grants); and to show reasonable outcomes.

1.6.4 Identifying Peer Education as a Key Strategy

[3] Cabinet directives are broad goals. In this case, the national directorates were responsible for the allocation of budget related to current policy; statistics on affected families and children; schools and public health facilities providing VCT.

[4] The national steering committee consisted of three chief directors, one from each of the Departments, and a representative from the Department of Finance as well as the NIP national coordinator.

The use of peer education programmes to complement school based LSP had not been emphasised in any previous intervention strategy. Initial donor funding stipulated that capacity development should focus on teacher development and skills building in secondary schools. As a result, the initial emphasis was placed on the training of master trainers and teachers, as well as developing appropriate infrastructure and other critical mechanisms to implement programmes in the classroom within the formal curriculum[5]. These initial activities had provided Provincial Departments and Directorates with the necessary time and funds to start up activities and plans. The master trainer and the teacher within the school infrastructure were critical to activities and strategies that could be introduced to support or complement the Life Skills Programme. It is an explicit part of Cabinet's approved plan[6] that peer education programmes for school aged and out of school youth become part of, and complement, life skills education addressing HIV and AIDS offered in schools.

Peer education programmes mostly draw on a variety of philosophies, are implemented across a range of contexts and employ a number of different approaches and formats. Some programmes are presented as once off sessions to learners in schools. Some are presented as part of a continuous programme in school, while others take place outside of the school context. However, the content of the programmes may not reflect the range of appropriate information that youth require. For example, a programme that is primarily abstinence-based may alienate those youth who are already sexually active; some programmes that give information through didactic and directive principles do not assist youth in the development of life skills or encourage responsible choices. Content varies as does the managerial infrastructure within which the programmes are supervised.

Some programmes focus intensely on HIV/AIDS but do not incorporate a broader life skills programme. Some programmes may not structure a close supervisory or mentorship component that is important in evaluating the

[5] The revised national curriculum statement includes the Life Orientation Learning Area where life skills and HIV/AIDS programmes are lodged.

[6] Peer education was identified as a priority through the planning discussions of the DoH and DoE for the NIP and therefore allocation of budget was based on a proposed strategy to develop national standards for peer education practice.

quality and accuracy of peer educators at work. Sustainability of the programme is often problematic. It is difficult to gauge the value and impact. The Scripture Union Programme is a religious based programme, as is the programme managed by the NGO Youth for Christ (YFC), whereas the Planned Parenthood Association of South Africa (PPASA) programme encourages choice and emphasises barrier methods and the use of condoms.

1.6.5 The Gore-Mbeki Agreement

The timely Gore-Mbeki Agreement between the USA and South Africa (1999) provided the backdrop to possibilities of partnership and assistance. This agreement and resulting relationship between the DoH, CDC and Harvard University, developed from the start-up of the NIP and the matching of expertise to the identified strategies within the plan.

The Gore-Mbeki agreement translated into a directive from the highest echelons of US government (The Vice President's office during President Clinton's term of office, 1999) to the South African cabinet to promote collaboration between the two countries. These were not HIV/AIDS focused, but more general and across sectors. The US Secretary of Health and Human Services, Donna Shalala, at the time directed the Centres for Disease Control and Prevention, Atlanta, (CDC) to contribute (while not providing extra funding) to identified agreed strategies. CDC responded through the Division of Adolescent and School Health (DASH) as they were already engaged in promoting school health internationally. Dr Charles Deutsch of the Harvard School of Public Health (HSPH) had extensive experience with DASH, in programmes about school health as well as experience in Africa. Deutsch was asked by Dr. Lloyd Kolbe (Director of DASH at the time) together with Dr Gloria Bryan (CDC, DASH) to join a small team to visit South Africa in June 1999. The objective of the visit was to see how DASH could be helpful to the various interventions targeting school health, life skills and HIV/AIDS. DASH continued to support subsequent visits, during which time two areas for collaboration emerged: Peer Education and the Youth Risk Behaviour Survey (YRBS) (Personal Interview with Deutsch, March 2000).

As indicated above, ongoing negotiations related to peer education culminated in support through the NIP. With this confirmation I was able to formally request support from Harvard University to provide necessary technical assistance (TA). DASH and Harvard committed their support and collaboration to the project in 2000. CDC funding to Harvard, via the Association of Schools of Public Health, continued in 2002 and Deutsch was able to contribute to the research and development of nationally agreed guidelines (personal internal DoH communication).

1.7 Assumptions, scope, limitations

1.7.1 Assumptions

It was assumed at the outset that the information gathered through the research would form the basis of standards of practice or guidelines for PEP. The field-generated process would lead to creative discussions and debate on the practice of PEP and develop the practice of peer education. The availability of standards or guidelines for practice would lead to better quality programmes in the future once the guidelines were agreed, available and utilised. However, there was no guarantee that participants who attended the workshops would cascade their knowledge to provincial, district or relevant role-players unless there was a systematic planning, implementation, monitoring and evaluation process in place. There is an assumption that the development of standards of practice in peer education would ensure that peer education practice improved but this can only be achieved should the standards of practice become part of the minimum requirements used to allocate funding to PEP service providers by the DoH, DSD, and other donors. This would only manifest should this research and the resulting guidelines be successful. An evaluation of this entire process is beyond the scope of this research, but certainly part of the vision and long-term goals.

In addition, the use of an action research paradigm was assumed to be appropriate considering the intended consultative process. A broad consultative base across provinces was necessary to establish, assess and

draw on current models of implementation as a base line. Details of action research are presented in Chapter Three.

1.7.2 Scope

The research process involved a range of role players from all nine Provinces in South Africa. Workshops were arranged to ensure that role players from all nine provinces were able to participate. Officials from all three Social Sector Departments, representatives from NGOs and CBOs participated in the various activities e.g. YFC. A critical and implicit 'rule' communicated throughout all discussions involving decisions at a national departmental level and indeed in most government departments, was the need to ensure a widespread and inclusive consultation process for activities, particularly in light of the emerging NIP. Besides the concern for inclusiveness, there was no existing survey of South African peer education due to capacity and logistical issues. This was to be one of the ways in which the process would begin to formulate a picture of the variety of PEP in place.

Budget for this initiative was provided by NIP and allocated by Treasury. In addition, funds from CDC, SA supported additional TA. The support was part of the Gore-Mbeki Agreement. It was envisaged that the development of the guidelines would take two years once approval and budget was secured. Further implementation within programmes would be considered in the second phase of the project and is beyond the scope of this research.

1.7.3 Limitations

This study was conducted within the operational plan of the DoH, Chief Directorate HIV/AIDS, STIs and TB, as part of the Youth Sub-Directorate activities for 2001/2. As such, there are numerous protocols and procedures that underpin it with far reaching implications for timeframes and other procedures. A number of examples are referred to throughout the study.

The practice of peer education in South Africa has been for the most part uncoordinated. Some PEPs are implemented by organisations with a national

coordinating infrastructure and others by smaller local organisations. Many do not enjoy strong managerial and experienced support in running their programmes. Provincial Coordinators in all three sectors (Education, Health and Social Development) were asked to assist in identifying key role players to be invited as participants. Many officials have more than one portfolio to manage. It was not clear if all three sectors were fully aware of the various peer education service providers active in their province.

Many DoE officials, as well as other social sector officials, had not previously been involved with peer education programmes nor were they familiar with peer education activities. Most PEP were managed by a service provider and usually negotiated directly at school level. Such programmes do not usually involve the teacher and are often not sustained initiatives but based on commitment and available budget. In addition, these programmes are often implemented in a haphazard way without a planned strategy, nor is there attention to the content, pedagogy and other critical factors necessary for a credible programme to have impact. In the process of generating standards or guidelines of practice as a strategy to assist the acceleration of peer education programmes, many DoE personnel were invited to attend despite their limited exposure, knowledge and experience in peer education. This was limiting to the process of developing standards as the process relies, to a great extent, on consulting with individuals and organisations that were able to draw on experience and expertise. Provincial officials were tasked with identifying role players and were alerted to the importance of selecting appropriate people. This process of working through different layers of infrastructure is traditional within government departments and is the norm in the dynamics of relationships between National and Provincial operations. Provinces vary greatly; in their needs and expectations, and in programme matters as well as their access to expertise. Some provinces have limited budgets and require assistance in strategic planning, whereas others have both the capacity and budget to take the process forward without much assistance.

The limited budget may have influenced the number of participants attending provincial workshops and should not have excluded role players contributing

to the process. Participants were encouraged to initiate communication within their own constituencies outside of the formal process. The provinces were encouraged to arrange and manage peer education activities on completion of the initial workshops. However, there was no guarantee that the independent activities initiated by the province would be in line with the national process although this was recommended. This was limiting in so far as the standards process was designed to consider the diversity of existing programmes, approaches and models and was drawn from existing and developing PEPs. The objective of the workshops was to generate discussion and debate and to highlight the importance and benefit of standards or guidelines. The process would work towards an understanding that all programmes should begin to utilise the guidelines developed through the workshops and the benefits would be seen in increasingly rigorous PEP.

The current programme budget at the DoH and through the NIP was allocated annually against directorate planning strategies. The development of guidelines towards standards of practice would require ongoing funding in order to take the development towards implementation. This requires commitment to a long-term vision (beyond the formalising of standards) that PEPs are implemented with appropriate systematic rigour, evaluation and therefore budget allocation in subsequent years will be necessary. The limitations of action research that considers the value of gathering qualitative information should be complemented by the development of a systemised rigorous approach to peer education practice. Once the consultative process and the principles of agreed standards (considered as a work in progress) is completed, quantitative data will add value to process of determining and evaluating peer education practice. The motivation for this research study within a qualitative paradigm is discussed in detail in Chapter Three.

1.7.4 Summary

The research aimed to engage and consult with a range of experienced and critical participants to devise agreed guidelines that would serve as the basis for an ongoing process to develop standards. Some participants may have limited experience or insight into peer education practice, some may not

appreciate and understand or acknowledge how peer education could and should be used as a systematic delivery system to assist and support a national crisis such as HIV and AIDS. An action research approach and adult education principles were used to achieve its aims; these are discussed in Chapter Three.

Chapter Two: Review of Related Literature

2.1 Introduction

In order to present a comprehensive perspective on the available literature for this study, I have divided the review into three sections.

The first section provides insights into sexuality education, health promotion programmes within schools and education systems, the value of life skills programmes, the role of education and HIV/AIDS, as well as insights into the impact of HIV/AIDS on children and youth as well as on education systems. This section relies on information from the UNAIDS global report (UNAIDS, 2004). The literature review then focuses on the theory and practice of peer education, examines definitions of peer education and its benefits and challenges, presents theories underlying peer education and relates experiences pertaining to the use of criteria, guidelines or standards of existing peer education programmes. The review then goes on to an examination of the standards-generating process prescribed by the South African Qualification Authority (SAQA) for the registration of standards, in order to guide the research towards a system of standards that would match the rigour necessary for registration within the National Qualifications Framework (NQF).

2.2 Sexuality and Life Skills education, the impact of HIV and AIDS on the school system and changing roles and responsibilities

To most of us educated in South Africa, including those educated in our fractured pubic school system prior to 1994, health and hygiene was a subject taught across the curriculum. The information taught included basic health messages, such as general hygiene, washing hands before you eat and after, dental hygiene, skin care, basic nutrition and environmental concerns. Sometimes the teaching included understanding germs and illness, and may have included the management of conditions such as diarrhoea or Tuberculosis (TB). The information shared was not always contextualised or

easily implemented. Information was delivered by a variety of role-players ranging from the nun at the local Catholic Mission to the nurse from the local Municipal Clinic to the teacher in the classroom. Traditionally, the school does not see its role as a critical conduit for health promotion. However the health status of many countries has required a more focussed system to address health promotion and related issues.

The education system has been identified as a critical sector in addressing the wellness of children and learners particularly in light of the impact of HIV and AIDS on learners and communities. The curriculum reform process in South Africa and the inclusion of the Life Orientation 'Learning Area' initiated the beginning of the education system's inclusion of life skills and HIV/AIDS education (1994) into the formal curriculum. In addition The National Education Policy for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions (DoE, 1999) signalled the foresight of the DoE in addressing the impact of HIV/AIDS on the education system.

Over the past few years a number of surveys and reports have highlighted the impact that HIV and AIDS will have on the education sector not only in South Africa, but in the Southern African region. In outlining this impact I will draw on a number of reports that highlight issues in Southern Africa as well as South Africa. *The HSRC National Household HIV Prevalence and Risk Survey of South African Children* (2004) provided information on HIV prevalence, orphanhood, risk factors for HIV infection and knowledge of HIV/AIDS among South African children. A total of 3 988 children participated (the study covered the 2 – 18 age group, with care givers of children in the 2 – 11 year age group completing the questionnaire on their behalf). The 2004 UN Report on the Global AIDS epidemic report presents extensive information on a number of areas, amongst others, the impact of AIDS on poverty and hunger, the increasing needs in the 'care economy', food insecurity, lost income, increased spending needs and the impact on agriculture and rural development (UNAIDS, 2004: 50). The report highlights the impact of HIV/AIDS on the supply, demand and quality of education and highlights the huge challenge in reaching the target of children achieving universal access

to primary education by 2015, a target set by UNESCO and the UN (UNAIDS 2004: 51) as well as being one of The Millennium Development Goals (Murphy, M. 2005: 4). The report is not only concerned about the increase in orphans and vulnerable children, but the loss of income to families due to competing care expenses and job security. School enrolment is another area of concern, as the reduction in fertility may mean a reduction in school age children (UNAIDS, 2004: 53). Children orphaned by AIDS are found in almost every country in the world. All have suffered the tragedy of losing one or both parents to AIDS and are battling to adjust to growing up without the support, care and guidance of an immediate family. In South Africa, the number of orphans is expected to increase from 2.2 million (12% of all children) in 2003 to 3.1 million (18% of all children) in 2010 (UNAIDS, 2004: 61). This loss of family is often compounded by separation of siblings and often their experiences contribute to psychological problems such as post-traumatic stress syndrome.

The UN report goes on to outline the importance and need to keep children in school and the critical goal of ensuring that children have access to education despite their traumatic circumstances. All orphans are likely to experience exploitation or abuse, but keeping children in school and preventing a high dropout rate, can provide some of their basic needs such as an environment where they are exposed to constructive social values and social skills, education to escape the risk of extreme poverty and linkages to various community resources and services (UNAIDS, 2004; Bennell, 2003; Brookes et al, 2004). The HSRC study does however add the caveat that protection at school is not sufficient for most children. It is clear that although there have been a number of interventions, what is necessary are national plans of action that provide the necessary framework to ensure that all sectors of society respond with sustained and coordinated efforts to protect children and preserve the family unit (UNAIDS, 2004: 61, 65). Again, in the UNAIDS report, the focus on the education system as a critical sector in the repose to the epidemic is undeniable. There is explicit mention of the role that the education system plays as a vehicle for a comprehensive prevention care programme for school-age youth, including the broader environment where youth congregate. A comprehensive prevention and care programme would give

some attention to gender inequality and establish dialogue on sensitive issues such as adolescent sexuality and sexual health. Although the HSRC study reports that many of the respondents have benefited from discussion about sexuality and HIV/AIDS information, the report also recognises that although many children have had exposure to some information, schools and mothers are a more important conduit than media in addressing prevention (Brookes et al, 2004: 39). Bennell argues that the Ministries of Education have failed to develop comprehensive policy frameworks to address the targeted needs of orphans as well as the negative attitudes of school managers and teachers concerning what schools should and could do to provide better support. In Bennell's opinion, most schools do not provide a supportive school environment, with only a minority of schools being child-friendly. He acknowledges that although schools could do a lot more to support orphans they cannot do everything. Schools cannot respond in isolation and should focus on providing basic education, but also attempt to address some of the weaknesses of the education system, namely the level of child and teacher friendliness, through a multi-sectoral approach (Bennell, 2003: 44).

2.3 Sexuality and Life Skills Education

UNAIDS, in their World AIDS Campaign in 1999, affirmed that the fundamental success in the HIV/AIDS epidemic would be reflected in the extent to which educational interventions were given impetus and support. The Campaign focused attention on children and young people and in particular, the importance of the role that education plays in integrating life skills, sexual health and HIV/AIDS education into the formal curriculum, from primary through to secondary education. In addition, non-school going youth also require education and have the same need for access to life skills, sexuality and HIV/AIDS education (Kelly, 2000: 34). Reports reveal that the introduction of reproductive health programmes can help prevent early pregnancy, HIV/AIDS and Sexually Transmitted Infections (STIs) at a relatively low cost, particularly if the content of the programmes includes decision making skills, problem solving, negotiation skills as well as economic skills development (WHO, 1994; WHO, 2003a; WHO 2003b; www.who.intschool-youth-health).

2.4 Peer Education Programmes

Peer education programmes have been implemented for many years. They vary in approach and outcomes, and have been used traditionally to deliver general health messages. Peer education programmes have been used in various settings, not only involving youth. Many programmes originated as adult peer education initiatives and some of the participating groups have included truck drivers, sex workers and young women More recently a focus on school based and youth based peer education programmes have become a trend (Campbell and McPhail, 2002; Wolf, Tawfik and Bond, 2000; UNAIDS, 1999; Svenson, 1998; Black, Tobler and Sciacca, 1998). It is these programmes that form the focus of this research.

Despite the number of programmes that are being implemented[7], there are few documents to describe their efficiency and impact. Some of the approaches and documents (UNAIDS 1999: 33) describe the critical components of a valuable peer education initiative but do not describe how these components were derived. Nor do many explain the criteria or tools used for selection of peer educators, managers, supervisors or the training, supervision and managerial infrastructure. This signifies a gap in the recording of rigorously evaluated programmes in an approach that is now being used with increasing frequency (Youth Shakers, 2003; Campbell and Mzaidume, 2002; Pearlman et al, 2002; Harrison, Smit and Myer, 2000; Parkin and McKeganey, 2000; Wolf, Tawfik and Bond, 2000; Turner, 1999; Turner and Shepherd, 1999; Shiner, 1999; UNAIDS, 1999; Population Council, 1999; Svenson, 1998; Wolf, 1998; Hughes and McCauley, 1998; Kim et al , 1997; Haignere et al, 1997; Klein and Sondag, 1994; Gould and Lomax, 1993; Fennel, 1993; Zapka and Mazur, 1977).

[7] Amongst the organisations that are implementing peer education programmes nationally, is the Planned Parenthood Association of South Africa (PPASA) who runs a programme based on their 'Manual and Resource Guide for Youth and Peer Educators'. The manual covers areas such as reproductive health, adolescence, HIV/AIDS and relationships. The Young Man's Christian Association (YMCA) is another organisation making use of a peer education approach in their 'The Better Life Programme'. The 'I Have Hope' programme is a peer education programme supported by Old Mutual. Scripture Union (SU) facilitates the implementation of five programmes targeting different age groups and YFC have their A.C.T.I.V.E Youth Programme. The Institute for Health Training and Development (IHTD) has supported peer education through the DSD. These organisations are credible national organisations, many of which have been active in South Africa for a number of years.

This literature review aims to explore peer education programmes that have formulated standards of practice and how these can contribute to the development of the field generated standards process in South Africa. However, much of the current development in peer education has been in North America or Europe. This may not be appropriate for the South African context due to acknowledged cultural and societal differences.

Peer education programmes are usually implemented as a component of programmes targeting youth, the content and the goals of initiatives focusing on HIV and AIDS activities needs to relate to education programmes for reproductive health care and Life Skills. There is a great deal of literature that cites the elements necessary for reproductive health care programmes dealing with youth and include activities that influence how young people make decisions and the environment in which they operate:

- Sexuality, reproductive health, and family life education.
- Skills training, including life skills, vocational skills and skills specific to sexual behaviour, such as negotiation, refusal skills and condom use.
- Peer education and outreach.
- Communications and media outreach.
- Referrals to health and contraceptive services.

(Fanka, A. 2003; Williams, C. 2003; Ottenritter, N. and Barnett, L. 2002; Kirby, D. 2001; Adamchak, S. et al 2000; Smith, J. and Colvin, C. 2000; Barnett, B. 2000; Robinson, E. 2000, Schoeberlein, D. 2000; DramAidE, undated; Focus on Young Adults, 1997a; Focus on Young Adults, 1997b; Finger, W. 1997; WHO 1994; Turner, G. 1999; Fongkaew, W. and Bond, K. undated). This literature provides valuable and critical information to inform the process of developing standards for peer education.

There is also evidence showing the need to document information regarding peer education, particularly regarding benefits of such interventions in order to gain support for sustaining programmes (UNAIDS 1999, 7), to capture issues related to supervision and quality of programmes and incentives and integration into other topical areas (UNAIDS 1999, 7). As the development of peer education standards is contextualised within the broader concept of Life

Skills and HIV/AIDS Education, including aspects of reproductive health care, literature in this regard will also be reviewed in this chapter.

2.5 A standards process

The definition of a standard can be described as ‘a statement of acceptable performance against which measurement and/or judgement can take place’ (Quality Assurance Project 2000: 4). Standards are acceptable measures of performance as agreed to by all stakeholders. They are specific, measurable, realistic and achievable and define the baseline for measuring outcomes. Standards state the quality expected in any given situation and can include aspects describing performance standards, specifications, guidelines and protocols, administrative and management procedures and standard operating procedures. Standards don’t necessarily describe excellence but describe an expected level of performance. The purpose of setting standards is to turn plans, goals and objectives into verifiable actions. Standards assist in the monitoring and evaluation of programmes and are important in the improvement of quality. Very often standards are not written down formally and are not communicated openly. The setting of standards is “a systematic process for closing the gap between actual performance and desirable outcomes…” (Quality Assurance Project, 2000:4).

A good ‘unit standard’ is a document that reflects details of the standard and is made up of the following parts: the description or title, the level of complexity of learning, the credit assignment, the field or sub-field, purpose, specific outcomes. In summary, a good standard can be descried as a set of registered statements of desired education and training and their associated assessment criteria, together with administrative and other information (Isaacs, 2000: 37).

2.6 Peer education

As mentioned earlier, a number of PEP are currently in place in South African schools and are used as strategic interventions targeting youth and young people working in the HIV/AIDS Prevention field. These programmes are varied in their approach, practice, methodology and many do not show evidence of efficiency (Campbell and Mzaidume, 2002; Pearlman et al, 2002;

Harrison, Smit and Myer, 2000; Parkin and McKeganey, 2000; Wolf, Tawfik and Bond, 2000; Turner, 1999; Turner and Shepherd, 1999; Shiner, 1999; UNAIDS, 1999; Population Council, 1999; Svenson, 1998; Wolf, 1998; Hughes and McCauley, 1998; Kim et al, 1997; Haignere et al, 1997; Lindsey, B. 1997; Klein and Sondag, 1994; Gould and Lomax, 1993; Fennel, 1993; Zapka and Mazur, 1977). Peer programmes often exclude assessment and evaluation as components of their programme outline. They are implemented in pockets and are largely uncoordinated with little rigour applied to evaluation of the programme and its impact.

The terms PE and PEP have a variety of meanings and there is a lack of consensus on its practice. Peer education is a process where trained supervisors assist a group of learners to educate their peers; to be an informal role model; to refer learners in need to resources and to advocate for the sustained practice and use of PE as an effective part of the support structure necessary for learners and youth in school and community. For the purposes of this study, peer education refers to the education and advocacy work carried out by the peer educator in a specific and structured educational programme. Peer education programmes refer to an organised prevention or care strategy/activity designed to make certain information available to young people, and build on the existing information exchange between young people about sensitive issues such as sex and drugs (McDonald, J., Roche, A., Durbridge, M., and Skinner, N. 2003; Parkin and McKeganey, 2000; Turner and Shepherd, 1999; Hughes and McCauley, 1998).

2.6.1 A brief history of peer education

Throughout the ages peer education has been used in a number of settings and contexts and for various purposes. Systematic use of peer education in a school setting was first used in Britain in the early 1800 with direct reference to the economic benefit of using pupils to teach other pupils during school classes. Peer educators were less expensive than professional teachers (Svenson, 1998; Millburn, 1996). An early PEP initiative was the student influenza immunisation initiative at the University of Nebraska in 1957 (Gould and Lomax, 1993; Turner and Shepherd, 1999). This intervention was

designed as a highly focused issue-driven educational strategy, which responded to an Asian flu epidemic at the time. The strategy focused on advocating for immunisation against the flu strain.

In recent years peer education has become popular in health projects and particularly when applied in the reduction of negative health behaviours such as smoking and substance abuse. Peer education has been and is being used in specific interventions targeting youth and in particular risk reduction programmes regarding HIV/AIDS (Campbell 2002; Campbell and McPhail, 2002; Pearlman et al. 2002; Wolf, Tawfik, Bond, 2000; French et al, 2000; Harrison, Smit and Myer, 2000; Tuner and Shepherd, 1999; Svenson, 1998; Frankham, 1998; Milburn, 1996; Gould and Lomax, 1993; Rickert et al. 1991).

Gould and Lomax attribute the subsequent evolution and expansion of PEP particularly in the USA, and the more recent proliferation in the use of PEP in addressing health education and risk reduction to a number of factors:

- The sponsorship of regular two-day conferences by the American College Health Association (ACHA) Task Force on HIV Disease.
- An increase in the number of reports and presentations of PE as a valuable strategy at ACHA's annual national meetings.
- Increasing numbers of journal articles investigating PE.
- The inclusion of PEP in some institutional curricula.
- The realisation that PE can have far reaching health promotion benefits with manageable costs in the context of budget cutbacks. (Gould and Lomax, 1993: 235).

Gould and Lomax raise a number of important issues in the practice of peer education. They cite the range of teachings used for PEP, including didactic lecturing to large groups, the facilitation of small group discussion, and interventions with couples or individuals. Some PE is focused on specific areas such as HIV/AIDS prevention, or broader concepts such as human sexuality. Multidisciplinary and holistic approaches call for 'PE generalists'. Other issues raised include the operational definition of 'peer' related to the demographic profile of learners and the diversity and context of PE and PE staff. Lastly Gould and Lomax reflect on the quality and volume of PE training

and examine correlations with the expected output, activities and expectations of PE. An obvious criticism of PEPs is that the more complex the skills you want a peer educator to have, the more lengthy, sophisticated and expensive the training and assessment will have to be. Gould and Lomax, along with many other critics, note that “collectively they may raise more questions than they answer; peer education as a field of study continues to be a work in progress.” (Gould and Lomax, 1993: 236).

2.6.2 Why use PE?

PEP appears to be particularly credible in health promotion based programmes, particularly in those addressing sensitive issues such as sexuality, sexual choice and behaviour, relationships and HIV/AIDS, STIs (Advocates for Youth, 2002; Green, 2001; Parkin and McKeganey, 2000; Dunn, L., Ross, B., Caines, T. and Howorth, P. 1998; Shiner, 1999; Milburn and Wilson, 1999; Svenson, 1998; Pathfinder, 1997; Milburn, 1995). Gould and Lomax (1993) identify a number of reasons for the proliferation of PEP particularly in the USA. They mention the cost effectiveness of PE as well as the far-reaching effects of PEP. Walker and Avis (1999: 573) agree that there could be cost benefits, but disagree that PE should be considered a cheap option in health promotion as significant financial resources are required to manage it. Kelly suggests that the overriding factor that would reduce the transmission of HIV is the focus on children and young people in a range of settings and approaches, particularly those involving peer education interventions in the school and broader education system (Kelly, 2000: 33).

The benefits of PE interventions are many. Milburn (1995) reports:

1. PE is inexpensive, relative to other interventions.
2. During informal and reciprocal interactions in PE, young people learn to share, help, comfort and empathise, as well as learn critical social skills.
3. Friendships between peers develop important and protective social networks and reinforce cooperation and mutual support.
4. PE promotes the opportunity to participate in meaningful roles and to benefit from being a helper.

5. Similarities between the influencer and recipient increase the persuasiveness of the message (Milburn, 1995: 8).

Pathfinder International (1997) presents a position statement on the benefit and value of PE and PEP. Their surveys of their own PEPs include snapshots of programme interventions in Paraguay, Thailand, El Salvador and Zambia. Although not all the programmes focused entirely on PE as an HIV/AIDS prevention strategy, this was the common link between the initiatives. Issues considered in the surveys included gangsterism and substance abuse in El Salvador and motorcycle accidents in Thailand. Some of the research findings indicate that young people source a lot of information from their peers and that young people relate well to people similar to them in age, background and interests. The focus on cultural similarities in PE helps to ensure that the language and messages used are relevant and appropriate. In Pathfinder's experience, PEP can change social and community norms to support risk-reducing behaviour. It also allows for direct involvement of young people in their own programmes. They mention that PEP often reaches a broader audience than its intended recipients. Like the other writers cited above, they mention the long-term benefit to the peer educator with regard to ongoing commitment to responsible reproductive health behaviour, leadership potential, useful employment experience and personal development, although there is little mention of the benefit to the recipient.

Although these findings appear trustworthy and support the use of PEP, there is limited information regarding the infrastructure or standards used to justify these benefits. Statements identify that many PEP do not have criteria beyond age, occupation, gender and other variables and mention a few criteria used to select peer educators. There is reference to PE that shows some success, although none reflect to a systematic and rigorous evaluative approach (Pathfinder, 1997: 1-4).

Wolf *et al* (2000) drawing on the Global Programme of AIDS Report on peer approaches among youth, note that peer approaches bring together key elements in health promotion and development:

1. They pay attention to specific social and cultural environments.

2. They promote and provide support for positive social norms, attitudes and behaviours.
3. PEP not only increases the likelihood that youth will become involved in the programme, but also participate in its development and implementation (Fee, N. & Youssef, M. 1993: 2).

Fee and Youssef (1993) in their summary of evaluation reports of PEPs across North America and Europe highlight the following factors:

1. Adolescent peer-led education appears to be more effective in raising knowledge and perceived risk to HIV/AIDS than adult driven PEPs.
2. Trained PE counsellors were more effective than nursing counsellors in ensuring that minority young women continued contraceptive use.
3. PE appears to be one of the most effective approaches in an AIDS prevention outreach programme with out of school youth, and of very considerable benefit in assisting the peer educators themselves to internalise the messages of AIDS prevention.
4. In a school-based programme, 14 year olds who had not yet initiated sexual activity were less likely to begin after participating in a peer led programme focused on postponing sexual debut (Fee, N. & Youssef, M. 1993: 3).

2.6.3 The Cultural Context of Peer Education

Both Milburn (Milburn, 1995: 5) and the West African Youth Initiative Report (Fee & Youssef 1993: 4) mention and report on the complexity in developing and working with PEP in multicultural communities. Credibility and identity within a social group are identified as important considerations, as well as understanding the cultural context of communities, as this informs the planning and contextual design of the peer education intervention.

2.6.4 Teaching methods and approaches of peer education

Teaching methods used in peer education vary greatly. Some programmes apply quite formal methods such as whole class teaching or group teaching in youth centres. Others use informal tutoring in unstructured settings or one-to one-interaction and counselling. In some cases peer education includes

theatre and exhibitions undertaken by peer educators. The methods used depend, to a large extent, on the intended outcomes and are often selected because they fit well with the context and outcomes of the project (Gould and Lomax, 1993, Milburn, 1996, Turner & Shepherd, 1999).

2.6.5 Models of Peer Education

An examination of models of peer education in South Africa reveals that South African programmes lack a firm framework for the implementation of a sustainable, rigorous and effective PE.

The Planned Parenthood Association of South Africa (PPASA) Manual and Resource Guide for Youth and Peer Educators, consists of a manual divided into seven modules addressing issues of adolescent sexuality and reproductive health issues as well as HIV/AIDS and substance abuse. The preface introduces and describes the objectives of sexuality education and provides a brief description of what peer educators do and what it means to be involved in peer education. A section of the manual describes important personal characteristics that should be considered during the selection and training of peer educators and provides ways in which peer educators assist in facilitation of groups. The PPASA programme considers a code of conduct for the peer educator as contributing to understanding the responsibilities expected of a peer educator. Although the manual begins to articulate some of the important aspects of a peer education programme, there is greater emphasis on the content than the facilitation skills of the peer educator. Critical information about managing groups, planning workshops and understanding the skills related to facilitation is placed as an appendix at the end of the manual (PPASA). It is the skills of facilitation, management and the purpose of PE including content that is the focus and importance of PE and its practice. Programmes offered by Scripture Union are more comprehensive and structured with attention to support and infrastructure. For YMCA, the model was more modular, with a focus on sexuality education and HIV/AIDS. However the model lacks the strategy on how this is translated and communicated to the peer educator infrastructure. There is insufficient emphasis on selection criteria, peer educator and supervisor structures as

well as little emphasis on how the programme was concerned with peer educator competencies.

2.6.6 Peer education – the theory

Advocates for peer education rarely make reference to theories in their rationale for their particular projects. Despite the growth in popularity, PEs claims for effectiveness often have little basis in existing theories. Peer education is based on rather broad principles and assumptions rather than a specific school of thought. Peer education is thought more to be a method in search of a theory rather than a well-designed intervention strategy based on theory (McDonald et al, 2003; Green, 2001; Turner and Shepherd 1999: 235, Milburn 1995).

The central purpose of peer education initiatives is to influence or modify young people's knowledge attitudes and ultimately behaviour. Behaviour change is influenced by a number of factors related to the individual (pre-existing knowledge, attitudes, beliefs) the environment (group and cultural norms, peer influence) and cognitive factors such as self-efficacy and self-esteem. Most practitioners working with youth and within the HIV and AIDS epidemic are most likely to implement programmes targeting youth and youth issues specifically related to preventing the spread of HIV and AIDS. Most often their interventions are a response to overwhelming needs and scarce resources. Knowing and understanding some of the factors likely to impact on behaviour change as well as established psychological theories related to behaviour change are important considerations in the design and delivery of effective peer education programmes (McDonald et al, 2003).

In this review, I will attempt to select and comment on some commonly cited theories in peer education literature. This review does not claim to capture all potential theories, nor is there any intention to critique the theories themselves, but rather to identify key frames of reference for peer education. It is appropriate to bear in mind that these theories were never devised to support the efficacy of peer education and therefore some have limited application to peer education principles and practice. Their roots stem from

different philosophical traditions and are located in particular schools of thought, some sociological and some health. Almost none of the theories are taken from education as many programmes have not acknowledged the emphasis on the educational role of peer education practice. Understanding these theories will assist in understanding the choice of teaching and learning methods and expectations of their impact.

Social network theory

Social Network Theory (Wolf, Tawfick, Bond, 2000; Wolf, 1998) emphasises a social network approach and incorporates the social contexts in which the person lives and functions in understanding choice and decisions. The assumption is that a person typically participates in a social system involving many other people who are significant reference points in one another's decisions. The relationship of a person with other actors in the system can affect one's perceptions, beliefs and actions. The key strength of the Social Network Theory is the focus it allows in observing the social system in its entirety and the parts of which it is comprised. The individual is seen in relation to the network that influences his/her decision-making.

Social Network Theory within communities and populations focuses on the analysis of a pattern of communications within a social system to ascertain who has contact with whom (Valente cited in Wolf, 1998; 7). The analysis complements the 'diffusion of innovations' by tracking and determining the flow of information and personal contacts. The diffusion of innovations is the spread of new ideas, opinions or products throughout a society and an analysis of these patterns contributes to a better understanding of how network structures constrain or encourage social behaviour or change (Wolf, 1998: 7). Networks between people are sometimes strong, sometimes weak. They situate people in a larger social system and structure, and affect the flow of resources and information to and from individuals. The flow of how a person obtains goods information or emotional support is affected by patterns of access characteristic of the network (Wolf, 1998: 8).

The size and demographic composition of the peer educator's network affect his or her overall effectiveness. Youth too, place importance on members of

their social network depending on the issue being addressed. Generally peer educators reach out to people similar to themselves, particularly with respect to gender, age, education, marital status, religion and ethnicity. This means that to reach specific populations it is important to recruit peer educators who come from the same, or similar, target population. One of the shortfalls in using a network approach is that the analysis incorporates the entire population group in order to understand the whole network. This often makes this approach economically challenging. One of the ways in which network analysis studies are often successful is when they study smaller networks with a focus on specific individuals and selections of their network.

Social Learning Theory

The Social Learning Theory (Bandura, 1977; Bandura cited in Murphy, 2005; cited in McDonald, 2003; cited in Svenson, 1998)) is one of the most commonly cited theories in PE, and holds that modelling is an important component of the learning process. Simply put, peer educators are models of behaviour and their peers would go on to adopt similar behaviour. Subjects need an appropriate opportunity for this to occur. In other words, there needs to be sufficient time and opportunity to practice the observed behaviour, and time for reinforcement in order for it to be considered successful. The theory suggests that the extent to which observes are influenced by modelled behaviour is influenced by the characteristics of the models, the attributes of the observers and the perceived consequences of adopting the behaviour. This means that peer educators need to have credibility with their peer group and therefore need to be seen as peers with high status within the group in order to have influence over them.

Peer education programmes are rarely explicit about the status of the peer educator within the group as a criterion for selection. Added to this, advocating that peer educators be role models, presents some particular challenges, particularly when it comes to encouraging learning by observation. This clearly has limitations in the promotion of safer sex! Applying socially learned behaviour is considered empowering for those involved, particularly if the application is successful. However it should be noted that although peer education programmes have indicated that peer

educators were more effective than teachers in reducing alcohol consumption, it could not be confirmed that this was because peers modelled a reduced consumption or modelled abstinence. It should also be remembered that peers, particularly adolescents, do not always practice what they preach. It is true, though, that Social Learning Theory places emphasis on reinforcement. This is particularly important for peer education as youth spend considerable time socialising, providing the opportunity for frequent and regular reinforcement of patterns of behaviour. The theory also applies the concept of empowerment and self-efficacy as factors affecting success. This plays out in the design of peer education programmes that contribute to skills development particularly, social skills such as assertiveness and negotiation skills in relationships.

In summary, the Social Learning Theory has some valuable aspects contributing to the success of peer education programmes; it can influence a health behaviour change, and can reinforce changes afterwards, but does show weakness in areas related to the usefulness of modelling in influencing behaviour (Murphy, 2005; McDonald et al, 2003; Advocates for Youth, 2002; Green, 2001; Turner and Shepherd, 1999; Svenson, 1998; WHO 2000; Milburn, 1995).

Social Inoculation Theory

This theory emphasizes the social pressures which act on individuals and force them to adopt unhealthy behaviour (Duryea, 1991; McGuire 1968, 1974 cited in Turner and Shepherd; Duryea, 1993 cited in Milburn, 1995; Svenson, 1998). It proposes a range of techniques which inoculate young people from peer pressure. The theory is based on the belief that young people lack understanding and many of the skills to resist unhealthy behaviour choices. The theory suggests that through the provision of a range of specific techniques, young people can be inoculated from peer pressure. In the application of the theory to peer education programmes, Sarbin and Allen (1968) expand the theory to include the concept of social roles and role expectations. The theory recognises that adolescents will come under pressure to engage in high risk behaviours such as sex, or smoking. Therefore the intervention is based on preparing youth to understand the

pressures they will face as well as ways to resist them. The programmes are usually targeted at very specific risks, and skills development is tied to particular risk behaviours. The theory implies the concept that peer educators adapt to a role of tutor and behave appropriately, thereby developing deeper understanding and commitment to it. The critical element is that peer educators with similar culture and experiences are likely to be more effective in promoting learning than teachers or tutors. The theory is viewed as narrow due to its implication that a peer educator takes on a role of a teacher and adopts similar behaviour. This theory does not consider the informal settings and established ways that young people share information and advice. However the theory has relevance in a formal setting and provides a framework to encourage anticipatory guidance and skills in promoting early prevention rather than later intervention. In summary, Social Inoculation Theory could be valuable when used in peer education programmes although this is largely related to a formal rather than informal setting (Green, 2001; Turner and Shepherd, 1999; WHO, 2000).

Differential Association Theory

This theory (Sutherland and Cressy, 1960, cited in Turner and Shepherd, 1999) suggests that association with others provides a leaning opportunity in contrast to the social learning theory that suggests that modelling is necessary for learning. The origin of this theory lies in the study of crime, and proposes that crime is learned behaviour. The behaviour is learned in social situations in association with those who teach skills and techniques. The theory has been utilised by health workers who have turned it around to argue that youth can just as well teach each other good habits and the learning of healthy behaviour is possible through social contact (Green, 2001; Turner and Shepherd, 1999; Milburn, 1995). Within a peer education context, the theory has relevance in that it supports the notion that peer educators are a credible source of information, using an existing infrastructure where friends share information, provides the acceptable infrastructure to share with credible delivery of information, and is purported to reach hard to reach groups. This theory underscores the importance of proactive understanding of the educative process and proactive messaging within a social setting, youth are able to utilise their learnings in their social associations with their peers. One

of the shortcomings identified is the problem associated with the sensitive nature of information related to sexuality issues. Another concern identified in the use of this theory in a peer education programme is the ability to demonstrate how association leads to learning patterns of healthy behaviour.

Sub Culture Theory

Subculture theory (Cohen, 1955 and Miller, 1958) developed from the idea of differential association but adds the concept of culture and subculture. The theory states that delinquents develop subcultures that promote values and behaviour that are oppositional to mainstream culture. At the time when these theories were developed in the USA there was less diversity of subcultures than there is today and their role in promoting particular behaviours was strengthened by the complexities and growth of subcultures. This implies that peer educators should be drawn from and see the benefit and importance of working within a subculture group. Documented research (King in Turner and Shepherd, 1999) has noted that subcultural influence is strong in particular groups and that subcultures are sometimes alternative and not necessarily oppositional. Some of the research suggests that subcultural influence may be stronger in some groups such as ethnic minorities or gay men. It seems that few studies related to peer education at school level have not taken much cognisance of sub cultural groupings (Turner and Shepherd, 1999, Green, 2001). The current plethora of groups and resulting subcultures as well as the lack of evidence that any current interventions do not consider nor take the subculture groups seriously should be investigated as an important aspect related to the success of peer education interventions.

Communication of Innovations Theory

Communication of Innovation Theory (Rogers and Shoemaker, 1971) describes and explains how communities adopt innovations and the factors that influence the rate of adoption. These factors include the characteristics of those who adopt the innovation, the nature of the social system, the characteristics of the innovation and the characteristics of the change agent. The theory explains the nature of the adoption and describes early adopters, the early majority, the late majority and laggards as well as some who never adopt an innovation. A development of the Diffusion of Innovations Theory

(Rogers cited in McDonald et al, 2003; Turner and Shepherd, 1999), Communications of Innovations theory suggests that the sharing of information within groups and adoption of behaviour by some in the group leads to exponential increase in adoption.

This theory explains how ‘change agents’ influence opinion leaders within the community. In effect, these opinion leaders are peer educators. The basis of the theory proposes that effective communication occurs when the messenger and the receiver have certain similarities, such as: attributes, beliefs, values, education and social status (Green, 2001; Turner and Shepherd, 1999) and suggests that peers communicate better than those who are unequal or different. Although this might be true in some aspects of communication with peers, it is suggested that in most communities, innovators within the system most often introduce new ideas. These innovators are not directly connected to all levels of the targeted community and it may take time for the innovation to trickle down though the system until it reaches the lower ranks. People most often perceive and consider opinion leaders to be more competent than themselves and therefore attribute to them a higher status, perceive them to be more educated, more cosmopolitan and more innovative (Green, 2001; Turner and Shepherd, 1999). This is somewhat similar to social learning theory, with its claim that peer educators have credibility through their status and competence. Within the context of PEP, health promoters are required to seek out and recruit opinion leaders from various sub cultural groups who could undertake peer education.

The Communication of Innovations Theory seems suitable to support a number of essential elements necessary for successful PE programmes. There is a link to selection and training of opinion leaders, a cost effectiveness of the model, use of existing structures and systems, outreach capability and reinforced learning through ongoing social contact exists. One of the areas identified with least efficiency, is the relationship to more formal models of peer education within classrooms, although the idea of opinion leaders in such contexts could be effective. This theory underscores the credibility and popularity of the opinion leader as factors contributing to the ability to

influence change in the group (Murphy, 2005; Green, 2001; Turner and Shepherd, 1999; Svenson, 1998).

Theory of Reasoned Action/ Health Belief Model

The Theory of Reasoned Action or The Health Belief model, (also known as the Trans-Theoretical Model of Change or Stages of Change) was developed in the 1950s, with considerable reform over the years (Murphy, 2005; Prochaska and DiClemente cited in McDonald et al, 2003; WHO, 2000; Malotte, C. K., Jarvis, B., Fishbein, M., Kamb, M., Latesta, M. Hoxworth, T., Zenilman, J. and Bolan, G. 2000; Fishbein and Azjen (1975) cited in Svenson, 1998). The theory states that as soon as people are made aware of their personal risk, and they accept that risk, they will go about acquiring specific skills to reduce that risk. There is a continuum that leads from attitude change, to intentions to reduce risk, to actual behaviour change. The continuum is based on five stages: pre-contemplation, contemplation, preparation, action, and maintenance. The theory sees behaviour as a process, a series of steps that leads to carrying out an action. However it is often difficult to know exactly what people are thinking and doing (especially when it comes to sex) therefore the concept of risk perception prevails. Smooth progression through each sage is rare and evidence suggests that people progress slowly through the stages. Even successful efforts to change behaviour are frequently followed by periods of relapse (McDonald et al, 2003: 57). Those behaviours that are seen to be acceptable in the social environment are much more likely to be adopted by the group. Much of the focus of HIV/AIDS education has been a response to the urgency and need for people to understand and accept personal risk, and therefore the necessity to change or adopt different behaviour and attitudes (Murphy, 2005; Advocates for Youth, 2002; WHO, 2000; Svenson, 1998). However, the theory argues that increased knowledge will have little impact on behaviour change and offers insight into the complex nature of behavioural change for problematic health related behaviours. It is argued that knowledge change may move an individual from pre-contemplation to contemplation. Attitude change may shift the individual into the preparation stage. Ongoing support and reinforcement may facilitate entry into action or maintenance stage and eventually result in behaviour change (McDonald et al, 2003: 57). The application of this theory in peer education

highlights the need for intervention which goes beyond awareness and knowledge to see a behaviour change success. Underpinning this is the idea that ongoing and long-term support is critical to long term behavioural change.

Summary

These theories, notwithstanding their year of debut, provide some important considerations in identifying some of the key concepts in peer education. However, because peer education programmes are so often lacking in theoretical justification, one can only draw inferences, most arising from sociology or health disciplines. While most theories had something to offer, they are also limited to particular claims, for which many lack empirical support. The literature serves as an important reminder of the complex nature that influences and guides our behaviour. Peer education programmes must consider the underlying themes related to young peoples perspectives in relation to membership of their peer group; the importance of the peer group in influencing their behaviour; their perceived vulnerability to harm and risky behaviour; their capacity to engage in or resist risky behaviours; their willingness to modify or change their behaviour and attitude (McDonald et al, 2003: 59).

2.6.7 Peer Education – the challenges, criticisms and concerns.

Although PE is increasingly popular, there is little documented evidence to describe the underlying processes that influence programme success or failure. The tendency to report and publish positive findings, may lead to the distortion of the evidence base (Green, 2001: 67). Without sound evaluation, it is unclear where future efforts should be directed or which programmes are suitable for replication. Some of the criticism leans towards the benefit to the peer educator rather than the peer beneficiary (Dunn, l. et al. 1998: vol. 7 issue 4). There remains insufficient research to validate the claim that PE is effective, as Milburn reflects:

> Undoubtedly, many of those working with peer education methods would claim their validity is proven daily by their own practical experience. Contradictory research evidence abounds, and… there is

an acute need for good evaluation of effectiveness in both process and outcome (Milburn, 1995: 8).

The challenges are numerous. Firstly, peer education sits uncomfortably at the intersection of cultural domains, between the professional cultures of health and education and the peer cultures of young people who are the intended recipients (Frankenham, 1998). Therefore both groups are faced with the challenge to inhabit both worlds – acting on behalf of educators and their own peers and needing to establish a stance for themselves between the two. Secondly, peer educators often find themselves in a difficult position for example, when they spend time with friends who are not practising safe sex. Since they are motivated and constructed to present themselves as 'experts', there are going to be occasions where they are sought out for advice on subjects that they cannot be qualified to address. Thirdly, many peer education initiatives could be construed as confusing when the message is to submit to peer influence in what the peer educators have to say, and resist peer influence in other areas of life. This may come from an underlying position where the adults have decided what is good for young people and what is not (Frankenham, 1998).

Criticisms of current peer education practice are legitimate. The literature shows a lack of conceptual clarity, variation in how the term is used, and an unclear definition of what authors mean by the term peer education. Clarity of the meaning of peer education is necessary to:

- Facilitate consistency in the use of terms.
- Encourage explicit statements about the types of peer education.
- Promote clarity for those involved in peer education interventions.
- Facilitate more effective evaluation of peer education through agreed descriptors.
- Facilitate key element of effective peer education.
- Guide development of effective peer education initiatives.
- Separate effective approaches from ineffective approaches.
- Discontinue those that are ineffective.
- Facilitate discussions on whether or when peer education is a valuable strategy.

- Advocate for funding to support and sustain peer education as a strategy.
- Enable the development and writing of reports that provide information to funders on the project they support (Shiner (1999) cited in MacDonald, 2003; Shiner, 1999).

Practitioners should be concerned about the fundamental underpinning of theory to the concerns of race, culture, class, gender and sexuality. Wolf et al (2000) also state that although there is increasing evidence that peer educators can be effective health promoters, only a few programmes have undergone empirical evaluation to show influence of attitudes on behaviours.

Two documents in particular, sourced as pat of my literature review, were valuable in an attempt to take stock of the shortfall of peer education practice and begin to describe a process of working towards agreed terms, guidelines and practice. The first is a document known as the “European Guidelines for youth AIDS peer education” (Svenson, 1998), which, as the title suggests, is focussed on programmes addressing issues related to HIV and AIDS. The second is an Australian designed framework called “Peer Education: From Evidence to Practice” and is a publication of the National Centre for Education and Training on Addiction. As its title implies it is focussed on peer education structured to support substance abuse prevention programmes. The following sections describe the outline and framework of the documents as related to the promotion of good peer education practice (McDonald et al, 2003).

The European guidelines for youth AIDS peer education

In Europe, the European guidelines for youth AIDS peer education (Svenson, 1998) were developed because of concerns voiced in the expanding use of peer education in Europe and the resulting needs identified by partners involved in “The European joint Action Plan on AIDS Peer Education to reach Young People in and outside of the School System” (Svenson, 1998: 5). The team working on the project identified and worked from the position of the potential of peer education and their agreed philosophy – that of health promotion. Their process of developing guidelines was based on an extensive review of literature on existing peer projects in eleven countries in Europe.

The process included extensive consultation with various experts and practitioners. The European initiative highlighted the difficulty of developing guidelines for fifteen countries and a multitude of subcultures (Svenson, 1998: 7).

The guidelines assist practitioners in the practice of peer education. They cover a range of issues beginning with a definition of peer education and the diverse meanings found in various programmes, to policy that includes youth as part of the development and implementation of peer education programmes. There is an outline of the underlying theories that support the concept of PE as well as the importance and necessity of evaluation and impact studies. A chapter on initiating PEPs includes guidelines on funding, designing projects, and recruitment of PEs. Another chapter focuses on the importance and management of training. The main focus of PEP is in schools but there are a number of references to out-of-school programmes as well as the need for PEP to be a complementary strategy in a multifaceted approach to youth and adolescent health. The guidelines present a framework of what should be in place but do not advocate a specific methodological approach for PEPs. The framework is a valuable and important contribution to supporting PEPs as a legitimate strategy and intervention in the prevention of HIV/AIDS.
The process of developing these guidelines was extensive and thorough as explained above (Svenson, 1998). This provides an interesting model for the development of guidelines in the South African context.

Peer Education: From Evidence to Practice

This monograph provides a comprehensive overview of peer education with an emphasis on alcohol and drug abuse. It presents and clarifies the meaning of peer education, reasons for its use as well as references to theories of behaviour change applicable to peer education and guidelines for the development of peer education initiatives. Chapters cover understanding peer education, rationale, theory, implementation guidelines for programmes as well as a section on evaluation and monitoring.

Despite a comprehensive view of peer education practice, the document recognises significant gaps: templates for peer educators to use in their

activities; and reporting and monitoring systems. The document pays considerable attention to process and ongoing support to peer educators once trained, as well as specific reference to preparation of peer educators with regard to knowledge, skills, attitudes and values. Attention is also given to interactive and participatory methodologies in peer education programme design. There are designs for supporting peer educators in planning sessions that could be valuable in the South African context.

2.7 Education in South Africa

In order to link the practice of PEP to the benefit of learners and youth in and out of schools, it is necessary to examine the concurrent educational reform occurring within the South African education system. The development of standards of practice needs to be in step with legislative and policy changes. In what follows I have attempted to highlight some of the most applicable and significant developments.

Steps to transform education in South Africa in the post apartheid era have emerged from a set of competing policy discourses. The decision to formalise the current National Qualifications Framework (NQF) as the legal and gazetted framework for South African education did not occur without critique. The following paragraphs provide an historical background to the development of the South African NQF, an outline of some of the education and training policy discourses and how these influenced the NQF framework. There is an overview of the NQF and how it functions. Some criticisms of the NQF and how they have influenced and impacted on education and training are included. I have relied on documents by Isaacs (2000) and Kraak (1998).

2.7.1 Historical background to the NQF

The establishment and formation of the National Qualifications Framework (NQF) was one of the earliest and potentially most far-reaching influences in the education reform process in post apartheid South Africa (Malherbe, 2001: 62). Kraak (1998) presents three distinct policy discourses that shaped the debate of alternative Apartheid Education and Training since the mid –

1980's: 1) Peoples Education, 2) A Systemic Discourse and 3) Outcomes Based Education and Training.

People's Education

'Peoples Education' was a movement that emerged in the mid-1980s (Kraak, 1998: 1). It was primarily a political movement that viewed the school classroom as a central site of the struggle against Apartheid. In the late 1980s it represented a radical pedagogic alternative to that of 'Bantu Education' imposed by the state since the mid – 1950s. People's Education became an educational pedagogy addressing issues such as the development of critical thinking, learner centeredness, participatory teaching methods, community involvement and a concern that focussed on linking formal education with the world of work. The ideas and philosophy of People's Education was seen to be imprecise and open to interpretation (Kraak, 1998: 2). As a result the concept of People's Education was abandoned to give way to an expert led, multi-stakeholder policy making process that dominated all other discourses.

The Systemic Discourse

The rise in popularity of The Systemic Discourse and the decrease in popularity of People's Education coincided largely with a change in the political environment at the time. The revolutionary struggle of the 1980s was replaced by a period of negotiation and compromise in the 1990s. Although there was a shift away from People's Education to systemic reform there were some commonalities between the two discourses. Among these are the promotion of a single, non-racial, national system of Education and Training (ET) and the dilution of historical divisions between mental and manual labour. In other areas there are stark differences. People's Education was imbued with revolutionary rhetoric, where the systemic discourse reflected the concerns of the African National Congress (ANC) and Congress of South African Trade Unions (COSATU) around the effects of a rapidly globalising economy on the functioning of the ET system, particularly in terms of new knowledge and skill requirements. This discourse considered reform and reconstruction in a more strategic and pragmatic way than that proposed by People's Education (Kraak, 1998: 2).

There are two additional factors that have influenced the dominance of the systemic discourse. The first, as has been mentioned, is that of globalistation and the second is that of massification. This has come about due to pressures to make ET more accessible to the black working class and other marginalised communities.

Modern industrialisation has triggered a blurring of the rigid boundaries that once constituted the education and training sector through changes occurring in work organisation, technology, and skill formation. The resulting environment requires workers to have a higher level of generic skill to cope with the continuous rapid changes in technology, not the narrow job-specific skills that characterised the workplace in the past. In addition there is a rapid increase in the scope of learning activities outside of traditional learning institutions, for example through information and communication technology and non-specialist organisations (such as enterprise-based learning and communities where educated citizens continuously interpret knowledge and information in the pursuit of a better quality of life). Changes have further diluted the boundaries separating learning in formal and industrial training sectors. The ET system has shifted the boundaries from elite to a more open system (Kraak, 1998: 6) with more soft and permeable boundaries.

Sectoral and institutional fragmentation.

South Africa's new democratic dispensation in 1994 was faced with 19 segregated and diversely defined education departments. The sector had numerous bodies exercising authority over formal education, but there was a lack of similar structures guiding the vocational training sector. The lack of a co-ordinated qualification authority limited the transfer of skills across industries and employers. Career pathing for workers was almost non-existent. The result was poor articulation between the formal and non-formal education system.

Systemic policy proposed to erase historic divisions and social inequalities through the creation of a single Education and Training Department and a single National Qualifications Authority (NQA).

Policy and the Systemic Discourse

There were five policy initiatives that influenced and informed the final legislative decision that was made supporting the need for a systemic restructuring. These were the:

1. The National Education Policy Initiative (NEPI).
2. The National Training Strategy Initiative (NTSI).
3. The ANC's early systemic reform proposals.
4. The National Commission on Higher Education (NCHE).
5. The National Committee on Further Education (NCFE).

The above initiatives and, in particular, the final report of the NCFE and the Green Paper on FET, advocate a similar sentiment in the formation of a systemic resolution to the challenges posed by the fragmented system prior to 1994. The cumulative effect of all this work led to the advancement of distinctive systemic conceptual descriptors intentionally integrating the recommendations into the development of the final policy (Kraak, 1998: 15).

Outcomes Based Education (OBE)

Until 1990, South Africa had not enjoyed the benefit of a unified, organised and equitable education system. But as has been described, a number of policy discourses emerged in the 1990s that influenced emerging education and training policy. Throughout the years 1990-1994, the discourse of reconstruction and development was gradually overshadowed by an outcomes-based discourse. Various processes framed Outcomes Based Education and Training (OBET) discourse. The first was the competence based ET model used in the South African industry after 1985, the second was the adoption of the Australian and British outcomes models that influenced policy research and development by the ANC and COSATU since the early 1990s, and the third was the resurrection of People's Education of the 1980s. These three discourses culminated in an educational methodology that attempts to go beyond the confines of competence based models by incorporating the progressive pedagogic principles of People's Education. The result is a learning methodology, which Kraak (1998) describes as radical in discursive practice but behaviourist in assessment technology. The shift from

a competence-based system to an outcomes based model was first noticed in an ANC/COSATU document in 1994, and grew in subsequent strategies defining education and training. The defining moment in the process that allowed the outcomes based education model to emerge victorious over the systemic discourse, was related largely to three developments. The formation of a number of expert stakeholder teams and committees by the DoE were tasked with the development of the NQF, and the whole notion of an integrated approach to school curricula based on with an outcomes-based methodology. The results were offered in a series of reports that were definitive in giving outcomes-based ET a firm footing in the South African pedagogic map (Kraak, 1998: 17). The next critical moment relates to the publication of the DoE's first official document on outcomes-based education and training in 1997, the first official meeting of the South African Qualifications Authority (SAQA) in the same year and the statutory deliberations regarding the NQF that followed. These firmly cemented outcomes-based education as the dominant pedagogic discourse (Kraak, 1998: 17).

Competence and criterion referenced assessment

The outcomes-based education system has its core in a description of competence-based criteria established by the education authority. OBET has two central themes, those of performance standards and criterion referenced assessment. Standards are central to OBET and identify the nature of the occupational tasks to be performed as well as criteria to be used in assessing competence. Criterion-referenced assessment is a departure from traditional norm-referenced assessment. Norm-referenced assessment rests in the comparison of individuals, whereas OBET focuses on the relationship of an individuals' progress to a set standard. So the key feature of the OBET is whether or not the given criteria have been mastered. This has no relationship to how others perform but does relate to competence in the prescribed performance standards. Many performance standards are based on behavioural criteria such as adequate performance. These standards are learnt over time based on a learner's ability to reach the required level. Learners are able to repeat a course of study if they fail to meet the prescribed standards.

OBET and the NQF

The acceleration and popularity of OBET in South Africa and other countries may be because it was presented in the language of other educational discourses. The radical discourse of People's Education, in the case of South Africa, lends legitimacy to what is otherwise a highly technicist and conservative assessment technology. Sedunary (in Kraak, 1998: 20), argues that the commonality of these two seemingly opposed discourses is based on their shared antagonism to elite schooling systems based on historical divisions between academic and vocational schooling tracks. He points out that despite this point of convergence there are also contradictions. Each discourse emphasises the accomplishment of high-skill, high-participation for very different ends: the individual empowered with critical intellect versus the instrumental intellect linked to the needs of a changing economy (Sedunary in Kraak, 1998: 21).

Jansen (1997) was one of the earliest educators to present his concerns related to the OBE curriculum policy. His critique extends beyond the governments ability to implement and challenges the appropriateness of OBE in the South African context. Although he regards the curriculum policy modelled on OBE has sound reasoning, the evidence of experiences in other countries as well as the philosophy and curriculum change literature are uppermost in his critique. The overarching concerns of Jansen's analysis of OBE relate to the lack of OBEs roots to a single historical legacy, but rather to a myriad of sources such as behavioural psychology to vocational education as well as to information coming out of the competency debates in New Zealand and Australia. These discussions influenced discussions within COSATU at the time, influenced and were crystallised in the NQF framework. Jansen's critique begins with concerns regarding the plethora of new terms, highlighting both concepts and labels, and changes in meaning and priorities and proposes that this contributes to OBE and its associated structures being inaccessible and intimidating to most teachers. OBE claims that curriculum change will lead to or be associated with changes in national economies. This is misleading and without solid foundation given the available accumulated research on curriculum reform. Jansen feels that the motivation of OBE

potential for success is based on flawed insights into how South African schools are managed and organised. OBE claims that highly qualified teachers exist and are able to make sense of such challenges to practice. Jansen also questions the philosophical rationale by being concerned about promoting end outcomes where standards are inherent and 'built-in' rather than according to already specified outcomes. The political and epistemological concerns are, in his opinion, related to the underlying policies of the government, who predicated its movement on process and have now based their policies on outcomes. This is foregrounded by the lack of participation of teachers around this policy. An additional concern raised by Jansen is how South Africa articulates its education system in its policy and curriculum design. The lack of attention to the specifics of outcomes makes for broad and indecisive teaching. The rationalisation of teachers, the increase in class sizes as well as the increase in administrative duties in contribute to the additional challenge of OBEs success. Content matters. Children cannot learn in a vacuum and it is critical that teachers are equipped to understand and respond to cross curricular and interdisciplinary demands in learning complex tasks. Most of all, he proposes that for OBE to succeed, requires a re-engineering of the education system to support the necessary training, retraining and opportunities for teacher dialogue, to give the policy a reasonable chance of success. Luckett and Luckett argue that the OB-approach undermines promoting students to construct their own meanings and learnings due to having to assess learning against standards. Although in their experience, OBE was useful as a planning tool; their findings from a curriculum development action research process suggest that a unit standards methodology and the discrete, prescriptive and centralised unit standards, sacrifice the quality of education. The lack of attention to pedagogy and the attention paid to measurement against assessment criteria adds to the difficulty in confirming the transferability of competence from one context to another. Often these competencies are developed within a particular discipline or social context that contributes to making transfer difficult and far from automatic (Luckett and Luckett, undated). Continuing the critique, Collins suggests that a competency based system often underestimates the complex nature of defining competence. And that competency statements are often unable to link action with competence and are seen more as controlling than

supportive of a learning environment. This is not to say that competence is not significant, but that designers and administrators of competency based systems are not able to comprehend educational settings on the same meaning as participants, particularly adult learners. A competence based system often diminishes the need for learners to reflect critically on the immediate experience. Therefore the priority needs to shift towards how to think critically and learn how to learn in a rapidly changing world (Collins, M. 1984).

Other initial reactions to Outcomes Based Education were not centred on critique of the nature and content of unit standards, but also reflected concern as to the government's ability to deliver a new system. However, critical accounts of OBET in South Africa relate to three main issues:

1) The underscoring of a behaviouralist approach that assumes unity of behaviour and therefore competence can be measured with precision. It considers that all people will respond and react in the same way. This leaves little place for imagination, creativity and innovation.
2) The second criticism is that OBET is supposedly designed to develop core and generic competencies and anticipates that the transfer of these competencies is seamless. This does not consider the learning site (problem solving carried out by a brain surgeon is different to that of a plumber).
3) The third is OBET's disregard for the centrality of the curriculum and the need for a professionally trained teacher corps, thereby contributing to devolving curriculum content. This undervalues the role and professional judgement of teachers. Unit standards isolate and interfere with teaching and learning towards societal goals. The design of curriculum content is devolved within a country that does not posses the necessary high levels of capacity (Kraak, 1998: 28).

In addition, considerable criticism concerns itself with the adoption of OBET from radically different educational systems and countries, and the need to overcome considerable challenges in implementation from the start (Young, 2003; Kraak, 1998; Jansen, 1997). Despite these criticisms, the need for a reconstruction of the apartheid curriculum is uncontested. The move towards

and interactive and participatory approaches to education is seen as positive. A learner centred education system, contributes to dialogue and debate. This is complementary to experiential learning which considers the combination of knowledge, attitudes, values and skills as contributory and critical to learning. For the implementation and understanding of peer education practice, the emphasis on interactive and participatory methodologies contributing to understanding risk behaviour is undeniable (WHO, 2003a; WHO, 2003b; UNAIDS, 1999; WHO 1994). However the need for standards is both necessary to framework the programme as much as it is necessary to support personal competency. Is it important to consider both aspects in a standards process, and often these boundaries are blurred. Most current PEP are managed in non-formal settings providing yet additional considerations in the recommendations for guidelines throughout the process.

Setting Standards in South Africa

Despite the challenges of implementing a new system and approach to education, the development of guidelines for peer education must acknowledge the country's policy and systems. The following discussion outlines the process of standards setting and the various roles, functions and steps necessary for standards setting and approval in South Africa. The outline includes the various ways in which these bodies operate and the relationship to the National Qualifications Framework (NQF) structures and processes. The development of standards for peer education practice will need to consider the SAQA and NQF framework, structures and processes in anticipation of formalising these guidelines for registration with SAQA as well as the variety of settings and structures.

The process for setting national standards in South Africa was formalised through the establishment of SAQA. The stated intention of The South African Qualifications Authority Act of 1995 is to guide the process of transforming education and training in South Africa. The Act mandates a NQF that is designed to:

- Create a single, integrated national education and training framework for the whole nation.
- Make it easier for learners to enter the education and training system.

- Improve the quality of education and training in South Africa.
- Enable learners to develop to their full potential and support the social and economic development of the country as a whole.

SAQA is the official body that is responsible for managing the process of formalising standards. The 29 members of the board are appointed for a period of three years and represent major education and training stakeholders. The NQF is a quality assurance system that is responsible for the development of standards and registration of these standards. The bodies responsible for the development and generation of these standards and the recommendation of qualifications are known as Standards Generating Bodies (SGBs) and National Standards Bodies (NSBs). The bodies responsible for the quality assurance of the standards and qualifications are called Education and Training Quality Assurance Bodies and will carry out their functions together with the education and training providers and moderating bodies.

SAQA Functions

SAQA's primary function is to oversee the development and implementation of the NQF. This is articulated in section 5 (1) of the SAQA Act of 1995 and states that SAQA must:

- Oversee the development of the NQF
- Oversee the implementation of the NQF
- Advise the Minister on the registration of qualifications and standards.
- Be responsible for the control of finances of the Authority.

National Qualifications Framework (NQF)

The NQF is the national framework intended to contribute to the full development of each learner and to the social and economic development of the nation.

- The framework outlines an integrated framework for learning achievements.
- Facilitates access to education, training as well as attention to progress within this and career paths.
- Enhances quality of education and training through the setting of standards.

- Accelerates the equality and redress of education in South Africa and ensure non-discrimination.
- Contributes to the holistic and full development of each learner.

Levels

The NQF has adopted an eight-level framework qualification, level one being the least complex, and level eight the most complex (see figure 3). Both of these levels are considered open ended. This means that learning below level one will only be recognised by SAQA at level one. However, Adult Basic Education and Training (ABET) has been divided into four levels and this is where there is recognition of learning of adults equal to the General Certificate of Education (GETC).

NQFLevel	Band	Qualification Type
8 7 6 5	Higher Education and Training	• Post-doctoral research degrees • Doctorates • Masters degrees • Professional Qualifications • Honours degrees • National first degrees • Higher diplomas • National diplomas • National certificates
Further Education and Training Certificate (FETC)		
4 3 2	Further Education and Training	National certificates
General Education and Training Certificate (GETC)		
1	General Education and Training	Grade 9 | ABET Level 4 National certificates

Figure: 3 NQF 8-band qualification framework (SAQA).

Some key aspects of the NQF

1. The critical cross-field Education and Training Outcomes

The critical cross-field outcomes are generic outcomes that guide and result from all teaching and learning.

2. The 12 organising fields

In South Africa the NQF has divided all education and training into 12 organising fields. Each of the fields has an established National Standards Body. The bodies do not relate to traditional academic discipline or school subjects, nor do they relate to economic sectors, but have been developed to recognise the overlap. Each organising field has a number of sub-fields that are to guide and focus the development of standards. An example of an organising field is that of Education, Training and Development, which has subfields of: Schooling; Higher Education and Training; Early Childhood Development and Adult Learning. Standards Generating Bodies (SGBs) are formed within each of the sub-fields and each of these is registered with the SAQA sub-committee responsible for SGBs. Control and monitoring of these, rests with SAQA.

3. Standards

Setting standards is a primary tool for ensuring that people are recognised for their learning achievements. The NQF provides the framework that describes the standards against which learning is offered as well as provides the framework where providers will be accredited. This provides the NQF with a broader quality process. Standards setting within the NQF promote a process that involves a range of stakeholders reaching agreement on issues broader than their own and therefore contributes to a 21st century education and training system (Isaacs, 2000: 15).

SAQA defines unit standards as:

- Registered statements of desired education and training outcomes.
- Associated assessment criteria, describing the quality of the expected performance.
- Administrative and other information specified in the NSB regulations.

The purpose of unit standards is to provide guidance to the

- Assessor as to the evidence that must be gathered during assessment.
- Learner as to the learning outcomes that must be achieved.

- Provider and/or materials designer as to the learning materials or learning experiences to be prepared to assist learners in reaching competence.

Unit Standards are building blocks which contribute to the formation of qualifications and are packaged in relation to qualifications at specific NQF levels. Unit standards are nationally agreed statements supported by specific outcomes and their associated performance or assessment criteria together with administrative and other necessary information. They are the smallest measure of a prescribed performance assessment. A unit standard is able to provide:

- An assessor document
- A learners guide
- An educator's and trainer's guide for preparing learning material (Isaacs, 2000; Kraak 1998; Olivier, 1998).

Standard Generating Bodies have been established to assist in building, linking and fitting unit standards within each of the eight levels and therefore construct qualifications. All unit standards are cumulatively be registered at a defined level on the NQF. It is here that the development of the guidelines towards the practice of peer education has relevance. The guidelines for peer education will identify and describe the end points of learning and describe the level of assessment in order to recognise achievements.

4. Qualifications

Learning is recognised when a learner achieves a designated number of credits at a specific level of the NQF. When a learner meets these requirements, he/she obtains a qualification.

5. Credit system

The credit system used by SAQA is based on the idea that one credit equals 10 notional hours of learning. These hours are defined as the average time it takes for a learner to reach the intended outcome.

National Standards Bodies (NSBs)

NSBs are responsible for establishing education and training qualifications and standards including the specific functions relating to the registration of national qualifications/standards. The members of each NSB are nominated from a range of national stakeholders that have a key interest in the field for a period of three years. A number of criteria govern the nomination and appointment of members to the NSB of which represent equity and expertise are considered most important The NSB does not generate standards, but manages the SGBs that are responsible for the generation of unit standards. The NSB recommends the registration of qualifications and standards to SAQA. The NSB is responsible to ensure that the recommendations from the SGB meet the requirements of SAQA (Olivier, 1998; Isaacs, 2000).

Standards Generating Bodies (SGBs)

SGBs are responsible for the generation of qualifications and/or standards. The recognition or establishment of the SGB occurs within the designated sub-fields described by the NSB. The NSB initiates the establishment of the SGB as well as recognition from the field. The 25 members of each SGB are drawn from key stakeholders, interest groups, experts and specialists. The SGB generates qualifications and standards, and updates and reviews these on a regular basis. It also recommends standards to the NSB. Through the findings of this research, the scope and practice of current peer education will determine the need to motivate and investigate the establishment of an SGB for the development of unit standards for peer education.

Education and Training Quality Assurance Bodies (ETQAs)

ETQAs are established to monitor and audit achievements in terms of national qualification standards. ETQAs are accredited by SAQA as groups or organisations to act as an ETQA. The work of ETQAs focuses on the promotion of quality training by providers, who are accredited by SAQA.

Concepts of Standards Setting

This section outlines the underlying principles that govern standards setting in the framework of the NQF.

The standards setting process is rooted in outcomes based education and training and the provision of quality learning within this framework. An outcome does not constitute a learning programme. New education policy in South Africa proposes that education becomes learner centred. This implies that education will be provided for learners and in the interest of learners and not for the benefit of providers, who may not have the learner's best interests at heart. The setting of standards, therefore, involves a democratic, consultative process that implies an inclusive education and training system. Under the SAQA legislation the concept of partnerships is an integral part of operationalising the new system. Setting standards is about assessing the learning that takes place at the learner‘s level and the acknowledgement of the learning that takes place. Setting a standard of learning is a process involving the agreement and compliance of stakeholders and partners.

A framework for standards

It is important to note that standards do not refer to modules, courses, activities or any process but the specific description of learning achievements. Standards are described as national standards, competence and practice. National standards refer to the fact that the standards have gone through the SAQA registration process and conform to agreed levels of knowledge competence and criteria for assessing such competence. Competence can be described as the application of knowledge, skills and values in a specific context related to a definite standard of performance. Practice refers to any situation where people use their specific and implicit skills and competences in any arena.

Qualifications and Unit Standards

The use of qualifications and unit standards

Qualifications and unit standards are intended to guide learners and provide educators with information that informs the development of learning and teaching materials. Unit standards provide a description of learning, assessment and recognition of achievement and competence. Both contribute to the development of the learning programme and activities, as well as provide a clear definition of knowledge and outcome at every level. This will

contribute to learning needs audits at personal, organisational and national levels.

Unit Standards

The SAQA document outlining the standards setting process (Isaacs, 2000: 19) describes unit standards and their application within the SAQA system. Of particular relevance is the understanding of unit standards, their value and use related to qualifications and standards setting within the SAQA framework.

Unit standards are a set of registered statements of necessary education and training, which includes related assessment criteria, administrative and other essential information. The 'unit' refers to the competence to be achieved through the educational experience. Unit standards present a coherent framework of learning that will be recognised at a national level. Each standard is made up of smaller units of specific outcomes as well as a range of performance or assessment standards that contribute to proof of competence and achievement. Included in the unit standard document is the scope and context within which the competence is used and evaluated. Unit standards, as reflected in the SAQA guidelines, have structured components and detailed guidelines that are compulsory for the development and registration of education and training programmes.

Qualifications

"A qualification can be defined as a planned combination of learning outcomes with a defined purpose or purposes, intended to provide qualifying learners with applied competence and a basis for learning" (Isaacs, 2000: 41). Qualifications are based either on exit level outcomes and associated assessment criteria or on unit standards. Both are equally valuable and rely on the design of the qualification to identify the approach that complements the qualification best.

Using qualifications and unit standards for assessment

The SAQA document presents a number of recommendations for assessment. Assessment is the gathering of evidence of the development of

ability (knowledge, skills) of the learner related to an outcome. Trainers require evidence of ability and competence and this may be recorded and presented for credit as part of a learner's portfolio, provided the evidence is valid and complies with SAQA's assessment principles Assessment must be appropriate for assessing the candidate's knowledge and skill in relation to the required benchmarks

Using qualifications and unit standards for developing learning programmes.

Learning programmes are implemented to enable people to achieve learning outcomes to required standards of performance. They are designed to support learning in a number of diverse contexts: for developmental, generic, or specific purposes, to improve skills or to teach new skills. For the most part learning programmes are designed to address identified learning needs or to bridge the gap between desired competence and current skill. The design of a learning programme should consider: the target population, pre-requisite knowledge and teaching and learning methods. This includes issues such as: cultural background, availability of technology and prior knowledge.

Other uses of qualifications and unit standards

The SAQA framework encourages extended use of the qualifications and unit standards registered on the NQF. Some of the areas of extended use include job profiling, performance management, competency, career pathing and recruitment.

Roles and Functions of NSBs and SGBs

The SAQA document states that the generation of standards is a dynamic process that both the NSB and the SGB need to acknowledge and accommodate with ever-changing technology, new products, services and skills. The NSBs and the SGBs are organised in a structured, systemic way, each with their own specific role. The NSBs use the expertise of the SGB to generate standards for the subfields.

The process of the generation of standards is described in the SAQA guidelines in three stages: 1) analysis and planning; 2) development of

qualifications and; 3) standards and quality assurance. Each of these areas is accountable to the NSB co-ordinators who facilitate the process according to the guidelines for each of the stages. In responding to the tasks of the NSB, a SGB must reassure the NSB that the skills and knowledge analyses that foreshadow the standards development adequately cover the sub-field for which the SGB is responsible. The SGB should present a detailed plan that shows how the entire development process will be completed. Each SGB will also be asked to produce a plan showing how the qualification and standards developed by the NSB will be promoted to users including state departments, economic and social sectors, providers of education training and assessment services, businesses and learners. A detailed outline of the NSBs performance tasks in the process of standards generation outlines the various activities and steps throughout the process. One of the major challenges identified by the document is the need to consider varied approaches and models to identify the most viable tasks. SAQA acknowledges numerous initiatives in existence in South Africa, with the intention to integrate these rather than wasting effort or compromising quality. In tandem with this, SAQA hopes to encourage initiatives from the field as far as possible and provides support to initiatives in a number of ways: advice, capacity building and pro forma examples.

Principles in setting standards

NSBs and SGBs are the bodies involved in the standards setting process. The following guiding principles underpin the development of standards: consultation, relevance, transferability, efficiency and accessibility, innovativeness, broad focus and minimal duplication. Adhering to these principals will ensure that the range of concerns such as appropriateness of qualification to encouraging innovation and the unique composition of the standards is maintained (Isaacs, 2000: 23).

Generation of standards

The SGB is responsible to generate standards, with the NSB as the body overseeing and monitoring the process and is responsible for providing the necessary support to the SGB to ensure keeping to SAQA schedules.

Summary

A focus on youth and youth programmes is essential to protect and educate youth. International organisations and global references to the needs of youth agree that keeping children in school, poverty alleviation programmes as well as those focussed on priority health conditions and access to education and support are essential elements of childhood safety. The vulnerable status of children is the background and context of efforts to address these issues. Peer education in one such attempt.

Despite considerable support for peer education, a lack of empirical evidence of the benefits of peer education is one of the common themes identified in this literature review. Lack of clear goals, poorly described theory and a lack of scientific evaluation are other identified challenges. Programmes are often internally evaluated, often not; they often lack systems and structure. Numerous articles (McDonald et al, 2003; Campbell and Mzaidume, 2002; Pearlman et al, 2002; Harrison, Smit and Myer, 2000; Parkin and McKeganey, 2000; Cameron Wolf, Tawfik and Bond, 2000; Turner, 1999; Turner and Shepherd, 1999; Shiner, 1999; UNAIDS, 1999; Population Council, 1999; Svenson, 1998; Cameron Wolf, 1998; Hughes and McCauley, 1998; Kim et al, 1997; Haignere et al, 1997; Klein and Sondag, 1994; Gould, 1993; Fennel, 1993; Zapka and Mazur, 1977) highlighted the need for more rigorous attention to be placed on the common challenges facing peer education, particularly examining the benefit to the beneficiary. These common themes seem to suggest that peer education needs a more structured framework for practice as well as agreed guidelines.

The lack of clear guidelines and standards for PEP, are clearly the underpinning criticism of PEP across all current practice. The continuing debate of efficiency or lack of efficiency of peer education will continue if attention to recommendations made in the range of articles reviewed is not heeded. There is clear consensus that youth focussed interventions work provided they are based on contextual needs and participatory methodology. The development of the NQF system in South Africa provides a context in which guidelines for PEP should be developed. The NQF and SAQA

represent the policy and legislative frameworks for legitimising PEP through an SGB and the development of unit standards.

This research concerns itself with gathering information that will contribute to these concerns and address ways in which documented recommendations for a more organised and systemic approach to peer education can be constructed. The research emphasises process, consultation and cooperative learning as the approach and methodology. A field-generated process considers current practice and how this influences possibilities for improved practice through the development of agreed standards. SAQA and the NQF system is a distinct process with specific structures and measures for the development of unit standards for particular skills development, qualifications and as well as competencies. The development of standards for peer education practice must link to the SAQA system. The field-generated process of this research provided the forum for consultation and exploration emphasising participatory methodologies. However, the standards process must differentiate between individual competencies and programme standards, although they interlink, are concerned with different aspects of peer education practice. The SAQA system, considers the nature, context and relevance of practice. The formation of an SGB dedicated to peer education and focussed on the registration of Unit Standards for peer education will assist in formalising the current lack of agreed peer education standards of practice in South Africa. It will contribute to providing the legitimate framework for peer education practice as well as opportunity for career pathing and support structures for many community based programmes. Peer education links both to formal and informal learning. With continued support beyond the scope of this dissertation, peer education could become an intervention providing much needed support to youth and children.

Chapter Three: Research Methodology

Introduction

This chapter presents an overview of the research design, methodology and process. It begins by describing the differences between qualitative and quantitative research, and provides reasons for selecting a qualitative approach. Next it presents a description of action research, and principles of a field generated research process.

3.1 An Overview

Cohen and Manion (1990: 218) describe some of the characteristics that distinguish qualitative and quantitative research. The quantitative paradigm looks at the development of relationships and the testing of theories. As a result the model insists on a large number of cases, ensuring as much control as possible over variables, strict sampling techniques and an attempt to generalise the findings of the research to comparable situations. However, a qualitative paradigm focuses on a specific problem in a specific setting and is not intent in obtaining generalisations but is more interested in obtaining precise knowledge of a particular situation and purpose.

A quantitative paradigm moves from the premise that there is little difference between the social and natural worlds. Social researchers working within a quantitative paradigm believe that it is possible to study social reality using the same principles that natural scientists use to examine the natural world. Their emphasis is on directly observable facts and not on meanings, extenuating factors or purposes that might be attributed to a phenomenon. Quantitative social research assumes that social behaviour can be objectively studied. Personal beliefs, values, attitudes, values and biases are seen as factors to eliminate rather than consider as part of the research process. There is a focus on standardised methods to collect data, which are transformed into statistics (Meadows, 2003; Mouton, 2001; Cohen, Manion and Morrison, 2000; Bell, 1993).

Qualitative research, on the other hand, often supports a purposive and non-representative sample. The qualitative paradigm emphasises the nature of human beings as having a consciousness that is not found in nature. The emphasis is on a descriptive, in depth, gathering of rich, detailed information that is concerned with the inner meaning of social actions rather than their outward, apparent meaning. The qualitative paradigm relies on the researcher to gather in-depth information, rather than simply collecting data. Qualitative research aims to study things in their natural settings, attempting to make sense of, or interpret social phenomena in terms of the meanings people bring with them. It emphasises experiences, meanings, attitudes and views rather than quantified answers. Qualitative research is grounded on information about how people think and feel. Features of the approach include: the researchers role in gaining a holistic view of the context; capturing data on the perceptions of the subjects from the 'inside'; analysis is represented through words and not numbers. Little standardised instrumentation is used and a triangulation approach to gathering information is often the research method used (Meadows, 2003; Yardley, 2000; Greenhagh and Taylor, 1997).

The increased popularity of qualitative research as a methodology over the past decade, particularly in health research, is due to a number of aspects that produce desirable results not realised in quantitative research. Of these, the exploration of the interwoven linkages between the topics and processes studied is seen as a fundamental benefit (Yardley, 2000). Yardley suggests that an additional appeal of the qualitative approach is its similarity with traditional clinical practice, which focuses on the importance of the person being studied and a concern with particular situations and experiences. The focus of the qualitative research paradigm, determines the 'why' rather than the 'how many' (Meadows, 2003, Yardley, 2000; Greenhagh and Taylor, 1997).

This study is not only intent on generating outcomes from information gathered but is concerned with the process of generating that information. The study is specific, situational and purposeful. The use of a qualitative paradigm values the description of processes. It calls for a design that is less

structured than the quantitative paradigm, a design that will contribute to collecting data that is holistic, contextual, descriptive and rich in detail. The study is situated in a qualitative paradigm, based on an action research design.

3.1.1 Action Research

The term action research was invented by Kurt Lewin in 1946. Lewin emphasised the importance of using scientific knowledge to make social improvements (Akdere, 2003; Earl-Slater, 2002; Gronhaug and Olsen, 1999; O'Brien, 1998; Riding et al, 1995). Action research differs from the traditional research approach in that it assumes a tight interaction between research and action. It is an enquiry with people rather then on people (Altrichter et al, 2002:130). Traditional research is mostly based on findings and theories that serve as a basis for recommendations for further action. Action research is based on the premise that research and action happen parallel to each other and depends on a collaborative problem solving relationship between the researcher and client. Action research is concerned to create organisational change and simultaneously study the process. Action research encourages practitioners to acquire the habit of researcher in the workplace and provides an approach that teaches critical evaluation of one's own practice. Action research always involves two main goals of solving the problem and making a contribution to knowledge (Rowley, 2004; Avison, D., Baskerville, R. and Myers, M. 2001).

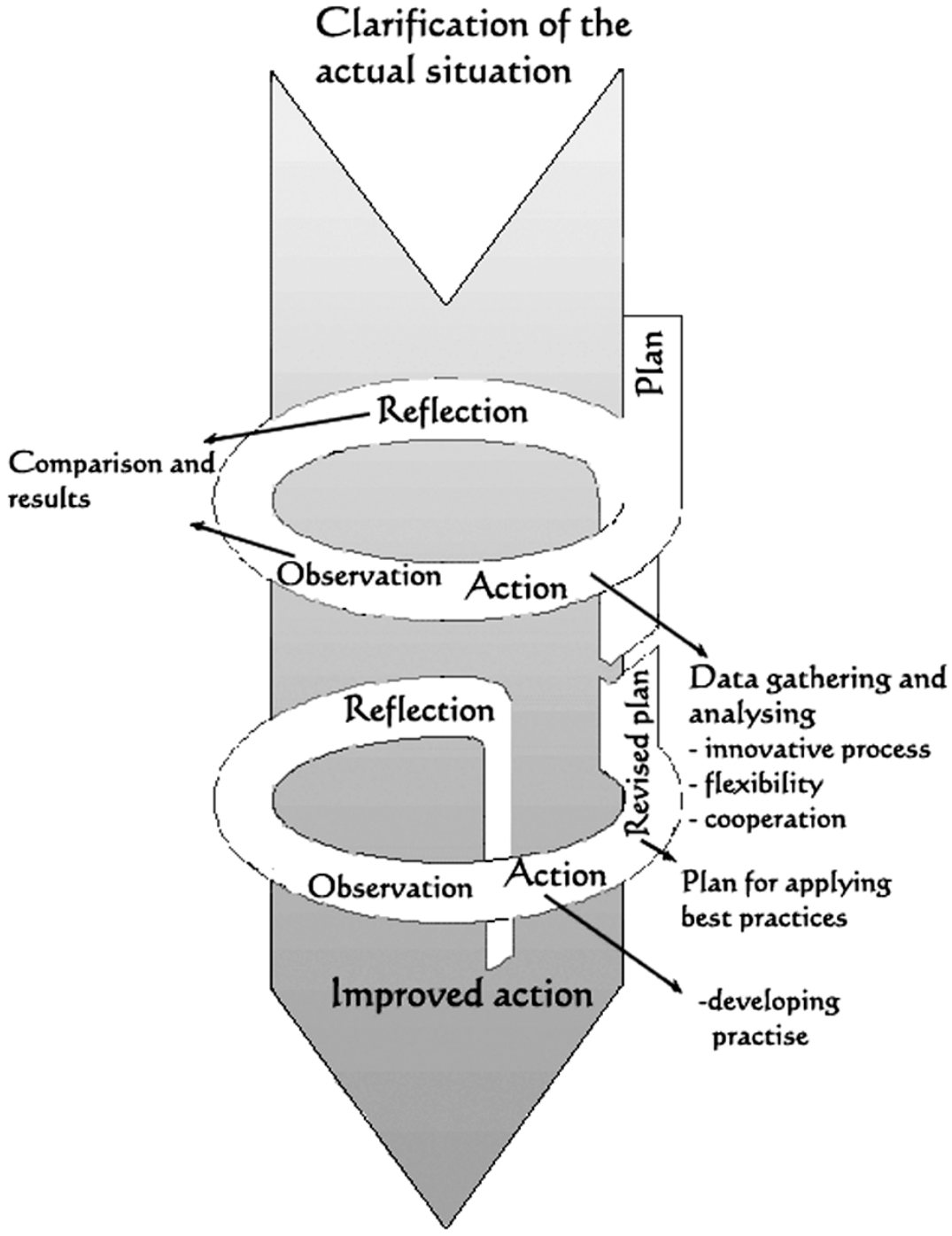
Action research is characterised by a cyclical process. It begins with the formulation of a plan, leading to gathering information that can inform the revision of the plan so that the cycle/spiral begins again (Rowley, 2004; Rowley, 2003; Meadows, 2003; Akedere, 2003; Altricher et al 2002; Dick, 2002; Earl-Slater 2002; Zuber-Skerritt; 2002; Mumford 2001; Cousins, 2001; Gronhaug and Olson, 1999; O'Brien, 1998; Cardno and Piggot-Irvine, 1996; Riding, P., Fowell, S. and Levy, P. 1995; Dick, 1993; Cohen and Manion, 1990). Action research is a form of collective, self-reflective inquiry that participants in social situations undertake to improve: 1) the rationality and justice of their own educational practices; 2) the participants' understanding of

these practices and the situations in which they carry out these practices. Groups of participants can be teachers, students, parents, workplace colleagues or any other community group i.e. any group, with a shared concern and the motivation and will to address their shared concern. The approach is action research only when it is collaborative and achieved through critically examined action of the group members (Kemmis and McTaggart cited in Altricher et al 2002: 125). Cunningham (1976: 216) describes action research as a process that engages a whole organisation in a co-ordinated response to identifying and solving problems by making decisions through a process of group participation and interaction. The common theme is the cyclical process of planning, taking action, observing, reflecting and revising the plan for a new cycle of action as reflected in Figure: 4. Within this cyclical process, are the eight major phases of the model:

1) Problem definition and needs analysis
2) Start up workshop
3) Project work
4) Midway workshop with specialist input
5) Project work continued
6) Concluding workshop
7) Preparing for presentations and publications
8) Final presentation and celebration

(Zuber-Skerritt, O. and Perry, C. 2002: 145)

An aspect of action research that requires attention is its “double challenge” of action and research. The control of such research approaches is an area that has inherent challenges and should be considered in the design of the intervention. The focus of action research to effect changes well as to add to knowledge creation through the process and not merely the application of a social science study is distinguishable from research based on hypotheses (Avison, D. et al 2001: 28).



Source: Modified from Suojanen (1998)

Figure 4: Benchmarking as an action research process
Paula Kyrö (2004) Benchmarking: An International Journal, Vol. 11 No. 1, pp. 52-73

Cohen and Manion (1990), Altricher et al (2002) Rowley (2003), Rowley (2004), describe the process of action research as one that is situational and often inclusive in its relationship with other research frameworks (Meadows, 2003; Altrichter, 2002). A feature of action research is that it attempts to diagnose a problem within a certain context and then attempts to solve the

problem within that context. The process involves a number of participants who work together collaboratively. The process is self-evaluative and encourages continuous improvement. This relates well to the development of guidelines for PEP, as the intention of the research is about improving current practice through a collaborative consultative process.

3.1.2 Workplace Learning

The concept of workplace learning has recently received attention particularly within the context of an action learning and action research model (Earl-Slater, 2002; Yiu Yuen and Cheong Cheng, 2000; Wilson, 1999; Lau, 1999; Levy and Brady, 1996; O'Brien, 1998; Howell, 1994). Earl-Slater suggests that action research utilised within the workplace has the potential to generate genuine and sustained improved practice as it offers opportunity for greater ownership of action and analysis, insight into real life situations, scope and structure to explore and test new ideas or methods, opportunity to reflect on the newly tried method, to examine it's effectiveness and support a basis for formulating and acting on the evidence and analysis (Earl-Slater, 2002: 134). Rowley pays particular attention to the need for research in response to changing environments. The use of action research and a qualitative approach within the work environment provides much needed information to solve the problems experienced in management as well as contributed to knowledge creation through the approach of research (Rowley, 2004: 208). Howell, too, describes the success of an action research approach that resulted in organisational, professional and personal development changes within an educational context, supporting the notion that management development requires a process-oriented emphasis rather than one that is content-driven (Howell, 1994: 15). Underpinning thoughts relate to the understanding that most organisations are exposed to an ever-changing environment and necessary useful strategies need to support these changes (Akedere, 2003; Yiu Yuen and Cheong Cheng, 2000; Levy and Brady, 1996; Cardno and Piggot-Irvine, 1996).

This initiative is based on the involvement of a range of role players, who are responsible in diverse ways, for youth and development issues. Mostly the

participants are managers of programmes or projects. They come from diverse backgrounds, with a multitude of skills, some more or less involved with direct services and others with a focus on managerial responsibilities. Within national government structures there is no formal programme that is responsible for professional development of staff nor a programme that provides opportunity to get staff involved in understanding some of their areas of responsibility or improving their knowledge, skill and developing capacity in that area. In the design and development of this project, there was a focus on contributing to the development of role-players and staff involved with youth and in particular with PEP in order to develop skills to improve the efficacy of interventions for youth.

3.1.3 Adult Education

Learning in groups is fundamental to adult education (Imel, S. 1997; Stein, D. undated), coupled with understanding the needs of adult learners. Needs such as structure according to goals and tasks; cooperative environment; responsive to structured activities that have sense and meaning to learning; consideration to their life experiences as well as concepts of level of motivation and their need for new knowledge (Fidishun, D. undated; Imel, S. 1997; Stein, D. undated). Adult learning can be both formal and informal, although both have particular goals.

The term Androgogy, popularised by Malcolm Knowles in the 1970s and 1980s, was first used by Dr Alexander Kapp in 1833. Knowles surmised that the difference between Pedagogy vs. Androgogy is that adults learn differently from children and need to 1) be self-directed and 2) to take responsibility for decisions (Reischmann, www.uni-bamberg.de 2004; Fidishun, www.mtsu.edu 2004; www.infed.org 2004; Carlson, 1989). The development of an adult learning theory was further developed by Knowles who began to research and explore the field. It was during this research that he began to identify some of the critical assumptions about adults as learners such as:

- Self Concept
- Experience
- Readiness to learn

- Orientation to learning
- Motivation to learn

Knowles built his theory on the concept of characteristics of adult learners, the fifth added at a later time. Malcolm Knowles suggested that adult education theory is based on a 7-step process.

1. Set a cooperative learning climate
2. Create mechanisms for mutual planning
3. Assess learning needs and interests
4. Formulate learning objectives based on diagnosed needs and interests
5. Design sequential activities for achieving objectives
6. Implement the design by selecting methods, materials, and resources
7. Evaluate the quality of the learning experience while reassessment will direct further learning (www.nl.edu/academics 2004).

Critiques of his work point out that Knowles describes a framework or guidelines for practice rather than explaining how adults actually learn. However, these so-called framework or guidelines provide an important context for this study. Similar models of adult education practice add to the framework suggested by Knowles. The spiral model suggested by Arnold et al (1991) value principles such as:

- Participants see what they are learning is valuable.
- The experience of participants is valued and drawn upon.
- New facts and insights are connected with what participants already know.
- Participants feel respected and listened to.
- Differences in identity and experience are acknowledged.
- Encouraging participants to take responsibility for their own learning

The spiral model is premised in education for social change and is concerned with the dynamics involving the triangle of social, organisational and political identity. However the approach considers a transformational educational approach one that is able to tackle the transformation of socio-economic systems. The approach by Knowles fosters personal growth rather than

political transformation and therefore critiques of Knowles' approach find the model supportive of a humanist tradition that misses the broader dynamics of learning situations. However the approach to adult learning is underpinned by a participatory methodology that ensures the use of structured activities and is valuable as a framework suitable for gathering information during a field generated research process. The planning, programme design and facilitation of the event ensures interactive engagement and participation.

Figure 5 presents the spiral model for adult education and workshop design. The following information explains the spiral process.

1. Start with the experience of the participants.
2. Encourage and facilitate discussion; analyse experiences; look for patterns – differences and commonalities.
3. Add new information or theory.
4. Practice skills, strategise and plan for action.
5. Apply in action; reflect on action and prepare for continuing the cycle.
6. Reflection occurs throughout the process in order to ensure that programmes align themselves to emerging needs.

(Arnold, R. et al. 1991)

The adult educator is referred to as the facilitator. The facilitator is tasked with managing the instructional setting as well as provide support and assists learners to accomplishing the learning tasks. The facilitator often needs to balance the need to develop the exercises, manage time and resources as well as provide the responsibility to keep the learning process directed. It's sometimes necessary for the facilitator to help learners confront issues that they would prefer to avoid (Imel, S. 1997). In this way, adult learners are encouraged to reflect critically on experiences and practice and investigate the process to integrate knowledge from experiences and create new knowledge and actions. The development of critical learning provides valuable insights into blending new knowledge with experience into new insights (Stein, D. undated).

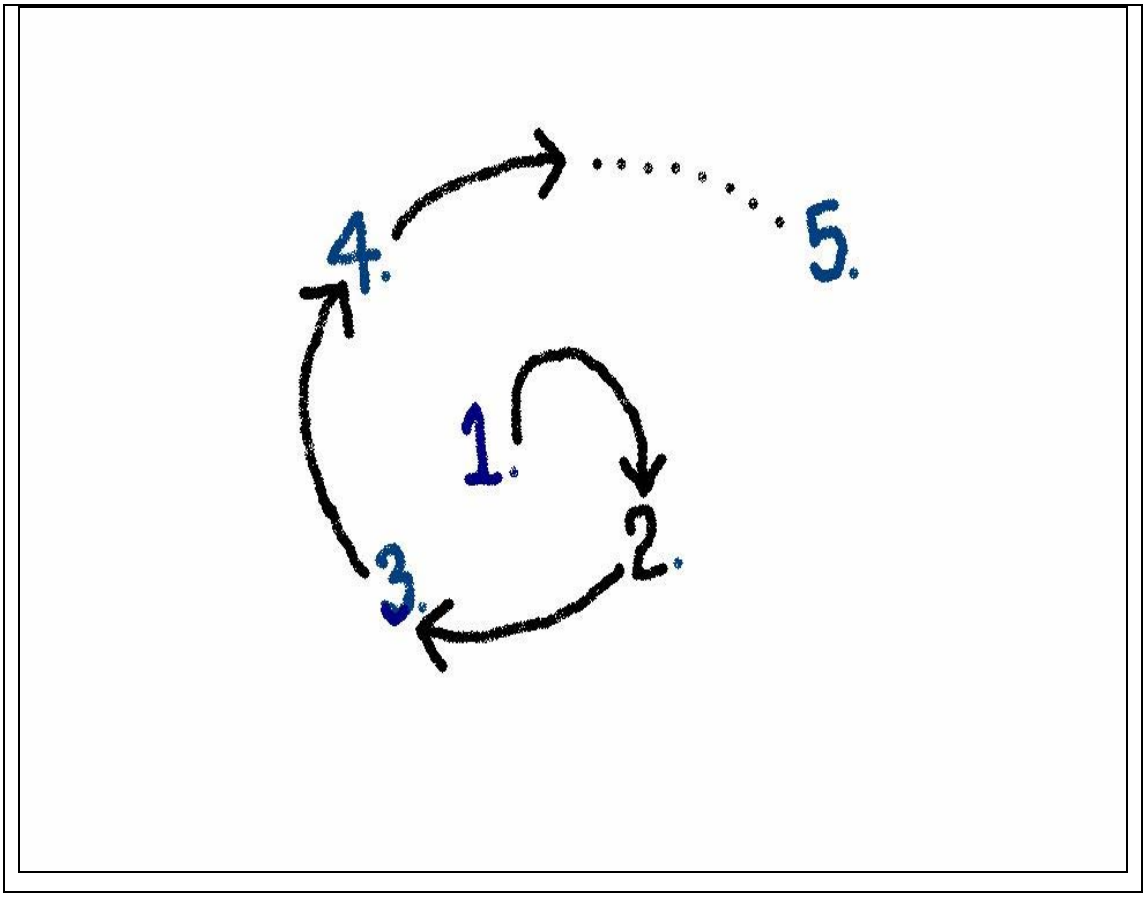


Figure 5: The spiral model of adult education and workshop planning
Arnold, R. et al (1991)

The participants of the workshops planned for this study came from diverse backgrounds and situations with a variety of skills. The selection of methodologies such as the experiential learning cycle, use of participatory activities and group work provided the framework to gather information. With its emphasis on careful planning and consideration of the value that experiences contribute to learning, an adult education model provided the complementary framework to that of an action research process for this study. This coupled with structured discussions to reflect on current successes and challenges of peer education practice provided opportunity to contribute new information and mirror the ideals of a field generated action research process. The framework is concerned with process and co-operative learning as much as it is concerned with the outcomes.

3.1.4 Research Ethics

There is a growing awareness of the moral issues implicit in the work of social and education research as well as recognition of the need to respect those involved in, or affected by, research.

Cohen, Manion and Morrison (2000) suggest that social research necessitates obtaining consent from those involved in any investigation and, in some instances, informed consent is essential. Their definition of informed consent includes four elements that should be presented to participants so that they are able to evaluate their willingness to participate in the study. The four elements are: voluntarism, competence, full information and comprehension. Ethical guidelines for researchers, such as those in the University of the Witwatersrand's Code of Ethics ensure that reasonable informed consent is obtained. These include explanation of procedures, description of risks and benefits, disclosure of alternative procedures, additional information when requested and the option of withdrawal from the study at any point (Cohen, Manion and Morrison, 2000: 51).

For South Africa, the HIV/AIDS epidemic is one of the most important and strategic challenges. This research was conducted as a component of broader DoH activities identified as critical interventions on the part of the NIP (as mentioned in Chapter 1). As such, the intervention has the support of the national department with the cascade of support from the provincial departments. Although this does not facilitate the physical process of signed consent, a range of official letters and submissions through the bureaucracy contributes to the appropriate official approval for the research. This includes approval of the DoH budget (2001/2002) and the DoH operational plan for the Youth sub-directorate. As recorded and reflected during the research, the process began with a consultation with role players to solicit their consent to contribute to the research to develop guidelines for better PEP. This was a component of each workshop.

3.2. Research Methods

DoH needed to investigate and support peer education as a complementary strategy to protect youth who are at high risk of contracting HIV as identified

through a number of focussed consultative discussions mentioned in Chapter 1. The idea of an action research process required support form stakeholders prior to its inclusion as a strategy within the NIP. The first phase of the project introduced the idea and established commitment and support for the project. Once stakeholders agreed to the development of national guidelines through an action research approach, operationalising the plan and activities was possible. A description of how the process would contribute to the development of national guidelines was presented. The concept of a field generated research process was formalised and agreed by the stakeholder group.

The process followed the principles of action research as suggested by Zuber-Skerritt and the diagrammatic explanation of Kyrö (2004). The project planning considered steps against the recommended phases (Zuber-Skerritt, 2002; Kyrö, 2004). The common theme was the cyclical process of panning, taking action, observing, reflecting and revising the plan for a new cycle of action. Within this cyclical process there were eight major phases of the model:

1) Problem definition and needs analysis

Peer education programmes were being implemented without agreed guidelines and evidence of impact.

2) Start up workshop

The start up workshop was intended to gather support for the project from identified role players and stakeholders and resulted in progressing to project planning and work.

3) Project work

The initial project work involved a consultative process with all nine provinces. The workshops created a platform to inform and gain support for the concept of peer education guidelines. It also contributed to an awareness of the need for good practice. Strategic in-depth interviews with selected stakeholders were planned to gather information.

4) Midway workshop with specialist input

A reference group meeting midway provided dedicated time for an update and reports on progress. Stakeholders and representatives were consulted

and encouraged to contribute and reflect on the process as well as the way forward.

5) Project work continued

Based on recommendations and consultation with role-players, the framework and outline for the guidelines document was devised. Ongoing work and writing was the focus of this phase of the project work. Further meetings with the reference group were held during this time due to additional recommendations resulting from the midway workshop.

6) Concluding workshop

A concluding workshop was held with role-players to give final approval for the guidelines.

7) Preparing for presentations and publications was finalised.

8) Final presentation and celebration by way approval and printing of the guidelines by the Department of Health.

3.2.1 Action Plan

The plan below outlines the process, time frames and costs of the research project.

Activity	Resources	Time Frame	Costs/ Input	Output
National Reference group meeting	Conference facility, photo-stats of handouts, transparency presentation. Recording of recommendations. Workshop and programme design Administrative processes, registration, travel arrangements.	One month	R 30 000.00	Basic agreement to take the process forward with support from all organisations
Design and limited pilot of questionnaire	Consultation with Harvard and Centres for Disease Control and Prevention	Two months	Donor funding	Questionnaire designed for rapid appraisal of peer education

	(CDC) partners			programmes in South Africa. Printing and distribution of questionnaire to workshop participants.
Activities	**Resources**	**Time frame**	**costs**	**Outputs**
Phase one: three provincial workshops	Conference facilities, photo-stats, presentation, workshop design, record keeping, administrative processes, registration and travel arrangements	Three months	R 90 000.00	Three provincial workshops held, information gathered and recorded throughout the process.
Consolidation of information, report on workshop findings, refine workshop design, plan for next phase	Workshop design, recording, administrative processes and registration, travel arrangements	Four months	Departmental administrative funds	Report on phase one, workshops, administrative preparation for phase two workshops
Facilitation and distribution of questionnaire	Participant address list, envelopes and postal costs	One month	Departmental administrative funds	Questionnaire sent to all participants prior to their attendance at the workshops
Phase two workshops in four provinces	Conference facilities, photo-stats, presentation, workshop design, recording, administrative processes and registration, travel arrangements	Included in the time frame above (Parallel processes)	R 90 000.00	Phase two workshops completed, additional information recorded, administrative processes completed

Development of draft document	Workshop decisions and information fed into a comprehensive document. Consult with Harvard and CDC	Three months	Departmental and donor funds	Draft document developed, circulated, edited and reviewed prior to wider distribution to the reference group
Activities	**Resources**	**Time frame**	**Costs**	**Outputs**
Semi-structured interviews	Travel costs, open ended questionnaire development for interviews, recording of findings development of document	Ongoing throughout the process	Departmental funds	Specific and ongoing gathering of information to feed into the process
Reference group meeting	Conference facilities, photo-stats, development of presentation of work to date, workshop design, recording, Administrative processes and registration, travel arrangements	Two months	R30 000.00	Specific feedback and comments on the draft document in anticipation of distribution nationally to stakeholders and role-players, editing of document
Provincial workshops to introduce 1st edition of standards document for practice	Preparation and finalising of draft for printing and distribution to stakeholders	Two months	R 80 000.00	Six workshops held to introduce the document to provincial stakeholders

The focus on qualitative rather than quantitative information steered the research process. The research was conducted using a triangulated approach. The methods for the study included participant observation and discussion (field generated) during workshops, reference group meetings, discussions, and semi-structured, in depth interviews as well as ongoing

communication with the core national team that was established subsequent to the first meeting. The core national team included Dr Charles Deutsch, Ms Sharlene Swartz (National Director of Scripture Union's Youth Programme), the Youth Sub-directorate officials, Ms Nokuthula Prusent (Assistant Director) and Dr Kenau Swart (Deputy Director) and myself, Ms Barbara Michel (Researcher and Deputy Director). The following paragraphs outline the methods used and the ways in which they were appropriate for this study.

The formation of a national reference group

The initial goal of the national reference group meeting was to present the idea of working towards agreed standards for peer education and to gain support for the initiative. The participants were selected from credible and experienced stakeholder groups and because of their experience with programmes targeting youth in and out of school settings. Reference group meetings were held in order to highlight the development of draft documents and to ensure that there was sufficient opportunity for role players to recommend changes or debate issues.

The role of the reference group was to act as critical readers of draft documents and as advocates of the process of developing guidelines. Once the draft guidelines were available for dissemination, testing and refinement by the group would assist in supporting the process. Four reference group meetings were held during the process of developing the guidelines.

Provincial workshops, reports and documents

Six provincial workshops were designed to facilitate discussions and generate information regarding current peer education practice, current knowledge about peer education as an intervention and the rigour of PEP. Workshop participants were encouraged or selected on account of their experience and knowledge in the field of peer education, or because of their job responsibilities regarding the management and initiation of peer education programmes. Participants were drawn from the three social sectors – the departments of Health, Education and Social Development as well as NGOs

and Community Based Organisations (CBOs)[8]. Some of the workshops were held for individual for provinces and others were organised to include a cluster of provincial representatives. With TA from Harvard the gathering of data for the development of a daft standards document for guidelines for Peer Education was conducted from June 2000 – June 2002.

The following table outlines the workshop schedule.

National Reference Group

	Reference group	**Dates**	**Location**
	First Stakeholder/National Reference group meeting	13/14 December 2000	Gauteng
	National Reference Group	October 2001	Gauteng
	National Reference Group	28/29 Jan 2002	Gauteng
	National Reference Group	Aug 2002	Gauteng

Provincial workshops

	Provinces	**Dates**	**Location**
1	Gauteng	9/10 May2001	Boksburg, Gauteng
2	KZN	14/15 May 2001	Umhlanga, Durban
3	Western Cape	17/18 May 2001	Cape Town
4	Eastern Cape	15/16 Oct	Port Elizabeth
5	North West, Northern Cape Free State	5/6 Sept 01	Kimberley
6	Mpumalanga, Limpopo	22/23 Oct 01	Nelspruit

Higher Education

	Province	**Date**	**Location**
1	Gauteng	20 September 2001	Pretoria Technikon

[8] CBOs are non-profit organisations situated in communities providing a range of services to community populations.

2	Western Cape	25 September 2001	University of the Western Cape
3	Eastern Cape	1 October 2001	Rhodes University, East London
4	KZN	2 October 2001	University of Durban Westville
5	National Sector Stakeholder Meeting	18th October 2001	Boksburg

Interviews with selected NGO's

	Organisation	Date	Location
1	YMCA	June 2001	Pretoria
2	Scripture Union	June 2001	Johannesburg
3	Institute for Health Training and Development	June 2001	Johannesburg

The recording of information and findings was managed by a number of key people. The national reference group was consulted at various stages of development to ensure alignment with the various findings of the provincial discussions.

Workshops were held in the four larger provinces (Gauteng, KZN, Western Cape and Eastern Cape) with the remaining provinces clustered together (Northern Cape, North West, Free State, Mpumalanga and Limpopo). This linked with the available budget at the time, the logistical arrangements and the knowledge that smaller provinces would have a smaller cohort of role players. This clustering process was not uncommon for provincial structures and obtaining support from the provincial role players was straightforward.

The workshops were facilitated in two phases.

Phase one included three provinces:

- Western Cape
- Kwa-Zulu Natal
- Gauteng

These provinces were identified for this first round of workshops as these are traditionally the provinces with the largest cohort of departmental officials and range of affiliated NGO and CBO bodies.

Phase two involved:

- Northern Province and Mpumalanga
- Free State, Northern Cape and North West Province
- Eastern Cape

A comprehensive list of participants of the workshop held in KZN is reflected in Appendix B.

Participant Observation

Observation is basic to all research. It is the nature of the observation that differs. A researcher may be a non-participant or a participant observer. The non-participant researcher is detached and uninvolved in what s/he is observing and is often associated with a quantitative paradigm. The participant observer operates within the context of the research and enables the researcher a greater degree of interaction wit the research process. A benefit of this approach is the emphasis on the context of the situation. This would include less predictable observations that are valuable to the gathering of information and might not be possible through the use of a questionnaire. This relates particularly to the idea of critical incidents, where an isolated event is important and warrants additional attention (Cohen, Manion and Morrison, 2000: 310). The disadvantage of a participant approach relates to the possibility of bias, preconceived ideas and prejudices. It is therefore important that participant observations are recorded as fully and accurately as possible (Bell 1993; Cohen, Manion and Morrison, 2000; Mouton 2001).

Roles and responsibilities were allocated to various members of the core team. These included the writing up of notes and discussions during workshops. In effect all members of the core group acted as researchers and for each step of the process, debriefing and collating of findings was ongoing, as is characteristic of an action research process.

I had been involved in the life skills programme at a national level for some months, and was familiar with some of the people and programmes that would

be involved in the process. As suggested by Cohen, Manion and Morrison (2000: 311) being involved in a situation over time contributes to a more holistic and comprehensive view. The investigation and insights gained would be enhanced by contributions of select participants who would contribute to the gathering of information and findings. The difficulty of this research was compounded by the need to achieve a constant balance between ensuring that the project reached its goals (of producing guidelines for PEP) and keeping track of the process as a research study that involved on-going action and reflection during the recording of that process. This highlighted the position of researcher as a participant in the process; the greatest challenge was to separate the various roles of researcher, co-ordinator of the project as well as the role of educator. What was always important was that the process had to unfold within the systems within which the programme was based i.e. within the DoH and the NIP. Working with provincial structures within a bureaucracy often made for difficult and frustratingly slow procedures and developments. Mobility of staff was a continuous challenge as well as keeping track of changes and processes happening at the provincial level. Here the reference group became a strategic body that was identified as representatives with the necessary expertise, vision and constancy to guide the process.

Questionnaires

Questionnaires are widely used as instruments for the collection of data and information as well as being relatively easy to analyse once completed. Traditional concerns such as the design of questionnaires, ethical considerations, as well as the response rate all infringe on the usefulness of the questionnaire as a research method. The usefulness of the questionnaire is linked fundamentally to its design. Attention to the wording of the questionnaire, to the length, layout and type of questions asked, all contribute to the level and quality of responses expected. A most important step in the design is the piloting the questionnaire prior to its use (Cohen Manion and Morrison 2002: 245, Mouton 2001: 104, Bell 1993: 75).

The design of the questionnaire initially proposed by Deutsch was based on preparatory discussions within the core team as well as recommendations of

the first national reference group meeting (10/11 December 2000). Although the completed draft was lengthy, we agreed on ways in which we would facilitate time to ensure its completion as part of the workshop. A facilitated process would not affect the nature of the information gathered.

It was to assist gathering data about PEP in South Africa and aimed to provide some initial baseline information of current programmes. The questionnaire was designed to ask for information related to staffing infrastructure, the number of peer educators trained, to more significant information regarding goals, outcomes, planning, reporting and supervisory structures as well as evaluation of PEP. It included questions about the selection of peer educators and managers. It asked for information on the training of peer educators as well as the sustainability of each programme. Questions related to monitoring, evaluation and tools used to measure the efficiency of the current models were also included. The questionnaire was distributed to participants. There was and remains a lack of information and knowledge of the extent of peer education programmes, what programmes are currently achieving in peer education, what they regard as essential information, the pedagogy and approach they use and the infrastructure and rigour in which evaluation and impact is evaluated. A copy of the questionnaire is included as Appendix C.

The semi-structured or focussed interview

Interviews are valuable in so far as they contribute to the gathering of information for surveys as well as a way to sample opinions or understandings of situations (Cohen Manion and Morrison 2000: 268). Interviews encourage and incorporate individual thought and opinion. Interviews involve an exchange of ideas between people that capture and reflect on the social situation and contribute to understanding those contextual situations. Within this understanding, an interview can be described as inter-subjective, meaning neither subjective nor objective, which enables participants to discuss and share interpretations of the world in which they live, the experiences they have and how these relate to formulating opinion, which is then collated and analysed as research information (Cohen Manion and Morrison 2000: 267). Bell (1993: 91) describes the flexibility of an interview as

a major advantage, where the skills of the interviewer can follow up on ideas, probe and investigate in more depth as opposed to the information that can be gathered by the questionnaire. An interview contributes to research by having a direct bearing on the research question; it makes it possible to measure knowledge, values, attitudes and beliefs; it can be used to test hypotheses, or used in conjunction with other methods in the undertaking of research. In this research, interviews were used to follow up on unexpected results or information and validated other methods. They provided an opportunity to explore the responses of some respondents (Meadows, 2003; Cohen, Manion and Morrison, 2000).

However it is also evident that the use of the interview has a number of potentially problematic areas when used in research, particularly relating to bias, reliability and verification. These include factors such as mutual trust, social distance and interviewer control. Respondents may feel uneasy and could well avoid giving truthful answers if the questions are too deep or threatening. Both parties may hold back information that is in their power to state for some reason, and it is possible that there could be misinterpretation of information that is genuinely unintentional. In addition, it is impossible to consider all aspects of the interview and the exchange, just as it is impossible to be systematic and objective in the efforts of daily life (Cohen Manion and Morrison 2000: 267). The interviewer is reliant on the interviewee for information, and the interviewee, as the supplier of information, needs to agree to this as the basis of the transaction and understand how the information will be used.

As methods of research there are distinct shortcomings and benefits in the use of the questionnaire and the interview as information gathering tools. Interviews can be costly and require a skilled person to conduct and report on the discussion. They are also time consuming and limited in reach. However the benefit is the good response gained through the engagement and interview process. Interviews yield a large amount of contextual and qualitative information although they may also yield unintended misinformation and limited reliability.

A questionnaire does not require a skilled researcher to go out to respondents, but it typically relies on respondent returns that are often poor. Questionnaires are reliable sources of information if structured well, and not ambiguous in design, but do not offer an opportunity to probe specific areas of interest for additional information. A questionnaire relies on good writing skills, can reach a large sample group and is considered reliable due to its anonymous nature (Cohen, Manion and Morrison, 2000: 269).

The diversity of context as well as experiences and opinions as to how PEP works best is a prime objective of this study and therefore despite the limitations of the interview as a technique, it was an intentional choice. A number of semi-structured focussed interviews were planned to gain further insight into various aspects of peer education and to clarify areas of PEP within different organisations. These were based on responses to questionnaires. Both novice and experienced stakeholders, working with peer educators, were canvassed for the diverse information that they were able to contribute to the research. The design was characterised by open-ended questions although some directed questions assisted in the confirmation of some information.

The greatest difficulty in using semi-structured interviews was, like the workshops, the continuous tension between the need to gather information as researcher, the process of giving attention to the action (activities and discussions) and the reflection on these processes that fed into the research and development of a standards process.

Triangulation

Triangulation may be defined as the use of two or more methods of gathering information in the study of some aspect of human behaviour. “By analogy, triangular techniques in the social sciences attempt to map out, or explain more fully, the richness and complexity of human behaviour by studying it from more than one standpoint, and, in so doing, by making use of both quantitative and qualitative data” (Cohen and Manion 1981: 208). By using triangulation there is less reliance on one method of information collection. By using different methods the researcher is able to confirm his/her confidence in

the trustworthiness of the information collected. The different methods of information gathering in this report were selected to examine the practice of peer education from different angles, and, in this way, demonstrated a textured response.

Using a number of methods to gather information for this research was appropriate. The findings of this research are well grounded in the various ways in which the information was gathered. In my experience of the process, it was valuable, although difficult, to collate a diversity of information.

Gathering information through field generated processes and participatory programmes.

Community based research (CBR) is becoming an increasingly important approach in order to encourage communities to take greater ownership and control over choices affecting their health (University of Victoria, 2000; Best, A., Stokols, D., Green, L., Leischow, S., Holms, B. and Bucoltz, K. 2003; Green, 2004; McAllister, C., Green, B., Terry, M., Herman, V. and Mulvey, L. 2003; Israel, 2000; Minkler, M., Blackwell, A. G., Thompson, M. and Tamir, H. 2003). A comprehensive definition would be to say that participatory research is a process of systematic enquiry, with the collaboration and participation of those affected by the issue being studied, in order to educate and effect change through the integration of the knowledge gained (Green, 2004; Minkler et al 2003; Israel, 2000; University of Victoria, 2000; Best et al, 2003; McAllister et al 2003, Brown, 2004). Although CBR is often related to health promotion and aspects of health issues, the notion of collaboration with role players who would benefit from the research process is significant. Of the principles identified to ensure a collaborative engagement as proposed with CBR, the over-riding consideration is a relationship that is collaborative, participatory, systematic and transformative (University of Victoria, 2004).

This study sits awkwardly, with its origins in the DoH, and the beneficiaries in education, DSD, NGOs and other organisations. It is a study that seeks to contribute to the management and mitigation of a health condition (HIV/AIDS) that is acknowledged as not merely a health issue. The response of education is deemed a priority (DoH, 2000). The idea of engaging in a field-generated

approach for this particular study was based on a number of issues. The NIP is a strategy involving three social sector departments (DoH, DSD, DoE); it is a new concept; the focus is on the identified strategies to address youth through the implementation of peer education, the strengthening of Life Skills programmes in school, VCT as well as community based care and support. For all these strategies, the importance of context is significant. I have previously alluded to the varying capacity of the provincial departments that would significantly support their attempts to implement the NIP strategy. It was also essential to acknowledge that provincial departments and provincially based organisations have been established for a number of years and therefore have a significant role to play in the contribution of known knowledge of the communities where they work, provincial strategies and interventions. As mentioned by Israel (2000), a field-generated process is cyclical and requires long-term commitment, but does play a role in bridging the gap between research and practice (Best et al 2003; Minkler, 2003).

The concepts of CBR are primarily used by health promotion units and infer that there is existing community based knowledge. The right of these communities to control data, research and their participation is fundamental to the success of such research (Brown 2002). But added to this is the reflection of Best et al (2003: 169) who share a concern about the apparent dislocation between research and practice, and that attention to a systematic approach would greatly benefit concepts of health promotion. Their proposal suggests that there needs to be a systematic process to integrate a number of community health models into an over-arching framework that would attempt to reconcile some of the differences, similarities and synergies apparent in the various theories of community engagement. The resulting framework would promote and support the on-going dialogue that culminates in a shared vision of community partnering and promotion (Best et al, 2003: 169).

With this in mind, the question raised by Brown regarding the use of the term community is significant for this study (Brown, 2004: 1). Although there is reference to the history of defining communities, Brown argues that within CBR, the benefits of exploring the term ‘community’ could develop a more comprehensive definition of the multiple realities found within communities. It

is this concept that encouraged my interest in pursuing a field-generated study in the broadest sense. Brown found that community groupings can be identified to include people in geographical settings, social support networks, collective social action, and that these may change over even a short period of time and may include a range of non-bounded communities such as HIV activists, or disease support groups (Brown 2004: 2). These non-bounded groups are often transitory and may lack sufficient connections and commitment to show impact or influence.

In this study, a number of officials, role-players and organisations had been involved in the implementation of PEP for considerable years while others were new to the field; therefore the use of a field generated approach would collaborate with the peer education community and promote a shared vision. For the purposes of this study, I have understood 'community' to mean the groups of officials of government departments, NGOs, and those organisations working in the field of peer education as the sample group of participants for the study. The process of gathering data from practicing and non-practicing peer education role players would enable the study to utilise their considerable experience or lack thereof, as information gathered through this research. The concept of the cyclical process complements the action research paradigm.

Schedule

As reflected in the proposal submitted as part of the Youth Sub Directorate operational plan, the process of planning hinged around submissions to the DG Health for approval. All activities in government are subjected to a process where submissions are subjected to various line function approval. The system is structured to assist the control and monitoring of government expenditure and ensures that all activities supported are reflected in the Directorate plans. The submission process is then characterised by a list of required signatures and eventual approval from the DG Health's office.

Planning of phase one entailed holding a national reference group workshop for role-players and partners. The goal was to present an overview of peer education as a strategy and to introduce the idea that guidelines and

standards were necessary to improve peer education practice. It also addressed the need for all role-players to understand the objectives of the initiative and to agree to support and contribute to the process. A copy of the submission is attached as Appendix D, and the invitation to the first stakeholder meeting is attached as Appendix E.

An invitation list was drawn up and sent out to a select number of people. The group identified as participants consisted of known national managers and leaders involved in youth programmes, peer education or others who were involved as partners with the NIP or other DoH directorates. The first workshop was scheduled for the 9th and 10th December 2000.

Workshop and programme design.

Each workshop was designed to be participatory and consultative as well as to provide an interaction where current PEP practice could be assessed. Planning involved not only a focus on the actual design but also considerable focus on the necessary arrangements in managing an event requiring conferencing and in most cases, travel for participants. The planning of the first national reference group meeting was simple, without bureaucratic processes. However, the planning and logistics of the provincial workshops, the core focus of the research, involved considerable communication through the three social departments. Registration of each participant was required, capturing of their details and the necessary invitation process through the DG of each department adhering to their communication protocols. The methodology included: climate building, presentation of context and the NIP, current understanding of PEP, exploring PEP through an experiential activity, small group discussion, feedback and recommendations. A copy of the provincial workshop programme is attached as Appendix G and the interactive activity “Exploring goals of peer education” as Appendix H.

National Integrated Plan Task Team

The regular (bi weekly) NIP meetings created an ideal forum where activities and communication to provincial counterparts could be facilitated. The meetings were most often arranged at the DoH offices. The task team

members were required to update partners of the progress of activities. The discussions were seldom recorded, and the meetings were used as a method of keeping up to date with each component of the NIP. Each strategic area was responsible for reporting. The go-ahead to proceed with each of the provincial workshops was communicated via this forum when approval of the necessary submissions was confirmed.

Design of the workshops

There were a number of sessions dedicated to preparing the design of the training agenda, materials and process of the various workshops. For the most part, the workshops were designed through email communications, teleconferences and written documents. Various role players were included in the discussions at strategic intervals and, in particular, towards the end of the writing of the draft standards documents.

The workshop design was based on an adult learning model and therefore combined the action reflection of experiential learning within the action research paradigm. Planning discussions held prior to each workshop were concerned with:

- The objectives of the workshop.
- Sequence and timing of activities.
- Building on participant experiences.
- Gathering of information that would be analysed and collated into a coherent standards document.
- Obtaining agreement that standards are necessary.
- Redesigning the programme during the event if necessary.
- Allowing for the opportunity to add new information or theory.
- Establishing a future vision and application in practice once standards are developed and ready for implementation.

The approach was focussed on ensuring

- That participant's contributions were valued.
- Clear goals and expectations were set.
- Participant's experience was understood as valuable.
- New facts and insights contributed to what was already known.

- Differences in context and skills were appreciated.

With this model in mind, the planning for the field-generated research began (Arnold, R., Burke, B., James, C., Martin, D. and Thomas, B. 1991: 34).

First stakeholder/reference group meeting – 13-14 December 2000

Once the approval to hold a first workshop was granted, I was able to initiate the arrangements. Invitations were sent to selected officials and stakeholders. This was achieved through a range of communications, email, and teleconferences with the national core team. Much of the process was confirmed during our ongoing planning discussions. It had also become clear from our informal discussions earlier in 2000 (prior to confirming the possibility of collaboration) that our visions of peer education were similar, supported a reflective process and were keen to facilitate a field generated, participatory research process. The first meeting was panned for the 13/14 December 2000.

The planning process.

The underlying principle supported a participatory process. Many stakeholders were experienced in their field and the design ensured sufficient opportunity for their contributions. The goals of the workshop were:

- To explore current peer education programme interventions.
- To discuss the lack of standards and lack of empirical evaluation.
- To request stakeholder support for a national standards process.
- To ensure understanding that individual organisational models were not under threat.
- To consult and identify recommendations for the broader roll out of the project.

Appendix F reflects the report of this first stakeholder/reference group meeting.

The provincial workshops

Planning - January to April 2001

After the success of the first meeting – at the end of 2000, and the appropriate support for the project, I was able to begin the process of planning an

approach that would provides a field generated research methodology through provincial consultation and contribution. A plan was developed to provide the necessary support for a comprehensive research process. The financial support was divided between CDC South Africa for Technical Assistance and the NIP would support the South African workshops, layout design and printing of the draft standards.

The planning articulated questions about operationalising the process. Discussions explored methods and techniques to gather the appropriate information; with a particular emphasis on the timeframe necessary for reflection and interpretation of information as well as a realistic schedule for writing up the recommendations. This included time to reflect on the ongoing process and reach a point where the draft standards would be ready for critique and consultation (the next phase). The approach included the development of a questionnaire that would provide some basic information about peer education.

What was significant in the planning process, was understanding that what we were attempting was to bring together various officials and role players, many of whom had never met nor worked together, with an expectation that they would contribute to the process of gathering information, share experiences and take away valuable information to enrich their own insight into peer education practice as well as understanding the benefits of peer education as an intervention. So our anticipation and understanding of this was foremost in our minds in the construction of the workshop agenda.

The next phase of the process was to ensure that the logistics, bureaucratic processes and communication to the various departments began.
The goals of the provincial workshops were to:

- To introduce role players and stakeholders to each other.
- To gather information of current peer education programmes though the questionnaire, structured discussion and group work.
- To identify existing models of good practice as a baseline for appropriate standards for a South African context.
- To examine peer education practice through structured discussions.

- To present an overview of the field generated research and project.
- To present a vision of how standards will contribute to improved PEP.
- To introduce how PEP can be used in preventative strategies in schools and communities to address issues related to HIV and AIDS.
- To introduce how standards will contribute to improved PEP.
- To establish how much provinces know about PEP.
- To identify core areas of agreement as well as realistic recommendations for inclusion into the standards document.
- To explain the action research process and how contributions of workshops and other activities would contribute to agreed standards.

Numerous discussions underpinned the final design. The concept of an adult education approach as well as an action reflection model was intrinsic to all the discussions. The planning considered a generic design for the duration of all the provincial consultative workshops. The design would consider observation and debriefing after each workshop to tweak the content to reach common goals and the gathering of necessary information for each of the provincial workshop sites. The fist provincial workshop, to be held in Gauteng, was considered as a pilot as well as offering the opportunity to gather the first sample of information. The post workshop evaluation would be managed between the facilitators and selective participants would assist in modifying and adapting the findings. The theory of the experiential learning cycle underpinned the construct of discussion and information gathering. Therefore the workshop allocated time for introductions and a climate building session, as well as a session of how this initiative would be located within the NIP (all provinces had been exposed to a national road show ‘An introduction to the NIP’ arranged with the NIP task team during March 2001).

Some time was allocated to discussions around peer education practice in the form of an interactive card game (Appendix H). It was this component that provided the necessary and critical step towards an understanding of PEP. The structure of feedback was provided by the nature of the activity and the structured discussion that focussed on the management of peer education programmes. As reflected in the literature review we anticipated that many programmes would be implementing programmes with mistakes consistent

challenges for peer education practice. And therefore the focus of the workshop included space in discussion to provide some information on the improvement of these areas as part of minimum criteria in the standards framework.

The questionnaire - February – March 2001

There has been no attempt in South Africa to draw together information related to the practice of peer education programmes, nor was there any information centrally located describing the duration, scope, content, target group, site or model of the various programmes implemented around the country, as previously stated. Our design acknowledged that we needed to begin to collate information in some way. A questionnaire would begin to collate essential information about current peer education models in South Africa at the time.

The design of the questionnaire would attempt to document and gather information of some of the critical unknowns about the current PEP such as the role of the peer educator; their training; the management and supervision of their work, the training of the peer educator supervisors, the theory underpinning the model and existing standards or criteria for practice. The draft questionnaire was lengthy and although it captured a sizeable amount of information, it was anticipated that this would be a difficult questionnaire to complete. The draft was sent out for comment to a few role players who had attended our first meeting. Recommendations and changes were made to the draft and a plan put forward to allocate time within the actual workshop for participants to complete and submit the questionnaire (Appendix C).

After the first 3 workshops it was clear that the information was too fragmented and incomplete to provide comprehensive information, although some organisations were able to provide some in depth insight into their peer education infrastructure. For example, many programmes considered once off sessions as peer education as well as many reflected a lack of focussed goals and very little attention to monitoring and impact or keeping of basic records.

First phase of provincial workshops – May 2001

The first phase of the workshops was held during May 2001. The three workshops were held in Gauteng, Kwa-Zulu Natal and Western Cape. All three workshops were very well attended. All workshops endured a range of logistical complications as well as last minute requests to register.

Second phase of workshops – September - October 2001

The second phase of the workshops involved the clustering of provinces. The North West Province, Free State and Northern Cape met in Kimberley. The Mpumalanga and Limpopo Province (known as Northern Province at the time) workshop was held in Hazy View (Mpumalanga). This cluster of workshops had fewer representatives from each provincial structure. It was acknowledged that these provinces had fewer established NGOs and smaller government departments. Again, these workshops endured some logistical difficulties, but in the end were well attended. The third workshop was held in Port Elizabeth, for the Eastern Cape Province stakeholders. Representatives were diverse and included representatives from DSD and DoE. DoH was not well represented, due to communication blockages. Participants contributed valuable insights into the contextual situation of the Eastern Cape Schools, often mentioning distance and rural environment as well as capacities of teachers in grasping critical concepts.

The Higher Education Sector and Peer Education – July - August 2001

It was during this time that I was approached by the South African Universities Vice-Chancellors Association (SAUVCA) to investigate and draw on the DoH strategies and plans for secondary schools and how this could link with the Higher Education (HE) sector. SAUVCA was investigating the current response of the HE sector to the epidemic. The goal of the survey was to design a proposal that would complement and support the South Africa Country strategy and include the strategic role of the HE sector. The survey acknowledged the significant progress in the vast number of interventions focussed on the school sector. At the time, there was no national strategy in place for the HE sector and SAUVCA recognised that peer education was already well established on a number of campuses. SAUVCAs plan was to develop a proposal for funds that would initiate a national HE sector response. The discussion looked at ways in which HE Institutions could benefit and

participate in the standards process. The discussion resulted in SAUVCA proposing a precursor round of workshops through regional HE associations, and would culminate in a national workshop. SAUVCA had no budget for this activity and until their proposal and funding was finalised they would need to rely on DoH for support. Discussion with the core group agreed to support HE sector needs and was an important role player to include in the initiative. Reworking the budget, allowed for regional meetings, and as most institutions are in close proximity of the main cities, was easy to facilitate. All invitations and arrangements were made by SAUVCA. Workshops were well attended and focussed on helping Universities and Technikons (now Universities of Technology) understand and know about the process to date and the goal of the project.

The HE focus culminated in a national workshop (18th October 2001), held in Johannesburg where institutional representatives spent a day debating and contributing to the guidelines process, binging their experience and context to the existing wealth of information.

NGOs – interviews and focus groups discussion

NGOs are often the best placed organisations with structures and capacity to focus on youth programmes. Many exist as dedicated resources for youth interventions. It was anticipated that their contributions would share much information of how programmes are structured and managed. Guiding questions therefore focussed on when programmes started, their management, training and supervision, evaluation and scope of youth beneficiaries.

Chapter Four: Results

This chapter presents the results of the research and answers the two organising research questions:

- How can rigorous standards of practice for HIV/AIDS peer education be developed?
- How do a diverse group of adults with different levels of skills and expertise in peer education work together in a strategic fashion to achieve acceptable standards of practice?

Reference group workshops

A national reference group is an important structure when the process intends to inform and develop national strategy. From the beginning of the process, in December 2000, it was evident that strategic partnerships and stakeholders were essential to support and contribute to the concept of guidelines for peer education practice. The first step was to gather sufficient strategic support for the process of investigating and developing guidelines towards standards from both experienced and inexperienced critical role players. Loyalty to the concept of consultation in post-1994 South Africa had justifiably become vital to the credibility and support of a nationally structured programme. The participants of the reference group were valuable contributors to the development of the draft documents. The reference group met early on in the process and then again once a draft guidelines document was on the table for comment. The objectives set for each meeting were clear and the structure allowed ample time to gather and honour the contributions of the various stakeholders.

It was problematic throughout the process, and apparently characteristic of such national consultative deliberations, that different representatives attended the reference group meetings. It was necessary to spend time briefing new participants on prior progress, but for many consistent participants, this was an acceptable price to pay for an inclusive process. It also seemed to help reinforce and confirm newly integrated information or ideas about peer education. Although this consultative process worked well

as it was, consistent participant membership would have improved and shortened the process.

The combination of national departmental officials together with national NGO stakeholders was an interesting mix. For the most part, departmental officials had little practical experience in the implementation of peer education programmes and therefore little background in the difficulties in training and logistics of working in a variety of settings. However, they were necessary to include because they were often responsible for the guidance and management of such interventions. National stakeholders were invaluable in contributing their experience and describing challenges. They were especially valuable with regard to components related to the training of peer educators, the management of programmes, and the issue of incentives and rewards. This enabled discussion and debate of approaches and models to be based on direct experience and gave departmental officials opportunity to understand challenges and benefits as experienced by the direct service providers.

After distributing draft documents, there was an opportunity to recommend changes on issues that remained a matter for debate. These were either resolved or have remained topics for debate and perhaps for planned variation. Examples include incentives for peer educators to remain in the programme; lack of dedicated staff to manage, train and supervise peer educators; and the implementation of peer education in formal or informal settings (compulsory vs. optional programme attendance).

The reference group was responsible for the recommendation to national departments to expand the work of the standards development process to include site specific implementation guides as well as a draft compilation of peer-led lesson plans and a structure for peer trainers. As a result, the original planned outcome of ‘one’ resource document expanded to encompass five documents. The original plan was to produce one document that would identify and document the concept of peer education, the philosophy and the benefit of a strategic intervention in light of the South African epidemic and the need to protect youth through well-constructed

programmes. Three documents now highlight guidelines for practice of PE in different settings viz. the school, the NGO and the higher education institution. Although many of the principles and tools are generic, there are site-specific differences highlighted in each guide. As must be remembered, the initiative was based on the need for increased rigour as well as an intervention to address the needs of South African youth and to show the overall benefit to youth. This intervention was not intended to influence the model or approach used in peer education programmes but to encourage organisations and stakeholders to examine their programmes and encourage self-evaluation and improvement of their programmes through the development of appropriate guidelines. Thus, it was with some surprise that the national development team received a further recommendation from the reference group to develop and highlight a core collection of lessons central to prevention goals and ideal for peer educators to facilitate and present. In the context of the scarcity of well-structured models of training resources, and the desire to make evident to programmes the pragmatism of the active-education role of peer educators so critical to the national team, and so novel for most programmes, a resource consisting of ten 'ideal' lessons, with particular attention to sequencing, was developed and presented to the reference group for comment.

Consultation with the reference group was responsible for the name of the guidelines document, RUTANANG, a Sotho word meaning 'learning from one another'. The reference group also supported the concept of tiered guidelines depicted in the Rutanang documents as a set of calabashes.

Provincial workshops

Workshop Design

The workshop design provided the necessary backdrop for the development of national guidelines. The process placed current programmes and practice as the point of departure for discussions on what peer education might and should be, and what elements should be incorporated into the structure and content of the documents. Participants responded positively to the participatory approach and the opportunity to talk about the virtues and challenges of their programmes. Many had never met, although they were working with similar target groups (youth) and communities.

The workshop design required participants to discuss some of the basic components of peer education in small groups. Feedback in the plenary sessions provided the opportunity for debate and contributed to an agreed understanding of peer education and potential practice. Time is always limited in workshops designed to encourage discussion, and the national team well recognized the trade-off between allowing participants time to “handle the materials directly” and efficiently organizing and presenting ideas and information. It was consistently deemed essential to take the time for maximum participation. It remains a question as to whether more time for these workshops would have resulted in more and better input into the documents and standards. However, there is always a price paid for withdrawing officials from the workplace for an extended period of time, and this is far from the only project requiring time from work.

Workshop Participants

For each of the workshops, participants were actively involved in discussions, which were particularly designed to question the purpose and value of peer education practice and management. Those participants working directly with youth, as NGO-based participants, were more knowledgeable and experienced in youth issues in contrast with the government officials, who were often responsible for youth programmes but had little practical experience in working directly with programmes and youth. Observing and overseeing the discussion groups during the workshops provided opportunity for the national team to confirm this information. Groups with a number of experienced youth workers were best able to contribute significantly to the debate, though often it was strategic to form groups that mixed youth workers with government officials. Officials with limited experience were well engaged and able to discuss the issues, but with less conviction.

Knowledge and understanding of peer education, its practice and potential

Each of the provincial workshops included a diverse group of participants, though the size, composition, and range of experience varied by province. In some provinces officials and providers for the Department of Social

Development were very well represented; in others the Department of Education contingent was conspicuous. In all but one province, the Department of Health, which was sponsoring the workshops, was the predominant government partner.

The most common and fundamental issue raised throughout the duration of the field-generated process was the definition of peer education. Discussions reflected both extremes: Unrealistic expectations of youth's natural and latent talents, and a total underestimation of their ability to carry out a described peer education role and function. Appropriate goals for peer education programmes were a second and integrally related fundamental area for discussion and consensus-building. It is impossible to talk and plan about one without the other. It was these and other broad fundamental questions, and to some extent also their provisional answers, that were imported into the SA process from research, theory, and experience in the US and elsewhere. Appropriately, this field-generated process, and perhaps other such processes, actually entailed a balance between ideas and frameworks that come from places where there is a longer and broader history of trial and error, different sets of conditions and resources, and greater input from disciplines such as public health and outcomes-based pedagogy; and the experiences, lessons learned, and challenges known only to the practitioners and policymakers in country. The overall vision of what peer education could be and must be, central to the standards development process, devolved from this balance. Participants in the workshops were almost uniformly explicit about how much they learned, and how differently they were stimulated to think about peer education, even as they also valued being asked to share and build on and incorporate their own day-to-day experiences.

It was evident that most people's understanding of peer education was based on an unsophisticated view. For many, the term described an informal process performed on an *ad hoc* basis to a group of youth who happened to be together at a given time. The discussions demonstrated that the term was confused with the dominant form of awareness-level prevention, so that peer education was seen as managing campaign-based events and activities. At the other extreme was a perception of peer education as providing

counselling and supportive roles in cases of alcohol and substance abuse, where clearly a more professional intervention was necessary. If this confusion about what peer education should and can be was left unresolved, and carried into discussion relating to how to design and implement training, supervision and management of peer educators, the result would be unlikely to be useful.

There was mixed understanding of what training was required to prepare peer educators for appropriate interventions with youth. Many programmes appeared to allow peer educators to engage and manage group discussions with insufficient regard for ensuring competence and quality. Often the structured group discussions manifested the “traditional mistakes” made in peer education programmes as reflected in the literature review. This was particularly evident where participants had little practical experience in implementation of peer education programmes. These mistakes included: Choosing peer educators for their academic excellence or lack of risk behaviour rather than for skills and talent they might having in reaching diverse groups of youth; focusing on the training of peer educators rather than on the deployment and supervision of trained peer educators into situations where they can have regular contact with youth; providing insufficient preparation and training of peer educators to manage groups; and generally launching and conducting peer education programmes without an adequate adult infrastructure, including means of ensuring competent supervision, developing skills, documenting outputs, and measuring outcomes.

Keeping peer educators in the programme and the sustainability of programmes were identified as additional challenges. This was often related to peer educators losing interest, or not having sufficient work to do once trained, as well as the possibility of feeling inadequate given the expectations of the programme. Again these issues hinge on a clearer agreed definition of the roles of peer educators and expectations once trained. In addition, if peer educators were exposed to a youth group and felt unprepared, there was minimal chance that they would stay in the programme. The issue of ongoing support and development of peer educators, with career paths and promotion opportunities, is typically undefined since it actually cannot be addressed by

individual programmes. Absent this potential, it is difficult for programmes to insist on high performance standards. Consequently, participants could see that agreed-upon standards across programmes and sectors could lead to benefits that required a system and that were otherwise unattainable.

Another theme that threaded through all the provincial discussions was that of the role model and example set by the peer educator and consequences of 'bad behaviour'. The example of a peer educator working with youth and talking through the consequences and dangers of drinking too much alcohol, and then seen drunk at the next party, was a common concern. The discussions identified the need for a disciplinary framework to be included in the guidelines. Many NGOs had recognised that a code of conduct was a useful tool used to contractually bind peer educators to understand consequences of behaviour, however many had not yet formalised the concept. The rather unsettling and largely imported notions that to reach diverse youth audiences, and especially to influence those youth in greatest need, peer educators needed to work in diverse teams; and that such diversity must purposefully include youth who were less than perfect as role models, left programmes to reconsider their ideas about what precisely it is that peer educators model. The national team made pointed distinction between behaviour standards and performance standards, emphasising the latter. Peer educators are not people who never have a weak or careless moment or an unplanned or unsafe impulse; they are not role models of perfect behaviour (though there must indeed be standards and protocols when peer educators publicly and visibly misbehave). Rather, they are role models of taking these matters seriously and championing the application of thoughtful, honest consideration and self-examination.

Programmes within the school context found that it was sometimes difficult to get principals and school management to understand how the programme worked and how the school would benefit from the intervention. It was also reported that those schools that agreed to the programme often relegated the interventions to an extramural time slot. This made it difficult to reach those learners that would not voluntarily come forward for information or support. The notion of enlarging access beyond the (usually) healthiest, most

motivated, or simply most resourced segment of a population that willingly comes forward, was another that had occupied an invisible or far less central position in the conceptual framework of most programmes and provincial government departments.

Specific contextual issues were raised, such as incentives. Many PE programmes do not have funds to support stipends or remuneration for their peer educators. However, some programmes were able to pay a nominal fee to their peer educators and this was experienced as a concern. Often the remuneration was the only income for the peer educators' family. This resulted in considerable pressure for the peer educator to stay in the programme for the money rather than the philosophy and enthusiasm for peer education. Although this was a particular issue raised by KZN participants, the issue of remuneration was raised in all workshops as a complex issue. Some programmes reported that they had overcome the issue in creative ways such as certificates and other agreed privileges. In general, all programmes recognised that incentives were a critical component of the programme as a way to encourage peer educators stay in the programme. What those incentives should be, as well as whether some were better than others as encouragements to improve performance rather than simply to sustain participation, remained for programmes to discover and decide. This was an issue that was of particular significance to the NGO sector and mirrored the experience in their programmes. Government officials, on the other hand, were unaware of the challenges of keeping peer educators involved in the programme. For the NGO sector, sustainability was an identified priority challenge. Many NGOs rely on donor funds to implement and support their interventions.

Outcomes evaluation was so far beyond what either NGO or government participants were able to address that in most discussions measuring the impact of peer education was significantly absent. Although many programmes reported some record keeping, records did not often reflect information gained from discussions or sessions with youth themselves, but rather represented what peer educators themselves had said or done. Again, keeping records not only for eventual evaluation, but simply to document who

is being exposed to peer education and in what doses and content areas, was seen by participants as something that would contribute to the sustainability and improvement of their individual programmes but would only be possible through a system of standards and coordination. In this and other respects, the imported/field-generated balance in the process consistently relied on the idea that any perceived increase in burden to programmes would be more than offset by multiple benefits unattainable any other way. Participants, particularly experienced NGO providers, generally recognized those benefits without difficulty.

One of the most critical concepts in peer education is to clarify the roles and ensure that peer educators are not seen or viewed as “little teachers”. This was traditionally the way many programmes were structured; many workshop participants were unclear about the responsibility peer educators could or should have in achieving educational goals. A traditional mistake in peer education is to use peer educators to tell youth to “do as I do,” and otherwise to be inserted into lessons to preach messages that learners disregard coming from adults. The national team challenged this approach and championed the idea that peer educators are first and foremost educators who ask good questions and facilitate discussions amongst learners. The national and provincial departments of education in particular were wary of giving learners this kind of license and authority, even with close teacher supervision. There was for them a mixture of doubt that learners had the capacity to lead participatory education, and concern about how their doing so might violate department policy. This remained a tension that some provinces overcome when they adopted or adapted Rutanang, and that was favourably revisited by the national department after several years. Again, during the workshops NGOs were able to highlight their expertise and experience in these practical aspects of peer education and confirm that peer educators could indeed prepare and conduct structured learning activities.

Many participants had not previously thought through the potential of what peer education could be to South Africa in the midst of the HIV epidemic. Those NGOs that had a national infrastructure were more likely to have had the opportunity to bring together their various provincial chapters for

discussion regarding the strategic development of their programmes. However, even they typically did not take the time and bring in outside perspectives sufficient to take one or two steps back to reconsider current day-to-day operations in the context of vision, mission, and changed conditions on the ground. Locally based CBOs that exist because of the need seen at community level tended to have neither the expertise nor the luxury of periodically aligning their vision and philosophy to their practice.

Diversity of provinces

Provinces are diverse in their capacity to respond to nationally driven initiatives. The provinces that have stronger infrastructure and systems in place also have the human capacity and skills to contribute to the process. However is evident that there is a fundamental lack of leadership and skills to support a rigorous peer education intervention that will yield some success without additional help or assistance. In order to protect confidences, it is not possible to be more specific to the issues related to essential skills at provincial and departmental level, although it is essential to reflect on this lack of skills before planning to invest in peer education without providing intensive technical assistance, development and support for those provinces lacking competence and skills. Expertise is typically evident in provinces with significantly large urban areas and economic centres whereas the more rural the context, the less likely the expertise was present. The workshops held in the Western Cape, KZN and Gauteng yielded valuable information; PE and Kimberley yielded some information. The Hazyview contributions were less valuable.

As mentioned, most participants from the NGO sector were more in touch with current typical peer education practice than government officials. Many NGOs have received funding for some time specifically to implement programmes targeting youth, and peer education is often the approach used. As a result, NGOs have developed expertise and experience in the implementation of youth focussed programmes. Many have strong staff development programmes, nationally arranged capacity building opportunities and are often imbued with a strong organisational accountability ethos. On the other hand,

the incorporation of theory and research into standing programmes is often marginalised.

Provincial workshop discussions reflected the capacity of the provinces to address and utilise peer education as a strategy. The traditionally stronger provinces were able to contribute significantly more to the debate and discussion compared to those that are known for less competent programmes and provincial interventions. Despite the lack of expertise and capacity of some provinces there were isolated participants from those areas that shared valuable experiences and contributed sound insight into the reality of possible peer education standards. The diversity of provincial capacity will need consideration in the implementation of the guidelines.

None of the provinces was able to identify the full range of peer education programmes currently implemented in their province. There was no provincial system that held a database of programmes, nor was there any data on the funding of peer programmes supported through DoH or DSD funds. The DoE was unable to share a comprehensive list of schools implementing peer education activities. Records kept by NGOs were more comprehensive. However, records were kept mostly for the purpose of reporting to funders, and were not kept to inform a developmental process for the organisation. It seems as if record-keeping needs to be designed to inform strategy and development rather than simply for reporting purposes.

Levels of implementation

The variety and diversity of the human resources managing peer education, as well as levels of expertise and capacity of organisations and departments, demands that guidelines take cognisance of this diversity. The need to strengthen peer education practice through the development of agreed guidelines will need to cater for those advanced, well-developed programmes, as well as cater for those programmes that are battling to establish themselves. The evidence gained through the workshops and field generated process confirmed the need for guidelines and assistance to develop research expertise. The need for rigor as a valued intervention is critical, but without measuring against standards, will remain an undefined and undervalued

strategy. More developed programmes still need to look at ways of improving and others need assistance to ensure that the basic design of the programme will succeed.

Capacity of staff, stakeholders, organisations and departments to use the Rutanang process

National/provincial tensions

Woking at national level together with provincial structures is well known to reflect the dynamics of national/provincial tensions. This process was no exception. The approach of the NIP across departments was complicated. For some provinces, the NIP was not progressing well and this intervention, as part of the NIP, struggled to get support. This was most evident in the Eastern Cape, where DoH officials were unable to attend the workshop. For others, the workshop was considered valuable although there was hesitation in understanding the benefit of peer education due to competing priorities of the province. It was evident that current and continued rationalisation and changes in job responsibilities influenced the province to respond to the idea of peer education.

Higher Education workshops

There was some higher education representation at the first national reference group meeting and at a few provincial workshops because the national team initially saw higher education as an arena where school-based peer educators could extend and expand their skills. There was in this the vague idea that higher education could constitute a form of incentive and reward for some peer educators. It was also imagined that supervised higher education students could be helpful to programmes in documenting and perhaps even evaluating their work. However, as the provincial workshops rolled out, the need and contribution of the higher education sector regarding peer education became better defined and more encompassing. Its potential role in accreditation and career pathing was better articulated, but other roles took on greater importance. Though a relative late-comer to the field-generated process, higher education became a new site and its students a new target group intended for the guidelines framework. The HE sector was

seen to have particular challenges in addition to its noticeably high-risk cohort. The sector visualised peer education in two ways: as a social support service to students on campus; and as part of institutions' community outreach responsibility.

Peer education had been in existence on many campuses for years. Although originally concerned with academic support, some peer education programmes had recently expanded their expertise to include social issues identified as priorities for students, of which HIV/AIDS is one. Most peer education programmes were located within student counselling or support services and did not benefit from contact with academic departments and disciplines. Few programmes were managed from the campus health service or coordinated with it; and not many targeted residences or implemented residence-based programmes, though they offered especially ideal and proactive opportunities.

Many institutions worked with nearby schools and community groups. This model involved working directly with selected schools in the vicinity or through a faculty with an established relationship with schools. In some cases the district DoE office might be involved, but most often the relationship was between the school and HE institution. There was little attention to the strategic value of these interventions, and typically students' efforts were not appropriately integrated in terms of supervised practice, research, or evaluation activities consistent with the academic mission. As they joined the field-generated process, it became apparent that those higher education institutions with peer education programmes, whether primarily for students on campus or for outreach to schools and communities, welcomed an examination of their models, goals, assumptions, procedures, and outcomes. The larger number without active programmes were more mixed in their response.

The workshops with the HE sector yielded similar results to the provincial workshops: contextual response, diverse levels of capacity and various levels of response. Staff managing the HE sector programmes often had valuable post-basic qualifications such as clinical psychology or social work, in contrast

to the many community- and NGO-based programmes where the level of staff qualification varied. So too, the peer educators on HE campuses were often involved in psychosocial courses that added to their developing skills. Few HE institutional PEP had connections to academic faculty, which would provide a natural career pathing through humanities. This emerges from, and contributes to, the structural weakness that student counselling and the wellness and psychosocial support of students at HE institutions are not considered core business and therefore little vision, status and resources were given to the practice of peer education. The discussions during the meetings with the HE representatives highlighted their difficulties in sustaining programmes. Many institutions did not have a well-established PEP despite the acknowledgement that a programme would be beneficial to reaching students who were not otherwise being reached.

Questionnaire findings

From the outset, the programme questionnaire was intended to be a first attempt to gather information from various role players and stakeholders about peer education programmes. Its value lay in documenting goals and achievements of peer education programmes currently being implemented. It was hoped that the information would yield the beginnings of a database of current programmes. Participants were asked to complete the questionnaire at the beginning of each workshop; although it took up workshop time, it was understood that a good response rate could not be realised if it depended on. participants to send information back to the office. However the information completed by most participants was insufficient as a baseline database. It generally reflected the intention of the organisation or programme to develop aspects of their programme rather than providing anything resembling hard data on how many youth their peer educators were reaching, and with what doses and content. The questionnaires confirmed the supposition that peer education activities in the country were haphazard and undocumented.

It was significant that most existing programmes battled with sections related to record keeping, evaluation and monitoring as well as training and supervision. To many, peer education referred to once-off interventions and few programmes had included research to measure or assess the benefit or

influence of the intervention. The traditionally stronger provinces were able to complete the questionnaires with some valuable information, but in most questionnaires the information was too scanty to be useful, as the programmes described were not peer education programmes but rather presentations to groups of youth.

The completed questionnaires were nevertheless examined carefully and influenced the sections on standards related to selection, training, preparation, supervision and management of peer educators. Among other things, they revealed that some programmes that are provincially based have a national organisation that provides assistance to the provincial office on a range of issues related to programmes and functioning. A few organisations have well-structured national bodies that promote training and management expertise through training workshops and strategic planning sessions to ensure nationally agreed goals, objectives and outputs.

The Use of Action Research

The action research design contributed to the gathering of qualitative information. The challenge of this research approach is in reporting findings and identifying themes. Overall the planning and design of the initiative was appropriate and enabled the core team to utilise and gather sufficient information to compile draft guidelines for peer education. The implementation of an evolving field-generated process that honoured the experience and expertise of stakeholders and practitioners, but also imported ideas and experience that were not present or possible in the South African context, was an essential component of the research.

However, a concomitant of action research engaged in addressing national issues at scale was the set of challenges inherent in working with multiple government sectors. For example, participants attending provincial workshops were not always nominated based on their responsibilities for peer education programmes, as requested. Bureaucratic tangles complicated who could attend or how timely were the invitations. Many researchers prefer more traditional and controlled research because it can sometimes avoid real-world

obstacles that proliferate as the systems and geographic area under consideration expands.

Outcomes of the process

The field-generated process on which this research was based resulted in a series of documents that include standards, tools, and a framework to guide peer education practice. It draws together instances from the field to suggest how programmes can improve, but also how they need to articulate in a coordinated and sustainable system that can develop necessary attributes impossible at the individual programme level. It describes the roles of peer education and the potential for its use in various settings, while providing two dozen concrete tools, strengthening theory, and supporting ideas.

- Book 1, *Toward Standards of Practice for Peer Education in South Africa*
- Book 2, *Peer Education Implementation Guide for NGOs in South Africa*
- Book 3, *Peer Education Implementation Guide for Schools in South Africa*
- Book 4, *Peer Education Implementation Guide for Higher Education in South Africa.*
- Book 5, *Peer Education Lesson Plans*
- Book 6, *Peer Education Training Manual,* expected March 2006.

(Deutsch, C., Swartz, S. 2002a, 2002b, 2002c, 2002d, 2002e)

However useful these tools may prove to be, two things may be said of them at this juncture: 1) They are still evolving and will continue to change and adapt within each sector and setting as South Africans interact with them; and 2) They were welcomed, and have been widely accepted in their intended settings as well as others not considered at the time (most notably faith-based and worksite settings) because they were developed through a comprehensive and legitimate national consultative process.

The design of the guidelines draws together some of the identified challenges, gaps and weaknesses of current practice. It provides a great deal of information, tools and strategies to encourage and support sustainable peer education. A major tension in this case, and in many similar instances of resource development, was between comprehensivity and length. The national team decided in most cases to be comprehensive, and the result was a series of documents that can be intimidating for some audiences. Although not intended for peer educators themselves, the Rutanang documents

represent more reading than many potential peer education supervisors will undertake. An important task in the years to come will be to simplify the documents without compromising standards and quality. In confining the focus areas of the standards to 10 areas, and the number of lesson plans to 10 (where many more were identified as important by the national reference group and could have been developed but not put into use), the team perhaps more successfully balanced comprehensivity with simplicity.

Identifying guidelines in 10 specific focus areas, the documents can be used as a mechanism for sustainable reflection, evaluation and programme improvement to be engaged in by programmes individually and jointly, co-ordinated through national agencies. The 10 “STEPPs”, or Steps Towards Effective Peer Programmes, are:

1. Planning: Developing a clear plan of action based on actual needs with clear, measurable goals.
2. Mobilising: Ensuring commitment and support for the vision, structure, and resource development necessary, and engaging key players.
3. Supervisor infrastructure: Building the adult supports necessary to make peer education work.
4. Linkages to partners and support structures with which the peer education will do its jobs.
5. Learning programme: What peer educators will be trained to teach and where, how, and to whom they will teach it.
6. Peer educator infrastructure: Recruitment, selection, training, contracting, behaviour and performance standards.
7. Management of peer educators and their supervisors.
8. Recognition and credentialing, capacity development and career pathing for peer educators and supervisors.
9. Monitoring and evaluation, including a standardised and relatively unburdensome management information system.
10. Sustainability: Practical strategies for demonstrating programme and system effectiveness and compliance to funding, regulatory, and community audiences. (Deutsch and Swartz, 2002a: 66)

Simply articulating guidelines for practice is not enough to help improve how peer education programmes work. It is necessary to ensure that programmes can draw on TA and support to use the guidelines particularly in the initial starting up period. The workshops and collaboration that have gone into the Rutanang series will help to promote regular contact and sharing of best practices. A nationally coordinated system will assist programmes and enable them to share lessons, techniques and provide technical assistance to one another.

Chapter Five: Conclusions and Recommendations

This final chapter will discuss aspects of the report and findings that should be carried over into ongoing practice and policy. The research set out to answer the following two questions:

1. How can rigorous standards of practice for HIV/AIDS peer education be developed?
2. How do a diverse group of adults with different levels of skills and expertise in peer education work together strategically to achieve acceptable standards of practice?

This research documents and learns from the first attempt to develop standardised guidelines for peer education as part of a national country programme. As mentioned in chapter two, there is literature that articulates a need for guidelines (MacDonald, 2003; Svenson, 1998) especially for peer education strategies. Nowhere has there been a government-led undertaking to invest in a field-generated process to develop agreed national guidelines towards standards of practice that strengthen peer education.

National and provincial discussions revealed that peer education programmes implemented in South Africa are no different to those of other countries. Without recognised standards and rigorous self-evaluation, their efficiency in South Africa is as questionable as that of PEP abroad. This research process, working together with provincial and community stakeholders, most of whom have a vested interest in peer education (whether as implementers or funders) has taken cognisance of the need for appropriate guidelines if programmes are to show evidence of their worth. This research was a first attempt to address and support a systemic approach to peer education through a broad consultative process that integrated external expertise and country-based experience. The research has produced guidelines through the workshops and a range of discussions, interviews and reference group discussions.

The research process generated a great deal of information which was synthesised in Chapter 4. Most field-generated or community based research has focussed on smaller circumscribed 'communities'. This national field-generated process was not without challenges: the mobility of staff, restructuring processes, competing priorities, communication and bureaucratic systems all made the process lengthy. The participants had varying levels of expertise. Some participants gave much of their experiences and expertise while others gained much from the discussions and workshops. Writing up the draft documents with the additional recommendations from the reference group made considerable demands on the writing team. The design and agreed format of the guideline documents, writing, editing as well as the process of layout and design were time consuming and underestimated by provincial role-players who were involved in the workshops, and were only presented with guidelines many months after the initial consultation. Many participants are no longer in their positions and it is necessary to re-introduce the process and goals of the intervention. This could be continued as the next step in the action research methodology towards the implementation of the guidelines. The process has begun to create platforms for in-depth dialogue to reach agreed approaches for standards, as well as look to peer education to address the tragic impact of HIV/AIDS in South Africa. The support from the NIP, with funding and the possibility of influencing policy, has been, at least, initiated.

South Africa needs to consider complementary strategies to contribute to the goals and outcomes mentioned in the country HIV/AIDS plan. Peer education is a valuable and legitimate intervention that could support prevention, care and support programmes in a country needing to utilise its informal workforce and volunteer support.

By no means has this process provided a comprehensive answer. There remains critical work in refining and implementing peer education programmes using the guidelines as a reference. These guidelines will need to be adapted and promoted through the SAQA standards process, and to be taken back to provinces and re-introduced to newly appointed or deployed officials in all departments. This will require further national and provincial

commitment. The strategy will require a strong focus on monitoring and evaluation, the development of a database, and gathering baseline information on current programmes.

Clearly, for peer education to succeed as a credible and worthwhile investment, a database is needed to capture information and provide evidence on which technical assistance, support and opportunities for ongoing monitoring can be based. With continued support to NGOs, faith-based organisations and governmental departments, peer education could become a strategic support for community based care programmes. It could also become an important career pathing process. There has been no attempt to develop a system against which peer education could be evaluated nor any substantiated measurable efficiency process until now. Peer education has been attempted at a programme level, throughout the country, without dialogue or investigation, or comparison to the diverse range of programmes being conducted nationally and internationally.

Most reports on peer education are written, as part of funding reporting mechanisms rather than to establish its value as an intervention strategy for prevention, risk reduction, and care and support. There is little provision for TA and mentorship for new programmes starting up, or for those needing improvement. Nationally agreed guidelines provide opportunities for programmes to develop and work towards attaining evidence-based standards rather than being measured against self determined goals that are often unclear and perpetuate traditional shortfalls.

5.1 Challenges and lessons learned

In the course of this study a range of challenges, blockages as well as opportunities have surfaced. Some of these were expected and some are perhaps unique to South Africa as a growing democracy. Overall however, there are important lessons that may assist future research and other interventions not only in peer education but in related fields. These need to be identified in isolation although their impact is cumulative.

- *HIV is still regarded as a health issue.* In effect this means that HIV/AIDS interventions are seen as belonging to the province of the DoH while other governmental structures see their role, at best, as supportive and, at worst, as tangential to their core business. This, in turn, makes it difficult to establish accountability flows between departments. The same is true of those NGOs, CBOs, business and civil society organisations which have not fully understood the pervasive impact that HIV and AIDS has on all aspects of society.

- *State ambiguity concerning HIV and AIDS.* Many challenges ensue, in part, from the government's reluctance to acknowledge and respond decisively to the epidemic. The mixed messages that emanated from the government over the past decade have had repercussions throughout all state departments. While a detailed analysis of this high-level ambivalence is beyond the scope of this research it forms a deeply embedded context against which this research took place.

- *A national/provincial tension within government.* For all the state's attempts to divide departments into clusters that will closely interact there remains a tension between national strategies and provincial implementation. The tension can be partly explained by the bureaucratic tendency to 'protect turf' but is also due to competing projects and activities that occur at national and provincial levels. Again this is not only related to HIV and AIDS but seems endemic to much service delivery at present. In general there are too many demands placed on the same officials at provincial level; PE, NIP, VCT, care and support is often the responsibility of one person, an impossible task. This tension was possibly exacerbated because the peer education team needed to work horizontally (across different sectors) and vertically (national/provincial), a process which often led to a blurring of boundaries.

- *Lack of leadership.* National leadership should engage with issues and take up the recommendations of (provincial) officials and ensure that once a decision is made to adopt a strategy there should be ongoing support to expand or sustain initiatives. In the absence or even the perceived

absence of such leadership, cynicism replaces innovation. Inversely, there is also a lack of provincial leadership to support and endorse nationally constructed strategies. This means that NGOs struggle to receive provincial support to deliver their services, and some spend too much of their scarce resources catering to political and other supporters. Moreover, the use of consultants at national level results in a lack of long-term commitment to the process. Improved leadership is critical at all levels to ensure well-managed interventions.

- *Lack of capacity and staff continuity.* For any programme to work requires dedicated staff committed to seeing through the various phases of the programme. However the research has been bedevilled by the mobility of officials (both at national and provincial level) as they move between posts and are redeployed to other positions. In addition, there is a lack of service contracts in place, which meant it was difficult to maintain a core team for the duration of the field-generation process. An additional problem occurs whenever new staff enters the process because they lack knowledge of the historical development and often lack capacity and expertise. Capacity constantly needs to be re-built before the programme can move forward.

- *Provincial Diversity.* It is well understood that provincial diversity plays a critical role in the ability of provinces to up scale and respond to intervention strategies. The playing fields are not even. As a result, some provinces have capacity, resources and structures to engage with nationally co-ordinated strategies and other do not. Those provinces identified as requiring assistance should receive additional support and tailored technical assistance, as often requested.

- *Lack of a review process*. Integral to the limitations of this study was a lack of monitoring by provinces to check on NGO efficiency, and vice versa. Performance appraisal processes for NGO contracts as well for government officials were not conducted. In fact, the entire process was beset by the non-existence of a monitoring system that could evaluate its efficacy.

- *Learning organisation*. The study identified that government departments are not well structured and suited to the concept of learning in the workplace. They do not have well organised capacity development strategies for their staff and many staff are appointed into positions and given responsibilities for which they have little expertise. This situation could seriously hamper the implementation of peer education programmes without the necessary emphasis placed on a staff development programme. Supervision is almost unknown, and certainly performance appraisals related to performance indicators and review is absent. Conditions of service are unrelated to job performance. Provincial structures have similar challenges in addition to a monitoring responsibility for provincially-based interventions supported by Provincial funds. NGOs are better structured to manage their environment as a learning organisation, however this is variable depending on leadership.

- *Communication channels.* Beginning with the most mundane difficulties relating to basic communication and bureaucratic channels, like broken or disrupted phone/fax/email conduits, and extending to a general lack of accountability and responsibility, the programme was hindered by a range of communication difficulties. There was also a lack of response to ongoing requests for feedback, and persistent delays to the process. There came a time when one needs to move forward and cannot continue to wait for responses that are not forthcoming. Again this was largely due to the inherent difficulties of a facilitative process as well as revolving staff at national and provincial level. At certain times, the process was hampered by personal and departmental agendas interfering with the programme.

5.2 Recommendations and ways forward

The multifaceted nature of addressing the epidemic typically results in separately funded and implemented interventions: treatment, prevention, VCT, care and support. The application of a single intervention to multiple aspects of HIV and AIDS is difficult to accommodate to this structure. This is

compounded by the separation of systems addressing different settings and populations: Schools, universities, clinics, workplaces, and communities, for example. Peer education is an intervention that can be used, and needs to be made more rigorous, across these fragmenting tendencies. This formidable challenge may paradoxically present an opportunity. Peer education has been presented in South Africa as a focused methodology that applies similar principles and requires common essentials, regardless of setting or HIV/AIDS (or other health) objective. The national consultative process has begun – but only begun – to get significant buy-in for this unified approach from various government departments, public and private sectors, and non-profit organizations. It has given South Africa the chance to test and refine that hypothesis by learning lessons from efforts in different sectors whose design and implementation are informed by evidence and share common goals and assumptions. Making the most of this opportunity will not be easy. Nevertheless, peer education, and productive research strengthening peer education, can be supported through the following measures:

5.2.1 Taking action research into next cycle: The current research needs to inform the next stages of peer education research and development. As a first phase of gathering information, the field generated process is both understanding what we do, and what is needed. This research has determined the current status of practice and is now linked to developing accredited agreed standards. The turnover rate in government and NGOs makes it necessary to renew the process of educating and enlisting people and agencies in the shared understanding and coordinated implementation and evaluation of peer education in the country. A new agenda for the next stage of action research needs to be articulated by a combination of national and provincial leaders and innovators and accomplished social science researchers.

5.2.2 Designing and implementing a Management Information System and Monitoring and Evaluation database: Currently in SA there is no way of knowing who is being reached by peer educators, with what dose and content and result, in any setting. A unified and relatively unburdensome data collection system, based on Memoranda of Understanding to exchange

assistance and support for the provision of accurate data on peer educators' activities and audiences, needs to be established. It is obviously essential to the evaluation of present activities and the design and targeting of new ones.

5.2.3 Conducting focused research and evaluation: Using data generated as above, and other data sets such as Youth Risk Behaviour Surveys, prevalence studies in different sectors and sites, and research conducted elsewhere, contributes to understanding and direction of evolving strategic planning and programme design. However, research focussed on reach of peer education to audiences is the priority necessary outcome.

5.2.4 Packaging and marketing tailored training and technical assistance: The settings where peer education takes place are diverse. The Rutanang guidelines provide a first attempt at a defining comprehensive approach to peer education practice. Tailor made training as well as technical assistance is required to assist and support existing programmes towards increased rigour, practice and defined results. A dedicated system and human resource capacity will be essential ingredients.

5.2.5 Simplifying and translating materials: The Rutanang documents are lengthy and comprehensive. For many sites and staff, the guidelines may prove to be difficult to use at community level. South Africa has 11 official languages. Justifiably translation to the vernacular is essential as a component of the way forward. This will require consultation with stakeholders to identify translators and funding support.

5.2.6 Developing and disseminating new tools: The development and dissemination of new tools supports the notion of a systems approach to peer education practice. Assisting programmes with tools to capture information traditionally missing in most programmes was initiated in this current process. Working together with existing programmes will provide opportunity to test and refine tools as well as provide insight for new tools as programmes become more efficient in their practice and needs for self improvement. This continues to support an approach that is concerned with participatory field-generated intention.

5.2.7 Turning guidelines into formal standards for programmes and individuals: The South African NQF and SAQA bodies require the peer education leadership to engage in the formal registration process. The tension inherent in the registration of turning guidelines into formal standards arises from the divide between the needs for a standardised systems (programme) approach and the need for personal competence. The registration of peer education guidelines process is essential if peer education in South Africa is to be considered a credible approach. Taking the registration process forward, the establishment of an SGB for peer education practice will need to consider both a systems and individual competence registrations approach, both contributing to increased rigour. The recommendation is the nomination of an SGB to formalise peer education standards.

5.2.8 Developing career pathways: Much discussion in South Africa beyond the scope of this research focuses on the need for economic growth, unemployment and strategies to develop these. The mobilising of many sectors and community structures with the intention to harness and develop skills provides opportunities for developing career pathing. A strategic focus area for peer education are school based programmes and structures. Working with schools and higher education systems in encouraging peer education as a career opportunity could encourage and bolster student interest into choosing a career in the humanities is possible. With accreditation many current managers of programmes and peer education advocates are ready for the challenge of short courses in contributing to the developing expertise and rigour in all aspects of peer education practice. This approach could also provide additional opportunity for many unable to access higher education systems or accredited skills building until now.

5.2.9 Building and sustaining committed leadership. Leadership at a national level is critical to sustain and support research and field-generated processes that consistently improve peer education as a strategy in different sectors and settings. Leadership is not to be understood solely as a governmental responsibility but also pertains to the need for solid NGO leadership and its translation to participants on the ground. Part of the peer education strategy

in the country and the ongoing work of the Rutanang team are to establish advocacy channels and activities in multiple sectors and systems, and to educate, and cultivate strong relationships with, key decision-makers and constituencies that need to understand the goals and needs of the peer education network.

5.2.10 Expanding involvement of higher education: Peer education is one example of numerous strategies that need to make greater use of higher education for rigour, interdisciplinary cross-fertilisation, improved training and scientific and research expertise. Beyond science and research contributions, there is an opportunity for many facets of higher education to render their services. Skills development, the need for building capacity, mentorship programmes and monitoring and evaluation are all areas where higher education could make a strong contribution to projects like this one. For higher education to give the kind of input that is required will mean that the sector needs to understand and support peer education as critical to protecting the future professional skill development for the economy of South Africa. Higher education should also be engaged in a whole range of accreditation and course development interventions as well as research based initiatives to increase the credibility of peer education and a technology requiring an appropriate and legitimate infrastructure for competence based programmes. While sources of appropriate funding remain to be identified, two critical goals would be served by supporting such engagement: More effective application of new and existing knowledge to policy and practice that will result in better outcomes on the ground; and the strengthening of the core business of higher education itself.

5.2.11 Establishing a peer education institute. Many of the foregoing recommendations can be advanced at a stroke if a combination of stakeholders establish and invest in a national peer education institute at an academic institution. It could provide the accreditation, training and technical assistance, tool and materials development and dissemination, and evaluation and research to support a national intersectoral peer education strategy. It should be structured to develop and maintain a database as well as support

both TA and evaluation and research areas that are currently particular weaknesses of most systems and programmes.

5.3 Conclusion

Reaching the end of this first action research cycle now requires further investment in a longer term support. Those departments supporting peer education at provincial and district level should now engage in supporting these interventions in refining this first draft collection of Rutanang guidelines. The impact of the epidemic is seen daily. It's a tragic picture. South Africa and its communities are struggling to come to terms with coping with the impact of HIV and AIDS. The epidemic needs a definitive response to support overwhelming needs. It is clear that sectors are without sufficient resources to cope efficiently: DoE, DSD, and DoH. Stigma, discrimination, child headed households, loss of colleagues, friends and family, shame and secrecy abound. Children struggle to stay in school; adults and workplace are equally affected. The development of a more rigorous approach to peer education through the Rutanang guidelines is by no means the miracle cure, but a serious attempt to invest in a system structured to produce results and respond to needs across sectors and settings. Mobilising and organising various communities and community structures to contribute to caring for their community through peer education is conceivable. Peer education is challenging. Promoting peer education as an effective delivery system serving the multiple aspects of HIV and AIDS is possible. The recommendations of this research require thought, strategic planning and coordinated management. Multiple sectors will be required to play strategic roles. The publishing of the first set of draft documents has been possible through the contributions from over 200 people consulted from all parts of the country during this first phase. The process has resulted in gathering rich information, and resulted in the first draft Rutanang series. Links to formal and informal learning and qualifications through agreed standards settings, has started as an outcome of this process. Standards of programmes are strengthened through advocacy and the implementation of rigorous agreed standards needs consideration. The field generated process has provided evidence to support the need for programme standards. Through the implementation of

programmes against guidelines is likely to improve programme performance if accompanied by good monitoring and evaluation. Participants were eager to contribute to the process and eager to continue to access TA, support and a national systems approach to improve peer education practice. Leadership commitment is crucial. All stakeholders have a role to support the need for increased rigour and assist in helping to demonstrate its benefit. The foundations are set. Taking peer education seriously matters.

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Scripture Union Peer Education Programmes:
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All the Right Moves: Life Skills for an AIDS free generation
More Right Moves: The Tougher Issues
Beautiful people: Skills for Living in A rainbow Nation
Crime Free: Skills for an Honest Generation

Old Mutual: I Have Hope Aids Peer Group Project

Planned Parenthood Association of South Africa: A Manual and Resource Guide for Youth and Peer Educators

Appendix A

NATIONAL INTEGRATED PLAN FOR CHILDREN INFECTED AND AFFECTED BY HIV/AIDS

EXECUTIVE SUMMARY

Background

On 24 November 1999 Cabinet approved the setting aside of funds over a period of three years for an effective integrated response to the HIV/AIDS epidemic. At a meeting held on 14 December 1999, the Directors-General of the Departments of Health, Welfare, Education and Finance met. Their consensus on the focus of the plan can be summarized as follows:

- **Children and youth** should be the integrating principle and the focus of the integrated response. The position of women in society and the relationship between men and women would also be an important component.

- An **integrated approach** and not fragmented departmental initiatives will be followed.

The following components to the proposed plan were identified, namely:

- The introduction of life skills programmes in schools which would be the core of the initiative.
- Development of strategies for care of orphans and community-based models of care for people living with HIV/AIDS, focusing on policy development and the piloting of approaches.
- Strengthening current efforts to make voluntary counselling and testing facilities available.
- The development of a public campaign to link with the other components.

Guiding principles have been adopted to inform the conceptualization of the plan. This includes amongst others the following:

- The areas of highest prevalence;
- Priority provinces identified by Cabinet, namely Eastern Cape, KwaZulu-Natal, Northern Province and North West Province;
- Learners most vulnerable/at risk ;
- Urban renewal and rural development strategy;
- Poverty alleviation programme;
- Provinces will develop their own implementation plans within the principles and guidelines stipulated in the national plan; and
- Initiatives outlined in this plan do not replace current initiatives. The plan intends to augment current provincial activities.

Design

The overall goal of the plan is to ensure access to an appropriate and effective integrated system of prevention, care and support services for children infected and affected by HIV/AIDS.

The above will be achieved through the following four programmes:

- community-based care and support;
- voluntary counselling and testing;
- life skills and HIV/AIDS education in primary and secondary schools; and
- community outreach.

The programmes will include the development of co-ordinating structures, income generation activities, specific prevention activities targeting children and youth, community-based care, capacity building, access to grants and legal placements, training of teachers, as well as voluntary counselling and testing. These initiatives will be underpinned by a community outreach programme aimed at increased HIV/AIDS awareness. An inter-sectoral approach will be followed in achieving the goal.

A district-based approach will be followed in implementing the integrated plan. This implies that all the initiatives mentioned above, will be focussing on one selected district in each of the following three provinces: Northern Province, Mpumalanga and Eastern Cape. Three of the four programmes (excluding community outreach) will also be implemented in a focussed manner in a further 3 provinces, namely Free State, North West and Northern Cape. KwaZulu-Natal, Western Cape and Gauteng will primarily focus in implementing the life skills programme, as well as voluntary counselling and testing. They will also be assisted with some of their current initiatives which fit into the plan. Due to the fact that the district boundaries as determined by the three Departments involved do not fully coincide, consensus must be reached on the extent of the geographical area to be targeted per province.

The overall objectives are:

- Establish and implement integrated community-based care and support programmes for children infected and affected by HIV/AIDS.
- Improve access to voluntary counselling and testing services for 12, 5% of the population, focussing on youth and rural communities.
- Implement the life skills and HIV/AIDS education programme in 20% of primary and secondary schools.
- Mobilising communities through community-based HIV/AIDS awareness programmes.

Community-based Care and Support

The community-based care and support programme will include:

- *The development and implementation of effective and affordable community based care and support models.*
- *The integration of poverty alleviation programmes in six selected sites in order to meet the overall basic needs of families with children infected and affected by HIV/AIDS.*
- *Build capacity on different levels of service rendering.*
- *Strengthening of existing integrated programmes.*

During the first financial year (2000/1) six provinces will be targeted for the implementation of the programme. These provinces will be Mpumalanga, Free State, Northern Cape, Northern Province, North West and Eastern Cape.

Criteria will be developed to identify sites (geographical areas) in the above-mentioned provinces, taken into account provincial and district commitment, willingness to inter-sectoral collaboration, rural/peri-urban areas, the prevalence figure of HIV/AIDS, potential for sustainability, poverty level and the linkages with existing organisations in the community.

A community-based co-ordinating structure is proposed which could consist of a co-ordinator, representatives from Health, Welfare, Agriculture, Justice, Labour, traditional leaders and healers, the business sector, faith-based organisations, representatives from school governing bodies, local government, NGOs, people living with HIV/AIDS, etc.

The responsibilities of such a structure would be:

- *Community mapping*
- *Development of a data base*
- *Development of criteria for identifying infected and affected children and to prioritise according to needs*
- *Identify resources/services available (e.g. transport, volunteers)*
- *Accepting responsibilities by the various sectors.*

Voluntary counselling and testing (VCT)

The aim of the plan is to increase access to voluntary counselling and testing to 12.5% adult population aged 15-49 years within three years. A specific target of the VCT is the youth and rural communities.

Part of the project will be to train teachers as lay counsellors and to promote counselling and testing through community mobilisation.

It is envisaged that by 2003 100% of the health districts will have voluntary counselling and testing services in all health facilities. One important component of the VCT implementation plan is to establish non-medical testing sites. These will be community -based centres, including youth centres.

The implementation of voluntary counselling and testing services will involve inter alia:

- Identifying existing youth/ community centres and introducing HIV voluntary counselling and testing.
- To introduce rapid testing in all Health and non-health facilities.
- To ensure that all health facilities provide VCT by targeting the entire medical sites which do not provide the service.
- To train HIV counsellors, counsellor mentors, 162 laboratory staff on quality assurance, health care workers and HIV/AIDS co-ordinators on the rapid testing.

TB/HIV Integration

The integrated plan does not specify a budget for TB/HIV except for the establishment of a non-medical VCT site in each of the TB/HIV pilot districts. However, the TB/HIV pilot district could be considered as a site for implementing the Integrated Plan in provinces where TB/HIV pilots were conducted. Additionally, TB/HIV integration and collaboration within the Integrated Plan could be achieved in various ways, for example:

- Establish VCT services with rapid HIV testing in all TB facilities.
- Include TB/HIV information in the counselling and life skills curricula.
- Ensure that HIV-positive clients know the symptoms of TB and are encouraged to seek care.
- Train community-based care-givers to recognise the symptoms of TB, refer TB suspects and provide DOTS.
- Train DOTS treatment supporters on HIV prevention, promotion of VCT and community-based care.

Life Skills and HIV/AIDS Education in Primary and Secondary Schools

The aim of the primary and secondary school programme is to achieve 20 % implementation by the end of 2000/2001financial year (in grades 5-9). The following year will look at a 40% implementation and a further 40% implementation in year 3. This will constitute a 100% implementation of the programme in 3 years.

The proposal of the primary school Life Skills and HIV/AIDS Education programme is based on the lessons learnt from the pilot project which was conducted in 1999. The secondary school programme takes into account the activities in this regard since 1997.

Due to the magnitude of the task, a cascade model of training will be used. This will include the training of master trainers who in turn will train teachers, follow up- and care and support sessions, school visits to support, monitor and evaluate the implementation of the programme, motivational workshops for principals, representatives of school governing bodies, officials, community leaders and parents.

It is recommended that master trainers work in pairs, be dedicated to the training, support and monitoring of the programme in the Provinces, as well as facilitating motivational workshops, particularly considering that the primary and secondary school programmes are running concurrently.

The programme for primary schools will focus on learners in grades 5-7 (age 11-13 years) as this is the pre-puberty phase and the time just before many becomes sexual active. During 2000 the phasing in of Curriculum 2005 of which HIV/AIDS Education forms an integrated part will focus on amongst others the training of grade 4 teachers.

Based on the current situation, the proposed activities for the secondary school programme include training of new or refresher training for existing master trainers and teachers as many previously trained officials are no longer employed. The plans for the secondary school programme focus on the grade 8 and 9 learner, as well as the acceleration of peer education initiatives.

Community Outreach

The aim of this programme is to mobilise local communities through a community based HIV/AIDS awareness programme. The programme is linked to, and will link, the school-based life skills programme, community-based care and support programme, as well as the voluntary counselling and testing programme in sites where the integrated plan is being piloted.

The community outreach programme will provide the 'thread' that will link the other programmes together as this programme will focus on raising the level of awareness amongst community members on HIV/AIDS in general, existing and "new" HIV/AIDS programmes and activities in the community, as well as how to access services related to HIV/AIDS (e.g. care and support, counselling and testing, etc.).

This programme will be implemented in three provinces in the first year, namely Northern Province, Eastern Cape and Mpumalanga.

Constraints

A number of constraints have been experience by Provinces regarding the implementation and sustainment of the life Skills and HIV/AIDS Education programme for secondary schools. These include the following:

- The place of HIV/AIDS, life skills and sexuality education within the curriculum. Consultation with provinces indicated the need to address it as a compulsory programme organiser; include it in examinations; assist subject advisors, principals and teachers to understand that it is not an "add on" but part of their normal teaching and workload; and to prescribe from a national level that this is a priority and that the necessary personnel, resources and time should be made available to address it.
- Lack of a line budget being available compounded the problems regarding sustainment of the programme.
- Logistical constraints including a lack of transport, general administrative support.
- Human resource capacity: retrenchments, restructuring, lack of skills in areas of management and finance issues, as well as low morale amongst teachers impact negatively on the training, implementation and sustainment of the programme.

It is evident that if these constraints are not dealt with adequately, the proposed plan will be severely hampered and money wasted.

Funding

Funding will be made available through conditional grants and government regulations will apply in terms of dispensing and accounting for finances. Some provinces indicated that they would prefer the money to be administered from national. Government regulations will apply to all expenditure.

Projected financial expenditure over the next three years:

PRO-GRAMME	2000/2001	2001/2002	2002/2003	TOTAL

Life Skills	38 997 778	88 000 000	103 400000	230 397 778
Primary	28 278 680	60 424 050	72 000 000	160 702 730
Secondary	10 719 098	27 575 950	31 400 000	69 695 048
VCT	20 219 829	26 800 000	31 800 000	78 819 829
Community-based care	13 000 000	37 000 000	68 000 000	118 000 000
Community outreach	2 782 300	8 200 000	11 800 000	22 782 300
TOTAL	74 999 970	160 000 000	215 000 000	450 000 000

Management and co-ordination

It is proposed that a National Steering Committee, empowered with the necessary executive authority be appointed from amongst officials from the Departments of Health, Welfare, Education, Agriculture, Finance and GCIS.

The National Steering Committee will be responsible for the execution of the plan. The Committee will report to the Directors-General and other forums as may be decided.

It is proposed that this structure should be replicated in the provinces.

Accountability

The Directors-General of the Departments where the activity takes place (be it on national or provincial level) will be accountable.

Appendix B

Development of Standards for Peer Education Practice - Attendance list KZN

14th and 15th May 2001

Name	Postal Address	Telephone/Cell	Fax	e-mail
S'Thembiso Mhlongo	YMCA Esikhawini	0357 962 425 083 718 8283	0357 962 425	
Mduduzi Masondo	DOE P Bag X 54323 Durban 4000	031 360 6065 083 336 1371	031 373 4261	
Petra Hildebrandt	DOE PGSES P Bag X 1 Berea Rd 4007	031 201 3112	031 201 5442	
Gumede Mkhonzehi	DramAIDE CCMS University of NatalP B X 10 Dalbridge	031 260 1565 083 653 5468	031 260 1568	Gumedem3@nu.ac.za
Leslie Kemp	SANCA 236 Ninth Ave Morningside Durban 4001	031 303 2202	031 303 1938	antidrug@mweb.co.za
Jabu Chamane	DOE	082 321 6413	035 879 8522	

	PGSES Ulundi			
Nompilo F Madide	Dept Welfare P B X 13 Ulundi 3838	035 874 3847	035 874 3811	
Nomvuyo Timo	Dept Welfare P Bag X 9095 Pietermaritzburg 3200	033 345 3314	033 345 3314	
Neely Vilakazi	DSD P B X 5009 Madadeni 2951	034 329 2011 034 329 1012 083 731562	034 329 2012	
Bheki Thango	DOE Ulundi PB X 59 Ulundi 3838	035 870 3769 072 142 1715	035 870 3775	
Eve Holliday	Life Line Zululand	035 753 3333 082 402 3568	035 753 4307	llzul@mweb.co.za
Sbu Khumalo	DOE Ulundi	035 879 8521 083 312 4437	035 874 3600	
Lyons Themba	ATICC	033 395 1012/3 083 765 2899	033 342 3245	
Lungile Ndlovu	Human Health Development Trust P O Box 33390 Montclair	031 462 0004 072 264 02 83	031 462 5236	thuli@mweb.co.za

	4004			
Nosipho Shandu	DSD P Bag X 27 Ulundi 3838	035 874 3823	035 874 3710	
Kegie Perumall	DSD P Bag X 1724 PMB 3200	033 345 6201	033 342 8648	perumalk@welfare.kzntl.gov.za
Melissa Padayachee	SANCA 236 9th Avenue Morningside	031 303 2202	031 303 1938	antidrug@mweb.co.za
Theresa D Zononyane	Centre for Community Development P O Box 8385 Centurion 0046	083 627 5289	012 664 1289	
Tracy Brownlee	ELET 4th Floor JHI Building 369 Smith Street Durban 4001	082 878 9837 031 306 8579	031 306 8711	elet@iafrica.com
Nompumelelo Gumede	EKET 4th Floor JHI Building 369 Smith Street Durban 4001	031 903 4536		n.gumede@freemail.absa.co.za
Mollie Kemp	KZN DOE 8 Hendon Rd	031 201 3112 082 463 1968	031 266 5940	molliekemp@yahoo.com

	Westville 3630			
Nonhlanhla Mnguni	CCD P O Box X 72921 Mobeni 4060	031 462 3808 083 694 9084	012 664 1289	
Lynette Williams	SANCA	Zululand PO Box 926 Empangeni 3880	035 772 3290	035 772 3290
Sophia Nonhlanhla Ngcobo	KZN DOE 12 Holtner Road Marianhill Park Pinetown 3610	082 479 2492 035 879 7529	031 337 4261	
Krishnee Nair	Central Entity Health Department 9 Old Fort Road Durban	031 300 3919 083 729 2240	031 300 3030	
Chan Preeth	Central Entity Health Department 9 Old Fort Road Durban	031 300 3919 083 412 0094	031 300 3030	
Phumzile Manyathi	DSD P B X 7019 Estcourt 3310036 352 1156	036 352 6482		
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Jenny Fisher	Life Line Margate	039 315 5456	039 325 5456	llmgt@venture.netco.za
Rosanne Petters	Life Line Durban	031 303 1344	031 303 1419	llnatal@mweb.co.za
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Moeti Lesuthu	DramAide Univ Natal Durban 4001	031 260 1564 082 563 7488	031 260 1568	moetioamon@yahoo.com
Mabu Sokhlu	PPASA/Lovelife P O Box X 61199 Bishopsgate 4008	031 304 5918 082 840 8653	031 304 7195	ppasakzn@iafrica.com
Elaine Veldsman	DOE Empangeni P O Box X 1992 Empangeni	035 792 5356/7 035 712 7371		
Adri Nel	KZNDOE Vryheid Region P Bag 9330 Vryheid 3100	034 899 852 034 982 3080	034 982 3088	
Thoko Mguni	KZN DEC Ladysmith Region P B 9980 Ladysmith 3100	036 631 1607 082 832 8287	036 631 2663	

Zanele Zulu	YMCA P O Box 962 Richards Bay 3900	035 796 2425 083 513 8632	035 796 2425	
Mazwi Mngadi	NAPWA	031 300 3914 083 710 2840	031 305 5032	
Oziel Mdletswe	YMCA	031 905 1424 083 470 6699	031 905 2605	0nmdletswe@yahoo.com
Siza Eddy Radebe	YMCA	031 916 1112 083 942 2245?	031 916 1124	stzaeddy@email.com
Marie Daniels	DOW	031 336 8773		M. .Daniels c/o Naidoov@dwbp.kzntl.gov.za
Charmaine Jood	DSD	031 360 5437 031 360 5419	031 337 5914 031 337 8553	

Appendix C

Please print
Initials and surname:_____

Address:

For office use:
Number:

Contact Number: _____
Fax:_____
Date:_____

Survey of Current Peer Education Activities
In support of the Generating Standards of Practice for Peer Education Initiative in South Africa

In filling out this questionnaire we have used the term learner and peer/peer educator interchangeably. The programmes that are being implemented are involved in both in and out of school youth and it is with this in mind that the survey should be completed. The survey consists of 7 sections that looks at information about: A - general information; B - goals and target audience; C - Size and scope of programmes; D - Adult infrastructure and supervision; E - Recruitment, selection and training of peer educators; F - Curriculum and G - Overall assessment.

A. General Information

1. Name of program_____

2. Principal sponsoring agency / agencies

_____

3. Principal funder/s

_____

4. Geographic area(s) that your program operates (Districts, province)

_____

5. How long has your organisation been conducting peer education activities in this area?

_____

6. Are you a registered Non-governmental organisation? YES NO

B. Goals and target audience

7. Please list no more than **three** specific and measurable goals of your peer education programme. If possible, express each goal with an outcome, a content area, and

your actual target audience.

Examples:

OUTCOME	***CONTENT***	***TARGET AUDIENCE***
Raise awareness	*Prevent HIV transmission*	*10-14 year olds*
Delay onset of sexual activity	*HIV, STDs, pregnancy*	*12-15 year olds*
Promote condom use	*HIV, STDs, pregnancy*	*14-30 year olds*
Reduce number of sexual partners	*HIV, STDs, pregnancy*	*14 – 19 year olds*
Increase voluntary counseling and testing	*HIV, STDs*	*15-30 year olds*
Promote peer assistance	*HIV, STDs, rape, Alcohol and drug abuse*	*10-22 year olds*

YOUR PROGRAMME:

OUTCOME	**CONTENT**	**TARGET AUDIENCE**
1.		
2.		
3.		

8. What do you call your peer educators?

Peer educators	peer leaders	peer helpers	peer counsellors	Other

C. Size and scope of your programme for 2001 (current activities):

9. Please indicate how many peer educators are active in your program including their ages, gender and whether they are in or out of school. For example:

NO. PEER EDUCATORS	***AGES***	***GENDER: MALE / FEMALE***	***SCHOOL GRADE / OUT OF SCHOOL***
5	*16 – 18 YRS*	*3 = F; 2 = M*	***GRADE 10 & 11***
3	*19 YRS*	*2 = M; 1 F*	*OUT OF SCHOOL*

YOUR PROGRAMME:

NO. PEER EDUCATORS	AGES	GENDER: MALE / FEMALE	SCHOOL GRADE / OUT OF SCHOOL

10. How long have the peer educators been involved in your programme?

Number of peer educators	Number of years experience
	1 year
	2 years
	3 years
	4 years
	more than 4 years

11. Mark those items applicable to your peer educators and where your programme is based.

a. Learners in school settings - grades_____
b. Youth in community settings - ages_____
c. Peer educators aged _____ work with learners aged _____
d. Peer educators aged _____work with learners aged _____.
e. Peers do not conduct formal educational sessions, but teach informally and by example.
f. Other (please explain)

_____

_____

_____

12. How do your peer educators plan and work?

a. In the same teams:
b. In changing teams
c. Sometimes in teams, sometimes individually
d. Usually co-presenting with an adult
e. Other (Please explain)

_____

_____

13. How many sessions do peer educators usually present to one group of learners?
    a. 1-2 sessions in any class or community
    b. 3-5 sessions per group of learners
    c. More than 5 sessions per same group of learners
    d. Other (Please explain)

14. How are the sessions presented to learners?

weekly	monthly	over a weekend	holiday programme

15. How many learners on average are present at a session presented by a peer educator?_____

16. Please estimate the total audience reached by your peer education program last year (2000).
DO NOT include the peer educators themselves as learners.

	number of learners	age of learners	number of sessions
example	*25*	*12 - 14*	*5*

Other (please explain)

17. When the peer educators teach, are administrators, teachers or other adults usually present?

YES	NO

D. Adult Infrastructure and supervision

18. How many adult supervisors regularly work with the peer educators on training, planning, preparation, and ongoing learning? _____

19. Do the supervisors work alone, or in teams?
_____

20. Who are the adult supervisors (e.g., teachers, nurses, scout leaders, church or community activists, etc.)?
_____

21. Please indicate the following:

Approximately how many hours each month do the adult supervisors spend on peer education activities? individually		
Are they paid for these activities?	YES	NO
Is it considered part of their job?	YES	NO
Is it voluntary?	YES	NO
Other		

22. How were adult supervisors chosen? Indicate prior training or experience, and other attributes that are considered essential in the selection process.
_____

_____

_____

_____

_____

23. What training is initially provided for adult supervisors of peer educators?
_____

_____

_____

_____

_____

24. What in-service training opportunities are provided for supervisors?
_____
_____

_____

_____

25. How are supervisors of peer educators

a. supported_____

_____

_____

b. monitored

_____

_____

_____

c. evaluated_____

_____

_____

26. What are the biggest challenges or needs of adult supervisors?

_____

_____

_____

E. Recruitment, selection, and training of peer educators

27. Please describe the youth you seek as peer educators. What attributes are you seeking? (Are you concerned about minimum qualifications; academic performance; behaviour; appearance; demonstrated leadership; or other criteria?

_____

_____

_____

_____

28. How do you recruit peer educators?

_____

_____

_____

29. How do you select peer educators from the applicants? _____

_____

_____

30. Do peer educators have any sort of contract or written terms of reference?
YES NO

31. Do you require parental consent for peer educators to join the programme?
YES NO

32. How are your peer educators identified?

_____

33. Why do youth decide to become peer educators?

_____

34. Are you able to enlist the quality and diversity of peer educators you seek?

_____

---

35. How many peer educators have you had to release this year due to:
    a. Poor grades? _____
    b. Unacceptable personal behaviour? _____
    c. Inadequate performance as a peer educator? _____

36. Do peer educators receive any formal assessment of performance?
YES NO

36. Are peer educators offered any incentives?
YES NO

38. On average, how many hours each month do your peer educators spend learning, planning, practicing, and conducting each activity? _____ hours

39. Does your peer education program have different levels in terms of experience and/or competence? YES NO
40. How do peer educators demonstrate readiness to advance?

_____

_____

_____

41. Do senior peer educators help train and supervise newer peer educators? YES NO
42. Is any formal provision made for credentialing and career advancement for outstanding peer educators? YES NO

F. Curriculum

43. What is the primary method used by your peer educators?

a. Teaching from lesson plans with concrete objectives
b. Conducting “rap sessions”
c. Making themselves available for questions and informal counselling
d. Performing skits and showing films
e. Other (please explain)

_____

_____

_____

44. Do you use:

A particular curriculum	Adapted activities from other programmes	A programme developed by yourself

45. What makes an excellent peer education lesson? Mention three essential aspects
a. _____

b._____
c._____

46. Does your program specify what would be observed during such a lesson?_____

_____

_____

47. Please estimate what proportion of total peer education activities is devoted to (Should add up to 100%):

a. Transmission of facts _____%
b. Discussing norms, attitudes and intentions _____%
c. Building skills _____%
d. Identifying and addressing individual problems _____%
e. Identifying and addressing group or community needs _____%
f. Other (Please explain) _____%

100 %

48. Indicate the content areas or learning objectives that receive most emphasis. (not more than three)

a_____

b_____

c_____

49. What would you say are you NOT adequately covering in your curriculum?
a._____

b_____

c_____

50. Do you assess what learners are getting from peer education activities?
If yes, how?

_____

_____

_____

G. Overall assessment

51. How do you know if your overall program is progressing towards its goals?

_____

_____

52. How interested is each of the following in whether you are getting good results:

a. Program administration
b. Participating teachers, supervisor
c. Peer educators
d. Parents and community members
e. Funding governmental agencies

53. What has changed since you started the program?

_____
_____
_____
_____

54. Which of the following have been significant challenges in sustaining effective peer education?

a. Inadequate resources
b. Inadequacies in adult supervisory staffing
c. Limitations in peer educators' workload and time commitment
d. Difficulty in training peer educators to:
    1. Plan and organize lessons
    2. Work in teams
    3. Learn effective pedagogy and classroom management
e. Logistics and transport
f. Insufficient opportunities for peer educators to teach beyond awareness stage
g. Personal (out-of-classroom) behaviour of peer educators
h. Unprofessional conduct of peer educators (abuses of power, confidentiality)
i. Other (please specify)

55. What are the major strengths of your program? (indicate not more than three)

_____
_____
_____
_____
_____
_____

56. Unresolved problems? (not more than three)

_____
_____
_____
_____
_____
_____
_____

THANK YOU for your time and effort to help us with this survey!

Appendix D



DEPARTMENT OF HEALTH

Republic of South Africa

REF NO: L12/2/1/1

TO: DIRECTOR GENERAL:
HEALTH

FROM: CHIEF DIRECTORATE: HIV/ AIDS & TUBERCULOSIS
ENQUIRIES: Barbara Michel
ROOM: 2036 HALLMARK
TEL: (012) 312 0048
FAX: (012) 323 7323

17th April 2001

RE: FUNDING FOR A PROVINCIAL WORKSHOP TO BE HELD IN GAUTENG TO DEVELOP MINIMUM CRITERIA AND STANDARDS FOR PEER EDUCATION PRACTICE FOR SOUTH AFRICA

---

1. PURPOSE

To request the approval to pay costs for the travel, accommodation and subsistence for role players to attend a workshop in Gauteng for the development of a country document outlining the minimum criteria and standards of peer education practice for South Africa as part of the National Integrated Plan for Children and Youth Infected and Affected with HIV/AIDS for an amount not exceeding R30 000.00.

2. BACKGROUND

2.1 Department of Health in partnership with the national Department of Education co-ordinate and manage the implementation of the Life Skills and HIV/AIDS Education

Programme for Secondary Schools. The initial activities for the programme began in 1995 with primary schools in 1999. Implementation of the programme is co-ordinated through the Provincial Departments.

2.2 The National Integrated Plan for Children and Youth Infected and Affected with HIV/AIDS (NIP) was initiated in 1999/2000. The plan involves co-ordination and co-operation of programmes targeting youth with a focus on Life Skills and HIV/AIDS Education Programmes, Voluntary Counselling and Testing and Care and Support. The Departments involved include the Departments of Health, Education and Social Development. The acceleration of peer education programmes in addressing Life Skills and HIV/AIDS forms part of the NIP and is also reflected in the national operational plan of the Life Skills and HIV/AIDS Education Programme for Secondary School - Annexure A.

2.3 In December 2000 a workshop was held to initiate a project that would develop and document minimum criteria and standards of practice for peer education programmes. The workshop was facilitated by Dr Charles Deutsch from Harvard School of Public Health and Dr Gloria Bryan for Centres for Disease Control (CDC), Atlanta, U.S.A., both involved in youth programmes and funded by CDC to provide technical assistance.

2.5 The process involves the facilitation of 6 workshops of two days duration around the country. These will be held in three phases: 3 provincial workshops in the first half of the year and 2 in the second half of the year. A further meeting with the reference group will be held towards the end of the document development as a final consultative process. A more detailed outline of the plan is reflected in the attached proposal. (Annexure B).

2.6 The technical assistance of Dr Deutsch and Dr Bryan are to be supported through CDC funding and arranged through the South African Representative for CDC in the Department of Health, South Africa, Dr D Allen. The funding will support their travel and time necessary for the appropriate work based in the USA. The consultants will travel to South Africa for the relevant activities.

3. MOTIVATION

3.1 There are numerous peer education models being implemented across the country. Their content and approach differ. There is little base line information to evaluate and score the variety of programmes in the country as there is no available document that describes criteria for success.

3.2 Internationally there is similarly little information regarding the minimum norms and criteria of peer education programmes.

3.3 A previous submission for the project and approved by the DG: Health has reference.

3.4 The workshop in Gauteng is the first of three workshops to be held provincially as part of the activities to develop the minimum criteria and standards of practice for peer education programmes for South Africa.

3.5 The workshop will be held in Johannesburg on the 9th and 10th May 2001.

3.6 The project will be supported with technical assistance of Dr C Deutsch from CDC and Harvard USA as partners.

4. FINANCIAL IMPLICATIONS

4.1 Funding is available in the 2001/2 budget of the National Integrated Plan for Children and Youth Infected and Affected by HIV/AIDS.

4.2 Funding is requested to support accommodation, travel and subsistence for officials from the Departments of Health, Social Development and NGO's to attend. The Department of Education has funding from the National Integrated Plan for Children and Youth Infected and Affected with HIV/AIDS to fund their attendees.
4.3 Funding to support the technical assistance from CDC and Harvard is funded though CDC, South Africa.

4.4 Three quotes for the Provincial workshop are attached. The quote for the Kopanong Hotel and Conference Centre, Benoni, is available and is the least expensive quote.

ITEM	**QUANTITY**	**UNIT PRICE**	**AMOUNT R**
Accommodation inclusive of one day conference package	15	R585.00 pp/day for 1 night	R8 775.00
Conference day package for non-accommodated officials	40 x 1 day	R195.00 pp/ per day/ days	R 7 800.00
Conference for non-accommodated officials – day 1	25 x 1 day	R 195.00 pp/per day	R 4 875.00
Conference for accommodated officials – day 2	15x 1 day	R 195.00 pp/p/day	R 2 925.00
Transport for officials – vehicle	30	R 1.40 per km @ 50 km	R2 100.00
Administration, faxes, Photostats			R 1 000.00
TOTAL			**R27 475.00**

4.4 Establishment of funds

Programme 2: Strategic Health Programmes
Sub-Programme: HIV/AIDS and Tuberculosis
Element: HIV/AIDS & STDs

Allocation codes	Description	Budget R	Expenditure to date R	Available funds R	Expenditure of this submission R
Responsibility	AIDS				

E 204					
Objective 478615					
Item 4035	Life Skills	R450 000	Nil	R450 000	R 30 000

5. RECOMMENDATION

It is recommended that funding be granted to support the accommodation, travel and subsistence of Officials from the Department of Health, Social Development and NGO's to attend the Gauteng workshop for the development of minimum criteria and standards of practice for peer education programmes, for a total amount not more than R30 000.00.

DIRECTOR: HIV/AIDS AND STD'S
DATE:

CHIEF DIRECTOR: HIV/AIDS AND TUBERCULOSIS
DATE:

DEPUTY DIRECTOR-GENERAL: STRATEGIC HEALTH PROGRAMMES
DATE:

Approved/not approved

DIRECTOR-GENERAL: HEALTH
DATE:

Comments:

ANNEXURE C

OUTLINE OF BUDGET FOR ACTIVITIES IN THE DEVELOPMENT OF STANDARDS OF PEER EDUCATION PRACTISE

Activities	Responsibilities	Time Frame	Costs	Outputs
5 provincial workshops and networking ▪ 40 people each workshop ▪ Two days each workshop ▪ First round in Gaut; KZN & WC ▪ Second round clustering of the remaining 6 Provinces and held in two of the 6.	NDOH CDC Consultants Role players, PDOE, PDOH, PDSD, NGO's	First Round: May 2001 Second round: September/October 2001	5 x R50 000.00 for each of the 2 day provincial workshops to contribute to the content of the criteria document for peer ed programmes **Breakdown of costs** ▪ 40 x R 500.00 for accommodation x 1 day incl. conf package ▪ 40 x R200 conference package x 1 day ▪ 40 x R200.00 for transport Departmental admin costs for NDOH Consultant	
Document Development	NDOH CDC	February 2001 and ongoing throughout workshop consultative process	USA budget Departmental Administrative funds for postage and copying of initial draft	Literature review Draft document development Dissemination, Feedback and revision - process
National Reference Group Meeting ▪ 2 days ▪ 30 participants	NDOH CDC	December 2001	R50 000.00 for national reference group, 2 day workshop Breakdown of costs: 30 x R500.00	Reference Group meeting to finalise document contents and discuss application and testing in the provinces

			accommodation x I day incl. conf package 30 x R200 conference package x 1 day 30 x R 600.00 transport Departmental Budget for NDOH Consultant	
Evaluation and monitoring of Process of Peer Education Document Development	NDOH CDC Independent Contractor	Feb 2001 and ongoing throughout the process	USA budget Departmental admin costs for NDOH Consultant	Development of initial survey instrument for peer education Sending out of instrument Compiling of data from instrument
Layout, editing, printing and distribution of final document	NDOH CDC Independent contractor Government printers	December / January 2002	Layout - R 30 000.00 Printing – 2 000 manuals @ R10.00 = R 10 000.00 Distribution R9 000.00	
Two national workshops targeting NGO's involved in the process regarding use of the document ▪ 2 workshops in total ▪ 40 people per workshop ▪ 2 days	NDOH	February 2002	R100 000.00 for NGO group, 2 day workshop for 80 people <u>Breakdown of costs:</u> 80 x R500.00 accommodation x I day incl. conf package 80 x R200 conference package x 1 day 80 x R 500.00 transport	
Tracking of document application and suitability	CDC NDOH Independent contractor	June/July 2002	Future activity not included in this plan	Survey of document usefulness and application
Site visits to peer education programmes in SA where possible included with provincial workshops. Site visits for NDOH consultant, USA Consultants and	CDC NDOH NNGO	Inclusive with National Workshops	USA Funds Departmental admin costs for NDOH Consultant	

Provincial Life Skills Manager.				
Introduction and dissemination of the document to DOH and DOE Life Skills officials in the provinces	NDOH, NDOE	Included as agenda at National Life Skills Committee (NPC) Meeting March 2002	Included as costs with NPC	Provinces introduced to the document Discussion of Provincial responsibility to use the document. Provinces responsible to distribute and monitor peer education programmes through the document guidelines.
Tertiary Institutions	CDC	Seed Funding to be discussed and determined as an independent process		

NDOH anticipated Admin costs for National workshops

Transport Imperial: 36 hours x 5 @ R307 per 6 hours	= R11 052.00
Chauffeur drive: R100.00 x 5	= R 500.00
Accommodation and conference: R700 x 12 days	= R 8 400.00
Flights 5 x R2 000.00	= R 10 000.00
Approximate Total	= R 54 004.00

Summary of budget items:

5 Provincial workshops	R 250 000.00
1 national reference group meeting	R 50 000.00
Layout - R 20 000	R 30 000.00
Printing – 2 000 manuals	R 10 000.00
Distribution R9 000.00	R 9 000.00
2 NGO workshops	R 100 000.00
TOTAL	**R 449.000.00**

Appendix E

ENQUIRIES: Ms B Michel
TELEPHONE: (012) 312 0048
FAX: (012) 323-7323
E-MAIL: micheb@health.gov.za
REFERENCE:

DEPARTMENT OF HEALTH
Republic of South Africa

DEPARTMENT OF HEALTH
PRIVATE BAG X 828
PRETORIA
0001

TO: **FAX:**

2 May 2001

THE DEVELOPMENT OF NORMS, STANDARDS AND MINIMUM CRITERIA FOR PEER EDUCATION PRACTICE

Dear

Thank you for agreeing to participate in the May workshop on *Generating Standards of Practice for Peer Education in South Africa.* This workshop, one of five being held country-wide, is sponsored by the National Department of Health, South Africa in collaboration with the US Centers for Disease Control and Prevention, and the Harvard School of Public Health, USA. The project is a component of the National Integrated Plan for Children Infected and Affected with HIV/AIDS.

The two-day workshops

The key participants targeted to attend the workshops are from the Departments of Health Social Development, Education and NGO's and include experienced people from tertiary institutions all involved in some way with Youth and Youth programmes. The objectives of the two-day workshops are to write up and document the critical and important issues related to peer education practice. This will be done through the assistance of the Centres for Disease Control and Prevention, Atlanta USA and the Harvard School of Public Health who are providing technical assistance for the project. The process and format of the time together is structured so that participants are able to contribute to the debate and discussion of these criteria and standards. The format of the workshops is participatory and involves group work. Please note that the emphasis and outcome of the workshops is to look at generating standards and does not intend to look at individual models.

Preparation: The attached document

In preparation for the workshop we request that you complete the attached questionnaire.
The survey is lengthy and will require considerable time and thought, but we believe you will find it extremely useful. It has three purposes:

1) We lack information about peer education programs currently operating in each province: Their goals, size and scope, target audiences, staffing, procedures, and challenges. We need better information about what programs are already doing, for planning purposes and as a baseline for efforts to improve the quality and outcomes of peer education in South Africa.
2) The survey is intended also as a stimulus for self-assessment for program staff. Often program staff are so busy doing the work that they have little time to step back and ask themselves questions about goals, progress, and unresolved challenges. Perhaps these questions can be used to guide further discussion around peer education practice.

3) The questions in the survey will form the basis for our discussions, so the best preparation you can perform to ensure the effectiveness of the workshop is to respond to the survey carefully and candidly.

In responding to the survey questions, please be as specific as possible. If you have printed material that answers some of the questions, you may attach it and indicate where in the text a specific question is addressed. However, please answer each question as completely as possible.

We look forward to a very productive session together.

Sincerely,

DIRECTOR GENERAL: HEALTH

An initial workshop in December 2000, as well as previous discussions together at the November 2000 NPC and the Orientation and training week, mentioned the development of minimum criteria and standards for peer education practise.

. These are planned for May 2001 and will be two days duration. The first round of provinces targeted will be Gauteng, Kwa-Zulu Natal and Western Cape. The second round of workshops will be held in September/ October 2001 and will be facilitated through the clustering of the remaining provinces. Cluster one: Free State, North West, Mpumalanga. Cluster two: Northern Province, Northern Cape, Eastern Cape. Although the dates are to be confirmed, the proposed dates for the **first round** are as follows:

KZN: 9 – 10 May 2001
WC: 15 – 16 May 2001
Gauteng: 22 – 23 May 2001

As mentioned, the process will be assisted by consultants from the Centres for Disease Control, Atlanta and Harvard School of Public Health, Boston, USA.

Details should include name, organisation, physical and postal address, telephone and fax numbers. A maximum of 40 participants for each workshop is available. This should be submitted to:

Ms B Michel

Fax: 012 323 7323

e-mail: micheb@health.gov.za
by the **15th April 2001.**

A guiding document will be sent to all invited participants prior to the workshop. The workshops will be based on this initial document and discussions and contributions of participants at each workshop will be added throughout the process. A preliminary outline of the guiding document is attached for your perusal as well as a report of the December Workshop.

Looking forward to meeting and debating peer education practise.

Yours sincerely

DIRECTOR-GENERAL

Appendix F

REPORT OF THE WORKSHOP HELD ON THE 13TH AND 14TH DECEMBER 2000 TO DEVELOP MINIMUM STANDARDS AND CRITERIA FOR PEER EDUCATION PROGRAMMES IN SOUTH AFRICA

The meeting was convened to discuss and initiate a consultative process to develop a document that

1. Reflects guidelines for minimum standards and criteria for peer education practice
2. Opportunities for recognition
3. Career advancement or pathing

The workshop was facilitated by Dr Charles Deutsch from Harvard School of Public Health (HSPH) and Dr Gloria Bryan from Centres for Disease Control (CDC), Atlanta with Ms Barbara Michel.

23 people attended the workshop. These were a select group of prominent role players who are currently involved in Peer Education programmes in various forms and contexts around South Africa.

For the initial meeting, there were three overall outcomes for the two days.

1. To inform participants of the project, how it relates to their work and the importance and need to have consensus regarding minimum standards of practice
2. To discuss and compile a first draft outline of standards and practice for peer education models
3. To get 'buy-in' from participants and to stress the value of a field generated process.

The programme for the two days is attached.

The two-day programme began by interrogating basic issues such as the definition of peer education and the importance of investing in peer education. It went on to broader issues such as recruitment, training and performance standards of both the peer educator and peer manager were discussed as well as performance standards and incentives. The evaluation process, monitoring of programmes and evaluating the outcomes of programmes was included in the discussions.

The format of the workshop took both a plenary and small group discussions approach.

The workshop included discussions how the project would be implemented and facilitated in 2001. The plan includes the convening of 5 provincial workshops of three days each, where various peer education and other prominent role-players will contribute to the development of the guidelines document – again the emphasis on field generated contributions and ownership. Recommendations from the group included the need for the larger provinces to have individual workshops as their role players are inclined to be larger in number. It was agreed that the process would happen in two components with three workshops in the first half of the year and the balance in the second half of the year. The two workshops in the second half of the year would cluster some provinces.

Following the consultative process and compiling of the draft guideline document, the remaining phases of the project involve finalising of the final document, identifying of approximately three sites where the document will be tested and applied in the field. Formal testing and tracking of the document will report on its appropriateness. The last phase involves the layout, editing and printing of the document and broader distribution for use in the provinces. Because of the broad consultative process it is anticipated that the application of the document will occur through existing infrastructures and channels.

It is envisaged that the project will extend into 2002/3.

The role of the tertiary institutions and the process of a credentialing and career pathing component, although included in the project from the outset, will require a more detailed

interrogation and formalising, adjacent to the current project work. The tertiary institutions process will most likely require separate project plan.

Overall impressions

All participants were requested to send documents of their peer programmes prior to the workshop. The response was excellent and all 6 organisations invited to the meeting shared their reports that were distributed at the meeting.

Many participants had been briefed verbally about the concept and outcome prior to the meeting and there were a high level of understanding from the outset namely the emphasis on minimum criteria and standards and not model and content.

Participants contributed easily and were active during the group discussions and it was evident that participants' vast experience was invaluable. A range of areas and issues were fiercely debated as different perceptions of peer education understanding became evident. Mostly participants were in agreement with a number of issues.

The pace and atmosphere was congenial. Many participants remarked how rare it is to see so many NGO's contributing in a workshop that is so directly related to their own 'bread and butter' working together. Many remarked how valuable and needy the guidelines are for the country. Participants involved in managing the Provincial programmes were encouraged knowing that the guidelines will provide them with the necessary information regarding the type of programmes that are eligible for funding.
Organisations and key people were enthusiastic and willing to be involved in the following phases of the project and pledged their support.

The CDC consultants remarked at the willingness and quality of the discussions.

Subsequent discussions with CDC South Africa and USA

The discussion with CDC USA and SA following the workshop was based on the outcomes and assessment of the workshop.

The workshop confirmed the need for the development of Guidelines for Standards in Peer Education Practice for South Africa.

The request from South Africa to CDC to support the project was discussed and included a request that Dr Charles Deutsch and Dr Gloria Bryan should be retained for technical assistance. Further discussions to clarify and confirm roles and budget were held. A project proposal would be compiled and submitted to CDC SA for funding and support. This would include a budget for the USA consultants and a contribution from the National Integrated Plan budget.

Appendix G

GENERATING STANDARDS OF PRACTICE FOR PEER EDUCATION IN SOUTH AFRICA

A collaborative project of the National Department of Health, South Africa, Centers For Disease Control and Prevention, Atlanta and Harvard School of Public Health, Boston, USA.

Gauteng

May 9-10, 2001

Wednesday, May 9

10:00 – 10:15	Introductions
10:15 – 10:45	Survey
10:45 – 11:00	Overview: Rationale, goals, and scope of the peer education standards process
11:00 – 11:10	*If the standards process could accomplish three things to improve the quality and sustainability of peer education, what would they be?*
11:10 – 12:00	Aligning the strengths and limitations of peer education with Life Skills goals for adolescents in South Africa
12:00 – 12:45	Aligning the strengths
12:45 – 13:00	Summary: Toward a first articulation of key attributes of quality peer education
13:00 – 14:00	Lunch
14:00 – 14:15	Review of participants' priority goals for standards process Structuring the afternoon: Assignments and breakout groups
14:15 – 15:45	Breakouts I
15:45 – 16:00	Tea
16:00 – 16:45	Breakouts II
16:45 – 17:00	Reconvening for check-in

Thursday, May 10

8:30 – 9:30	Summary and examination of the work groups' conclusions and unresolved issues
9:30 – 10:15	Further issues in peer education
10:30 – 10:45	Tea
10:45 – 11:30	Sustainability: Incentives, rewards, and credentialing
11:30 – 12:30	Technical assistance to programs: Infrastructure for mentoring, monitoring, and evaluation
12:30 – 13:30	Lunch
13:30 – 14:30	Rolling out the standards process
14:30 – 15:15	Anticipating stumbling blocks and the way forward
15:15 – 16:00	Feedback and adjourn
16:00	Tea

Appendix H

Exploring Goals and Principles of Peer Education Programs

An Interactive Card Game

Directions: Each statement is written vertically on a card approximately the size of a playing card, so that statements can be read while holding 4-5 cards. The card game is played in groups of six, and each group plays with an identical deck of 24 cards. This means you will need a deck for every six people in your workshop (e.g., 48 people require 8 identical decks). The object of the game is for a player to get four cards that s/he agrees with. In each group:

1) Distribute all cards face down.
2) Beginning with the player to the left of the dealer, each player chooses, sight unseen, one card from the hand of the player to his/her left. A player cannot keep, or hold aside, the cards that s/he agrees with – s/he can only position those cards in his/her hand so that the person choosing is less likely to pick them!
3) If a player is holding 4 cards s/he agrees with, s/he reads the cards to the group. If the group agrees with all 4 cards, the player wins!

Allow only 5-10 minutes for the playing of the game. The heart of the activity is when you have stopped the game and asked each group to:

1) Read the cards one by one, discuss them candidly, and place each card into one of three piles:
   a) The cards the whole group agrees with;
   b) The cards the whole group disagrees with;
   c) The cards the groups cannot come to consensus about.
2) Choose the two cards the group would most like to hear discussed in the large group.

It will take about 45 minutes for the groups to discuss all the cards. Then re-unite the large group and compare what the groups did with the different cards discussed, and why. Pay special attention to the implications of the cards – what they mean for how we practice peer education.

1. Schools cannot do everything. They are being asked to do too much, and often fail learners academically for that reason.

2. The problem with activities that get learners talking is that the most vocal youth say all the wrong things, and influence the "good" youth.

3. There is a thin line between intervention and interference. What might be considered intervention in some communities and cultures would be considered interference in others.

4. Unless learners ask for help with personal problems, teachers and counselors must respect their right to privacy.

5. By asking students to examine their own values and beliefs about health issues, we may create the impression that all values and beliefs are equally valid.

6. Prevention includes identifying and helping the most contagious kids, before they spread what they've got.

7. For most health issues, we know what young people should and shouldn't do. It's wrong to pretend we don't. We have to tell them what's right and proper.

8. We have to be clear about the difference between health and morality. We're helping kids learn to keep healthy, not teaching them our version of how to be good.

9. We can't teach kids skills they don't want to use. Before we get to skill-building, we have to help kids examine the attitudes and experiences they already own.

10. Kids know how to say "No!" when they want to. The problem is, they don't want to

11 Most peer pressure is covert; it's about what kids are afraid other kids (not necessarily their friends) may be thinking.

12. Those who would teach young people to be honest have to be honest themselves - even when it comes to questions about their own past (and present) behaviours.

13. It's not acceptable to say so, but if adults established firm, clear and consistent rules as they used to do, kids would be involved in less trouble.

14. The strength of peer education is its creativity and spontaneity. The imposition of standards would hamper creativity and sacrifice what is most needed from peer education.

15. It is better use of resources to involve 50 learners in 5 sessions than 250 learners in one session.

16. It is best for the sustainability of peer education programs if there are no incentives for peer educators. You want young people who simply want to be involved.

17. If we were clear about the goals of peer education systems, it would be easier to insist upon high standards of performance.

18. Programs reaching in-school learners, especially young students, have little in common with programs reaching older, out of school youth.

19. A common and crucial error in peer-delivered curricula is low dosage – having too little educational contact between peer educators and learners.

20. The most common error in all of health promotion is being content to reach the audiences that are most ready to participate.

21. Too many curricula devote too much time to the transmission of knowledge that will not be used in situational decision making.

22. The best opportunities for counselling and referral arise as a result of structured educational sessions.

23. Peer education is really about what happens informally between youth when adults are not present. The classroom and other formal contact between peer educators and learners is only intended to make informal learning possible.

24. If teachers manage peer education programs in schools, they will not work.