

AN IMPLEMENTATION EVALUATION OF A PEER EDUCATION PROGRAMME

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COMPULSORY DECLARATION:

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works of other people has been attributed, cited and referenced.

Signature:

Date:

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Executive Summary

Programme evaluation is a process whereby the effectiveness of a programme is investigated, in order to “inform social action to improve social conditions” (Rossi, Lipsey & Freeman, 2004, p.16). Hence the aim of this evaluation was to assess the implementation of peer education programme, in order to recommend areas of improvement for future implementation. As a response to problems associated with high-risk behaviours and HIV prevalence amongst young people in Sub Saharan Africa, the Generation of Leaders Discovered (GOLD) Peer Education Development Agency developed a model that aims to address these issues. The model consists of a number of services that GOLD offers to implementing organisations (IOs) and enables them to roll out the GOLD Peer Education Programme. The programme is currently implemented by IOs in the Western Cape, Mpumalanga and Kwa-Zulu Natal provinces of South Africa, as well as Botswana and Zambia. The programme aims to equip young leaders with the necessary knowledge, skills and attitudes to be role models of health-enhancing behaviours that will ultimately contribute to HIV prevention and develop young leaders. As there has been an evaluation conducted on the level of the services offered by GOLD to IOs (Gelderblom, 2009), the focus of this evaluation was on the implementation of the programme from the IOs to the peer educators. Focus was on service utilisation, service delivery and organisational support.

The sample consisted of 59 peer educators in their second year of the GOLD Peer Education Programme, known as Senior Peer Educators (SPEs), drawn from four sites (two community-based and two school-based) where Olive Leaf Foundation is implementing the GOLD Peer Education Programme. To answer questions on service delivery and organisational support, a questionnaire was administered to the peer educators, which contained questions regarding their perceptions on facilitator ability, facilitator support, perceived change due to the programme and reported behaviours practised due to the programme. Secondary data was used to answer the evaluation questions on service utilisation.

To evaluate service utilisation, age, gender and leadership status were three criteria used to compare the profiles of the SPEs to what GOLD states these should be. Results revealed that for the most part, the intended targets were being reached by the programme. Varying patterns were found in sites when looking at gender, age and leadership composition of peer educators, and this highlighted the

need to consider that these may differ, depending on the context. It was recommended that efforts be made to ensure gender diversity among groups, as this is an important factor in the peer education programme to ensure maximum utilisation. Attrition was found to be of major concern, particularly in the school-based sites, where there had been very high attrition of peer educators between year one and year two of the programme. It was recommended that GOLD follow up on the reasons for attrition, and determine whether there are reasons that are unique to the school-based programme, so that corrective action can be taken, and adjustments made to the programme where required.

For service delivery, there was an overall positive perception of the training that facilitators deliver to peer educators. Peer educators felt that the training they received improved their knowledge and skills to be able to carry out their work as role models to their peers, and felt confident enough to carry out their peer educator tasks. Peer educators also reported that on personal levels, their attitudes and behaviours had changed due to the programme, and that they were now living out health enhancing behaviours which were risk free. Some responses to reported behaviours showed the need to be clear about the concept of role modelling, as most peer educators tended to select mutually exclusive behaviours which were not possible to model at the same time, such as abstinence and condom use. It was suggested that perhaps these constituted the behaviours that peer educators were recommending to their peers as options, depending on the needs of the peers. In organisational support, SPEs felt that their facilitators were providing them with the support that they needed in order to carry out their peer educator tasks. Facilitators were available for the different activities that SPEs conducted and were available when it was required of them.

The evaluation of the GOLD Peer Education Programme implemented by Olive Leaf Foundation provided encouraging evidence on the status of peer education programmes and the positive effect that they have on peer educators. It revealed the importance of having appropriate candidates for the role of peer education, and the importance of ensuring that they are completing the necessary activities in order to be effective role models. Facilitators also play a critical role in the growth, confidence and development of peer educators. The GOLD Peer Education Programme has been effective in ensuring that these factors are addressed, and that service utilisation, service delivery and organisational support issues are addressed. A number of recommendations were offered to improve programme delivery, particularly when considering the uniqueness of the school based and community based sites.

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Introduction

Peer Education Programmes

Peer education programmes are centred on the training of individuals who are regarded highly in their schools or communities, with the purpose of increasing awareness/knowledge and encouraging behaviour change among their peers (UNAIDS, 1999). Once trained and equipped, peer educators can reach their peers formally or informally (Medley, Kennedy, O'Reily & Sweat, 2009), where education practices make use of different methods (advocacy, persuasion, discussions, dramas) to effect change (UNAIDS, 1999). Peer educators are usually individuals who are selected as educators to their peers because they are regarded highly in their schools or communities. They are those selected to play the role of educator to their peers (UNICEF, 2004), who are considered as those with the same or similar demographic characteristics and are vulnerable to the same risks (UNAIDS, 1999).

Peer Education and HIV prevention

Peer education has become popular in programmes aimed at preventing HIV/AIDS among young people, particularly in schools and communities where young people interact, and where there is a need for interventions aimed at youth (UNICEF, 2004). Over the years, research has been conducted on the importance of, or rationale for peer education programmes (UNAIDS, 1999; UNICEF, 2004).

The need for peer education as an HIV prevention intervention may have resulted from the high prevalence of HIV among youth (UNICEF, 2004). HIV prevalence in the Sub-Saharan Africa region is extremely high among the adolescent and youth age groups (UNFPA, 2005). At the end of 2003, 63% of youth living with HIV/AIDS between 15 and 24 years of age were in Sub-Saharan Africa (UNFPA, 2005). Various studies conducted by UNFPA (2005) revealed that about 85% of the world's youth population lives in developing countries, of which Sub-Saharan Africa is a part.

Young people in these countries experience high rates of teenage pregnancy, unemployment, and limited access to resources and information (UNFPA, 2005). Research also shows that only 8% of youth out of school, and only a slightly higher proportion of youth in school have access to HIV/AIDS prevention education. It is therefore important to have peer education programmes, as they have been identified as one of the solutions to address these problems (UNFPA).

The Nature of Peer Education Programmes

A number of studies have used peer education as an HIV/AIDS intervention among youth (Kelly, 2004; Norton & Mutonyi, 2007). These studies have shown that factors such as focus/scope of the intervention, methods of selecting peers and supportive structures from facilitators/supervisors and from adults and stakeholders within the community can influence the success of a peer education programme (Agha, 2002; Kelly, 2004; Parkin & McKegany, 2000).

Focus/scope.

According to Kelly (2004), as a starting point to the effectiveness of a peer education programme, it is important to be clear about its “important characteristics, methods, scope, content and purpose” (Kelly, 2004, p.141). There are differences in terms of the content of peer education programmes, depending on what the programme aims to change. Parkin and McKegany (2000) noted that to establish the effectiveness of peer education programmes, there must be a clear distinction made between interventions aimed at changing knowledge, and those aimed at changing behaviour.

Peer education programmes have been shown to have a variety of focuses, ranging from changes in knowledge, normative beliefs and personal risk perception to perceived role beliefs and risky sexual behaviour (Agha, 2002; Cartagena, Veugelers, Kipp, Magigav & Laing, 2006; Kirby, Obasi & Laris, 2006). In research that has been conducted, it was noted that when addressing normative beliefs, peer educators were first trained, and then would engage with their peers through discussions in which they would impart factual information about HIV prevention and transmission. This was expected to

strengthen normative beliefs supporting abstinence and condom use among young people (Agha, 2002). Personal risk perception was also expected to increase among the peers as the peer educators shared factual information with them, and thus making them more aware of their own risk (Agha, 2002). Similarly, a study by Caron, Godin, Otis & Lambert (2004) was aimed at changing the attitudes and beliefs in young people concerning their personal normative beliefs and anticipated regret and intention with regards to postponing sexual intercourse. The trained peer educators did this through the impartation of information to their peers such as sharing of experiences about the advantages they have found in postponing sexual intercourse, and similar related issues discussed (Caron et al, 2004).

When looking at peer education interventions aimed at adolescent youth, it has been common to look at prevention methods such as abstinence, delaying of sexual debut and condom use, among others (Agha, 2002; Miller, Mutungi, Facchini, Barasa, Ondieki & Warria, 2008). A common intervention among youth peer education programmes is the intervention focusing on abstinence, being faithful to one partner and using condoms, also known as the “ABC” approach (Miller et al., 2008). Although this intervention is popular, it has been argued that it may pose a challenge when it comes to role modelling of behaviours by peer educators to their peers. The methods are mutually exclusive, for example, one cannot abstain and use a condom. Thus this type of programme is prone to give double messages to youth. Miller et al. (2008) corroborated this by asking: “how much would youth trust advice on abstinence from a peer educator who was modelling condom use in his or her life?” (Miller et al., 2008, pp. 346-347). This poses a challenge in the effectiveness of peer education as an HIV intervention. Miller et al. therefore suggested that peer education programmes should either be focused on abstinence or focus on multiple options, excluding abstinence, to avoid confusion.

Selection criteria for peer educators.

Peer education programmes usually follow some form of selection process for peer educators. There are a number of methods used to select peer educators, ranging from selection by teachers or community leaders, to selection by peers (Ebreo et al., 2002; Smith & DiClemente, 2000). Ebreo et

al. (2002) conducted a study in which peer educators were selected by adult staff, based on the criteria that they were all at-risk youth. No change was found in behaviours after they were trained, and their peers did not esteem them highly as peer educators. Thus, Ebreo et al. (2002) highlighted the importance of the selection process, and stated that for peer education to be effective as an HIV intervention, peer educators must be individuals who are esteemed highly by their peers. There must be an involvement of peers or schoolmates in the selection process. In other words, peer educators must be individuals who are viewed as credible in the eyes of their peers (Ebreo et al.) Although the authors found the selection of at-risk youth to be peer educators to be an appealing idea, results revealed that this approach was most likely to be unsuccessful.

A study conducted by Smith and DiClemente (2000) revealed a selection process whereby peer educators were selected on the basis of their leadership, judged by the opinions of their peers. In other studies, peer educators are selected by their adult leaders and village chiefs, based on whether their behaviour is viewed by adults as being acceptable (Price & Knibbs, 2009). However, results from a study that was conducted among youth in Cambodia revealed that when peer educators were selected by adults for these reasons, their peers found them to be unapproachable due to the peer educators' unreachable standards (Price & Knibbs, 2009). With this common finding among different programmes it was therefore suggested that peers select their own peer educators whom they can approach, trust and relate to (Knibbs & Price, 2009).

Supportive structure.

As the method of peer education is centred on the peer educator reaching their peers, it is essential that peer educators have the support that they need in order to carry out their roles effectively. Adults, who may be facilitators, trainers or supervisors, play a supportive role to peer educators (Agha, 2002). Although their main duty is to train and mentor the peer educators, facilitators are expected to play more of a supportive role, while peer educators actively engage in their training, discussing issues together and planning their activities to reach out to their peers (Goto, Tiffany, Pelto, & Pelletier, 2008; UNICEF, 2004).

Secondly, many peer education programmes include the community at large, to create supportive links to sustain behaviour change among youth. Mitchell, Nyakake and Oling (2007) emphasised the importance of engaging adults and the community at large as part of a comprehensive approach to addressing HIV-related issues. There is a need to take into account the socio-cultural factors, and ensure that there are connections with other health services and adults for referrals when necessary. Again, Norton and Mutonyi (2007) raised the issue of the importance of supportive administration, to facilitate the lobbying of issues by young people, as an integral part of creating lasting change from peer education interventions.

Warwick and Aggleton (2004) highlighted that if there is no consideration of the socio-cultural environment, there was likely to be resistance from parties such as parents, care givers and community leaders, thus hindering the effectiveness of peer education programmes in HIV intervention. In addition, Campbell and McPhail (2002) raised the issue of gender relations, which stem from the community and socially constructed norms. They mentioned the example of condom use, noting that unless women are empowered and are offered with an alternative gender relation pattern and the community is included as a whole in discussing such issues, there would be no change. They highlighted the importance of integrating a variety of approaches and activities over time, as changing norms and behaviours requires time and is a long-term process. To sum up the issue, Price and Knibbs (2009) stated that peer education in addressing young people's sexual and reproductive health issues, particularly in developing countries, is a much more complex approach than has been popularly implied.

Evaluations of Peer Education Programmes

According to Medley, Kennedy, O'Reilly and Sweat (2009), the implementation of peer education programmes outweighs the number of systematic evaluations that have been conducted on the effectiveness of such programmes. However, increasingly, there have been a few evaluations that

looked at the effectiveness of peer education programmes. These studies have ranged from outcome evaluations to formative evaluations, and qualitative studies (Agha, 2002; Caron et al, 2004).

Outcome evaluations that have been conducted in HIV prevention peer education programmes have focused on randomly assigning youth (individuals, schools or community youth groups) to experimental and control groups. Outcomes were in terms of the effectiveness of training received by peer educators. Experimental groups were provided with peer education training, and comparisons made between experimental and control groups on variables such as knowledge, attitudes and behaviours such as safe sex, and risk perception (Agha, 2002; Borgia et al, 2005). A study that was conducted by Agha (2002) was one such evaluation, where the researcher investigated the effects of a sexual health peer education programme on Zambian youth in secondary schools. The study revealed that the experimental group of students showed an increase in knowledge and positive normative beliefs about abstinence and condom use, relative to the students in the control group. Similarly, Borgia et al. (2005) conducted a study in which a teacher-led curriculum on HIV prevention was compared to a peer education programme, assessing changes in sexual behaviours, knowledge, prevention skills, risk perception and attitudes. High schools were randomly assigned to teacher-led or peer-led conditions. Results revealed that for both groups, there were significant increases in skills, knowledge, attitudes and risk perceptions. The peer-led groups had significantly greater improvements in knowledge than the teacher-led group.

There have been formative evaluations and qualitative studies that have been conducted around issues of curricula, and assessing the effectiveness of peer education programmes that are driven by youth as opposed to adults. For example, a study that was conducted by Goto et al. (2008) employed qualitative methods such as interviews with youth involved in a peer education HIV prevention programme, to obtain their views on the participatory action research methodology of peer education. Participatory action research is a method in which peer educators are actively involved in their training activities, sharing their experiences and having opportunities to use the skills learned. Results revealed that this programme was generally viewed as being a powerful tool for empowering youth to take leadership and develop as individuals (Goto et al, 2008). Similarly, a qualitative study

on peer education that was conducted by UNICEF (2004) revealed that in some cases, peer educators were shown to be more effective than their teachers and other adults in influencing others to change norms and changing attitudes that are related to sexual behaviours. The study also revealed that peer education was a powerful tool for referring peers to health services. It has also been shown to create a platform whereby healthy and fulfilling relationships between teachers and young people can be fostered (UNICEF, 2004).

Proposed outcomes.

Empirical research shows that there are a number of possible proposed outcomes that result from peer education programmes, having dealt with the issues of defining scope, selection of peer educators and implementation processes (Pattman & Cockerill, 2007; Kelly, 2004). These include increases in knowledge, attitudes, perceived risk perception and decreases in risky sexual behaviours (Agha, 2002; Warwick & Aggleton, 2004).

Peer education programmes have been found to be effective in primarily bringing about an increase in knowledge, especially when dealing with communities where there is limited access to information and services (Norton & Mutonyi, 2007; Warwick & Aggleton, 2004). An evaluation of a peer education programme run in five South African schools was conducted by Warwick and Aggleton (2004), and they found that youth peer educators were embraced and appreciated by their peers and were seen as credible sources for delivering information to them. The young people in these schools reported to have gained much knowledge about issues pertaining to HIV/AIDS that they were not aware of before.

Findings from a meta-analysis conducted by Medley et al. (2009) on 28 peer education programmes published between 1990 and 2006 in developing countries, revealed that peer education programmes were associated with increases in HIV knowledge, reduced paraphernalia equipment sharing among drug users, and increased condom use. Similarly, an outcome assessment conducted by Miller,

Mutungi, Facchini, Barasa, Ondieki & Warria (2008) revealed that after a peer education programme focusing on the ABC approach (abstinence, be faithful, use condoms) was implemented, there were increases in condom use, and increases in the uptake of voluntary counselling and testing among Kenyan university students. Students attributed the changes in their behaviour to their involvement in the university's peer education programme.

A Plausible Programme Theory

Social science theory on peer education.

Social science theory provides a basis for determining plausible assumptions about how a programme will bring about change (Rossi, Lipsey & Freeman, 2004). The mechanisms by which peer education programmes are expected to bring about the necessary knowledge, attitude and behaviour changes, are based on social science theory that exists (Bandura, 1977; Rogers, 1983).

Role modelling.

The implementation of peer education dates back to the 1970s, with behavioural theories such as Bandura's (1977) Social Learning Theory and similar theories highlighting the influence that a highly regarded individual can exert on those around them (Fishbein & Ajzen, 1975). In 1984, Damon (1984) argued for the adoption of more peer learning for educational use, as it had many cognitive and motivational benefits for the recipients (peers), and it had been discovered that children/young people had tremendous influence over one another (Damon, 1984).

According to Miller et al. (2008), one of the most widely used theories for peer education is the theory of social learning (Bandura, 1977). According to this theory, behaviour is learned through learning or modelling behaviour from those perceived to be similar to the individual learning the behaviour (Bandura, 1977). Other factors influencing learning include the consistency with which a behaviour is performed, as well as the status of the model performing a behaviour (Bandura, 1977).

Other theories used as the basis for peer education include the Theory of Reasoned Action (Fishbein & Ajzen, 1975) and the Theory of Diffusion of Innovations (Rogers, 1983). According to the Theory of Reasoned Action, if people in a particular society see a behaviour as a norm in a particular community or context, they are most likely to perform that behaviour (Fishbein & Ajzen, 1975). Similarly, the Theory of Diffusion of Innovation suggests that opinion leaders are very powerful agents of change, as they influence others to change when they themselves adopt new behaviours (Rogers, 1983). According to Mahat et al (2006), theories such as the Social Learning Theory (Bandura, 1977) predict that when adolescents have the necessary knowledge about HIV/AIDS and they see healthy behaviours being modelled, they will be able to engage in healthy behaviours.

There have been studies that support the plausibility of role modelling in peer education programmes as an effective behaviour change mechanism (Damon, 1984; Warwick & Aggleton, 2004). Warwick and Aggleton (2004) found that youth peer educators were embraced and appreciated by their peers and were seen as credible sources for delivering information to them. Peers attributed changes in their attitudes and behaviours to the influence of the peer educators. A study by Brack, Millard and Shah (2008) revealed that peer educators who were similar to peers in terms of values and temperaments were successful role models to their peers.

There have been counter arguments that role modelling is not the most effective way to reach out to young people, particularly for changing behaviours. According to Miller et al. (2008), some behaviours and practices have more to do with religious and personal convictions, and as such, role modelling may not be able to change these. Ebreo et al. (2002) also argued that role modelling does not work because many times, the peer educators themselves fail to adopt new behaviours in their lives, thus, role modelling cannot even begin. They highlighted that many times there is failure to recruit the right peer educators, and thus the concept of role modelling becomes futile. Similarly, Campbell and McPhail (2002) argued that role modelling alone was not sufficient to alter entrenched behaviours among youth. As a possible solution, they highlighted the importance of integrating a variety of approaches and activities over time, as changing norms and behaviours requires time and is a long-term process.

Based on the literature that has been discussed, it is evident that there is still debate regarding the effectiveness of role modelling resulting in behaviour change in peer education programmes. However, regardless of the theory underlying the programme, researchers would agree that for peer education programmes to be effective, it must be implemented appropriately and take a number of factors into account such as recruitment processes, training methods used and socio-cultural and long-term support systems (Campbell & McPhail, 2002; Miller et. al, 2008). This may result in an increase in knowledge about HIV/AIDS, changes in attitudes regarding sexual behaviours, and ultimately a change in behaviours, and adopting responsible behaviours such as abstinence, condom use and other responsible behaviours which prevent the spread of HIV/AIDS among young people. It is therefore important to assess the implementation of such programmes, so that if delivered well, they are able to combat issues among young people. The investigation of a programme's implementation is therefore important and the focus of this evaluation. An organisation implementing peer education programmes aimed at reducing HIV prevalence among young people and developing youth is Generation of Leaders Discovered (GOLD) Peer Education Development Agency.

The GOLD Peer Education Programme

The Generation of Leaders Discovered (GOLD) Peer Education Development Agency is a non-profit organisation that was formed in 2004. It was established in order to address the HIV/AIDS pandemic among young people in under-served communities in Sub-Saharan Africa. The organisation developed the GOLD model, which consists of a number of services that GOLD offers to implementing organisations (IOs) and enables them to roll out an adolescent peer education programme termed as the GOLD Peer Education Programme. The programme aims to equip young leaders with the necessary knowledge, skills and attitudes to be role models of risk free behaviours that will help them to prevent the spread of HIV/AIDS among youth (GOLD, 2009).

Within Sub-Saharan Africa HIV/AIDS infections result from high-risk behaviours (UNAIDS, 1999). GOLD's premise for the programme therefore responds to this. The GOLD Peer Education Programme aims to equip adolescent youth leaders with knowledge, skills and attitudes to enable them to make informed decisions, adopt health-enhancing behaviours and also model these to peers in their schools and larger communities. Programme activities are therefore focused on empowering young peer leaders to become agents of change in their communities, and become role models and leaders in society. It focuses particularly on the core behaviours and beliefs that are at the root of the HIV/AIDS pandemic (GOLD, 2009).

Programme rollout.

In order to achieve its outcomes, the GOLD model uses the following process to roll out its programme:

STEP 1: GOLD selects, trains and supports implementing organisations (IOs) to implement the programme in schools and communities

STEP 2: The IOs recruit facilitators into their organisation

STEP 3: The facilitators recruit and train peer educators

STEP 4: The peer educators role model appropriate behaviours and transfer knowledge to their peers and larger communities in order to reduce the amount of risk behaviours and assist in the reduction of the spread of HIV/AIDS

The following section describes the 4 steps of the implementation of the GOLD Peer Education Programme in more detail.

STEP 1: Selection, training and support of implementing organisations.

GOLD selects and trains IOs to roll out the programme in a number of schools and communities. An IO is a registered organisation already working in the area of youth development, operating within GOLD's geographical coverage. At present, GOLD's peer education programmes are being rolled

out by 33 IOs in the Western Cape, Mpumalanga and Kwazulu Natal provinces of South Africa, as well as in Botswana and Zambia. The peer education programmes are either school based (majority of Western Cape, Kwazulu Natal, Mpumalanga and Botswana) or community based (Zambia and two implementing organisations in the Western Cape). Once the IOs have been trained by GOLD on the model, they in turn train peer educators in different sites who will be the role models and information source for the programme to function. Within each province (Western Cape, Mpumalanga and Kwazulu Natal) or country (Botswana, Zambia), GOLD identifies and selects IOs in underserved communities. The following specific criteria are used to select countries, provinces and IOs:

- Where the need is greatest, for example:
 - High incidence of HIV amongst youth and high prevalence of HIV and AIDS in the area;
 - High numbers of orphans and vulnerable children with low numbers of adult role models;
 - High incidence of risky behaviour amongst youth; and/or
 - Lack of sustainable long term programmes in place).
- Where the geographical circumstance provides diverse contexts from which GOLD can learn.
- Where there is healthy stakeholder support and potential collaboration in place (Political will and potential Government support; already established relationships of GOLD collaborative stakeholders with potential implementers; local stakeholders in favour of GOLD implementation.
- Where there are Resources to deliver GOLD adequately (Funding for GOLD to roll out with a sustainable plan; funding for GOLD implementing organisations to deliver the programme with a sustainability plan; human resource capacity of GOLD to deliver its services).
- Where there are potential implementing organisations and schools or community sites with adequate capacity and functionality for GOLD to work with them.
- Where the area and implementation sites strategically benefit GOLD (Assists to strengthen positioning in line with Sub-Saharan Vision; assists GOLD to gain on the ground learnings for future growth.) (Sourced from www.goldpe.org.za)

GOLD's Peer Education Model is a Five Year Capacity Building Programme, consisting of the following services to the IOs:

- **Training and Support:** GOLD offers IOs the necessary training and support they require in the implementation of the peer education programme. At each field office, there is a training and support officer in charge of this.
- **Quality Assurance:** GOLD trains IOs on the monitoring and evaluation processes that are necessary for tracking the quality of the implementation of the peer education programme. This involves providing them with the necessary skills, as well as methods and tools they must use to monitor and evaluate the programme according to the standards set by GOLD.
- **Research and Development:** GOLD works with the IOs to conduct research about/for the programme and to establish best practices, as well as methods to improve the effectiveness of the programme and its implementation.
- **Stakeholder management:** Over a five-year period, GOLD ensures that it has systems in place to manage and support the IOs that are implementing GOLD peer education programme, and they also train IOs to be able to manage and sustain relationships with other stakeholders and partners in the peer education programme.
- **Resource Mobilisation:** GOLD builds the capacity of IOs in resource mobilisation, so that they are able to identify and gather local, national and international resources in order to support the implementation and sustenance of the GOLD programme. This is done to ensure that after the five years of support from GOLD in implementing the programme, IOs will be able to mobilise for themselves without the assistance of GOLD, resources that will carry the GOLD Peer Education Programme forward.
- **Advocacy and Programme Visibility:** GOLD trains IOs around raising awareness about the GOLD Peer Education Programme, and also supports them to enhance the credibility of the peer education programmes in their communities. IOs are trained on facilitating activities and campaigns to raise awareness. They are also provided with a marketing toolkit, which gives guidelines on how to market the GOLD peer education programme and materials such as

pamphlets to distribute and banners to display at peer education events held in schools and communities (sourced from GOLD website: www.goldpe.org.za)

GOLD provides workshops on each of these services, and thereafter, provides continuous support in these areas as part of their five-year capacity-building plan. This aspect of the programme was evaluated by Gelderblom (2009), and is discussed later in this document. GOLD's training of the IOs in these 6 areas is expected to result in the organisations developing the capacity to implement the peer education programme effectively. After four to five years, the IOs are expected to run the peer education programmes without the support services from GOLD, as well as to expand so that the programme is offered in more sites within their region.

When the IOs are trained, they receive an Implementation Guide from GOLD, which is used to implement the programme (GOLD, 2009). There are two guides, each one adapted to the school-based programme and the community-based programme. The implementation guide gives detailed guidelines of the activities, processes and procedures to be followed in the programme's implementation in seven aspects, known as the seven elements:

- **Programme planning:** How the implementing organisation plans the implementation of its peer education activities, involving all role-players concerned.
- **Managing facilitators:** How the organisation ensures that it recruits and retains suitable facilitators and volunteers who have specific areas of responsibility.
- **Managing peer educators:** How the organisation ensures that it selects, equips and retains suitable peer educators who fulfil their specific roles and responsibilities.
- **Reaching Peers:** How the organisation reaches peers using the methodology of peer education.
- **Programme Integration:** How the organisation ensures programme integration and improves collaboration, coordination and synergy among family, school and community.
- **Management Practices:** The management practices implemented by the organisation to ensure effective and efficient use of resources, and sustained levels of programme delivery.

- **Monitoring and Evaluation (M&E):** The implementation of an integrated M&E system for continual measure of key programmatic performance indicators to guide corrective action when appropriate (GOLD, 2009).

These guidelines are set out to ensure that a generic procedure and generic programme activities are implemented in all of the IOs that roll out the GOLD Peer Education Programme. IOs are held accountable to GOLD for outputs and standards that are stipulated in the implementation guide, and receive continuous feedback through GOLD's monitoring and evaluation system, facilitated by the Quality Assurance function.

STEP 2: Recruitment of facilitators.

One of the elements in the implementation guide is the management of facilitators, which includes recruiting, retaining and managing facilitators. Facilitators are recruited according to criteria stipulated in the implementation guide. Among other qualities, facilitators must have completed senior school and preferably had tertiary education, and must have training in basic counselling skills, knowledgeable on HIV/AIDS, sexual and reproductive health and have training and facilitation skills. GOLD also emphasises that facilitators should be people of character, who model healthy behaviours and can be role models to peer educators. Facilitators go through the interview and selection process. They are then trained on how to recruit peer educators and conduct training sessions with the peer educators in schools and communities.

STEP 3: Recruitment and training of peer educators.

Depending on whether it is a school-based or community-based programme, peers within a particular community context or class nominate their peers to become peer educators for the programme. The peer educators must represent a diverse group of youth leaders from different sub-cultures South Africa peer educators must be in Grade 9 or 10, or a similar age range within these grades. In the community based programme, peer educators are expected to be between 13 and 15 years of age.

Nominations are followed by interviews and final selection and enrollment of peer educators by facilitators. Once the peer educators have been enrolled, they are on Track 1 (year 1 of implementation) and are called Junior Peer Educators (JPEs). As they progress into the next year, having met required standards, they progress into Track 2 of the programme, becoming Senior Peer Educators (SPEs), and in their third year they become Mentor Peer Educators (MPEs). After the third year, a limited number of peer educators may apply to become Lead Peer Educators (LPE), affiliated to an IO, working as adult peer educators and assuming minimum co-facilitator responsibilities.

The training of peer educators consists of six major modules covered throughout the three or four years of the programme roll-out, which are:

- **Enhanced self development** – aimed at building awareness of personal identity within a social context and build adaptive positive behaviour enabling them to deal effectively with daily life demands and lay foundations for the future.
- **Sexual and Reproductive health** – to equip youth with a comprehensive understanding of sexual and reproductive health, and how to preserve it.
- **Leadership** – to equip peer educators to be service-oriented leaders in their schools.
- **Community action** – sessions aimed at equipping youth to work together to bring positive change in their communities through advocacy for improved access to services for youth.
- **Gender, relationships and rights** – sessions aimed at raising awareness of rights in relationships among youth (particular attention to sexual relationships between boys and girls and gender violence).
- **Communication skills** – to equip youth with communication techniques to effectively assist a group of suitable youth to informally role-model health-enhancing behaviour, educate peers in a structured manner, recognize youth in need of help and refer for assistance and advocate for youth resources and services.

The training of peer educators by facilitators is done through skills training sessions and camps sessions, and there are also mentoring sessions designed for a more personal approach to equipping peer educators on a personal level and according to their needs. The training and mentoring is to equip the peer educators to fulfil their four roles:

1. Lead by example by role modelling health-enhancing and purpose-driven behaviours. The aim here is to instil a sense of vision and focus in the young people, such that their behaviours reflect responsibility and consciousness of oneself as a future leader, and avoidance of risk behaviours (e.g. multiple partnering) that may jeopardise one's future.
2. Educate peers in a structured manner. This involves holding structured lesson deliveries and talk groups, which are focused on topics that are relevant to the youth – such as HIV/AIDS, sex and sexuality and teenage pregnancies
3. Recognise peers in need of help and refer them for assistance. For example, if a peer educator notices that a peer is troubled, they may approach them, and on speaking to them, the peer may confess that he/she is having a health-related problem that they suspect may be a sexually transmitted infection. A peer may also have a psychological problem that they are dealing with at home. In both cases, the peer educator would refer the peers to relevant service providers such as health centres or guidance counsellor in the community or school.
4. Uplift their communities through three activities: advocacy for resources for themselves and peers, acts of service and raising awareness of youth issues. This has to do with involving the community in youth related issues. For peer education to be effective, adults and the community at large must be engaged, to ensure behaviour changes are maintained, with the aid of strong support from the community (Mitchell, Nyakake & Oling, 2007).

Throughout the different tracks, these roles are expected to be fulfilled through the different activities they engage in.

STEP 4: Transfer of knowledge to peers.

This step takes place simultaneously with STEP 3. As facilitators train and mentor peer educators, they have activities set out for them in every quarter of the year to fulfil their four roles (role-modelling behaviour, educating peers, recognising and referring peers and uplifting communities). There are a range of activities that the peer educators conduct with their peers and communities in order to fulfil their roles. These include lesson deliveries, talk groups and informal strategic chats with peers, as well as community upliftment events.

Lesson deliveries: these are structured lessons conducted by the peer educators in groups of four to six peer educators to their peers, with a facilitator present. This gives peer educators the opportunity to practice the skills they would have been taught in skills training and mentoring sessions with their facilitators.

Talk groups: these are forums that are created for discussion on pre-selected topics which are usually on issues that are found to be common in the school or community, decided on by the peer educators in groups. They last about 30 minutes, and they are aimed at creating awareness about a certain topic. Peer educators facilitate discussions and participation from peers.

Strategic conversations (Strat chats): Strat chats are informal conversations held between a peer educator and a peer. These are not planned, but are called strategic because they are aimed at resulting in a transfer of knowledge and empowerment of the peer. They can cover any relevant issue they will have been trained on such as HIV, pregnancy, studying skills, how to make a decision, dealing with stress and conflict in their family, dealing with bullying or addressing alcohol abuse.

GOLD's programme theory.

Rossi, Lipsey and Freeman (2004) define programme theory as consisting of assumptions about how a programme is linked to the changes which it intends to bring about in a particular social condition. A programme theory also highlights the strategies adopted by the programme to achieve its goals and objectives. This refers to a blue print of the programme and how resources, implementers and other stakeholders and activities are linked to produce programme effects (Rossi et al).

Chen (2005) describes programme theory as containing an action model and change model. An action model depicts the way in which staff, resources, settings and support organisations are arranged, in order for programme activities to be delivered to the intended target audience (Chen). The change model depicts the causal mechanisms of the programme, and how the programme is proposed to bring about change (Rossi, Lipsey & Freeman, 2004). The programme theory presented in this chapter is that of one of GOLD's Western Cape implementing partners, Olive Leaf, which is the client for this evaluation. This programme theory should be the same for all implementing organisations that are implementing the GOLD Peer Education Programme. GOLD's programme theory will be depicted in the following three diagrams. Separate diagrams are presented for the action model, programme implementation and the change model. Figure 1 below depicts the programme theory with particular focus on the action model.

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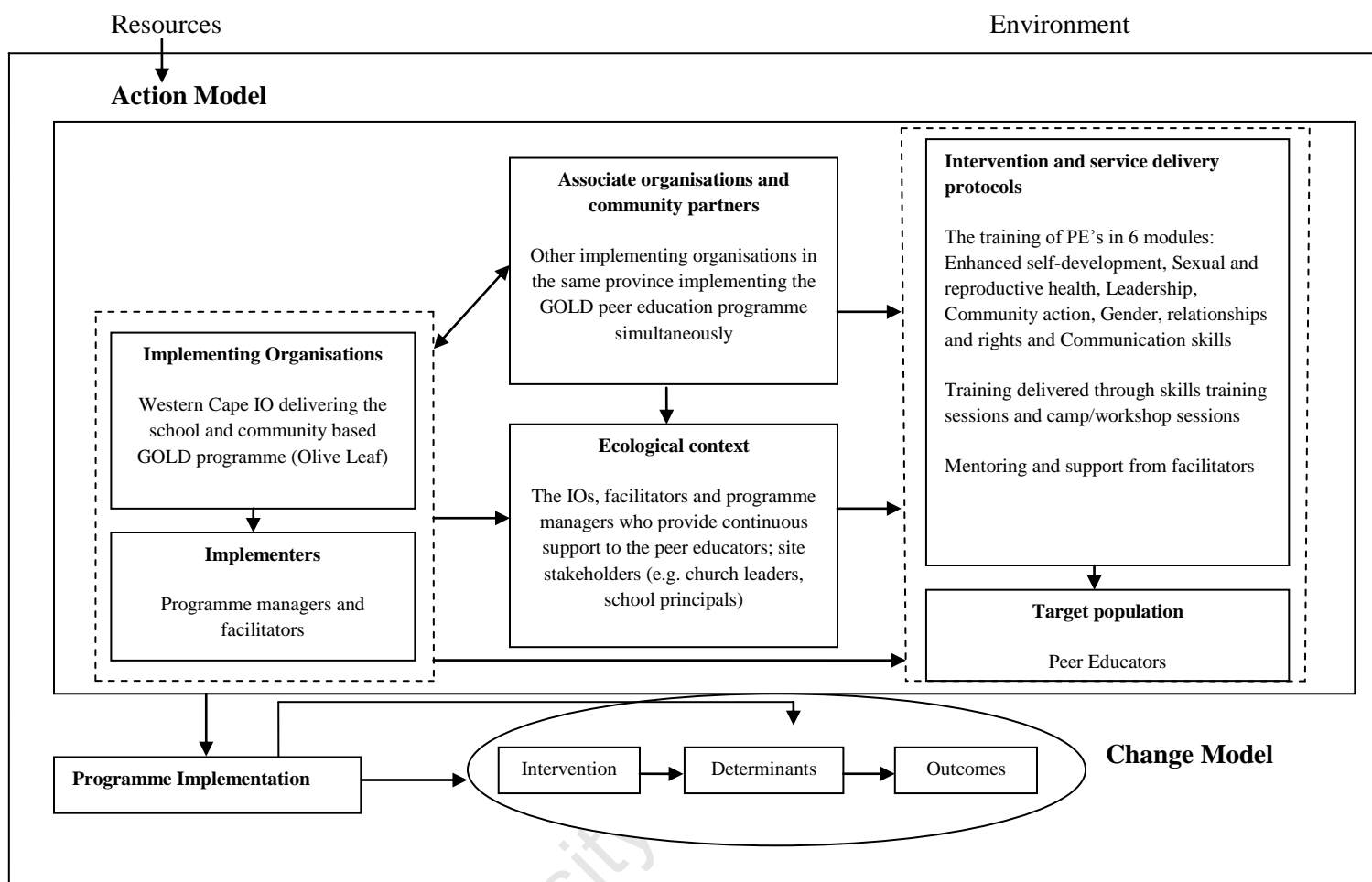


Figure 1. Conceptual Framework of GOLD's Programme Theory adapted from Chen (2005). The programme implementation is expanded in Figure 2 below and the change model in this figure will be further expanded in Figure 3.

Programme implementation is also known as the service utilisation plan, which highlights the sequence of events that the target population (peer educators) will go through from their selection to the end of the programme (Rossi et. al, 2004). As shown in the diagram, the target population is leaders in the schools and communities that IOs work with, within GOLD's programme coverage area. Through the guidance of facilitators, the young people (+/- 30 in each site) go through a recruitment and selection process. Selected peer educators are then enrolled in Year 1 as Junior Peer Educators, and are taken through the sequence of events illustrated in Figure 2.

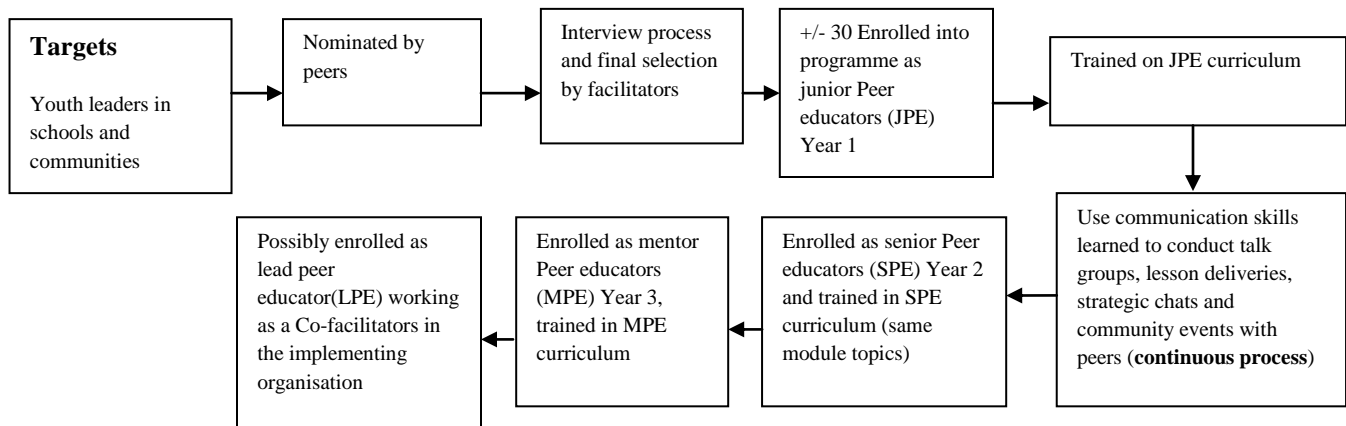


Figure 2 GOLD's Service Utilisation Plan adapted from Rossi, Lipsey and Freeman (2004).

Impact theory.

It is expected that once GOLD has provided the necessary capacity building and support to IOs, they will be able to implement the GOLD Peer Education Programme. Facilitators are responsible for selecting, training, mentoring and supporting peer educators. The implementation of the programme may result in a number of outcomes, which they term “purpose driven and health-enhancing behaviours.” As GOLD is primarily a leadership development agency, not only focusing on direct HIV outcomes, there are seven developmental outcomes that have been stated by GOLD (GOLD, 2009). These were developed after a 2009 research they conducted with peer educators undergoing the programme: increased knowledge in HIV/AIDS and life skills, improved access to community services, improved relationships, increased youth-driven activities, decreased substance abuse and increased youth assuming leadership positions (GOLD, 2009).

To limit the scope of this evaluation, only behaviours directly related to HIV infection were included. According to the impact theory, the peer education training is expected to result in the peer

educators increasing in their knowledge around HIV/AIDS and about their role ¹as peer educators. They are first and foremost expected to internalise what they learn, so that they become role models of responsible behaviours to their peers. In turn, peers are expected to adopt the same health-enhancing behaviours as their esteemed peer educators, eventually resulting in a reduction in HIV infections and mitigating of the impact of the HIV/AIDS pandemic on vulnerable groups/youth. This encompasses the programme's impact theory (Rossi et al, 2004). The programme also aims to develop young leaders who have gone through the peer education programme to become employable and be involved in community development and education support. Figure 3 below illustrates the causal theory of the GOLD Peer Education Programme.

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¹ It is important to note that GOLD's mission reaches far beyond sexual behaviour and HIV knowledge, but aims to develop leaders who are able to make healthy life choices and become social capital in their communities. However, due to the limited scope of the evaluation, only behaviours directly linked to HIV were included.

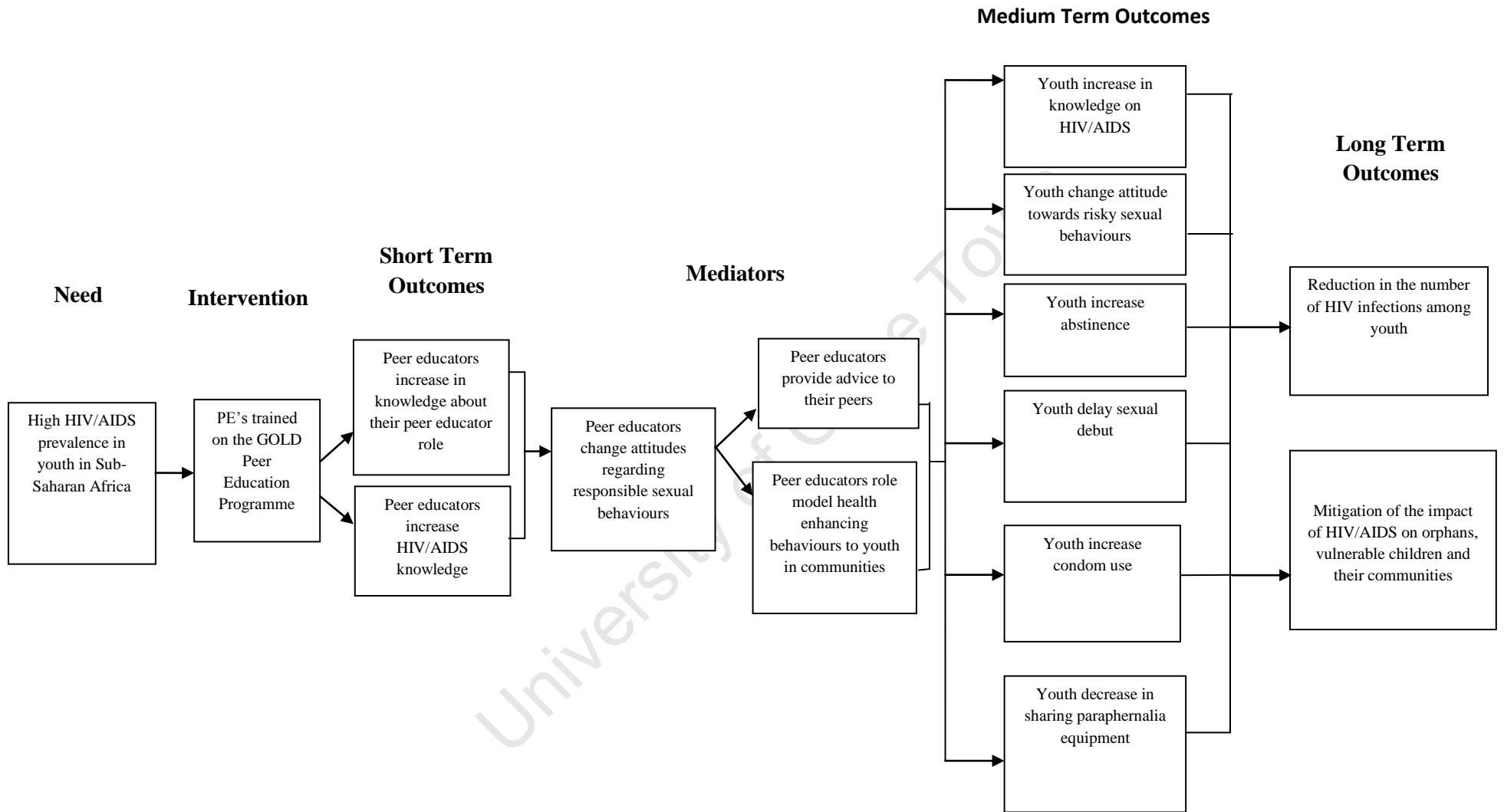


Figure 3. GOLD's Change Model adapted from the Variable Oriented Programme Theory of Rossi, Lipsey and Freeman (2004)

Plausibility of GOLD's programme in relation to empirical research

There are debates about whether or not the mechanisms by which peer education programmes function are plausible. This evaluation will provide results on whether the role modelling theory underlying the GOLD model is showing results, contributing to the knowledge on these programmes.

Based on findings from a previous GOLD evaluation by Gelderblom (2009), the first stage of programme implementation, that is GOLD's training of IOs, the programme theory was found to be plausible at that level. The evaluation conducted by Gelderblom (2009) combined a theory evaluation and an implementation evaluation of the training that GOLD provides to IOs before they implement the GOLD peer education programme. The theory evaluation component was aimed at developing a comprehensive programme theory for the GOLD programme as a foundation for its implementation. This was done through interviews with key staff members of GOLD Peer Education Development Agency. The implementation component aimed to assess whether the capacity building from GOLD to the IOs in the six functional areas enabled the IOs to effectively implement the programme. The sample was 17 IOs implementing the school based programme. The following findings were reported:

- A plausible programme theory was developed for each of the six core services that GOLD provides to the IOs to enable them to effectively implement the GOLD peer education programme. An overall logic model for the GOLD programme was developed, as well as six separate logic models for each of the functions that GOLD uses to build the capacity of IOs to enable them to effectively implement the GOLD programme.
- Overall, the training that GOLD provided to IOs enabled them to effectively implement the programme. There was statistically significant relationship between the capacity building training from GOLD to IOs, and the IOs' delivery of the GOLD peer education programme.

According to the programme implementation process discussed, the next stage of the implementation of the GOLD peer education programme after the IOs and facilitators have been

trained is for them to recruit and train peer educators. This step was investigated for this evaluation.

It seems logical that the next step of the programme rollout is evaluated, following on from Gelderblom’s evaluation. Specifically, the evaluation investigated whether the training delivered by the IOs to peer educators was of high quality and whether peer educators felt competent to be change agents in their community as a result of the training. Focus was on Olive Leaf Foundation running the GOLD Peer Education Programme in both school and community-based sites since 2009. As the programme is in its initial stages, having been developed in 2009, an implementation evaluation is best suited (Rossi et al, 2004). A simplified summary of the process of the GOLD programme is depicted in Figure 4 below, showing the past evaluation conducted by Gelderblom (2009), and how it contributes to this evaluation’s scope and direction.

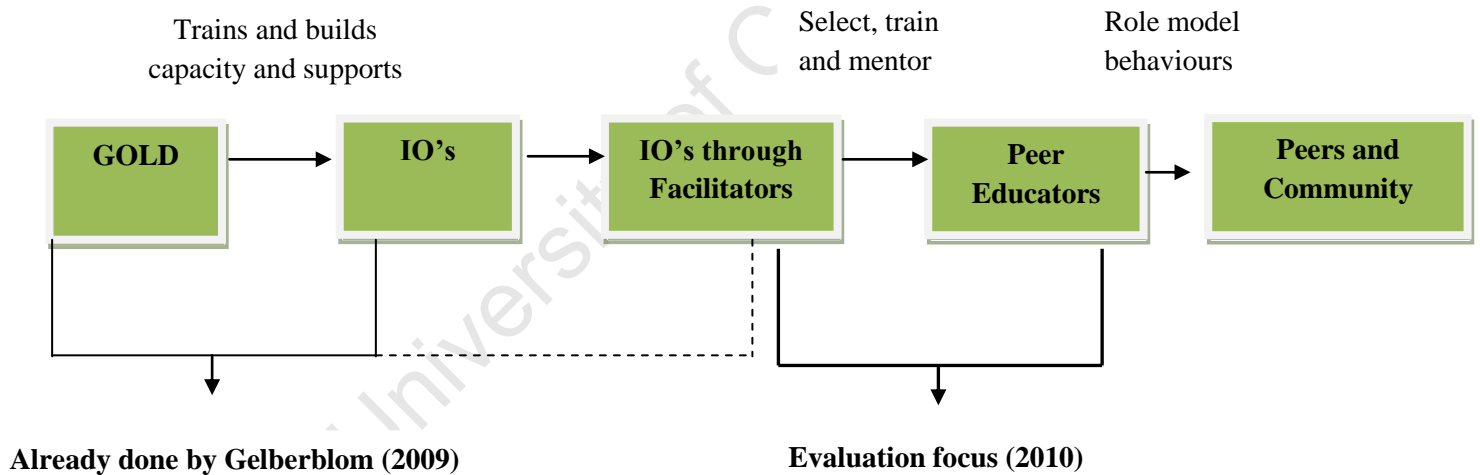


Figure 4. An illustration of the evaluation focus in context

Evaluation Questions

An implementation evaluation is defined as activities that are undertaken, which will provide information that is useful to make improvements in a programme (Rossi et al, 2004). According to Rossi et al (2004), an implementation evaluation encompasses the assessment of programme performance in the domains of service utilisation, service delivery and organisational functions. For service utilisation, there is an assessment of the extent to which the target population is receiving the intended services. Service delivery involves investigating the quality and relevance of services delivered to the target population. Organisational refers to whether the programme's efforts and resources are enabling the programme's essential tasks to be accomplished.

The following evaluation questions will be addressed in the evaluation:

Service utilisation.

1. Is the training reaching the intended target population?
 - a. Are the profiles of the peer educators aligned to the selection plan of GOLD?
2. Are the peer educators completing the necessary training activities?
 - a. What is the attrition rate?
 - b. If there is attrition, what are the reasons for attrition?

Service delivery.

3. Do the facilitators deliver the programme effectively to the peer educators?
 - a. Are facilitators competent to conduct training sessions?
 - b. Are the facilitators knowledgeable in the subject areas they present?

Service delivery- application.

4. Does the training equip peer educators to be change agents in their communities?
 - a. Do the peer educators perceive the training to have increased their knowledge of HIV/AIDS?
 - b. Do the peer educators feel confident enough to provide advice on HIV/AIDS?

- c. Do the peer educators perceive to have changed their attitudes as a result of the training provided?
- d. Are the peer educators modelling healthy (risk-free) behaviours due to the training?

Organisational functions / support.

- 5. Do the peer educators have enough support from the IOs during the course of the programme?
 - a. Are facilitators always available for mentoring, skills training and camp sessions?
 - b. Are facilitators present for support when peer educators conduct lesson deliveries to their peers?
 - c. Are facilitators there for support when needed by peer educators?

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Method

Data Sources

Two data sources were used for this evaluation, namely senior peer educators (SPEs) from four Olive Leaf Foundation sites, and secondary data (document review).

Peer educators.

Olive Leaf was chosen on the basis that it was one out of the few IOs in the Western Cape that has both the community-based and school-based peer education programmes. Convenience sampling was used to select the four sites in which Olive Leaf runs the GOLD peer education programme (two school-based sites and two community-based sites), based on their proximity to each other for data collection. Specifically, the sample consisted of peer educators who were currently in their second year of the programme, also known as Senior Peer Educators (SPEs). A total of 59 SPEs were included in the sample (males = 29, females = 30), with a mean age of 15.97. The breakdown of the site composition of respondents is highlighted in Table 1 below.

Table 1

Breakdown of Site Composition of the Sample

Olive Leaf sites	No. of PEs	Percentage
School-based sites		
Simunye Secondary School	12	20.3%
Phandulwazi Secondary School	6	10.2%
Community- based sites		
Lower Crossroads	16	27.1%
Sakumlandela	25	42.4%
Total	59	100%

Secondary data.

The following secondary data from the GOLD Head Office was used for additional information to answer evaluation questions:

- The GOLD School-based Implementation Guide, Version 2.1 (2009).
- The GOLD Community-based Implementation Guide, Version 2 (2009)
- Quarterly Attrition trackers sent by Olive Leaf to GOLD
- Quarterly reports sent by Olive Leaf to GOLD

Materials

For evaluation question 1 (pertaining to the intended target population) the evaluator used the school-based and community-based implementation guides to assess the particular criteria used to select peer educators. The characteristics highlighted in the implementation guides were then compared to the demographic information obtained from the questionnaire administered to the peer educators. This comparison was made in order to provide information on whether the programme is reaching the intended targets.

For evaluation question 2 (Are the SPEs completing the necessary training activities? with the sub-questions), attrition trackers and quarterly reports were analysed in order to investigate the attrition rate for peer educators in the training programme in the four sites. Attrition trackers list the names of current peer educators as well as those who have left the programme, and the reasons why they have left.

For evaluation questions 3, 4 and 5 (with the sub-questions) on service delivery and organisational support, a questionnaire was administered to the SPEs. The questionnaire made use of the 5-point Likert Scale format, allowing SPEs to rate their level of agreement with specified items, ranging from strongly disagree (1) to strongly agree (5). The questionnaire consisted of a total of 24 questions, which were divided into the following four sections.

Section 1: Facilitator ability.

Section 1 contained two questions on the facilitator's ability to train them, specifically asking peer educators whether the facilitators were knowledgeable and competent. These items had a Cronbach's alpha of .522.*

Section 2: Facilitator support.

Section 2 asked six questions pertaining to the support that the SPEs receive from their facilitators, in order for them to conduct their duties as peer educators. An example of a question was "A facilitator was always present when I conducted a lesson delivery to my peers". The Cronbach's alpha for these items was .49.*

Section 3: Perceived change due to the programme.

Section 3 asked nine questions relating to the peer educators' perceived change as a result of the peer education programme. An example of an item was "After completing the training, I feel my communication skills have increased in order for me to reach out to my peers." These items had a Cronbach's alpha of .59.*

Section 4: Reported behaviours being modelled.

The last section of the questionnaire asked peer educators to tick which behaviours they were modelling to their peers due to the training that they received from the facilitators. There were seven behaviours that could be selected from, and these included condom use, abstinence, secondary abstinence and reducing alcohol consumption. These items had a Cronbach's alpha of .38*. A space was also provided for peer educators to include other behaviours that were not part of the seven stated.

**Note on Cronbach's alpha:* The Cronbach's Alpha measure of reliability (internal consistency of scale items) was done for each group of items. Although these were generally low, with none

of them reaching the acceptable level of .7. Where Cronbach's alpha was low, attempts were made to determine the effect of removing some of the items to improve Cronbach's alpha. However, in all cases, it remained lower than the required .7, according to the Cronbach's alpha coefficient. This finding does not seem unusual when using a non-standardised scale. A decision was made to keep all items in the scale. The scale was self-developed in order to answer specific questions about the programme's implementation. Although a pilot study would have indicated the reliability of the scale to be low, it was not possible for the evaluator to conduct one.

Procedure

After the evaluator had obtained approval for this evaluation from the Commerce Ethics Committee, a letter of permission was also drawn up by GOLD for Olive Leaf Foundation, granting the evaluator permission to conduct the study as part of GOLD research. As peer educators had signed an initial consent form as part of GOLD's requirement for them to participate in research initiated by GOLD within the period of their service as peer educators, there were no additional consent forms required for the study.

A meeting took place between the evaluator and the Programme Manager at Olive Leaf to discuss how the questionnaire would be administered. In consultation with the facilitators of the four groups of peer educators, appointments were made for days when the researcher would administer the questionnaires to each group separately. The researcher was allocated times when the SPEs were scheduled to meet in their sites for a skills training session with their respective facilitators. It was planned to administer the questionnaires at the beginning of a session that was scheduled for peer educators with their facilitators.

For each group, the relevant facilitator introduced the researcher to the SPEs. In each site, peer educators were given a paper-based questionnaire, which was completed and returned in the same session. The first site to receive the questionnaire was Lower Crossroads. There were also

peer educators from Phandulwazi Secondary School, one of the school-based sites, which was included in the evaluation, who had come for a combined session. The researcher then explained the purpose of the study, and requested that the participants complete the questionnaire, and ask the researcher anything that was not clear to them in the questionnaire. They were given time to complete the questionnaire, after which they handed them back to the researcher. The same procedure was followed for Simunye, followed by Sakumlandela. The administration of questionnaires was done on separate days for each site, and thus took a total of one week to have all the questionnaires completed.

After the questionnaires had been collected, the evaluator collated and captured the data using the Statistics Programme for Social Sciences (SPSS). Descriptive statistics were then used to make sense of the data. A t-test was used where appropriate, and the Cronbach's Alpha of the questionnaire scale was calculated.

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Results

The following chapter presents the results that were found from the evaluation and are arranged according to the evaluation questions.

Service Utilisation

1. Is the training reaching the intended target population?

a. Are the profiles of the peer educators aligned to the selection plan of GOLD?

According to GOLD's community-based and school-based implementation guides, peer educators must meet the following criteria, among many others:

- Leadership – GOLD required that the peer educators constitute a diverse group of youth leaders who represent different subcultures. The peer educator was required to be an opinion leader, who is in some way influential to her/his peers.
- Gender diversity – According to GOLD's implementation guide, a successful peer educator group had to be representative of both young men and young women.
- Age - Peer educators had to be between the ages of 13 and 15 at the time of recruitment (Grade 9 or 10 in the case of school-based). Therefore as SPEs now in the second year of the programme, they would be expected to be in the 14 – 16 age category.

The following section presents the findings from the analysis of the above-mentioned GOLD requirements for the sample of SPEs.

Leadership.

Results revealed that overall, in terms of formal positions held, there were more peer educators who were non-leaders than leaders. Examples of leadership positions held by peer educators in the school based programme included class monitor, group leader and representative class leader. Those peer educators who held leadership positions in the community-based sites were leaders in community or youth clubs. Table 2 shows the overall leadership status of peer educators.

Table 2

The Overall Leadership Status of Peer Educators

Leadership status	No. Of PEs	Percentage
Leader	21	35.6%
Non-leader	38	64.4%
Total	59	100.0%

Across all sites, there were more peer educators who were not formal leaders. Lower Crossroads and Sakumlandela, the community based sites, had higher proportions of leaders overall. Figure 1 shows the breakdown of the formal leadership status in each site.

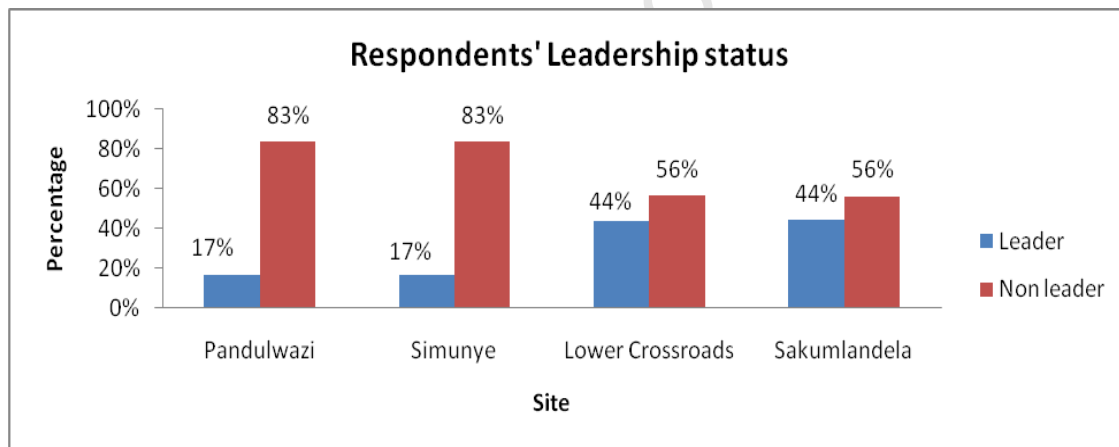


Figure 5. Peer Educators' Formal Leadership Status across Sites

Gender diversity.

Overall, there was gender diversity among the peer educators, with a slightly higher proportion of female peer educators than males peer educators. Gender distribution across sites showed different patterns of male and female proportions. Phandulwazi’s respondents consisted of males only. Lower Crossroads had a higher proportion of males than females, while Simunye and Sakumlandela had higher proportions of females than males, with Sakumlandela recording the highest proportion of females overall. Figure 2 depicts the distributions of males and females across all sites.

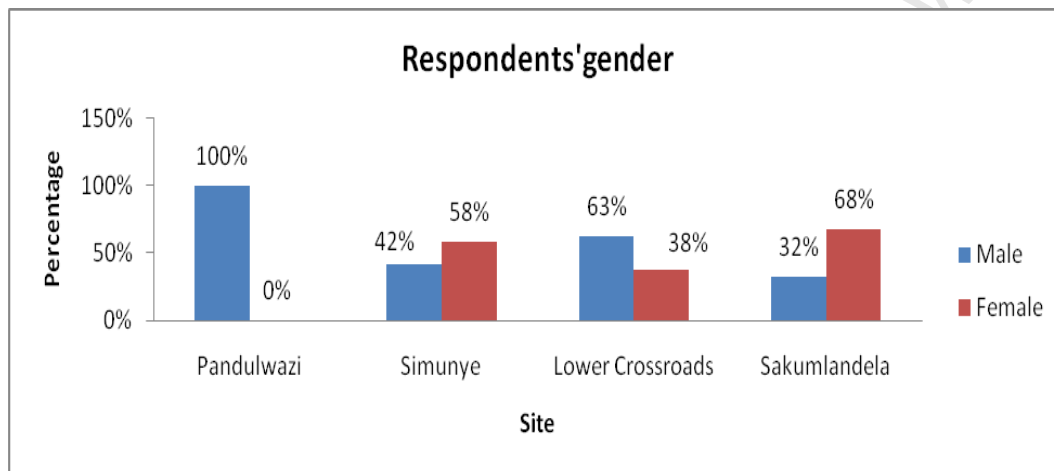


Figure 6. Peer Educators’ Gender Distribution across Sites

Age.

The mean age of the sample was 15.97. The majority of peer educators (69.5%) were between the ages of 14 and 16, with the highest proportion being 16 years of age. In the “17 – 19” age category, the Mode age was 17 (n = 12). Phandulwazi had a higher proportion of SPEs in the “17 – 19” age category (66.7%), than all other sites.

2. Are the enrolled peer educators completing the necessary training activities?

a. What is the attrition rate?

b. If there is attrition, what are the reasons for attrition?

Analysis of relevant quarterly reports and attrition trackers revealed that there has been a high peer education attrition rate in the Olive Leaf sites between year 1 and year 2 of the programme. Overall, 40.5% of the peer educators dropped out of the programme, with Simunye Secondary School recording the highest attrition rate and Sakumlandela experiencing the least attrition. Attrition trackers submitted did not contain reasons for attrition rates. Table 3 shows the attrition rates.

Table 3

Peer Education Attrition between Year 1 and Year 2 of the Programme

	Number at beginning	Number at present	Attrition	% Attrition
Phandulwazi	30	16	14	46.7%
Simunye	31	11	20	64.5%
Lower Crossroads	35	19	16	45.7%
Sakumlandela	35	32	3	8.6%
TOTAL	131	78	53	40.5%

Service Delivery

3. Do the facilitators deliver the programme effectively to the peer educators?

a. Are facilitators competent to conduct training sessions?

b. Are the facilitators knowledgeable in the subject areas they present?

Responses to the two items on facilitators' ability revealed that facilitators were generally seen as competent and knowledgeable in their services to the peer educators. The specific items were:

- Item 1: The facilitators were competent to conduct the peer education training sessions
- Item 2: The facilitators were knowledgeable in the subject areas they presented

Responses to Item 2 showed a smaller range of responses, with more responses on the higher end on the scale than Item 1. Means for Item 1 and Item 2 were 4.29 and 4.34 respectively, as illustrated by the descriptive statistics in Table 4.

Table 4

Descriptive Statistics for Responses to Facilitator Ability Questions

Item	Min	Max	X (SD)
Item 1: Facilitators were competent	1	5	4.29 (.767)
Item 2: Facilitators were knowledgeable	2	5	4.34 (.779)

Service Delivery- Application

4. Does the training equip peer educators to be change agents in their communities?

a. Do the peer educators perceive the training to have increased their knowledge of HIV/AIDS?

The majority of respondents (72.9%) either agreed or strongly agreed that before they began the peer education programme they had insufficient knowledge about HIV/AIDS, and 67.8% strongly agreed that the programme had increased their knowledge on HIV/AIDS. A One-sample t-test was run, to assess whether there was a significant difference between perceived knowledge prior to the programme and perceived knowledge increase due to the peer education programme. Means (with standard deviations in parentheses) for the two items: “Before this programme I did not know much about HIV/AIDS” and “Being in this programme has increased my knowledge about HIV/AIDS” were 3.81 (1.074) and 4.63 (0.613) respectively. A significant difference was found between the two means at the specified .05 significance level ($p < 0.01$). This indicates that the programme is having a positive effect on the knowledge levels of peer educators. It must be emphasised though that both these items were administered at the same time.

b. Do the peer educators feel confident enough to provide advice on HIV/AIDS?

Responses to the sub-question on the confidence to conduct activities as peer educators indicated that most of the respondents either agreed or strongly agreed that they were confident enough to carry out their duties, after going through the first year of the programme, and part of their second year. From the responses, 62.7% of peer educators ($n = 37$) strongly agreed that they had increased in the knowledge pertaining to their role as peer educators. Overall, peer educators felt that they were equipped with the knowledge and skills to carry out their roles.

c. Do the peer educators perceive to have changed their attitudes as a result of the training provided?

In response to the item “My own attitudes about sexual behaviours have changed because of the programme”, 89% of respondents (n=53) either agreed or strongly agreed that their own attitudes had changed as a result of the programme.

d. Are the peer educators modelling healthy (risk-free) behaviours due to the training?

In response to the item: “Due to the training, I am now modelling HIV/AIDS risk-free behaviours to my peers”, 84.7% of respondents either agreed or strongly agreed that they were modelling risk-free behaviours.

A number of behaviours were reported by peer educators as behaviours that they were modelling to their peers as a result of the programme. The most popularly modelled behaviour reported by SPEs was condom use (n=51), followed by abstinence (n=39). Reduced alcohol consumption also had a high proportion of respondents (n=35). Other behaviours that were stated in the spaces provided in the questionnaire to add were “knowing your status (going for voluntary counselling and testing), reduction or withdrawal from drug use and leadership. Figure 3 depicts the proportions of respondents and each behaviour.

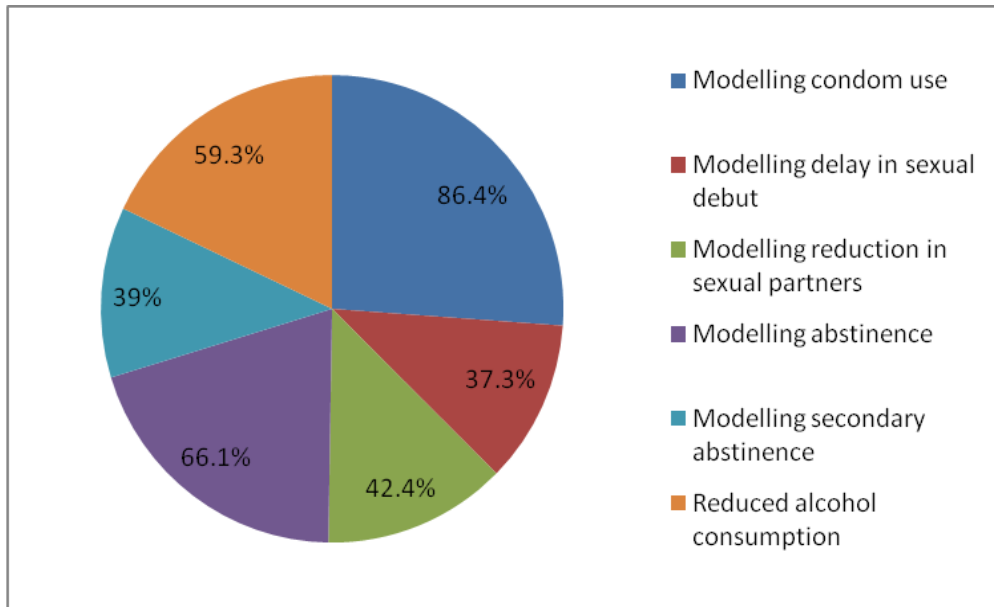


Figure 7. Reported Behaviours Being Modelled by Peer Educators to Peers

Organisational Functions / Support

5. Do the peer educators have enough support from the IOs during the course of the programme?

- a. *Are facilitators always available for mentoring, skills training and camp sessions?*
- b. *Are facilitators present for support when peer educators conduct lesson deliveries to their peers?*
- c. *Are facilitators there for support when needed by peer educators?*

The six items on organisational support were computed into a new variable, facilitator support. A composite mean was then calculated, which was 4.25 (SD = 0.43). Facilitator support was generally rated positively, with most respondents agreeing or strongly agreeing that facilitators had been present and available for their duties, and to assist peer educators in planning activities and lesson deliveries where they are required. Table 5 presents the descriptive statistics for each item on facilitator support.

Table 5

Descriptive Statistics of Item Responses for Facilitator Support

Item	Min	Max	X (SD)
The facilitator was present at all of the STS I attended	1	5	4.05 (0.88)
The facilitator was present at all of the mentoring sessions I attended	1	5	4.07(1.02)
The facilitator was always present when I conducted a LD with my peers	1	5	4.15(0.89)
The facilitator was always present when I conducted a TG with my peers	2	5	4.15(0.69)
A facilitator assists us in the planning of our activities	1	5	4.46(0.70)
A facilitator is always available for support when I need it	3	5	4.61(0.59)

Discussion

The aim of this evaluation was to investigate the implementation of the training and the support that senior peer educators in Olive Leaf sites have received thus far. Specifically, service utilisation, service delivery and organisational support were investigated and results from the evaluation revealed that for the most part, the implementation requirements are being met.

Service Utilisation

1. Is the training reaching the intended target population?

This evaluation question was assessed according to leadership status, gender diversity, and age. These three factors were deemed as the required characteristics for peer educators in GOLD's implementation guide, among other criteria that were not included to limit the evaluation scope. Overall, results indicated that the peer educators that were enrolled onto the programme met the criteria set in GOLD's implementation guide, indicating an alignment to GOLD's selection plan for peer educators.

Leadership/peer influence.

GOLD's decision to include leadership/peer influence as a criterion for peer educators is supported by literature that has been discussed, that emphasises that peer educators should be those viewed as having influence on their peers, in order for role modelling behaviours to be effective (Ebreo et al., 2002; Smith & DiClemente, 2000). As discussed in the opening chapter, studies conducted by Ebreo et al. (2002) and Smith and DiClemente (2000) revealed the importance of having peer educators who are nominated by their own peers, as this made for effective role modelling. Although there were a higher proportion of non-leaders, GOLD's implementation guide states that in the first stage of selection, their peers nominate peer educators. It is therefore assumed that although a greater proportion of SPEs did not necessarily hold formal leadership positions, the peer educators that were selected were those that were esteemed highly by their peers.

There were higher proportions of formally recognised leaders in the community-based sites than in the school-based sites. Although there is no particular explanation that can be offered for this finding, it may be an area of interest for further investigation, to assess whether there is a difference between the composition and characteristics of peer educators who enter the school-based programme and those who enter the community-based programme.

Gender diversity.

GOLD's emphasis on gender diversity is supported by literature on similar peer education programmes. Most peer education programmes include in their curriculum, discussions about gender roles and relationships, and as such, authors suggest that it is important to have groups of peer educators who are diverse in terms of gender, in order for all peer educator to benefit from the content of the curriculum and be able to reach their males and females peers, (Fongkaew et al, 2007; Visser, 2007).

The sample used for the evaluation was diverse overall in terms of gender, however, different patterns were observed in each site. In Pandulwazi only males attended the session and therefore responded to the questionnaire. Two sites, Simunye and Sakumlandela, had higher proportions of female peer educators than male. These different patterns may suggest the need to consider the particular context in which these programmes exist, and that there may be particular social issues at play, that result in unequal female and male proportions, and different patterns of male-female enrolment in the different sites. It is recommended that in light of the literature supporting gender diversity in peer education programmes, efforts be made to ensure and increase gender diversity in the peer education programme.

Age.

GOLD's decision to include a particular age group as part of the peer education group corroborates studies conducted particularly by UN agencies, that revealed that the adolescent and youth age groups in sub-Saharan Africa experience high rates of teenage pregnancy, unemployment, and limited access to resources and information (UNFPA, 2005). Research also revealed that very small proportions of adolescents, both in and out of school had access to prevention education, which provides education to peers (UNAIDS, 1999). Therefore by targeting this particular age group, GOLD ensures that the most vulnerable groups are reached through the peer education programme.

As peer educators who took part in the study were in their second year of the programme, it was expected that they would now be between 14 and 16 years of age. Phandulwazi was the only site where a higher proportion of peer educators present were between the ages of 17 and 19. This may be to do with the particular context, and it is important to bear in mind that in under-served communities, there is a likelihood that children begin school later than the mean age, and this may serve as an explanation of this finding (UNICEF, 2004). In the remaining three sites, there were higher proportions of peer educators between 14 and 16 years of age. It is encouraging that peer educators targeted by GOLD are of the age group that has the greatest need for such programmes.

From the discussion of the results on service utilisation, it is evident that on the most part, the GOLD peer education programme being rolled out by the four sites of the Olive Leaf Foundation is recruiting and utilising the target population in the sites that were included in the evaluation.

2. Are the enrolled peer educators completing the necessary training activities?

Attrition was assessed through peer educator figures between year 1 and year 2 of the programme, to determine how many peer educators were enrolled as JPEs, and from those, how many are enrolled in year 2 of the programme as SPEs. GOLD had certain standards in place, stipulating that a peer educator had to have completed a certain number of activities for them to graduate from the JPE year and become SPEs, and the same applied for SPEs, in that that had to be attending a satisfactory amount of activities in order to be considered as enrolled. It was therefore assumed that SPEs enrolled were also those who were attending the necessary activities. This is already monitored by the IO, and therefore assessing attendance registers for all sessions was not included as part of the evaluation.

Attrition rates have been very high in the GOLD programme implemented by Olive Leaf, with the two school-based sites experiencing higher attrition rates than the two community-based sites. On the attrition trackers, there was a section allowing for the programme managers, as informed by facilitators in the relevant sites, could fill in the reasons why a peer educator had left the programme. Because this section was left incomplete, it makes it difficult to explain reasons why there has been such high attrition between year 1 and year 2 of the programme, with a number of peer educators not moving from Junior Peer Educator (JPE) to Senior Peer Educator (SPE). This may be indicative that there may be deeper issues at play that would need to be investigated by GOLD. It also warrants investigation of why there are higher attrition rates in the school-based sites, and whether this is a pattern existing in other sites.

Due to the fact that the attrition trackers did not include reasons why peer educators left the programme, there are no objective conclusions that could be drawn about attrition. However, the evaluator looked at other attrition trackers housed by GOLD for other organisations and found the following to be possible reasons for attrition: peer educators transferring to other schools, academic demands, or a loss of interest in the programme. It is unfortunate that due to the limited information available, only speculations could be made regarding attrition. According to Rossi et

al. (2004), it is essential that “programme participation be kept at an acceptable level and corrective action be taken if it falls below that level” (p. 183). Rossi et al. also emphasise the importance of having and maintaining accurate programme records, as these will aid in tracking the progress of each programme participant. It is therefore recommended that the attrition trackers be monitored more closely, and programme implementers ensure that they include reasons why each participant has left the programme so that further attrition can be avoided.

Results indicated that there has been an overall high attrition rate in the sites that were included in the evaluation, with higher attrition in the school-based sites. This raises questions as to whether this related to the differences between the school-based and the community-based programme, and further investigation may be able to answer this question. Attrition rates in at least three out of the four sites raise concerns as to whether peer educators who are enrolled as JPEs eventually make it to the final year of the programme, and have completed activities.

Service Delivery

3. Do the facilitators deliver the programme effectively to the peer educators?

Literature highlights the importance of having facilitators who are well trained. This enables them to effectively share knowledge on HIV/AIDS and a range of other youth-related issues. This training can also assist in the creation of a conducive environment for young people (Norton & Mutonyi, 2007). Agha (2002) emphasises the importance of having professional peer education trainers, as this will inevitably have an effect on the learning of the recipients of the programme. This is a very important consideration in this type of programme, and this was alluded to in the previous GOLD study by Gelderblom (2009). The GOLD programme is known as a purveyor or capacity-building type of programme, where the capacity of implementers is built by the founders of a programme, in order for them to take ownership and be able to effectively implement it according to its standards (Gelderblom, 2009). In this case, GOLD builds the capacity of the implementing organisations. The implementing organisations (through the facilitators) then deliver the programme to the peer educators, and the peer educators,

through the knowledge and skills they learn, reach their peers in their schools and communities. It is therefore essential that training be effective at each stage, so that information is accurately and appropriately passed onto the next audience.

From the responses of the SPEs, results showed that overall, peer educators were content with the training they received from the facilitators and they rated the trainers as competent. As shown by the results and positive ratings of the SPEs of facilitators, this aspect of the programme is positive. From these ratings, it can be concluded that the facilitators are viewed as competent and knowledgeable, and possess the knowledge and skills required to train and to mentor the peer educators, and in turn be able to equip them with what they need in order to fulfil their peer educator roles.

4. Does the training equip peer educators to be change agents in their communities?

This evaluation question was answered by asking SPEs a number of questions related to perceived knowledge change, attitude and behaviour and role modelling behaviours.

Perceived knowledge change and confidence.

Results revealed that according to the peer educators, the training is generally providing them with the necessary knowledge base of HIV/AIDS and related issues. The t-test revealed a significant difference between perceived knowledge before the programme and perceived knowledge due to the programme. As confirmed by studies around peer education programmes aimed at HIV prevention, an increase in knowledge is the first step made towards some form of change, whether on an attitude or behaviour level (Borgia et al, 2005; Norton & Mutonyi, 2007; Warwick & Aggleton, 2004). This has been seen as a particularly important finding when dealing with areas that have limited access to information and services (Warwick & Aggleton, 2004). As GOLD serves under-served communities, this finding is an encouragement that the programme is contributing to increased access to information and services.

Perhaps the most important aspect of peer education is that peer educators are able to role model risk free behaviours to their peers, and this is determined by the knowledge gained as well as the confidence to share that knowledge (Ebreo et al., 2002). As highlighted by Mahat et al. (2006), when adolescents have the necessary knowledge about HIV/AIDS and they see healthy behaviours being modelled, they will be able to engage in healthy behaviours. Therefore, peer educators must be equipped with the necessary knowledge and skills, and must have genuine changes in attitudes and begin to practice health-enhancing behaviours and be role models of these behaviours to their peers. It was therefore also necessary to assess the perceived confidence levels of peer educators to be able to carry out their duties. The results revealed that overall, peer educators felt confident enough to educate their peers, conduct lesson deliveries and talk groups with their peers, which were part of their duties as peer educators. Equally important, most peer educators perceived to have increased in knowledge about their role as peer educators, and to have increased in their communication skills, all of which are aspects, which are deemed necessary for effective peer education (Ebreo et al., 2002).

Perceived attitude change.

Research has shown that peer education programmes are associated with changes in attitudes among young people; therefore it is not surprising to find that there is a perceived attitude change among the SPEs in the programme (Caron et al., 2004; Miller et al., 2008; Warwick & Aggleton, 2004). As the GOLD programme aims to change the core attitudes and beliefs that are at the root of the spread of the HIV/AIDS pandemic amongst youth, it was a positive finding that SPEs perceived to have improved in their attitudes around HIV and risk behaviours. Whilst Mitchell et al. (2007) argue that it is difficult to change attitudes due to other socio-cultural influences on attitudes that young people have, perceived attitude change in this study is nevertheless a result worthy of note.

Perceived behaviour change.

It was an important finding that an overwhelming number of SPEs reported to be modelling risk-free behaviours to their peers. The fact that condom use was the most popular behaviour being modelled is also an important finding, particularly in the age group addressed, and may be a crucial point to investigate, in terms of prevention methods for adolescent age groups. Responses to the questionnaire revealed that although peer educators had a total of six behaviours to choose from, the majority did not only tick a single behaviour they were modelling, but all respondents tended to tick two or more behaviours. In some cases, these behaviours were mutually exclusive, meaning that they cannot be practised at the same time, and an individual can only practice one and not the other, as alluded to by Miller et al. (2008). An example would be condom use and abstinence. This made it difficult to actually assess which exclusive behaviours the peer educators themselves were modelling, but rather could only be interpreted as the range of options that the peer educators were offering to their peers, depending on the preferred behaviour of the peer. For example, if a peer had previously been engaged in sexual activity and told the peer educator that they did not want to engage in it anymore, the peer educator would inform the peer about secondary abstinence, which is a decision made to abstain from sex, and wait until marriage, or until they were in a faithful and stable relationship. Although this has the benefit of being relevant to peers and providing advice that is relevant to the situation of the peer, it has the potential to shift the concept of role modelling.

From the way in which the SPEs responded by ticking mutually exclusive behaviours, it is difficult to ascertain whether they were selecting behaviours they believed in, or behaviours they were advising to their peers. The fact that they ticked mutually exclusive behaviours means that these were not necessarily the behaviours they were modelling in their personal lives. This concern poses a very crucial question in terms of how role modelling is defined, and how the GOLD programme will ensure that peer educators do not give double messages to their peers, and perhaps emphasise the importance of distinguishing between role modelling and providing useful and relevant advice to peers. As discussed earlier, Miller et al. (2008) based their argument on the following question: “how much would youth trust advice on abstinence from a peer educator who was modelling condom use in his or her life” (Miller et al., 2008, p. 346-347).

Therefore, by “role modelling” a number of behaviours or options, peer educators are bound to give double messages to their peers (Miller et al.).

Overall, responses from peer educators indicated that peer educators are indeed being equipped with the necessary training and mentoring to become change agents in their communities. SPEs on the most part, perceived changes in knowledge, confidence and attitudes, and reported that they were practising risk-free behaviours to their peers. Further investigation may be needed to assess the concept of role modelling and providing advice to peers.

Organisational Functions/Support

5. Do the peer educators have enough support from the implementing organisations (facilitators) during the course of the programme?

Peer educator trainers, in this case facilitators, are vital in creating the first level of support for the peer educators, as they are responsible for training, mentoring and supporting them to fulfil their roles as peer educators (Goto et al, 2008; UNICEF, 2004). Although they are key to training the peer educators, must play more of a supportive or advisory role and must be available when needed, also allowing peer educators to be actively involved in their own training and activities, which is participatory action research (Goto et al., 2008).

Results from the evaluation revealed that peer educators in all the sites felt that facilitators were offering the necessary support to the peer educators by being present as for skills training sessions, and available for mentoring sessions they were responsible for providing to the SPEs. They are also expected to be present for all lesson deliveries that the peer educators hold for their peers. Facilitators must also be present or available to assist peer educators when they are planning for their activities, to provide input if needed. Results showed that they were indeed offering the necessary support.

Limitations of the study

On the day of the session with Lower Crossroads, it was discovered that the group from Phandulwazi would also be present for a combined session. However, there was low attendance from Phandulwazi, with only six males attending. This narrowed the sample size intended for the study. The facilitator present attributed the poor attendance to the fact that Phandulwazi students were coming for a combined session with Lower Crossroads, and there was a long distance between the Phandulwazi High School and Lower Crossroads. In this case, there is need to look at the feasibility of combining a session, if some participants will not be able to attend due to distance, and there may be a need to consider holding separate sessions for each site, so that learners are able to attend relevant sessions. It also warrants that Olive Leaf may perhaps need to confirm or ensure that the peer educators that are considered as enrolled are actually attending the necessary training. Due to the time constraints and the scope of the evaluation, this was a limitation, as it was not possible to answer the question of whether all the peer educators listed as enrolled are in fact attending all the necessary sessions. Analysing all the attendance registers for each session in each site, for the period January 2009 to April 2010, could have done this.

Another limitation of this study was that it was largely based on the perceptions of the peer educators, and not the actual measures of behaviour, attitude and behaviour change. This would need to be done by other complex tests such as the Illustrative Questionnaire for Interview-Surveys with Young People (HRP, 2001), a joint initiative of the UNFPA, WHO, UNDP and the World Bank. Such a survey would have a particular section that taps into the attitudes of young people in more depth and focus, and would be more likely produce more robust evidence for attitude change. These methods were not implored in this evaluation, due to scope of the evaluation, which was partly determined by the time frame within which the evaluator was able to conduct the evaluation. The time frame as well as resources did not allow for more in-depth methods as those described above. It is therefore recommended that if GOLD would like to assess attitudes beyond perception level, they consider such internationally accredited methods to assess attitude changes.

As discussed in the Methods chapter, the reliability of the scale was a major limitation in this study, as the items on the questionnaire tool that was used in the evaluation did not meet Cronbach's alpha level of .07. This may have compromised the quality of the responses. However, as mentioned, the evaluator continued to use the questionnaire, as the items were specifically tailored to the evaluation questions that needed to be addressed in this evaluation.

Recommendations and conclusion

This evaluation was a follow-up to the previous evaluation conducted by Gelderblom (2009), and attempted to answer questions about the implementation of the training and the support that senior peer educators in Olive Leaf sites have received. GOLD is to be commended for the training that they have been holding to build the capacity of their implementing partners, of which Olive Leaf is a part. As shown from the results of Gelderbolm's (2009) study, it was concluded that the training received by the IOs was sufficient and relevant, and enabled them to effectively implement the GOLD programme.

The focus of this evaluation was the next stage of programme implementation, to assess whether the peer educators were receiving effective training from facilitators, from Olive Leaf. Results clearly indicated that firstly, peer educator profiles (demographics and selection criteria) were aligned to the criteria stipulated by GOLD. Variances in the composition of peer educators in terms of age and gender diversity in the different sites highlighted that there is a need to be cognisant of each unique context in which the programme is being implemented, and to expect different patterns. Although there was general diversity and correctly aligned age groups that formed part of the peer educator groups, some sites had slight variations, such as Phandulwazi High School, which had more peer educators in the 17 – 19 age category. As discussed, a possible reason for this could be to do with the area where these peer educators originate from, which would be an underserved community, where children may be starting school at a later age than is expected. In such instances, it is recommended that GOLD pay attention these differences that may exist among the sites where the programme is being implemented. Corrective action

can then be taken to adjust the mean age requirement, if necessary for a particular site or community of practice.

It was also discovered that there were no major differences in findings between the school-based and the community-based sites. This may not necessarily be because there are no differences, but because essentially, all peer educators in the sample, were recruited in schools, whether they were in the community or school based programme. It is therefore recommended that GOLD look more closely at criteria that would distinguish their community-based programme from the school-based programme. It is also recommended that GOLD re-address the issue of reaching youth out of school, as findings from this sample indicate that all peer educators are attending schools.

A major drawback in this study was that there was a smaller sample size than was expected, and this had to do with the fact that there was poor attendance of peer educators on the days of data collection, as well as high rates of attrition that have prevailed between 2009 and 2010. Incomplete attrition trackers also made it difficult to assess the reasons for high attrition rates, and further investigation into reasons for attrition was recommended. Linked to this issue is the recommendation for further investigation into reasons why there has been higher attrition in the school-based programme. This may warrant measures that will address specific needs that exist uniquely in the school-based programme.

Issues around service delivery and organisational support were essentially based on the perceptions of peer educators on the services and support that they receive from facilitators. There was an overall positive response to questions on these aspects with no negative responses (“disagree” or “strongly disagree”). GOLD is to be commended for ensuring that facilitators feel that generally they are able to effectively carry out their duties as peer educators.

There has been a positive indication of perceived behaviour and attitude change among peer educators, which is an encouraging result. It must be noted however, that when it comes to issues of sexual and other responsible behaviours, evaluators be aware of social desirability factors. Therefore a limitation of this evaluation is that it did not include any measure on social desirability, and thus responses may not be a true reflection of what is really happening, or what behaviours peer educators are conducting. It is therefore further recommended that for GOLD to get deeper insight into actual attitude and behaviour change, they consider more robust investigations, which go beyond perceptions, and are able to delve deeper into attitude and behaviours among youth. There is also need to determine and distinguish between role modelling behaviours and providing advice, as peer educators are reaching out to peers who may have different and varying needs and preferences, particularly when looking at HIV prevention methods.

The evaluation of the GOLD peer education programme implemented by Olive Leaf foundation provides evidence of aligned profiles of current peer educators to GOLD's requirements, in terms of the intended targets and their characteristics. It also indicates that facilitators are highly recommended by the peer educators whom they train and support, and peer educators feel confident about their roles and are well equipped to carry them out among their peers and community members. GOLD is highly commended for the training and support that they continue to render to implementing organisations including facilitators to enable them to effectively implement the GOLD Peer Education Programme. It is hoped that recommendations offered in this evaluation will be used to further strengthen the programme implemented by Olive Leaf, and that peer educators will continue to be strengthened and equipped to be able to effectively carry out their responsibilities as they role model purpose driven and health enhancing behaviours to their peers.

For future evaluations, it is recommended that larger scale evaluations be conducted, which will focus on all the community based programmes that are being implemented in one other IO in South Africa, as well as in Zambia. This will ensure that the different cultures and contexts are

explored, in order to assess whether there needs to be an adaptation of the programme in the different countries, depending on the patterns observed in programme implementation. It is also recommended that future evaluations be conducted on outcomes from the peer education programmes, in terms of influence on peers and behaviour change and health-enhancing behaviours, using more rigorous and robust methods and tools, which will allow for credible interpretations.

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Appendices

Appendix A: Peer educator Questionnaire

<p style="text-align: center;">QUESTIONNAIRE</p> <p style="text-align: center;">FOR RESEARCH ON</p> <p style="text-align: center;">THE GOLD PEER EDUCATION PROGRAMME</p>

Dear Peer Educator

As part of my Masters research at the University of Cape Town, I would like to investigate your thoughts, opinions and experiences about the peer education training that you received from Olive Leaf.

I would appreciate if you could fill out the following questionnaire based on this training. You do not have to fill in your name, so all of your responses are anonymous. The completion of this questionnaire is voluntary.

The questionnaire will take approximately 20 minutes to complete. It has three sections with a total of 28 questions. The questionnaire is printed on both sides of the paper (5 pages to complete).

Thank you very much for agreeing to participate and for your cooperation.

Rumbidzai Grace Njovana

(Programme Evaluation Masters Student)

University of Cape Town

QUESTIONNAIRE INSTRUCTIONS:

The following sections ask you questions about different components of the peer education training. For each question, please rate your level of agreement by putting a cross over the response that best matches your experience. For example

Example Question: I enjoyed the peer education training

1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
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SECTION 1: Facilitators' ability to train peer educators

1. The facilitators were competent to conduct the peer education training sessions.

1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
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2. The facilitators were knowledgeable in the subject areas they presented.

1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
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SECTION 2: Facilitators' support

3. A facilitator was present at all of the skills training sessions I conducted.

1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
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4. A facilitator was present at all of the mentoring sessions.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

5. A facilitator was always present when I conduct a lesson delivery with my peers.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

6. A facilitator was always present when I conducted a talk group with my peers.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

7. A facilitator assists us in the planning of our activities (e.g. community upliftment activities).

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

8. A facilitator is always available for support when I need it.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

SECTION 3: Changes as a result of the programme

9. Before this programme, I did not know much about HIV/AIDS.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

10. Being in this programme has increased my knowledge about HIV/AIDS.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

11. The training taught me what my role as a peer educator is.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

12. After completing the training, I feel confident to educate my peers about HIV/AIDS.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

13. After completing the training, I feel my communication skills have increased in order for me to reach out to my peers.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

14. I feel confident to conduct lesson deliveries to my peers.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

15. I feel confident enough to conduct talk groups with my peers.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

16. My own attitudes about sexual behaviours have changed because of the programme

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

17. Due to the training, I am now modelling HIV/AIDS risk-free behaviours to my peers

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

18. Please tick any of the following behaviours that you are modelling to peers due to the training

- Condom use
- Delaying sexual debut
- Reducing the number of sexual partners
- Abstinence
- Secondary abstinence (I have sex before but made a decision not to have sex anymore)
- Reducing alcohol consumption
- Other Please specify the behaviours: _____

SECTION 4: Demographics

The following section asks for your demographic details for descriptive purposes only. Please tick in the appropriate box, or fill in where appropriate.

Gender: Male Female

Race: Prefer not to answer

Or

African Coloured White Indian Other (Specify) _____

Age: _____

Number of siblings: _____

Who do you live with? _____

Do you hold a leadership position in your school, youth group or organisation?

Yes

No

If yes, please specify the position: _____