

A THEORY 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.

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EXECUTIVE SUMMARY

Peer education is a popular strategy to promote positive behaviour among youths. Peer education programmes are usually influenced by either the cognitive behaviour or the structural approach. The cognitive behaviour approach views behaviour change as an individualistic decision that is influenced by an individual's knowledge of the causes and consequences of risk behaviour. The structural approach in contrast rejects the idea that behaviour is an individual decision instead arguing that decision-making takes place within the context of socio-economic dynamics and social and cultural norms. The approach that an organisation favours will influence the design of the programme.

Mfesane implemented a peer education programme in the Saldanha Bay Municipality in 2008. This programme was rooted in the Cognitive Behaviour Approach and was targeted at Grade 9 to Grade 12 learners in various high schools in the Saldanha bay area. The programme aimed to convey knowledge of HIV/AIDS to the youth in order to change the youth's sexual behaviours and thus reduce the prevalence of HIV/AIDS. An outcome evaluation that was conducted at the end of the programme's 3 year span found that although the programme successfully increased the youth's knowledge of HIV/AIDS, it did not succeed in changing risk behaviour due to the fact that more than half of the youths were already sexually active by age 16.

The evaluation findings motivated Mfesane to review its peer education programme. Initially the organisation considered presenting the programme to a younger cohort. However, the current legal framework in South Africa would restrict what messages Mfesane could share with a younger audience. Instead the organisation agreed to continue targeting high school learners, but to reformulate the programme in order to improve the impact of the programme. The evaluator was approached to conduct a theory evaluation that would assist Mfesane to formulate a more effective programme.

A theory evaluation extracts programme assumptions from stakeholders in order to assess the plausibility thereof based on social science literature and previous evaluation findings. During the planning phase of a new programme a theory evaluation can be used to ensure that

stakeholders have a common view of the programme and the programme can plausibly achieve its desired outcomes.

This theory evaluation was guided by three specific questions: 1) what are the underlying assumptions of the programme; 2) are the assumptions based on clear theoretical linkages; and 3) does evidence exist to support the programme assumptions? These questions guided the systematic method that was used to gather the information that informed the recommended programme theory.

The programme assumptions were elicited from programme staff through individual interviews and two focus groups' discussions; one with the programme implementers and another with the programme managers. The separate focus group discussions enabled the evaluator to adopt strategies suited to the group's level of experience and previous exposure to programme theory. The programme implementers were systematically introduced to the different concepts used in programme theory before constructing a common programme theory while the programme managers could directly formulate a programme theory.

In structuring their programme theories, both groups moved away from the cognitive behaviour approach and adopted a more holistic approach towards behaviour change that resembles the structural approach. An interesting finding was that in both instances the groups also moved away from focussing on risk prevention rather proposing to strengthen youth to become successful adults. However, the two groups proposed significantly different programme theories and in neither instance did these theories have strong causal links.

After reviewing both programme theories, the evaluator presented the two groups with the programme outcomes that had been identified uniquely by each group and those that overlapped. This was used by Mfesane as a guide to identify the outcomes it would like to achieve through the new programme. Although the proposed programme theories supplemented the peer education programme with additional interventions such as income generation, in the end, the organisation for practical reasons decided to continue focussing primarily on peer education as an intervention.

The evaluator assessed the plausibility of the proposed new peer education programme by interrogating social science literature and previous evaluation findings. A proposed causal chain

for behaviour change was identified by integrating two behaviour change theories, the Social Cognitive Theory and the Theory of Planned Behaviour, into a single model. This model was used to measure how effectively the proposed activities could facilitate behaviour change. Based on these findings the evaluator could recommend a plausible programme theory in line with Mfesane's vision for the peer education programme.

The differences between the two programme theories illustrated the value of a programme theory evaluation during the planning phases to ensure that stakeholders start the programme off with a common understanding thereof.

A THEORY-DRIVEN EVALUATION OF A PEER EDUCATION PROGRAMME

CHAPTER 1: INTRODUCTION TO THE EVALUATION

An Overview of Peer Education

Peer education is a strategy that aims to modify the youth's knowledge, attitudes, beliefs and behaviour. Peer education has been used in response to teenage smoking, drug and alcohol abuse, violent behaviour and teenage pregnancy. In recent years peer education has come to prominence as an HIV prevention strategy (Campbell & MacPhail, 2002; Harden, Oakley & Oliver, 2001; Visser, 2007; Webel, Okonsky, Trompeta & Holzemer, 2010).

The essence of peer education is that “well trained people [peer educators] in a specific situation contribute to the well-being of others in the same situation [peers]” (UNAIDS, 1999, p.15). A peer is understood as anyone that is in equal standing, or belongs to the same societal group based on age, grade or status, while education is the development, training or persuasion of the peer. In the context of HIV prevention strategies the peer education approach is used to modify the knowledge, attitudes, beliefs and norms that inform the sexual behaviour of peers.

Proponents of peer education suggest that peer educators have a unique ability to influence attitude and behaviour change amongst their peers (Damon, 1984; Mahat, Scoloveno, Ruales & Scoloveno, 2006; Milburn, 1995; Sloane & Zimmer, 1993; Svenson & Burke, 2005; Visser, 2007). Peer educators act as role models promoting positive sexual norms, values and behaviour. With peers observing this lifestyle and identifying with the peer educator, they may be inclined to adopt the same safe sex practices. Also, they are more likely to discuss sex and sexual practices with their peers than with adults. These discussions are often open and frank and conducted in a language and manner familiar to the youth. If facilitated by a peer educator, these discussions can be used to confront misconceptions and promote norm, value and behaviour change.

In practice there seems to be agreement on the value of peers in peer education (Visser, 2007). Nevertheless, peer education remains a generic concept that is often interpreted differently by role players. Kelly (2004) cautions against assuming that all peer education programmes have

similar characteristics, methods, scope, content and purpose. In recent years two main approaches to peer education have come to the fore, namely the cognitive behaviour approach and the structural approach.

Approaches to Peer Education

The Cognitive Behaviour Approach

Cognitive behaviour theories have traditionally informed the underlying logic of peer education programmes (Campbell & MacPhail, 2002; Coates, Richter and Caceres, 2008; Harrison, Smit & Myer, 2000). These theories rely on three key assumptions. Firstly, the youth's behaviour is an individual decision. Secondly, the information that the peer educator shares with the youth will increase their knowledge of HIV/AIDS. Finally, knowledge of HIV/AIDS will ensure that youth make rational decisions in favour of sexual behaviour that will minimise their risk of contracting HIV (Dworking & Ehrhardt, 2007). Figure 1 provides a simplified depiction of the theory of change underlying this approach.

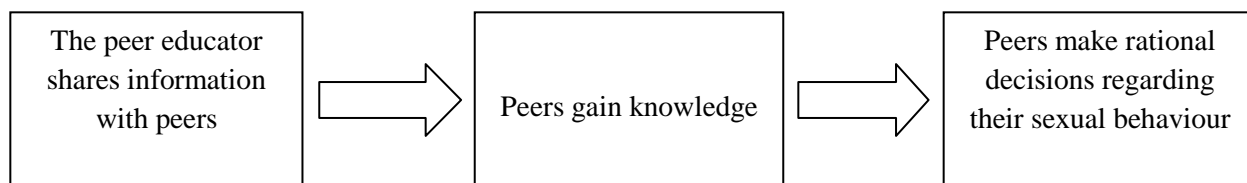


Figure 1. Programme theory of the Cognitive Behaviour Approach

Critics of the cognitive behaviour approach (Aaro *et al.*, 2011; Coates, Richter & Caceres, 2008; Harrison, Smit & Myer 2000; Mantell *et al.*; Morrel, Unterhalter, Moletsane & Epstein, 2001) have pointed out that even with sufficient knowledge, the youth might not be in a position to select or negotiate healthy sexual behaviour. Decisions are not always a linear individualistic occurrence. Rather, the youth decide sexual behaviour in an environment shaped by poverty, unequal gender relations, racial discrimination and high levels of physical and structural

violence. This means that the youth's decisions are often more focused on personal preservation than on health enhancing behaviour. The Structural Approach aims to address this by offering a more comprehensive approach to peer education.

The Structural Approach

The Structural Approach introduces a more multifaceted understanding of decision making behaviour. The premise for this approach is that the youth's behaviour is negotiated in an environment shaped by a complex web of socio-economic conditions and social and cultural norms. This environment can leave the youth feeling disempowered and disempowered youths are more likely to engage in risk behaviour (Bandura, 1996; Wallerstein, 1992).

Peer education programme theory that is informed by a structural approach usually follows five steps (Aaro *et al.*, 2011; Campbell, 2007; Coates, Richter & Caceres, 2008; Dworkin & Ethardt, 2007; Harrison, Smit & Myer, 2000; Mantell *et al.*, 2006; Svenson, 2005). Firstly, the youth are made aware of the cultural, economic and social forces that cause disempowerment. Secondly, understanding the causes of disempowerment alters the way that the youth perceive their own situation. Thirdly, a more empowered world view leads to the youth adopting empowering norms and values. Fourthly, the youth who are feeling more empowered are able to develop skills to negotiate behaviour change in a complex environment. Finally, the combination of empowering norms and values and the ability to negotiate behaviour change enable the youth to enact constructive behaviour. This programme theory is depicted in Figure 2.

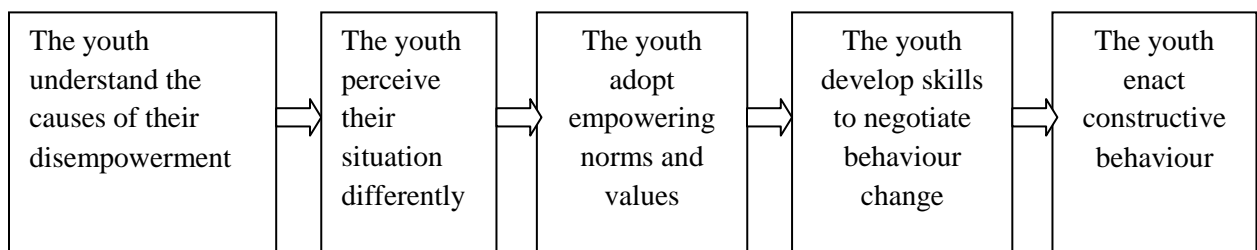


Figure 2. Programme theory of the Structural Approach

Understanding the causes of one's disempowerment might not be enough to facilitate behaviour change within the context of structural constraints. A growing number of researchers suggest that HIV prevention strategies targeting the youth require an integration of multilevel approaches and activities, over a longer period of time, that specifically address these structural constraints (Campbell & MacPhail, 2002; Turner & Shepherd, 1999; Walker & Avis, 1999). These multilevel approaches include macro-economic development in the long-term, changing social norms and behaviour in the medium-term and increasing knowledge in the short term. Harrison (2010) warns that this form of intervention blurs the lines between HIV prevention and social development, as will be discussed further in Chapter 4. A number of debates have cut across both approaches to examine peer education programmes in general.

Peer Education Debates

Over the years many aspects of peer education have been debated. These debates have focused primarily on the ability of peer education programmes to effect behaviour change and the effectiveness of peer educators as programme implementers. Four key debates in this regard have bearing on this evaluation: the conflicting messages provided by HIV prevention programmes, the dichotomy between attitude change and behaviour change, the profile of peer educators and the function of role modelling in peer education programmes.

Conflicting messages

A central component of peer education is the desire to increase the youth's knowledge of HIV/AIDS. Yet, the information on which the knowledge is built is often contradictory leading to confusion that could make the HIV prevention message less effective (Kelly, 2004). This is particularly evident in discussions on risk factors and the ABC approach.

Peer education programmes have a uniform message explaining how HIV can be contracted and that HIV leads to AIDS (Kelly, 2004). This is primarily because this is epidemiological information rooted in medical science. In contrast, peer education programmes have no universal message on what the risk factors are that influence the causal pathway of HIV. Some of the risk

factors that have been identified include gender inequity, gender based violence, intimate partner violence, drug and alcohol abuse and poverty (UNAIDS, 1999). Often the programme will focus on risk factors prioritised by the programme designer or the factors that they assume pertain to the youth's environment (Harrison, 2010). Being selective about risk factors limits the effectiveness of the intervention. Research (Blum, 1999) demonstrates that risk factors are interconnected and therefore an effective intervention will require a comprehensive approach that collectively deals with risk factors.

Peer education programmes are often rooted in the ABC approach (Dworkin & Ehrhardt, 2007). The A promotes abstinence or secondary abstinence until marriage, B reminds the youth to be faithful to one partner and avoid multiple concurrent partnerships, while C calls on the youth to use condoms during sex. The ABC approach sends conflicting messages to the youth by promoting abstinence at the same time as faithfulness to one partner and condom use. In addition, the youth are often not in a position to adopt the proposed principles. Abstinence is meaningless when young people are coerced into sex, faithfulness is futile when only one partner adheres to it and condom use requires the approval of both parties (Milner et al, 2008).

Attitude change versus behaviour change

Peer education programmes often subscribe to the assumption that altered norms and values will lead to behaviour change. A meta-analysis of experimental evidence of peer education programmes conducted by Webb and Sheeran (2006) brings this assumption into question. They found that there is little correlation between the youth's intent to change behaviour and actual behaviour change. Whether or not the youth change their behaviour is determined by the extent to which the youth have control over their behaviour, whether peer pressure supports behaviour change and whether there is the assurance that behaviour change will not cause a social reaction. Thus, although norms and values can generate the intent to change behaviour, actual behaviour change might require an additional intervention.

The profile of peer educators

Another topic of debate concerns which peers are best suited to present the programme. Kelly (2004) acknowledges the value of peers in promoting behaviour change, but questions whether peer educators are the best avenue through which to do so. Peer educators are often volunteers or appointed by the school or implementing organisation. There is no guarantee that those who are selected possess the characteristics to be influential in their social networks. It might be more valuable to identify youths who are visibly popular and well liked and can act as opinion leaders (Milner *et al.*, 2008).

Role modelling

Peer education relies strongly on the ability of peer educators to exert positive peer pressure by acting as role models to their peers. Rose (2004) warns that this places pressure on the peer educator to live up to the norms and values of the peer education programme. Peers might lose faith in the programme if the behaviour of peer educators contradicts the messages they are promoting. Bucher (1997) has questioned altogether the notion of positive peer pressure. Peer pressure more often than not leads to negative behaviour.

Due to the fact that there are so many different variations and underlying theories for peer education programmes, it is important for institutions or NGOs implementing such programmes to ensure that they have plausible expectations for the programme and that the design of the programme addresses the debates raised. For this reason, a theory evaluation was conducted for Mfesane's Peer Education Programme. According to Rossi, Lipsey and Freeman (2004) a starting point for any evaluation should be a programme description. This allows the evaluator to gain a deeper understanding of the evaluand.

CHAPTER 2: MFESANE'S PEER EDUCATION PROGRAMME¹

Mfesane (which is a Xhosa word meaning compassion) is a faith-based organisation situated on the West Coast that has been implementing community-driven development interventions since 1975. In 2004 the organisation developed the High Five Programme that aimed to change the risk behaviour of youths through personal development activities such as camps and community service. Following on from the success of the High Five Programme, school principals approached Mfesane to develop an HIV prevention programme, in line with the Cognitive Behavioural Approach, targeting Grade 9 to 11 learners.

The Need for the Programme

Data from the 2008 South African National HIV Prevalence Survey (Shisana *et al.*, 2008) revealed that, in the Western Cape, youths aged 15 to 24 were engaging in risky sexual practices well above the national average. An estimated 9.3% of Western Cape youths were sexually debuting during their teen years whereas the national average was 8.5%. The Western Cape youth had the lowest condom use nationally at 49%; a stark contrast to the national average of 87%. Consequently, in the Western Cape the HIV prevalence rate for this age group increased from 2.3% in 2005 to 3.0% in 2008 in comparison to the national rate that decreased from 10.3% to 8.7%.

Provincial specific data was not given for the youth's knowledge of HIV, but nationally only 42.1% of youth had the correct knowledge about the prevention of the sexual transmission of HIV and only 29% were able to reject misconceptions of HIV/AIDS. The survey further revealed that young women aged 15 to 19 were at higher risk of contracting HIV than their male peers. In this age group the HIV prevalence rate was 27 times higher for women than men. An estimated 34% of young women had a sexual partner who was more than five years older, whereas only 2.7% of young men reported the same. In contrast, 30% of males as compared to 6% of females reported multiple concurrent partnerships (Shisana *et al.*, 2008).

¹ The information for Mfesane's programme description was obtained from informal interviews with stakeholders and a review of the programme documentation.

The Mfesane HIV/AIDS programme was specifically implemented in response to these alarming statistics. The assumption was that the youth aged 15 to 21 in the Saldanha Bay Municipality were engaging in sexual practices that put them at high risk of contracting HIV. The implementation of the programme took place in local high schools.

The Programme Goal

The goal of the peer education programme is to increase the number of youths aged 15 to 21 who make safe and responsible decisions about sex.

Target Population

The programme was presented to Grade 9, 10 and 11 learners in three high schools in the Saldanha Bay Municipality: Diazville High School in Saldanha, Vredenburg High School in Vredenburg, and Weston Senior Secondary School also in Vredenburg. These schools were identified in consultation with the Western Cape Department of Education based on the at-risk profile of the learners. The learners from these schools come primarily from poverty stricken backgrounds that are thought to increase their susceptibility to environmental risks and risk behaviour.

The Saldanha Bay Municipality is one of the five municipalities that comprise the West Coast District Municipality. In 2006 the total population for the West Coast was projected at 320,926 of which 25.3% resided in the Saldanha Bay Municipality. Only 37% of Saldanha Bay residents were employed full-time, and 94.4% of residents were living in urban settlements. The population is predominantly coloured (73%), followed by white (16%) and Black African (11%). High levels of in-migration differentiate Saldanha Bay from other municipalities on the West Coast. In-migration is predominantly from the Eastern Cape and this creates pockets of Eastern Cape demographics with high HIV prevalence rates within the Municipality (SSA, 2007).

Setting

The programme was implemented in classrooms of the various high schools during the life skills orientation periods. The average class size was around 35 learners per class. All three schools had sufficient buildings, chairs and basic equipment. Before each lesson, the peer education facilitators rearranged the tables and chairs in the class to create a less formal environment that facilitated more spontaneous interaction. In two of the schools the governing body made office space available to the peer education team where they provided additional support and mentoring to the learners outside class time.

Activities

The peer education programme was a dualistic intervention that on the one hand trained select learners to become peer educators and on the other hand taught HIV prevention lessons to Grade 9 to 11 learners.

Training peer educators

The peer education programme trained select learners to become peer educators. At the beginning of each year Grade 9 learners were given an opportunity to apply to be trained as peer educators. From this group of applicants Mfesane's peer education facilitators, together with school teachers, selected 30 learners who would be trained as peer educators. The training programme spanned the three years from Grade 9 to 11. During this time learners were taught how to role model health enhancing behaviour, educate their peers, assist them to access social support services and how to develop community interventions.

Learners who successfully completed the three-year programme would become peer educators in Grade 12. Thus, the Grade 12s would be the peer educators, role modelling health enhancing behaviour and presenting HIV prevention lessons to the Grade 9 to 11 learners. However, the Mfesane programme was only implemented from 2008 to 2010. This meant that the programme cycle fell one year short of the programme plan and learners who successfully completed the

training did not have an opportunity to be peer educators. Thus, the programme relied on the HIV prevention lessons.

HIV prevention lessons

The HIV prevention lessons were presented to Grade 9 to 11 learners during their life skills orientation period by peer education facilitators. The primary message conveyed during the lessons was to delay sexual debut until marriage or to begin practising secondary abstinence even after having been sexually active. Secondary messages included technical information on sexual and reproductive health and rights, HIV/AIDS, multiple concurrent partnerships, gender norms and values and human rights. The lessons were presented by 12 peer education facilitators who were 18- to 25-year-old youths recruited from the community.

Resources

The implementation of the programme was funded by the US President's Emergency Plan for AIDS Relief (PEPFAR)'s New Partnership Initiative (NPI). As part of the NPI, partner organisations also received technical support provided by John Snow Inc. Mfesane received specific technical support in programme management, human capital management, financial management and monitoring and evaluation.

The programme made use of teaching material from the Scripture Union and the GOLD Peer Education Development Agency (GOLD). GOLD was also supported by PEPFAR and sub-contracted Mfesane to implement the programme in the high schools in the Saldanha Bay Municipality. The programme theory of the original peer education programme is depicted in Figure 3.

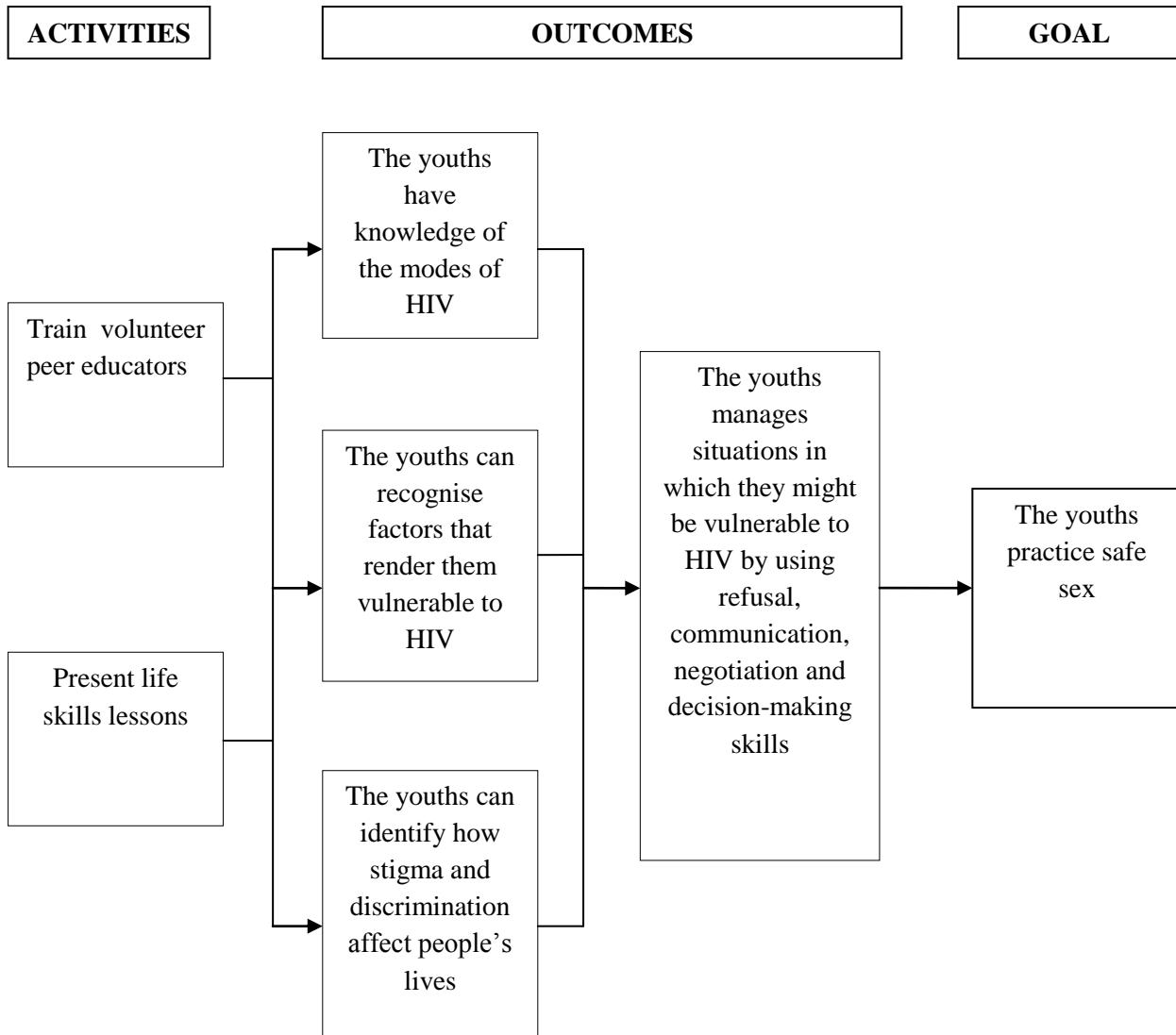


Figure 3. The programme theory of the original peer education programme

The grant agreement for the programme from PEPFAR required that an independent evaluation of the programme be conducted after the funding period had come to its end date (3 years). The purpose of the evaluation was to assess whether Mfesane's organisational capacity has been strengthened and if the programmes, including the peer education programme, had achieved the intended outcomes. This evaluation was conducted in 2011. The findings from the evaluation are summarised in the next chapter.

CHAPTER 3: OUTCOME EVALUATION OF THE HIV/AIDS PEER EDUCATION PROGRAMME

In early 2011 Mfesane commissioned an external evaluator to conduct an outcome evaluation to assess the effectiveness of its *Community action against HIV/AIDS, together we WILL beat HIV/AIDS* programme which had been run over the previous three years². The peer education programme formed part of the evaluation.

Evaluation Participants and Data Collection Methods

Two schools, Vredenburg High School and Weston High School, were randomly selected by the evaluators to be included in the evaluation. It was decided that Grade 12 learners would be included in the evaluation since they were the only group that had received the intervention from Grade 9 through to Grade 11 and had been included in the 2008 baseline study. Using Microsoft Excel, the evaluators randomly selected 10% of the female and 10% of the male learners from each of the two schools. The learners completed a questionnaire that assessed their knowledge of HIV/AIDS and asked them to self-report on their sexual behaviour. The questionnaire contained exactly the same questions as the 2008 baseline survey that had been conducted prior to the start of the programme.

The evaluators also interviewed one teacher and five parents from each school to assess whether any behaviour changes had been observed in the learners that could be ascribed to the programme. The peer education facilitators and peer educators were not interviewed due to time constraints.

Evaluation Findings

The findings from the peer education programme evaluation were divided into two categories: knowledge and behaviour change. The programme effectively increased the youths' knowledge of HIV/AIDS, but had mixed results in effecting behaviour change.

² Underhill Corporate Solutions, (2011), *Final Evaluation of the Mfesane/Woord en Daad Community action against HIV/AIDS, together we WILL beat HIV/AIDS programme*.

Knowledge

The evaluation assessed whether the programme imparted knowledge successfully by assessing the youths' knowledge in three areas. The first, knowledge of HIV/AIDS tested whether the youth had knowledge of the HI Virus and modes of transmission. The second section, knowledge of HIV testing, assessed the youths' knowledge of HIV testing. The final section, HIV/AIDS stigma, gauged whether these youths were knowledgeable enough to discard common HIV/AIDS related myths.

Knowledge of HIV/AIDS

The knowledge of the HI Virus and transmission section comprised of seven questions. The first six questions tested the youths' knowledge of the biological aspects of HIV/AIDS and 68% of participants answered the questions correctly. The last question enquired whether the youths felt that they needed more knowledge of HIV/AIDS; 35.1% felt that they had sufficient knowledge while 41.9% felt that they could learn more. These findings show that although the programme increased the youths' knowledge of HIV/AIDS, a large percentage of the students felt that they needed more information on the topic. The results from this section can be found in Table 1.

Table 1

The Learners' Knowledge of the HI Virus and Transmission

Knowledge of the HI Virus and transmission	Yes	Uncertain	No
Can a person who looks healthy be infected with HIV (the AIDS virus)?	78.4%	6.8%	13.5%
Can people protect themselves against HIV by using a condom every time they have sex?	74.3%	8.1%	17.6%
Can people protect themselves against HIV by having one uninfected partner who also faithfully has no other partners?	60.8%	24.3%	10.8%
Can people protect themselves against HIV by not having sex at all?	71.6%	12.2%	13.5%
Can a person prevent being infected with HIV by washing after having unprotected sex?	17.6%	10.8%	64.9%
Cannot having sex for a long period of time be harmful for your body?	21.6%	14.9%	58.1%
Do you think that you have enough knowledge about HIV/AIDS?	35.1%	17.6%	41.9%

Knowledge of HIV/AIDS testing and treatment

Two questions tested the youths' knowledge of HIV/AIDS testing and treatment. The first question enquired whether a person with HIV/AIDS can be cured and only 51.4% answered no. It is concerning that after three years in the programme, 25.5% of the youths were still uncertain whether a person could be cured. The second question enquired whether the youths knew where to go for a HIV test and 90.5% did. Results are shown in Table 2.

Table 2

Knowledge of HIV/AIDS Testing and Treatment

Statements about HIV/AIDS Testing and Treatment	Yes	Uncertain	No
Can a person with HIV/AIDS be cured?	13.5%	25.7%	51.4%
Do you know where you would specifically go to get an HIV test?	90.5%	1.4%	4.1%

Behaviour change

The evaluation measured if the programme was able to change the youths' sexual behaviour while also ensuring that they become more tolerant of people living with HIV/AIDS. Although the youths were tolerant of HIV/AIDS in their immediate circle, they continued to direct stigma towards the community in general. In terms of sexual behaviour, the youths adopted safe sexual practices but these practices hardly included abstinence.

Stigma reduction

The stigma section comprised of seven questions. On average, 65.64% of the youths selected answers that indicated stigma is less prevalent. This average masks the nature of the stigmatic views. Question 1 only tested knowledge of HIV and 95.9% of the youths answered correctly. Question 2 and 7 assessed the youths' response in relation to their friends and 74% answered positively. On the other hand, question 3 to 6 assessed how accepting the youths are of HIV/AIDS in a community context and only 51.7% of the youths answered affirmatively. These

findings reveal that although the youths are willing to be accepting of HIV in their immediate circle, they still exhibit stigma towards the community at large. Results are shown in Table 3.

Table 3

Statements about HIV/AIDS Related to Stigma

Statements about HIV/AIDS Stigma	Yes	Uncertain	No
Is it true that only poor people become infected with HIV?	2.7%	1.4%	95.9%
If your friend tells you he/she has HIV, would you continue being his/her friend?	81.1%	12.2%	6.8%
If a teacher has HIV but is not sick, should he or she be allowed to continue teaching in school?	58.1%	8.1%	33.8%
If you knew a shopkeeper or food seller had the HIV virus, would you buy food from them?	56.8%	17.6%	24.3%
If you chose to be tested for HIV, and were told after the test that you had HIV, would you tell anyone the results?	47.3%	24.3%	27.0%
If a member of your family became ill with HIV/AIDS, would you want it to remain a secret?	35.1%	18.9%	44.6%
Would you be able to stand up against your friends if they are negative towards a HIV positive person?	75.7%	10.8%	10.8%

Sexual behaviour

The sexual behaviour indicators revealed that the programme did not promote abstinence successfully, but succeeded in ensuring that sexually active learners practiced safe sex.

Age of sexual debut

Table 4 illustrates the disjuncture that existed between the learners' knowledge of HIV/AIDS and their sexual behaviour. Although the majority of learners indicated that sexual debut should be delayed until marriage, more than half of the youths were sexually active by the time they reached sixteen. This meant that the programme's abstinence message was not reaching its target group because, by Grade 9, 50% of youths were already sexually active.

Table 4

The Age that Learners think it is Appropriate to Debut Sexually versus the Actual Age that they Debuted Sexually

Age	Appropriate age to debut sexually	Actual age of sexual debut
8-11 yrs		14,3%
12-15 yrs	1,4%	27,2%
16-19 yrs	13,15%	38%
20-25 yrs	24,3%	
After marriage	60,8%	

Sexual partners

In terms of the relationship between the learner and his/her sexual partner, a point of concern is that 9.1% of learners indicated that their sexual partners were strangers. The evaluation did not explore whether these encounters were consensual or not.

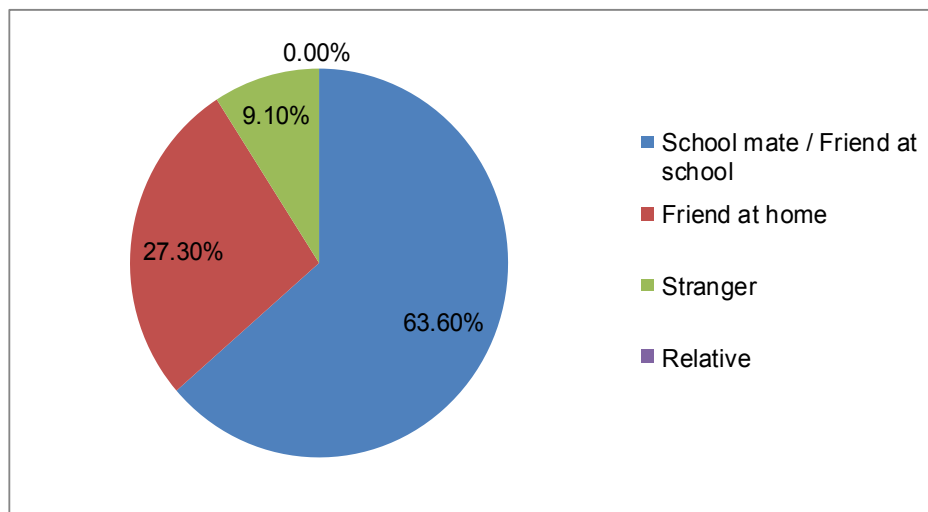


Figure 4. The relationship between sexually active youths and their partners

Sexual risk behaviour

The large majority of sexually active learners only had one sexual partner at a time in line with the “be faithful” message. The evaluation further found that only 12.2% of these youths had unprotected sex in line with the “condomise” message.

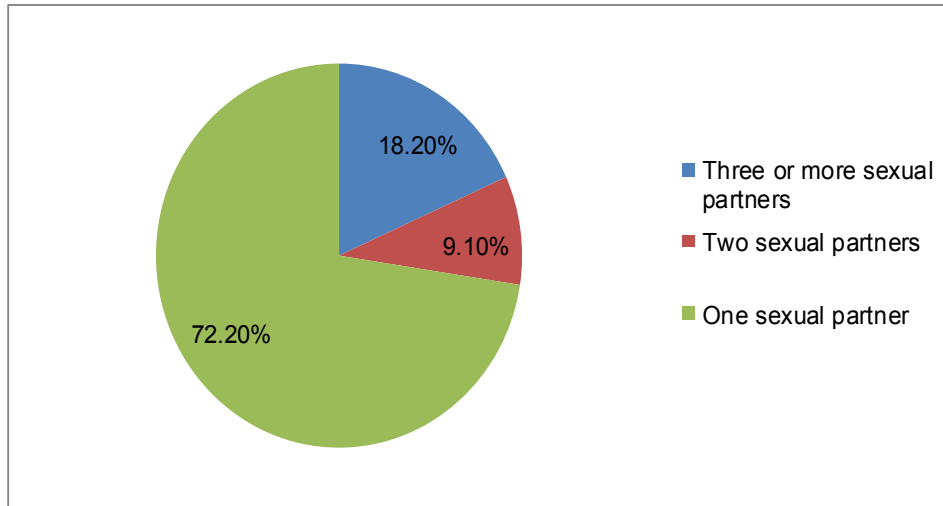


Figure 5. The number of sexual partners of sexually active youths

Based on these results Mfesane needed to reconceptualise the objectives of the programme and in so doing begin a redesign process.

Changing Programme Direction

The evaluation finding of most concern to the programme was that half of the learners were sexually active by the age of 16. This implied that by the time the learners aged 15 to 21 entered the peer education programme, they were already sexually active. Various programmatic changes were discussed, amongst others, the possibility of presenting the programme to a younger age group. This was rejected due to the sensitivities around sexuality at such a young age. There is currently a disjuncture in the South African law that allows contraceptives to be distributed to children 12 years and older, but makes it illegal for children 12 to 16 to engage in consensual sex. The matter is being discussed by the Department of Education and the

Department of Health (Malan, 2011). Until consensus is reached between these stakeholders, organisations such as Mfesane are limited in terms of the messages that can be presented to primary school learners. Therefore, Mfesane could not present the same programme to a younger beneficiary group as the training material contradicts the current legislative framework.

For Mfesane this meant that they had to continue targeting their peer education programme at high school learners. At the same time, however, it was felt that the programme had to move away from focussing primarily on HIV/AIDS and rather introduce a more holistic approach. The assumption underlying this decision is that a holistic approach could more effectively produce results in all aspects of the youths' lives. Still, the organisation was unsure of the activities that should be included in such a holistic approach.

For this reason, the evaluator was approached to conduct a theory evaluation that would assist the organisation to develop a revised peer education programme that would optimise programme impact. Before any programme is capable of being successful, the design and underlying logic of the programme must be plausible (Rossi *et al.*, 2004). The evaluator aimed to extract information from all programme stakeholders to develop a shared view of what the new programme should look like and then, in order to investigate whether the new programme design would be plausible, a programme theory evaluation was conducted.

Programme Theory

Suchman (1967) has proposed that programmes often do not produce the desired effects because these were either not implemented correctly or were not designed to facilitate the desired outcomes. Programme theory evaluation is concerned with the latter. In defining programme theory Weiss (1998) explained that all programmes are based on a set of explicit and implicit assumptions that outline how and why the programme will achieve its intended change. These assumptions are known as the programme's theory. A programme theory evaluation extracts programme theory from stakeholders (Donaldson & Gooler, 2003) in order to assess its plausibility based on previous evaluation findings and social science research (Reynolds, 1998; Weiss, 1997).

The concept of programme theory dates back to 1967 when Suchman introduced the concept in his book *Evaluation Research*. In 1972 Weiss published *Evaluation Research: Methods for Assessing Program Effectiveness* which initiated an exploration of the idea of theory driven evaluations and introduced the concept process model. Subsequently, the concept was further explored by researchers such as Bickman (1987), Chen (2005), and Sechrest and Scott (1993). Over time, programme theory has been mainstreamed into monitoring and evaluation (Donaldson, 2007) and, according to Rogers (2007), the term programme theory is often interchangeably referred to as theory of change (Weiss, 1997), theory-driven evaluation (Chen, 2005), theory of action (Schorr, 1997), intervention logic (Nagarajan and Vanheukelen, 1997), impact pathway analysis (Douthwaite *et al.*, 2003) and programme theory-driven evaluation science (Donaldson, 2005).

The rise in the popularity of programme theory has not been without criticism. Schriren (1997) and Stufflebeam (2001) have argued that theory evaluation is of little use as one can measure programme effects without understanding the programme theory. This argument has been refuted by Chen (2005), Donaldson (2007), Rogers (2000), Rossi, *et al.* (2004), Shadish, Cook and Campbell (2004), and Weiss (1997) who have pointed out that programme theory helps the programme staff not only to understand what the programme has achieved, but also which intervening variables contributed to the programme effect.

Weiss (1998) has proposed that programme theory evaluation is useful for programme designers, stakeholders and managers. Programme designers can use programme theory to test assumptions about a programme and recommend improvements that will increase the programme effect (Rogers, 2007). A programme theory evaluation can ensure that there is agreement among stakeholders on the goals, objectives and activities of the programme. Finally, programme theory can assist programme managers to design the evaluation tools to measure programme performance (Pawson and Tilley, 1997).

Weiss (1997) has warned that the popularisation of programme theory has caused some confusion. Evaluators conducting theory-driven evaluations often use simplified models that test the effect of the implementation of programmes rather than the more complex mechanisms that cause programme effects. True theory-driven evaluations pay attention not only to the dependent

and independent variables of a programme, but also to the mediator and moderator variables that enable the causal theory. Doing this enables the evaluator to contextualise and plan for the more complicated and complex aspects of a programme. Rogers (2010) has proposed a structure, as depicted in Table 5, to determine whether a programme is complicated or complex so that an appropriate programme theory can be developed.

Table 5

Complicated and Complex Aspects of an Intervention

ASPECT	SIMPLE VERSION	NOT-SIMPLE VERSION	CHALLENGES FOR EVALUATION	SUGGESTED LABEL
1 Governance and implementation	Single organisation	Multiple agencies, often interdisciplinary and cross-jurisdictional	More work required to negotiate agreement about evaluation parameters and to achieve effective data and collection analysis	Complicated
2 Simultaneous causal strands	Single strand	Multiple simultaneous causal strands	Effective programmes may need to optimise several causal paths, not just one; evaluation should both document and support this	Complicated
3 Alternative causal strands	Universal mechanism	Different causal mechanisms operating in different contexts	Replication of an effective programme may depend on understanding the context that supports it. The counter-factual argument may be inappropriate when there are alternative ways to achieve the outcome	Complicated
4 Non-linearity and disproportionate outcomes	Linear causality, proportional impact	Recursive, with feedback loops	A small initial effect may lead to a large ultimate effect through a reinforcing loop or critical tipping point	Complex
Emergent outcomes	Pre-identified outcomes	Emergent outcomes	Specific measures may not be able to be developed in advance, making pre- and post-comparison difficult	Complex

Note. Adapted from "Using programme theory to evaluate complicated and complex aspects of interventions," by P.J. Rogers, 2008, *Evaluation*, 14(1), 29-48.

Rogers (2008) has suggested that there are three aspects that influence the level of complication of interventions; "interventions implemented through multiple agencies, interventions with

multiple simultaneous causal strands, and interventions with alternative causal strands” (p.35). In a similar vein, complex interventions are marked by recursive causality and emergence outcomes, as displayed in more detail in Table 5. Given the nature of the implementing environment, most development oriented interventions will either be complex, complicated or a combination of both. Rogers has pointed out that for this reason a number of authors (Barnes *et al.*, 2004; Eoynang *et al.*, 1998; Perrin, 2003; Wholey, 2003; Winston, 1999) have criticised a simple logic model that lists programme components along the five components of input, activities, outputs, outcome and goals. Simple logic models assume a neutral implementing environment whereas development takes place in a dynamic environment influenced by different role players and stakeholders. Nevertheless, for the purposes of this evaluation a more simplistic logic model was used to depict the programme theory as the focus of the evaluation was on the causal logic of the proposed programme.

A programme theory evaluation was conducted to assist Mfesane to develop a plausible programme theory for the new peer education programme. According to Rogers (2010) this evaluation would be classified as complex. Weiss (1997) has referred to this approach as the ‘conscientious theory-based development of the programme’. Mfesane needed a theory evaluation in order to develop a programme theory which incorporated all of the stakeholders’ assumptions. This would be used as a starting point of the redesign process. The following evaluation questions guided the theory evaluation:

1. What are the underlying assumptions of the revised programme?
2. Are the assumptions based on clear theoretical linkages?
3. Does evidence exist to support the programme assumptions?

CHAPTER 4: METHOD

The programme theory was elicited from programme documents, individual interviews and the programme staff during two focus group discussions. Having two separate focus group discussions enabled the evaluator to adopt methods relevant to the age, education and experience of participants. Access to the participants was arranged through Mfesane. Participation was voluntary and participants did not receive any remuneration for their participation.

Data Providers

The first group of data providers was the programme staff who had implemented the peer education programme and who would be implementing the revised programme in future. The group comprised six participants, four females and two males, aged between nineteen to twenty-five years. All six participants have a matric certificate but no tertiary education.

The second group comprised the management team, who had overseen the peer education programme, including the chief executive officer, senior programme manager and the West Coast programme manager. The three managers are between the ages of forty-five and fifty-eight; all have post-graduate degrees and have been managing programmes in the development sector for eight or more years.

Data Collection Method

Interviews

Face-to-face informal interviews were conducted with members of Mfesane's management team in May 2011. Individuals interviewed included the chief executive officer, senior programme manager and West Coast manager. The interviews were conducted in the office of each staff member and lasted about 90 minutes. The interviews provided insight into the organisation's history, the rationale and underlying assumptions of the 2008 peer education programme and the future goals of the programme. These interviews assisted the evaluator to understand better the programme and to compile the programme description (as provided in Chapter 2).

Focus group sessions

Two focus group discussions were held to elicit the design and underlying logic of the revised programme. The first session was conducted with the peer education facilitators at Mfesane's West Coast office in Vredenburg and lasted two hours. The second session involved the management team and took place at Mfesane's central office in Bellville. This session lasted about an hour. The group setting enabled the evaluator to capitalise on the group effect to elicit more information about the new programme's rationale and its underlying assumptions. This was done by using the backward and forward reasoning process proposed by Chen (2005) that proposes taking participants through a systematic process to identify the different programme components.

Procedure

Data collection took place during four stages. The first stage, phases 1–2, provided the evaluator with a better understanding of the organisation, the HIV/AIDS peer education programme, and the underlying assumptions of the organisation's approach to peer education. The second stage, phases 3–6 focused on extracting and developing the programme theory of the programme implementers. During the final stage, phase 7, the programme theory of the programme managers was elicited and developed.

Phase 1: Gather empirical background information

Chen (2005) has argued that an evaluator must begin a theory evaluation by understanding the context in which the programme was implemented. The evaluator gained insight into the needs of the community and the characteristics of the target group from the following empirical documents:

- Southern Hemisphere Consultants, *Mfesane baseline of survey of the PEPFAR HIV/AIDS project, final report*. (2009);
- Cloete, P., *Mfesane HIV/AIDS survey*. (2007); and
- *Saldanha Bay Municipality Annual Report* (2008-2010).

Phase 2: Review of programme documentation

The evaluator reviewed the following programme documents to gain insight into the previous programme, its purpose and the programme's underlying assumptions:

- Initiatives Inc. *Closeout organizational capacity assessment report for NPI round two partner, Mfesane South Africa.* (March 2011);
- *Full proposal president's emergency plan for AIDS relief – new partnership initiative. Community action against HIV/AIDS together we will beat HIV/AIDS, South Africa.* By *Woord en Daad in corporation with Mfesane.* (2008). Internal document;
- *Mfesane monthly progress reports to Woord en Daad.* (2008-2010). Internal document;
- *Mfesane online monitoring system.* (2008-2011). Internal online system;
- *Monitoring, evaluation and reporting plan for the PEPFAR programme designed by Woord en Daad and Mfesane.* (2008). Internal document; and
- *Work plan: Woord en Daad Community Action against HIV/AIDS in cooperation with Mfesane, South Africa.* (2008-2010). Internal document.

After phase 1 and 2 the evaluator was able to understand better the original programme in order to formulate methodology to extract the programme theory of the new programme. Based on this, the evaluator planned to conduct the focus groups and a pilot study to determine if the proposed manner in which the focus group was administered / facilitated was appropriate.

Phase 3 – Focus group pilot

A pilot study was conducted to assess whether a conventional method could be used effectively to elicit a programme theory from the youth. The pilot study took the form of a focus group discussion with six youths resembling the sample that would be used during the evaluation. The group comprised of six youths, three male and three female, aged between nineteen and twenty-five. All six youths have obtained a matric certificate and have been working with development projects for less than two years.

A traditional method for eliciting programme theory was used. In this method the evaluator used flip-chart sheets to elicit the different components of the programme theory of their programme from the group of participants (Donaldson, 2007). Five flip-chart sheets were put up against a wall and labelled with one of the following concepts: needs, inputs, activities, outcomes and goal. Starting with the needs and working towards the goal, the evaluator explained each concept to the participants. After each explanation the participants were asked to add their programme's detail under each concept. After all the sheets had been populated, the evaluator explained logical links to the youths who were then asked to develop the programme theory.

The evaluator found that this method was not an effective approach for the target group. Firstly, the participants struggled to understand the concepts used in programme theory. Although the evaluator did not use evaluation jargon and simplified descriptions of the kinds of information required, the participants' misunderstanding made it difficult for them to participate fully in discussions. Secondly, the participants were not familiar with programme logic. The evaluator wanted the programme theory to be elicited from all the programme stakeholders, but the programme implementers had limited to no programme management experience and this made eliciting programme logic difficult. Lastly, the conventional method did not speak to the youths or capitalise on their creativity and energy. After the pilot study, the evaluator was able to revise the method and activities for the focus group discussions to target the youth more effectively.

Phase 4: Focus group with programme implementers

A focus group discussion was held with the programme implementers (n = 6) to elicit a programme theory that represents their new vision for the programme. As illustrated by the focus group pilot, a generic way to elicit the information would not have been suitable for this group. Therefore the evaluator devised and used the following six steps to elicit the programme theory.

Step 1: Needs

The evaluator explained to the participants what needs are. Thereafter, the participants were asked to write on a red sheet of paper what they regarded as the needs of the youth in the

Saldanha Bay Municipality. Once the lists were completed, the evaluator asked the participants to put a star sticker next to all the needs on their list to which Mfesane's new programme could respond.

Step 2: Input

The concept of inputs was explained to the participants. They were then asked to list, on a blue sheet of paper, the resources available to Mfesane that could be used to address the needs of youth in the area.

Step 3: Activities

The evaluator then explained to the participants what activities are. Thereafter, taking a purple sheet of paper, participants were requested to list the various programmatic activities that could be undertaken with youth in the area. The participants were encouraged not only to list activities that are currently being undertaken, but also to think of new activities that could benefit the youth in some way.

Step 4: Outcomes

The evaluator explained outcomes to the participants by identifying the domains of change that can result in an outcome including change in attitude, knowledge, behaviour, awareness, skills, health, family, financial status, social conditions, safety and education. Keeping this type of change in mind, the participants were asked to write down the outcomes that they think would benefit the youth. After completing this list, the participants were asked to place a star next to the outcomes that Mfesane could help to achieve.

Step 5: Goal

The evaluator told the participants to imagine that a genie appears and grants them one wish for the programme for the future of the youth in the area. They were then asked to write down this wish on a yellow sheet of paper. The evaluator saw this as the best way to elicit the ideal programme goal as it capitalised on the youths' creativity.

Step 6: Explaining programme theory concepts

Participants were requested to place the different sheets of paper in the order in which these had been completed. With their own sheets of paper in front of them, the evaluator explained to the participants how each sheet represents a specific concept used in programme theory. Allowing the participants to engage methodically with concepts before explaining the concepts to them enabled them to understand a programme theory. Once the participants understood the concepts it was much easier to explain the relationship between the programme components.

Phase 5: Conceptualising the programme implementers' programme theory

Once the programme implementers were familiar with the concepts used in programme theory, the evaluator assisted them to conceptualise the programme theory that depicts their vision for the new programme. Three steps were used for this.

Step 1: Eliciting individual programme theories

The evaluator explained to the participants that the programme theory concepts are interconnected and can facilitate a pathway of change. Resources are acquired so that one can implement activities that will lead to the change that will help realise the goal of the programme. The evaluator further pointed out that a programme theory is strong when one programme component leads logically to another.

The participants were asked to review their own sheets of paper to see if they could identify any links between the different programme components on their lists. Whenever they identified a link, the participants indicated this by placing the same colour sticker stars next to each of the components. In the end, the participants were able to see if they had a programme that responded to a need with the necessary resources and activities that could facilitate the change they envisioned. The evaluator facilitated the process, but the participants were able to identify the programme theories on their own.

Step 2: Identifying common assumptions

The evaluator encouraged the participants to share their programme theories with each other. During the presentations the evaluator identified the programme assumptions that the participants had in common.

Step 3: Eliciting a common programme theory

With their own programme theories and the common themes in mind, the participants were asked to build a single programme theory that represented their shared vision of the programme. The participants wrote each component on a block starting with needs, before moving on to inputs, activities, short and medium-term outcomes, as well as, the programme goal. The cardboard blocks were placed in sequence to form a diagram depicting their envisioned programme theory.

Step 4: Developing the programme theory diagram

After the session the evaluator refined the participants' programme theory and formulated a theory diagram. The diagram was shared with the participants for feedback and approval so that it could be used for the remainder of the evaluation³.

³ The method adopted to elicit the programme theory from both groups was chosen so that the groups themselves developed a programme theory as an end result of the session. Thus, no qualitative data was obtained and no qualitative analysis was required.

Phase 6: Developing a first draft of the programme managers' programme theory

The individual interviews conducted with the managers at the onset of the evaluation (to elicit the programme description) revealed that the management group was already familiar with programme theory concepts. This meant that the evaluator could elicit the programme theory in a conventional manner during a focus group discussion. Using a flip chart, the evaluator asked the group to draft a programme theory that captured their vision for the future programme. In line with the method proposed by Donaldson (2007), the evaluator encouraged the group to draft the programme by first identifying the youth's needs, then the resources available to the organisation thereafter the activities that can be undertaken, followed by the outcomes they would like the programme to achieve and finally the overall goal of the programme. The managers presented their individual diagrams to each other before deciding upon and structuring a common theory diagram.

Phase 7: Beginning to develop a common programme theory

The theory diagrams from both groups were further analysed by the evaluator in order to identify the outcomes that were unique to each group and those that overlapped. These findings were presented in a Venn diagram with three circles representing common outcomes, outcomes unique to the programme implementers and outcomes unique to the programme managers. The diagram was sent to both groups in order for them to decide whether the overlapping outcomes only or all of the outcomes should be included in the common programme theory. Based on this decision the evaluator was able to identify common programme activities and test these using social science research and literature. The online journal database EBSCO was used to locate relevant research and literature through key word searches for the activities. The next section presents the findings from the different methodological phases that were systematically followed to construct the common programme theory.

CHAPTER 5: FINDINGS

The findings will be presented in relation to the two groups that participated in the focus group discussions, starting with the programme implementers followed by the programme managers.

Group One – The Programme Implementers

Group one comprised of the programme staff who had implemented the peer education programme and would be implementing the revised programme in future. The focus group discussion conducted with this group comprised of two stages: Stage one familiarised the programme implementers with programme theory by systematically introducing them to the relevant jargon. During stage two participants used their newly acquired knowledge to construct a programme theory depicting their vision for the future direction of the programme.

Comprehending programme theory

The participants were introduced to the different concepts used in programme theory through individual exercises. During each exercise a specific concept used in programme theory was explained to participants. Thereafter the participants were required to relate the concept to the youth in the Saldanha Bay Municipality. The information elicited from this session provided valuable insight into the programmatic priorities and assumptions held by the programme implementers. These were grouped together in frequency tables that will be discussed further under each step.

Step 1: Needs

The participants listed on a sheet of paper what they perceived as the needs of the youth. On average each participant listed five needs. These were grouped together and are depicted in Table 6.

Table 6.

The Needs Identified by Workshop Participants

Needs identified	Frequency (n)	%
Guidance and support	5	83%
Education	4	67%
Employment	3	50%
Life skills development	3	50%
Role models / mentors	3	50%
Hope / motivation	2	33%
Love	2	33%
Poverty alleviation	2	33%
Safe environment	2	33%

The needs that the participants identified can be grouped into three categories. The first category corresponds with the needs that were previously addressed in the peer education programme. These include guidance and support, life skills development, and role models / mentors. This was the highest ranking category with at least 50% of the participants listing the needs in this category. The second category reflected the socio-economic needs identified by the youth and included education, employment and poverty alleviation. The final category focused on the psycho-social needs of the youth and included hope / motivation, love and a safe environment.

Step 2: Input

In order to identify the input into the programme, the participants were asked to list the resources available to the organisation to respond to the youth's needs. Each participant was able to list at least four inputs as depicted in Table 7.

Table 7.

The Inputs Identified by Workshop Participants

Inputs identified	Frequency (n)	%
Skilled staff	6	100%
Funding	5	83%
Vehicles	4	67%
Buildings	3	50%
Stakeholder relations	3	50%
Positive attitude	1	17%

All the participants viewed skilled staff as the organisation's greatest resource. The participants' lists also revealed that they regarded Mfesane to be a well-resourced organisation that has the infrastructure in place to deliver programmes with at least 50% of the participants listing funding, vehicles, buildings and stakeholder relations as potential resources.

Step 3: Activities

In step 3 the participants identified activities that could be undertaken to better the circumstances of the youth. The participants, on average, each identified four activities that were grouped together into nine themes reflected in Table 8. (See Appendix A for each participant's programme theory).

Table 8.

The Activities Identified by Workshop Participants

Activities identified	Frequency (n)	%
Community work	4	67%
Life skills sessions	4	67%
Awareness raising	3	50%
Counselling and support	3	50%
Group activities	3	50%
Mentoring	3	50%
Parent and child workshops	3	50%
Skills development	2	33%
Leadership training	1	17%

Five of the activities listed, community work, life skills sessions, awareness raising, counselling and support and mentoring, also formed part of the peer education programme. Interestingly, community work is the highest ranking activity even though it had formed a minor part of the previous peer education programme. Furthermore, the peer education programme focussed almost exclusively on HIV prevention, but little attention was given to HIV in the context of the new programme. Instead, the participants highlighted substance abuse, domestic violence, teenage pregnancy and gangsterism as the focus of awareness activities. Interestingly, the parent and child workshops identified by 50% of the participants pointed towards an additional need that was not identified in step 1; the need to strengthen the family unit.

Step 4: Outcomes

Identifying the potential programme outcomes appeared to be the most difficult part of the exercise. Four participants identified four outcomes and two of the participants listed two outcomes. The participants were able to formulate outcomes indicating that they understood the concept. Table 9 groups together the outcomes that were identified during the session.

Table 9.

The Outcomes Identified by Workshop Participants

Outcomes identified	Frequency (n)	%
The youth display a positive attitude towards life	4	67%
The bonds between family members are strengthened	3	50%
Learners are positive about school	2	33%
The youth make life enhancing decisions	2	33%
The youth display cultural tolerance	2	33%
The youth realise their potential	2	33%
Learners matriculate from school	2	33%
Out-of-school youths are employable	1	17%
The youth refrain from substance abuse	1	17%
The youth delay parenthood	1	17%
The youth abstain from sex	1	17%
The youth avoid gangsterism	1	17%

Eight of the twelve outcomes pointed towards the need for behaviour change. The strong focus on behaviour change could be the legacy of the peer education programme that had promoted behaviour change. Three of the remaining outcomes focused on changing the socio-economic conditions of the youth through schooling and employment. The last outcome, as with the activities, highlighted the group's desire to strengthen family bonds.

Step 5: Goal

The programme goal was the last concept introduced to the participants. Each participant wrote on a piece of paper what s/he ultimately wished to achieve through the programme. These goals are quoted below:

“To be the perfect youth that guide their fellow peers with their positive behaviour and to reach their goals no matter what the circumstances are” (Participant 101).

“To live in a community where youth stand up against drug and alcohol abuse and not to be afraid to stand up for what they believe in and not to be judged for it” (Participant 102).

“For the youth to take/step into their positions as leaders of the future. To reach their full potential. Be successful with a positive mind set. To be the change they want to see” (Participant 103).

“To empower the youth to take ownership for their lives through partaking in development opportunities and to become successful and responsible citizens” (Participant 104).

“Support them where possible and role model the change I want to see in them” (Participant 105).

“My goal for the youth will be that they will be sustainable and independent. Also for them to live their full potential and be given a fair and equal chance to be. They must be emotionally stable” (Participant 106).

The goals that the participants identified were very similar to the goals that appeared in the peer educator training manual. This made it difficult to discern whether the goals represented the participants' ideals or the ideals of the initial programme.

Step 6: Explaining programme theory concepts

As a final step, the evaluator explained to the participants how each sheet of paper represents a concept used in programme theory. The preceding practical exercise enabled the participants to contextualise the concepts and grasp these more easily than the participants in the pilot study had.

Conceptualising the programme implementers' programme theory

Step 1: Eliciting individual programme theories

All six participants were able to identify a programme theory from the needs, inputs, activities and outcomes that they listed in the previous exercise. The participants were able to do so without assistance from the evaluator. The content of the programme theories of each of the six participants can be found in Appendix A. Appendix B includes a photo of Participant 101's completed programme theory.

Step 2: Identifying programme assumptions

While the participants presented their programme theories to the group, the evaluator identified the assumptions. Four common themes emerged from the programme theory presentations:

1. Self-actualisation can ensure a poverty free future.
2. The youth's behaviour determines their future.
3. Strengthened family bonds will assist the youth to adopt life enhancing behaviour.
4. The youth should have the ability to earn/generate income after matriculating.

Step 3: Eliciting a common programme theory

With their own programme theories and the common themes in mind, the participants were asked to build a single programme theory representing their vision for the revised youth programme. The programme theory, depicted in Figure 6, is significantly different from the programme theory of the peer education programme. The peer education programme's programme theory resembled the cognitive behaviour approach whereby the thematic knowledge was expected to bring about behaviour change. The new programme theory, however, better resembles the structural approach whereby peer education is supplemented with other interventions that address the contextual factors that youths face including poverty and the breakdown of family structures.

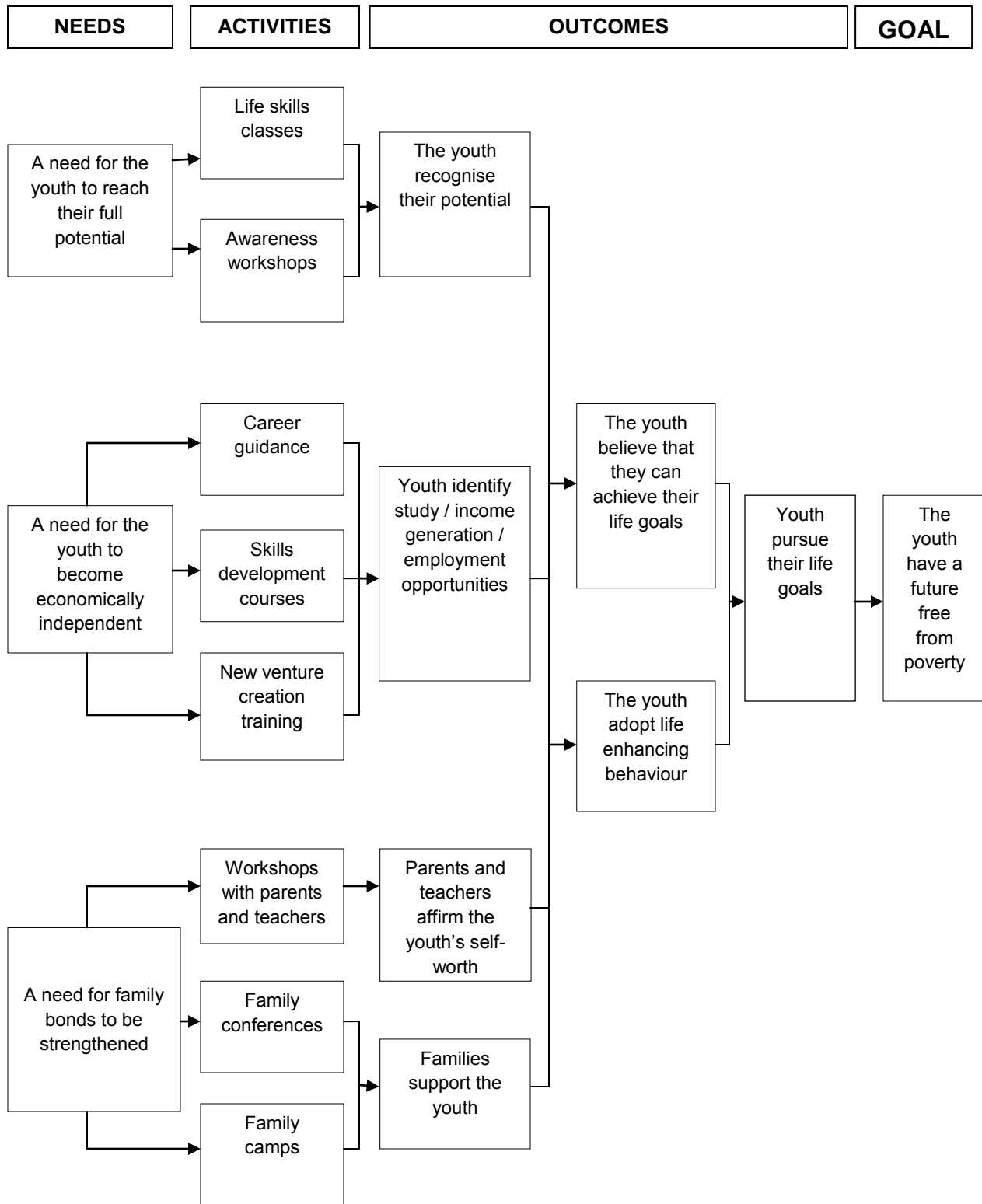


Figure 6. The programme theory compiled by the programme implementers

Group Two – Programme Managers

Given that the management team was familiar with evaluation terms, specifically a programme's theory, a traditional focus group discussion was conducted. In this session participants were asked as a group to draft a programme theory that depicts their vision for the new programme. The evaluator asked the participants to start off by identifying the youth's needs, the resources available to the organisation, activities that can be undertaken, the outcomes they would like the programme to achieve and finally the overall goal of the programme. The programme managers discussed their views for each component of the programme and together developed their diagram.

The programme managers programme theory, shown in Figure 7, also moved away from the exclusive focus on peer education towards a more integrated approach that focuses on both personal and economic development. Personal development is achieved through two intervention areas, peer education and after-school capacity development activities. The economic development intervention seeks to teach the youth how to generate income.

Neither the programme theory of the programme implementers nor that of the programme managers had a strong causal link. In both instances the participants could identify clearly what activities they would like to implement and the intended goal of the programme, but the theory of change to achieve this goal was often vague. This again illustrated the value that the theory evaluation will bring to the planning of the new programme.

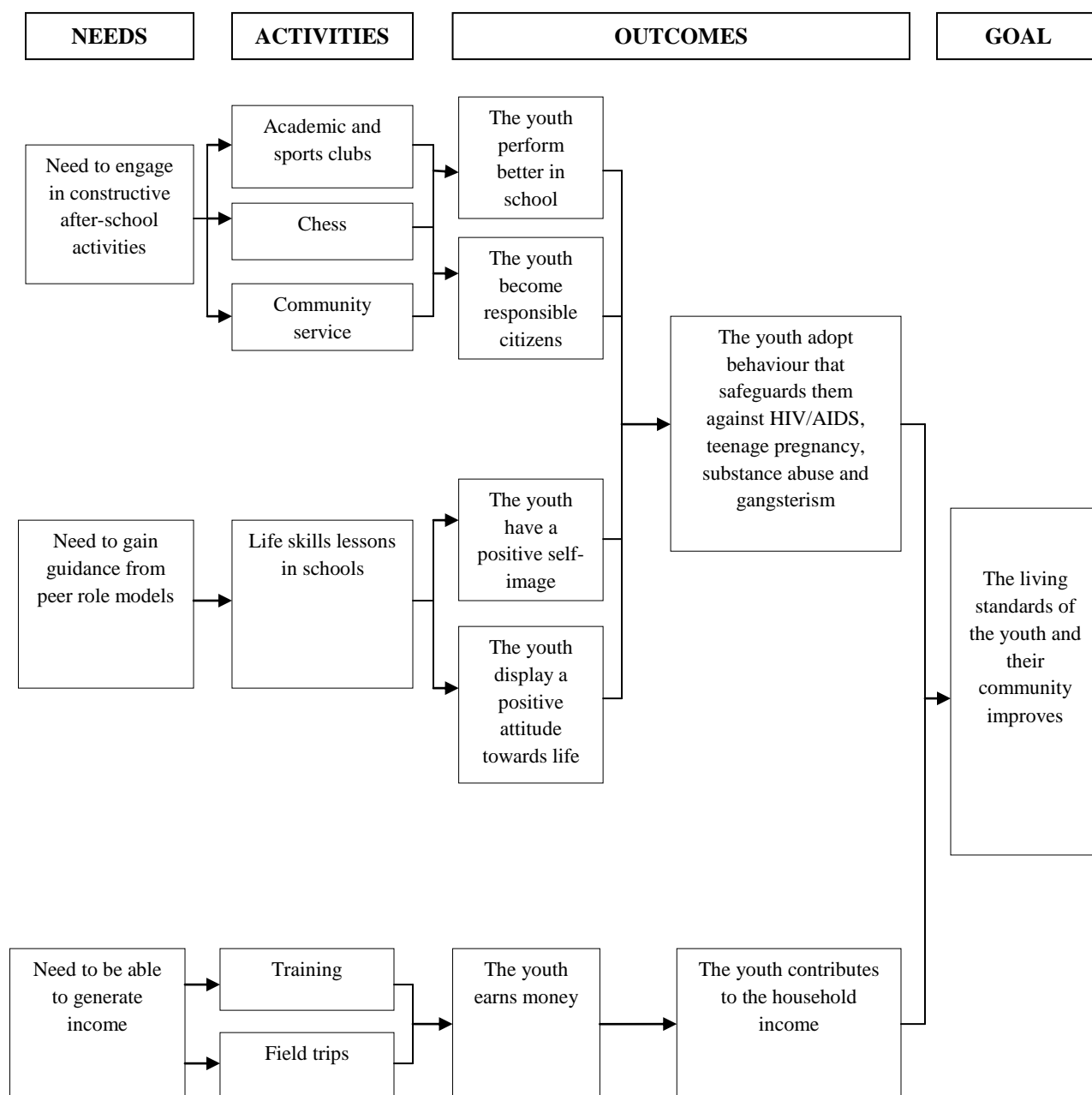


Figure 7. The programme theory compiled by the programme management

Beginning to develop a Common Programme Theory

As a starting point, the evaluator reviewed the programme theories of both groups in order to identify the outcomes that were unique to each group and those that overlapped. The findings are

represented in Figure 8. Both groups indicated that they would like the youth to adopt life enhancing behaviour, have strengthened self-efficacy and have the ability to generate income. In terms of unique outcomes the programme manager group identified that they would like to see the youth become socially responsible citizens. The programme implementers identified the need for stronger family support.

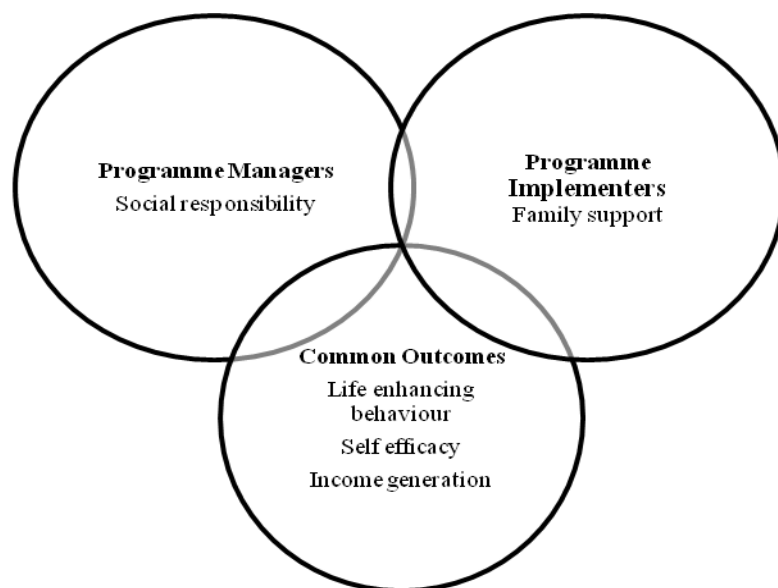


Figure 8. The outcomes identified by the groups revealing areas of overlap

This diagram was shared with both groups in order for them to decide whether all of the outcomes or only the areas of overlap should be included in the common programme theory. The conclusion was that all of the outcomes except income generation should be included. The reason for this is that the programme will not have the necessary funds to include income generation as part of the peer education programme. Based on this, the evaluator identified the common outcomes that were shared with the programme. After the participants identified the outcomes that would be included in the revised programme, the plausibility of the associated activities was assessed. This will be presented in the next chapter.

CHAPTER 6: DISCUSSION

A plausibility assessment was conducted to determine if the proposed programme activities for the new Mfesane peer education programme was feasible according to social science literature and research, as well as, other evaluations in the area. The plausibility assessment was divided into two sections: needs and causal logic. The needs were assessed to ensure that the programme would adequately respond to the identified needs while the causal logic assessment determined if the proposed activities were plausible.

Plausibility of the Needs

Rossi *et al.* (2004) advise that it is essential to assess whether a programme addresses a specific social need in a plausible way. This helps one determine whether there is a need for the programme and what kind of programme would be the most effective response. During the focus group discussions (refer to Table 6) it became clear that the ability to mitigate the contextual challenges described in Chapter 2 was regarded by the programme staff as the biggest need of the youth. This meant that Mfesane no longer regarded risk reduction as the youth's greatest need. Although HIV/AIDS would still be addressed in the programme, the programme would not solely focus on this, but rather holistically address a number of issues.

This change in focus is consistent with the theoretical shift that has been taking place in youth development programmes. Damon (2004) and Lerner, Lerner and Phelps (2008) observed that in recent years youth development programmes have shifted from a deficit based approach that aims to reduce risk behaviour to a more positive youth development approach aimed at strengthening the inherent capacity of the youth to mitigate challenges. This shift came as a result of the limited success of deficit based approaches and the changing context in which youths find themselves. The shift in needs analysis also meant that Mfesane moved from the cognitive behaviour approach of peer education to the structural approach. The next section will assess how plausible the proposed strategy will be.

Plausibility of the Causal Links

The causal theory of the two individual theories was weak in the sense that it did not illustrate clearly how the intended change would take place. Behaviour change is a complex process that is often difficult to plan for. Glanz, Lewis and Rimmer (1990) suggest that behaviour change theories help programme designers understand how to yield behaviour change. The HIV/AIDS peer education programme was based on theory that knowledge leads to behaviour change. This theory has been discredited in various evaluations (Aaro *et al.*, 2011; Weiss, 1997) including the evaluation of this programme. The initial evaluation of the 2008 programme found that the programme increased knowledge effectively, but was less effective in bringing about behaviour change. To increase the effectiveness of the new programme it is therefore important to ensure that the programme is rooted in the theoretical model of behaviour change.

The key elements of behaviour change

The key elements of behaviour change are drawn from two theories: Bandura's (1986, 2011) Social Cognitive Theory and Ajzen's (1991, 2002, 2011) Theory of Planned Behaviour. The Social Cognitive Theory proposes that behaviour is the outcome of the triadic interaction of behaviour, personal and environmental factors as displayed in Figure 9. According to Bandura (2011) this interaction rests on three tenets. Firstly, the youth are most likely to model the behaviour of others with whom they identify. Secondly, the response to a particular behaviour will influence the likelihood of the youth repeating that behaviour. Finally, the youth will learn through participating in an activity and by observing others. The Theory of Planned Behaviour proposes that behaviour is the outcome of three sets of beliefs: normative, behavioural and control. According to Ajzen (2002), "behavioral beliefs produce a favorable or unfavorable attitude toward the behaviour, normative beliefs result in subjective norm, and control beliefs give rise to perceived behavioral control" (p. 665). This is depicted in Figure 10.

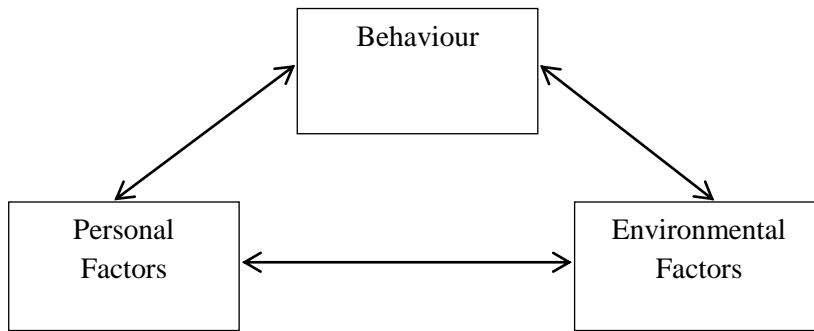


Figure 9. The Social Cognitive Theory Model

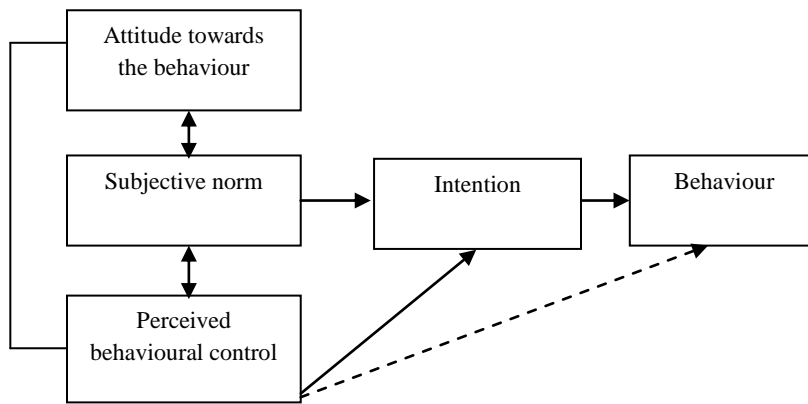


Figure 10. Model of the Theory of Planned Behaviour

These models illustrate that behaviour change is an intricate process that is the outcome of both interpersonal and external environmental factors. The norms that an individual holds will determine her/his attitude towards the behaviour and whether she believes that she can control his/her behaviour. If an individual believes that they can indeed control the behaviour the intention towards behaviour change is created that could eventually lead to behaviour change. Although depicted in a linear manner, behaviour change is usually not a linear process and individuals can move backwards and forwards between attitudes, perceptions and intentions. Therefore, to be effective, behaviour change interventions will have to structure activities in such a way that these intervene on some levels and support change processes on other levels as will be further discussed in the next section.

The peer education programme

To facilitate behaviour change Mfesane will require what Rogers (2010) refers to as a complex programme theory. At the same time, the programme theory will have to be simple enough to be implemented within the limits of Mfesane’s resource constraints. The organisation had indicated that it had funding only for a peer education programme and would not be able to implement additional interventions. Therefore the plausibility assessment focused only on how to strengthen the peer education programme, and not on whether or not an alternate type of programme would have been more effective.

In order to assess whether the activities in the individual programme theories could facilitate change in line with the Social Cognitive Theory and Theory of Planned Behaviour, the evaluator integrated these two theories into a single model depicted in Figure 11. The activities were thereafter plotted to each variable based on the assumptions of the programme staff.

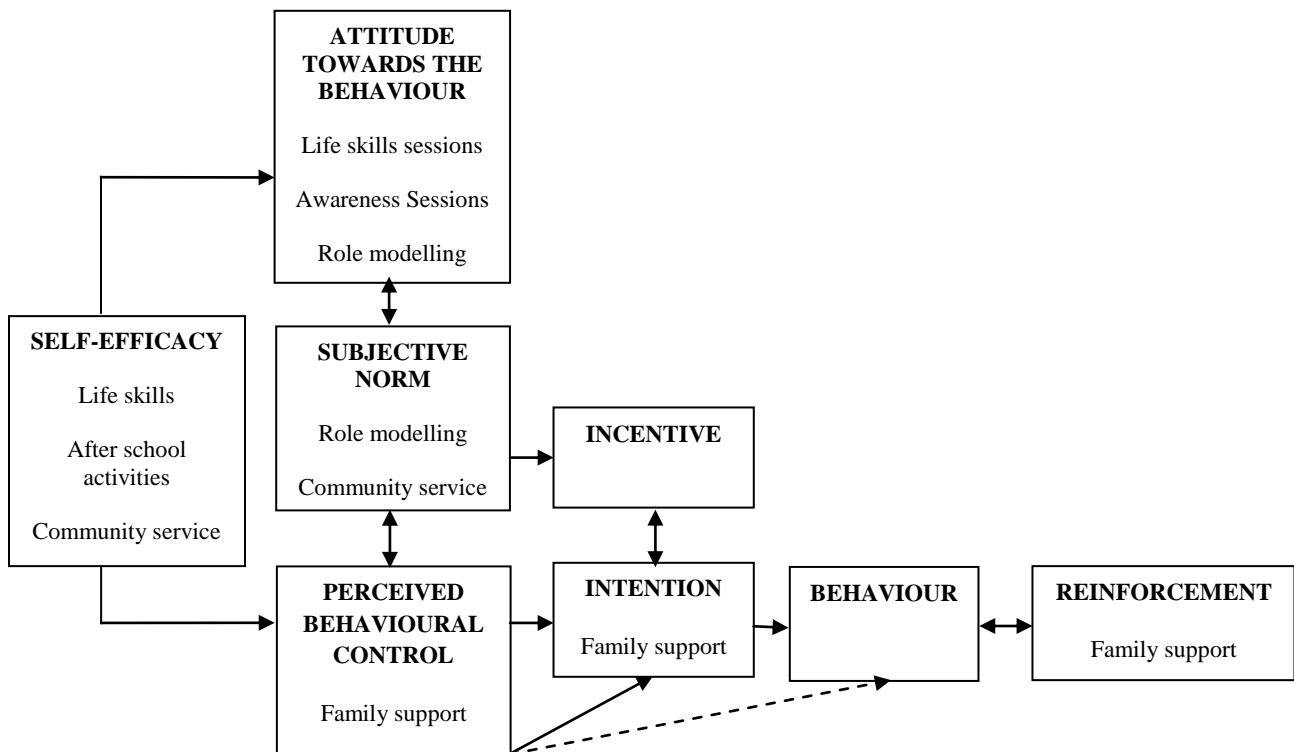


Figure 11. A combined model of the Social Cognitive Theory and the Theory of Planned Behaviour

The combined model again illustrates that behaviour change is a complex process that is dependent on external environmental and interpersonal dynamics. As a result, behaviour change interventions are limited as to which areas they can directly influence. The activities included in Mfesane's programme will be able to influence the initial stages of the behaviour change process. Developments in the latter stages will primarily be interpersonal processes which means that the organisation will at most be able to offer structured support to the youths. The next section will assess the plausibility of activities and their influence in more detail.

Life Skills Classes and Awareness Workshops

The HIV/AIDS peer education programme did not differentiate between life skills and thematic awareness. Instead, the life skills classes focused on knowledge of HIV/AIDS and identifying ways in which HIV could be prevented. In practice the focus was on knowledge and little attention was paid to developing the youth's life skills. The common programme theory moves away from this approach by separating the activities into life skills sessions and awareness workshops. The life skills sessions will focus on developing core skills that will enable the youth to manage their lives and mitigate challenges. The awareness workshops will inform the youths of the dangers and risk factors of HIV/AIDS, gangsterism, substance abuse and teenage pregnancy.

Separating the activities might, however, not be the best way to improve the effectiveness of the intervention. UNICEF (2011) recommends that life skills sessions are most effective when these include a balance of knowledge, attitudes and skills related to the key individual, social and environmental factors that the youth face. Likewise, an evaluation conducted by Howard-Pitney (1995) found that life skills sessions are most effective when using a multi-method approach. For Mfesane this would mean changing the way that life skills sessions are presented rather than separating the activities. Even then the organisation cannot expect these sessions alone to change behaviour. Evaluations of multi-method life skills approaches have concluded that these can successfully change attitudes and increase the youth's resistance to peer pressure (Howard-Pitney, 1995; Visser, 2007), but do not affect decision-making behaviour (Gorman *et al.*, 2007; Hurry & Loyd, 1995; Visser, 2007).

Extra-curricular Activities and Community Service

One of the new activities that Mfesane identified is extra-curricular activities for the youths. A 1993 report from the Carnegie Council on Adolescent Development found that young people select how they spend at least 40% of each waking day. This time can be used either constructively or to engage in risk behaviour. Organisations such as Mfesane, believe that extra-curricular activities will limit the time that the youth have to engage in risk behaviour and at the same time develop their interpersonal skills. To some extent, evaluation findings support this assumption.

Jordan and Nettles (2000) found that non-constructive time spent with peers and working for pay has a negative impact on youth development. In contrast, evaluations of the effect of extra-curricular activities on youth development found that these interventions have the potential to increase self-esteem and self-efficacy (Broh, 2002; Lerner, Lerner & Phelps, 2008), improve academic performance (Feldman & Majasko, 2005) and increase the likelihood of completing high school (Eccles & Barber, 1999). According to Lerner, Lerner and Phelps sport is the most popular extra-curricular activity for youths, but sport on its own is not sufficient to facilitate developmental outcomes. This is concurred with by Rees and Howell (1990) who found that although the competitive nature of sport can increase self-esteem it can also undermine the development of social and value orientations.

Extra-curricular activities cannot all facilitate the same developmental outcomes (Lerner, Lerner & Phelps, 2008). The challenge for Mfesane is to identify the outcome that they would like to achieve through the extra-curricular activities and then find an appropriate activity which matches this outcome. At the same time, many extra-curricular activities are already embedded in the schools and community. Therefore, if Mfesane implements an extra-curricular activity it should be an activity that meets the needs of the youth without duplicating existing activities in the community.

One specific extra-curricular that Mfesane identified is the introduction of community service. The organisation's assumption is that community service will develop the youth's self-efficacy and social-responsibility. Younis *et al.*, (1999) found that community service does have the potential to facilitate these outcomes, but that voluntary participants are usually the youths who

are already on a positive developmental path. On the other hand, O'Donnell *et al.* (1999) found that at-risk youths who participated in compulsory community service experienced the same results. The study recommended using community service as a supplement to curricular activities to effect behaviour change. Mfesane could consider making community service a compulsory part of the peer education curriculum that is delivered after-school hours so that all the youths in the programme are exposed to the benefits of community service.

Family Strengthening

Parents have the biggest influence on the youth's behaviour (Kumpfer & Alder, 2003), even more so than peers (Johnson, O'Malley & Bachman, 2001) and the school and community (Lerner, Lerner & Phelps, 2008). Kumpfer and Alder pointed out that many of the studies on the topic have found that parenting from pre-birth to adolescence has a strong influence on the youth's behaviour and goal setting. The earlier phases of the development are therefore the ideal time to intervene with family skills training (Lochman, 2000) and family therapy (Liddle *et al.*, 2002) in order to help children develop dreams, goals, and purpose in life (Kumpfer, 1999).

To intervene in family relations to improve the youth's interpersonal competence is more complex. According to Ary *et al.* (1999) the protective family factors that mediate positive youth behaviour include "positive parent-child relationships, positive discipline methods, monitoring and supervision, and communication of pro social and healthy family values and expectations" (p.217). Kumpfer and Alvarado (2003) in their review of family strengthening approaches found that only some interventions had the potential to facilitate these factors. Behavioural parent training, family skills training, and brief family therapy were effective, while parent education, family education, family in-home-support, and family preservation were less effective. The interventions that are regarded as effective fall outside the parameters of Mfesane's peer education programme. If Mfesane would like to strengthen family support, then a separate intervention will have to be developed or the organisation could collaborate with other entities that offer these programmes.

Role Modelling

Role modelling did not play a central role in the HIV/AIDS peer education programme. A discussion with one of the managers revealed that, during the programme, two female unmarried peer education facilitators had become pregnant and one of the male facilitators had been relieved of his duties because of sexual harassment. Nevertheless, role modelling was identified by the programme staff as key to peer education; an assumption that is supported by the literature. The Social Learning Theory (Bandura, 2011) proposes that modelling is essential to learning as the youths are likely to adopt the behaviour that they observe. The effectiveness of this to change behaviour will depend on the person who is modelling the behaviour and what the youth perceive as the consequences of that behaviour.

In the context of the peer education programme, the peer educators and programme facilitators are the individuals who are expected to model positive behaviour. Therefore, Turner and Shephard (1999) advise that organisations pay careful attention to the recruitment of peer educators. Studies have shown (Kelly *et al.*, 1991; Wiist & Snyder, 1991) that the most successful role models are those individuals who are already popular opinion leaders in the community. These individuals, however, are not always those practising life enhancing behaviour. Peers *et al.* (1993) have found that modelling often fails because of this mismatch between influential role models and role models modelling life enhancing behaviour.

Mentors

During the focus group discussions the programme staff identified the need for adult mentors for the youth. Although this component was not included in the common programme theory, it was still assessed for the potential benefit to the peer education programme. Dunphy *et al.*, (2008) have defined a mentor as “a more experienced, trusted advisor that takes an interest in the development of another” (p.9). DuBois, Holloway, Valentine and Cooper (2002) used meta-analysis to review 55 evaluations of mentor programmes and found that these do have a significant influence on the positive development of youths. Poulin, Orchhowsky and Nellis (2008) found that mentoring interventions can lead to an improvement in interpersonal relations, academic performance and even family relations. Dart (2006) and Lerner, Lerner and Phelps

(2008) similarly observed that positive relations with extra-familial adults can promote resilience among youths.

Given these findings, Mfesane could consider including a structured mentorship programme as part of the peer education programme. Mentors are traditionally volunteers who are matched to youths based on race, ethnicity and religion. In structured programmes the mentors would collaborate with the youth on specific activities thereby creating the opportunity for modelling, norm creation, incentives and support during decision-making. Freedman (1992) and Hamilton and Hamilton (1992) found that mentoring initiatives are particularly effective with at-risk youths from low socio-economic conditions such as those in the Saldanha Bay Municipality.

The findings from this section enabled the evaluator to make recommendations on programmatic changes that would increase the effectiveness of Mfesane's programme targeting the youth. These recommendations were integrated into a recommended programme theory that can be used to structure and monitor the new programme.

CHAPTER 7: RECOMMENDATION AND CONCLUSIONS

This evaluation has assisted Mfesane to agree on the focus of a common programme theory that will guide their youth work in the Saldanha Bay Municipality. Although various options were considered, in the end the organisation agreed that peer education would continue to be the primary strategy in their youth work. A number of changes can be made to the common programme theory to improve the plausibility of the peer education programme.

Recommendations

The following recommendations are made based upon the plausibility assessment described in Chapter 6.

The life skills sessions curriculum can be designed to include a mixture of thematic awareness and life skills development (Howard-Pitney, 1995). This integrated approach will help to ensure that the youths do not learn life skills in isolation, but can contextualise the life skills to mitigate the challenges presented by, for example, peer pressure that leads to risk behaviour that results in addiction, HIV/AIDS or pregnancy.

The life skills sessions can be presented using a multi-method approach that will provide the youths with an opportunity to practice life skills (UNICEF, 2011; Visser, 2007). This approach can include theoretical lessons, simulation exercises and practical experiences such as community service. By doing this, Mfesane will not be a once-off intervention, but will enable the youths to acquire knowledge, have an opportunity to be mentored in life skills during simulation exercises and gain confidence through practical experiences.

As part of the life skills sessions peer educators can encourage the youths to participate in extra-curricular activities presented by the school and other community entities. This approach will ensure that the youths still benefit from the positive developmental outcomes derived from extra-curricular activities without the need for Mfesane to allocate resources to extra-curricular activities (Broh, 2002; Lerner et al., 2008).

Community service can become a compulsory component of the peer education programme. By making it compulsory, Mfesane will ensure that all of the youths are exposed to the personal development benefits that community service offers (O'Donnell *et al.*, 1999; Younis *et al.*, 1999). Furthermore, the compulsory community service can be strategically used to reinforce the messages in the thematic awareness lessons. For example, working with people living with HIV/AIDS can help reduce stigma while taking care of orphans and vulnerable children can make teenage pregnancy less appealing.

Family support is central to positive youth development (Kumpfer and Aldorado, 2003). However, Mfesane is not currently in the position to implement an appropriate family support programme. Nevertheless, the organisation can form partnerships with other organisations on the West Coast, such as the Family and Marriage Association of South Africa (FAMSA) that specialise in family strengthening. This will strengthen the programme theory by ensuring that the youth's family receives mentoring and guidance on how to support him/her during the various phases of behaviour change.

The peer education strategy relies strongly on the ability of the peer educators to role model life enhancing behaviour. Therefore, it will be important that Mfesane selects carefully the peer educators and programme facilitators (Turner and Shephard, 1999). This selection process should focus on both the individual's ability to model life enhancing behaviour and the influence that s/he can exert over his/her peers. To further ensure that effective role modelling takes place, the peer educators and programme facilitators should be exposed to consistent and focused training and support (Kelly *et al.*, 1991; Wiist & Snyder, 1991).

Finally, in order to maximise further the impact of role modelling and to ensure adequate support during decision-making processes, volunteer adult mentors can be allocated to the youths. These mentors have the potential to address possible shortcomings arising from inadequate family support or peer role modelling (DuBois *et al.*, 2002).

Based on these recommendations and the evaluation findings a final programme theory was developed that is depicted in Figure 12. Mfesane can use this programme theory to structure the peer education programme and to develop a monitoring system that will track the behaviour change process.

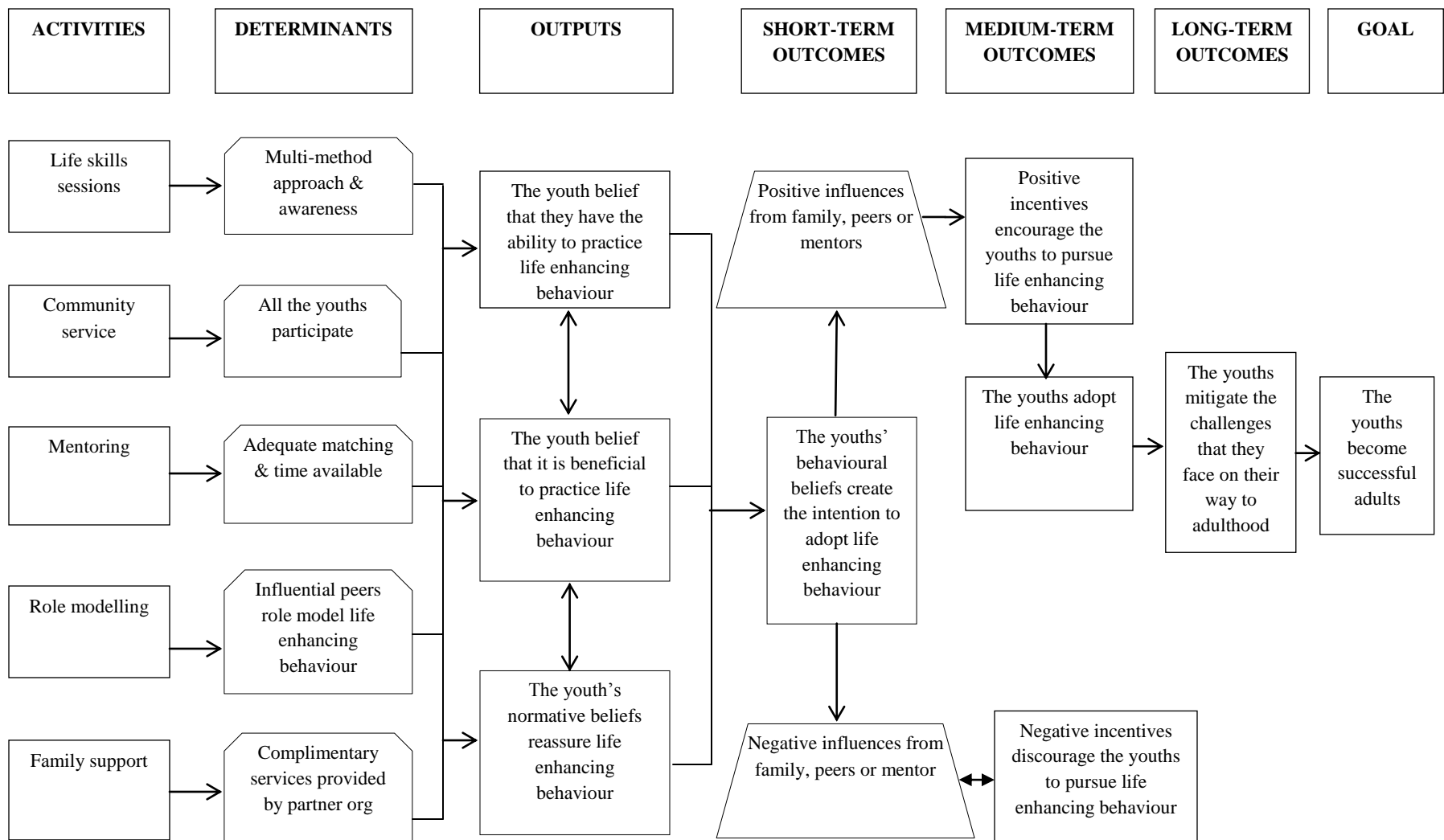


Figure 12. The recommended programme theory for the peer education programme

The recommended programme theory illustrates the complexities that Mfesane will need to take into account when implementing the programme and monitoring change. In order for the activities to be effective, the organisation will have to ensure that the determinants are in place to facilitate the intended outputs.

The outputs can be monitored using simple data collection tools that gauge the youth's attitude towards behaviour change. Achieving the outcomes that will ultimately lead to the goal will be more difficult as the organisation cannot directly influence these processes. The outcomes are interpersonal processes that are taking place and, at best, the organisation can ensure that the youth has adequate family, peer and mentoring support during this time.

The support that the youths receive will create either positive or negative incentives. Negative incentives will result in the youths regressing in the behaviour change chain while positive incentives will lead to the achievement of the programme goal. Since behaviour change at this level is an individual process, it is recommended that change not be tracked using pre-defined indicators, but rather through the Most Significant Change Method (Davies & Dart, 2005) that tracks change on an individual level. The recommended programme theory if implemented successfully has the potential to achieve Mfesane's goal of ensuring that the youths become successful adults.

This evaluation has illustrated the importance of a theory evaluation during the planning phase of a programme. Prior to the evaluation, Mfesane was uncertain about the future direction of their youth programme. The evaluation has helped the programme staff to develop a common vision for the programme and presented the organisation with a plausible programme theory to realise this vision.

Limitations

However, the evaluation was not without limitations. Convention prescribes that the programme theory should be elicited during a single focus group discussion. Due to geographical differences this was not possible and separate focus group discussions were held with the programme

implementers and programme managers. In the end, this was to the advantage of the evaluation as it created an opportunity to introduce the programme implementers to programme theory.

Originally, the evaluation included an additional research question, '*could an alternative approach produce outcomes more effectively?*' However, during the evaluation Mfesane requested that this question be excluded from the evaluation scope. The reason for this was that the organisation had secured funding for a peer education programme and would therefore prefer to continue with this approach. Nevertheless, the possibility cannot be excluded that an alternative approach could produce outcomes more effectively. It will be valuable for the organisation to conduct a study into this in future.

Future Research

Finally, this evaluation will be valuable to evaluators who will be evaluating the implementation and impact of the programme at a later stage. It has captured the foundational thinking that has shaped the programme and documented the goals and objectives of the organisation at the start of the programme. By doing this, the evaluation can also contribute to academic studies of theory evaluation by illustrating the process that can be followed and the value of a theory evaluation during the planning phases of a new programme.

Conclusion

In recent years there has been a proliferation of peer education programmes. While they are important, without doing a proper needs assessment and linking the programme content and design to the target audience, they can be unproductive as was the case for Mfesane. The outcome evaluation conducted at the end of the HIV/AIDS programme proved that the content of the programme was not suited to the intended target audience and thus the primary objective of abstinence or secondary abstinence could not be achieved.

This highlighted not only the importance of the design phase but also the importance of outcome evaluations. From the evaluation the organisation was able to obtain data that the programme

was not effective and that a redesign was necessary. The theory evaluation helped assist with this process.

A programme has many stakeholders, each with their own assumptions and visions for the programme. Working with different programme theories on how the programme is supposed to work and what outcomes are desired can be difficult. Thus, theory evaluations allow an outsider to explicit these views from all staff members and find commonalities amongst the various thoughts and assumptions. This was achieved for Mfesane.

The management team and the implementers had very separate ideas of how the new programme should work. However, these were shared and brought together to form one common programme theory. This ensured that everyone was on the same page and enabled buy-in from all stakeholders for the new design. It also means that when the implementation phase occurs each stakeholder will be aware of their role in the bigger picture and know what is expected of them in order for the programme to be effective.

The activities included in the programme now form a holistic approach to peer education in the Saldanha Bay area. The focus has moved away from focusing only on HIV/AIDS to a programme which encompasses a number of life skills and knowledge gain that will make the youth stronger individuals who are able to mitigate environmental challenges. These activities have also been assessed, are plausible and in line with the intended outcomes of the programme. To ensure this, various aspects of the individual theories of the management and implementers had to be changed based on reports in previous literature about what methods of implementation are more effective in peer education.

The new designed programme is now able to achieve its outcomes if implemented correctly. Furthermore, Mfesane now has a shared programme theory to work with in order to design the implementation of the new programme. As explained in chapter 3, critics (Schriener, 1997; Stufflebeam, 2001) claimed that theory evaluations are unnecessary but this research has shown the importance that they play in designing programmes.

References

- Aaro, L.E., Breivik, K., Klepp, K., Kaaya, S., Onya, H.E., Wubs, A., Helleve, A., & Flisher, A.J. (2011). An HIV/AIDS knowledge scale for adolescents: Item response theory analyses based on data from a study in South Africa and Tanzania. *Health Education Research, 26*(2), 212-224.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*, 179-211.
- Ajzen, I. (2002). Perceived behavioral control, self-efficacy, locus of control, and the theory of Planned Behavior. *Journal of Applied Social Psychology, 32*, 665-683.
- Ajzen, I. (2011). Behavioural interventions: Design and evaluation guided by the theory of planned behaviour. In M.M. Melvin, S.I. Donaldson, & B. Campbell (Eds.), *Social psychology and evaluation*. New York and London: The Guilford Press.
- Ary, D.V., Duncan, T.E., Duncan, S.C., & Hops, H. (1999). Adolescent problem behaviour: The influence of parents and peers. *Behaviour Research and Therapy, 37*(3), 217-230.
- Bucket-Milburn, K., & Wilson, S. (2000). Understanding peer education: Insights from a process evaluation. *Health Education Research, 15*(1), 85-96.
- Bandura, A. (1996). *Self-efficacy in changing societies*. Cambridge: Cambridge University Press.
- Bandura, A. (2011). The social and policy impact of social cognitive theory. In M.M. Melvin, S.I. Donaldson, & B. Campbell (Eds.), *Social psychology and evaluation*. New York and London: The Guilford Press.
- Barnes, M., Matke, E., & Sullivan, H. (2003). Evidence, understanding and complexity: Evaluation in non-linear systems. *Evaluation 9*(3), 265-284.
- Bickman, L. (1987). The functions of program theory. In L. Bickman, (Ed.), *Using program theory in evaluation*. San Francisco: Jossey-Bass.
- Blum, R.W., (2003). *Positive youth development: A strategy for improving adolescent health*. Thousand Oaks, CA: Sage Publications.
- Borgia, P., Marinacci, C., Schifano, P., & Peruci, C.A. (2005). Is peer education the best approach for HIV prevention in schools? Findings from a randomised control trial. *Journal of Adolescent Health, 36*(6), 508-516.
- Bucher, A.A. (1997). The influence of models in forming moral identity. *International Journal of Educational Research, 27*(7), 619-627.

- Campbell, C., & MacPhail, C. (2002). Peer education, gender and the development of critical consciousness: Participatory HIV prevention by South African youth. *Social Science and Medicine*, 55(2), 331-345.
- Carnegie Council on Adolescent Development. (1993). *A matter of time: Risk and opportunity in non-school hours. Report of the task force on youth development and community programs*. Retrieved from http://carnegie.org/sub/pubs/reports/great_transitions/gr_app.html
- Chen, H.T. (1990). *Theory-driven evaluation*. Thousand Oaks, CA: Sage Publications.
- Chen, H.T. (2005). *Practical program evaluation: Assessing and improving planning, implementation and effectiveness*. Thousand Oaks, CA: Sage Publications.
- Coates, T.J., Richter, L., & Caceres, C., (2008). Behavioural strategies to reduce HIV transmission: How to make them work better. *The Lancet*, 372(9639), 669-684.
- Damon, W. (1984). Peer education: The untapped potential. *Journal of Applied Developmental Psychology*, 5(4), 331-343.
- Dart, C. (2006). *4-H Mentoring youth and families with promise: Program guide (2nd ed.)*. Logan, UT: Utah State University Extension.
- Davies, R., & Dart, J. (2005). *The Most Significant Change (MSC) Technique: A guide to its use*. Retrieved from <http://mande.co.uk/docs/MSCGuide.pdf>
- Donaldson, S.I. (2005). *Program theory-driven evaluation science: Strategies and applications*. New York: Lawrence Erlbaum Associates.
- Donaldson, S.I. (2007). *The emergence of program theory-driven evaluation science*. New York: Taylor & Francis Group.
- Donaldson, S.I., & Gooler, L.E. (2003). Theory-driven evaluation in action: Lessons from a \$20 million statewide work and health initiative. *Evaluation and Program Planning*, 26, 355-366.
- Douthwaite, B., Kuby, T., van de Fliert, E., & Schulz, S. (2003). Impact pathway evaluation: An approach for achieving and attributing impact in complex systems, *Agricultural Systems*, 78, 243-65.
- DuBois, D.L., Holloway B.E., Valentine J.C., & Cooper H. (2002). Effectiveness of mentoring programs for youth: A meta-analytic review. *American Journal of Community Psychology*, 30, 157-197.

- Dworkin, S.L., & Ehrhardt, A.A. (2007). Going beyond 'ABC' to include 'GEM': Critical reflections on progress in the HIV/AIDS epidemic. *American Journal of Public Health*, 97(1), 1-6.
- Dunphy, A., Gavin, B., Solomon, F., Stewart, C., Collins, E., & Grant, A. (2008). *Guide to effective practice in youth mentoring in New Zealand*. Retrieved from <http://www.youthmentoring.org.nz/content/docs/GYM.1.pdf>
- Eccles, J.S., Barber, B.L., Stone, M.R., & Hunt, J. (2003). Extracurricular activities and adolescent development. *Journal of Social Issues*, 59, 865-889.
- Eonyang, G., Yellowthunder, L., & Ward, V. (1998). A Complex Adaptive System (CAS) approach to public policy decision-making, paper presented to the Society for Chaos Theory in Psychology in the Life Sciences, August 1998. Retrieved from
- Feldman, A.F., & Matjasko, J.L. (2005). The role of school based extra-curricular activities in adolescent development: A comprehensive review and future directions. *Review of Educational Research*, 75(2), 159-210.
- Freedman, M. (1992). *The kindness of strangers: Reflections on the mentoring movement*. Philadelphia: Private/Public Ventures.
- Gorman, D.M., Conde, E., & Huber, J.C. (2007). The creation of evidence in 'evidence-based' drug prevention: A critique of the Strengthening Families Program plus life skills training evaluation. *Drug Alcohol Review*, 26(6), 585-593.
- Glanz, L., Lewis, F.M., & Rimmer, B.K. (1990). *Health, behaviour and health education: Theory research and practice*. San Francisco: Jossey Bass.
- Hamilton, S.F., and Hamilton, M.A. (1992). Mentoring programmes: Promise and paradox. *Phi Delta Kappan*, 546-550.
- Hansen, M.B., & Vedung, E. (2010). Theory-based stakeholder evaluation. *American Journal of Evaluation*, 31(3), 295-313.
- Harden, A., Oakley, A., & Oliver, S. (2001). Peer delivered health promotion for young people: A systematic review of different study designs. *Health Education Journal*, 60(4), 339-353.
- Harrison, A., Smit, J.A., & Myer, L. (2000). Prevention of HIV/AIDS in South Africa: A review of behaviour change interventions, evidence and options for the future. *South African Journal of Science*, 96(6), 285-290.
- Howard-Pitney, B., & LaFromboise, T. (1995). The Zuni life skills development curriculum: Description and evaluation of a suicide prevention program. *Journal of Counseling Psychology*, 42(4), 479-486.

- Hurry, J., & Lloyd, C. (1997). *A follow up evaluation of Project Charlie: A life skills drug education programme for primary schools. Home Office Drugs Prevention Initiative paper 16*. London: Home Office.
- Initiatives Inc. (2011) *Close-out organizational capacity assessment report for NPI round two partner, Mfesane South Africa*. Internal document.
- Johnson, L.D., O'Malley, P.M., & Bachman, J.G. (2001). *National survey results on drug use from the Monitoring the Future study, 1975–2000: Vol. I. Secondary school students*. Rockville, MD: National Institute on Drug Abuse.
- Jordan, W.J., & Nettles, S.M. (2000). How students invest their time outside of school: Effects on school-related outcomes. *Social Psychology of Education, 3*, 217-243.
- Kelly, J.A. (2004). Popular opinion leaders and HIV prevention peer education: Resolving discrepant findings, and implications for the development of effective community programmes. *AIDS Care, 16*(2), 139-150.
- Kelly, J.A., St Lawrence, J.S., Diaz-Yolanda, E., Stevenson, L.Y., Hauth, A.C., Brasfield, T.L., Kalichman, S.C., Smith, J.E. & Andrew, M.E. (1991). HIV risk behaviour reduction following intervention with key opinion leaders of population: An experimental analysis. *American Journal of Public Health, 81*, 186–171.
- Kumpfer, K.L. (1999). Factors and processes contributing to resilience: The resilience framework. In M.D. Glantz & J.L. Johnson (Eds.). *Resilience and development: Positive life adaptations*. New York: Kluwer Academic/Plenum.
- Kumpfer, K.L., & Alder, S. (2003). Dissemination of research-based family interventions for the prevention of substance abuse. In Z. Sloboda & W.J. Bukoski (Eds.). *Handbook of drug abuse prevention*. New York: Kluwer Academic/Plenum.
- Lerner, R.M., Lerner, J.V., & Phelps, E. (2008). *Report from the findings from the first four years of the 4-H study of positive youth development. Report prepared for the Institute for Applied Research in Youth Development, Tufts University*. Retrieved from <http://www.national4-hheadquarters.gov/library/4-H%20Tufts%20Study%20Report%2042808.pdf>
- Liddle, H.A., Santisteban, D.A., Levant, R.F., & Bray, J.H. (2002). *Family psychology: Science-based interventions*. Washington, DC: American Psychological Association.
- Lochman, J.E. (2000). Parent and family skills training in targeted prevention programs for at-risk youth. *Journal of Primary Prevention, 21*, 253–266.
- Malan, M. (2011, September 26). Criminalising sex is not the answer. *The Mail and Guardian*. Retrieved from <http://mg.co.za/article/2011-09-26-criminalising-sex-is-not-the-answer/>

- Mantell, J.E., Harrison, A., Hoffman, S., Smit, J.A., Stein, Z.A., & Exner, T.E. (2006). The Mpondombili Project: Preventing HIV/AIDS and unintended pregnancy among rural school going adolescents. *Reproductive Health Matters*, 14(28), 113-122.
- Mahat, G., Scoloveno, M.A., Ruales, N., & Scoloveno, R. (2006). Preparing peer educators for teen HIV/AIDS prevention. *Journal of Pediatric Nursing*, 21(5), 378-384.
- Mellanby, A.R., Newcombe, R.G., Rees, J., & Tripp, J.H. (2001). A comparative study of peer led and adult led school sex education. *Health Education Research*, 16(4), 481-492.
- Mfesane. 2008. *Work plan: Woord en Daad Community Action against HIV/AIDS in cooperation with Mfesane, South Africa, 2008-2010*. Internal document.
- Mfesane. 2010. *Mfesane monthly progress reports to Woord en Daad, 2008-2010*. Internal document.
- Milner, B.J. (2008). *Individual differences in peer relationships: The role of self-handicapping*. Indiana: Indiana University.
- Morrel, R., Unterhalter, E. Moletsane, R., & Epstein, D. (2001). Missing the message: HIV interventions and learners in South African schools. *Canadian Women's Studies*, 21(2), 90-95.
- Nagarajan, N. & Vanheukelen, M. (1997). *Evaluating EU expenditure programmes: A guide*. Brussels: Directorate-general for Budgets of the European Union.
- O'Donnell, L., Stueve, A., Doval, A.S., Duran, R., Atnafou, R., Haber, D., Johnson, N., Murray, H., Grant, M.S., Juhn, G., Tang, J., Bass, J., & Piessen, P. (1999). Violence prevention and young adolescents' participation in community youth service. *Journal of Adolescent Health*, 24(1), 28-37.
- Pawson, R., & Tilley, N. (1997). *Realistic evaluation*. London: SAGE.
- Peers, I.S., Ledwith, F. & Johnston, M. (1993). *Community Youth Project HIV/AIDS. University of Manchester School of Education Report to the Health Education Authority*. Retrieved from <http://www.eycb.coe.int/domino/pdf/section10.pdf>
- Perrin, B. (2003). *Implementing the Vision: Addressing the Challenges of Results-Based Management*. Paris: OECD. Retrieved from <http://www.oecd.org/dataoecd/4/10/24797163.pdf>
- Poulin, M.E., Orchowsky, S., & Nellis, A.M. (2008). *Preliminary process evaluation: 4-H mentoring/youth and Families with Promise program, conducted by the Justice Research and Statistics Association*. Retrieved from <http://www.jrsa.org/pubs/reports/preliminary-process-evaluation.pdf>

- Rees, C.R., & Howell, F.M. (1990). Do high school sports build character? A quasi- experiment on a national sample. *Social Science Journal*, 27, 303-316
- Reynolds, A.J. (1998). Confirmatory program evaluation: A method for strengthening causal inference. *American Journal of Evaluation*, 19(2), 201-221.
- Rogers, P.J. (2007). Theory-based evaluation: Reflections ten years on. *New Directions for Evaluations*, 114, 63-81.
- Rogers, P.J. (2008). Using programme theory to evaluate complicated and complex aspects of interventions. *Evaluation*, 14(1), 29-48.
- Rose, D. (2004). The potential of role-model education. *The encyclopaedia of informal education*. Retrieved from www.infed.org/biblio/role_model_education.htm.
- Rossi, P.H., Lipsey, M.W., & Freeman, H.E. (2004). *Evaluation: A systematic approach (7th ed.)*. Thousand Oaks, CA: Sage Publications.
- Schriren, M. (1991). *Evaluation thesaurus (4th ed.)*. Thousand Oaks, CA: Sage Publications.
- Schorr, L. (1997) *Common purpose: Strengthening families and neighborhoods to rebuild America*. New York: Anchor Books Doubleday.
- Sechrest, L., & Scott, A.G. (1993). Understanding causes and generalizing about them. *New Directions for Program Evaluation*, 57, 1-3.
- Shadish, W.R., Cook, T.D., & Campbell, D.T. (2002). *Experimental and quasi-experimental designs for generalised causal inference*. Florence, KY: Wadsworth Publishing.
- Shisana, O., Rehle, T., Simbayi, L.C., Parker, W., Zuma, K., Bhana, A., Connolly, C., Jooste, S., & Pillay, V. (2008). *South African national HIV prevalence, HIV incidence, behaviour and communication survey*, Cape Town: HSRC Press.
- Sloane, B., & Zimmer, C. (1993). The power of peer health education. *Journal of American College Health*, 41(2), 241-245.
- Statistics South Africa. (2007). *Community survey*. Pretoria: Statistics South Africa.
- Stufflebeam, D.L. (2001). Evaluation Models. *New Directions for Evaluation*, 89, 7-98.
- Suchman, E. (1967). *Evaluative research*. New York: Russel Sage Foundation.
- Svenson, G., & Burke, H. (2005) *Formative research on youth peer education program productivity and sustainability. Youth Research Working Paper Series, Family Health International*. Retrieved from

<http://www.fhi.org/NR/donlyres/e6g7o35t4oe7srhflhmzks2f3vwipaobm2m7pncv5eebvci2vnfeyvprtebuzseayimispirm7jk3n/PeerEdWorkingPaperfinal1enyt.pdf>

- Turner, G., & Shepherd, J. (1999). A method in search of a theory: peer education and health promotion. *Health Education Research, 14*(2), 235-247.
- Visser, M.J. (2007). HIV/AIDS prevention through peer education and support in secondary schools in South Africa. *Journal of Social Aspects of HIV/AIDS, 4*(3), 678-694.
- Walker, S.A., & Avis, M. (1999). Common reasons why peer education fails. *Journal of Adolescence, 22*, 573-577.
- Wallerstein, N. (1992). Powerlessness, empowerment and health: Implications for health promotion. *American Journal of Health Promotion, 6*(3), 197-205.
- Webb, T. & Sheeran, P. (2006). Does changing behavioral intentions engender behavior change? A meta-analysis of the experimental evidence. *Psychological Bulletin 132*(2), 249-268.
- Webel, A.R., Okonsky, J., Trompeta, J., & Holzemer, W.L. (2010). A systematic review of the effectiveness of peer based interventions on health related behaviours in adults. *American Journal of Public Health, 100*(2), 247-253.
- Weiss, C.H. (1972). *Evaluation research: Methods for assessing program effectiveness*. Englewood Cliffs NJ: Prentice Hall.
- Weiss, C.H. (1998). *Evaluation (2nd ed.)*. New Jersey: Prentice Hall.
- Weiss, C. (1997). Theory-based evaluation: Past, present and future. *New Directions for Evaluation, 76*, 41-55.
- Wiist, W.H. & Snider, G. (1991) Peer education in friendship cliques: Prevention of adolescent smoking. *Health Education Research, 6*, 101–108.
- Winston, J. (1999). Understanding performance measurement: A response to Perrin. *American Journal of Evaluation, 20*(1), 95–100.
- Wholey, J.S. (2003). Using policy evaluation to support decision making and improve program performance. *Japanese Journal of Evaluation Studies 3*(2), 6–21.
- Woord en Daad & Mfesane. (2008a). *Full proposal president's emergency plan for AIDS relief – new partnership initiative. Community action against HIV/AIDS together we will beat HIV/AIDS, South Africa*. Internal document.
- Woord en Daad & Mfesane. (2008b). *Monitoring, evaluation and reporting plan for the PEPFAR programme designed by Woord en Daad and Mfesane*. Internal document

UNAIDS. (1999). *Sexual behaviour change for HIV: Where have theory taken us?* Retrieved from http://www.who.int/hiv/strategic/surveillance/en/un aids_99_27.pdf

UNICEF. (2011). *Life skills tips for content and methods*. Retrieved from http://www.unicef.org/lifeskills/index_10486.html

Younis, J., Mclellan, J.A., Su, Y., & Yates, M. (1999). The role of community service in identity development: Normative, conventional and deviant orientations. *Journal of Adolescent Research, 14*(2), 248-261.

APPENDIX A: THE INDIVIDUAL PROGRAMME THEORIES OF THE PROGRAMME IMPLEMENTERS

During the focus group discussion with the programme implementers each participant developed his/her own programme theory. The following tables list the programme components identified by each of the six participants. Indicated in blue is the causal link that the participant ascertained after having identified all the programme components.

Participant 101

Table A1.

The Programme Components and Causal Link Identified by Participant 101

NEEDS	INPUT	ACTIVITIES	OUTCOMES	GOAL
Role models	Buildings	Life skills sessions	Less drop outs	To be the perfect youth that guide their fellow peers with their positive behaviour and to reach their goals no matter what the circumstances are
Place of safety	Transport	Awareness	Less gangsterism	
Education	People with skills		Abstain from sex and not condomise	
Employment	Money		They must be open for learning	
Life skills	Donors			
Guardians			Looked after their community and not destroy it	
			Respect between different cultures	

Participant 102

Table A2.

The Programme Components and Causal Link Identified by Participant 102

NEEDS	INPUT	ACTIVITIES	OUTCOMES	GOAL
Education	Transport	Support groups	I like to see change in the behaviour of the youth, the negativity	To live in a community where youth stand up against drug and alcohol abuse not to be afraid to stand up for what they believe in and not be judged for it
Life skills	Food gardens	Camps		
Leadership	Facilitators	Leadership training	I like to see change happening in the education side of the youth that they will not be so negative about going to school	
Jobs	Playground	Youth dance groups		
Love	Home based care	Community demos		
	Sites – West Coast	Big brother / sister	I like to see change in the families	

Participant 103

Table A3.

The Programme Components and Causal Link Identified by Participant 103

NEEDS	INPUT	ACTIVITIES	OUTCOMES	GOAL
Availability of parents	Donors	Parent and child workshops	For youth to have positive attitude towards life and future	For the youth to take / step into their positions as leaders of the future. To reach their full potential, be successful with a positive mind set. To be the change they want to see
Love	Schools	Mentorships		
Future security	Community organisations	Skills development	To make positive choices: not falling pregnant, getting infected with HIV or any other life threatening disease	
Education	Municipality	Sports – life skills		
Guidance	Churches		To achieve more higher than expected	
Community involvement	Government departments			
Mentors	Community development workers			
	Transport			

Participant 104

Table A4.

The Programme Components and Causal Link Identified by Participant 104

NEEDS	INPUTS	ACTIVITIES	OUTCOMES	GOAL
Parent guidance	Facilitators	Parent guidance workshops	Youth more determined and dedicated to become successful in life	To empower the youth to take ownership of their lives through partaking in development opportunities and to become responsible and successful citizens
Lack of vision	Training material	Create dialogue between parents and children		
Poverty	Funding		Having hope	
Hopeless	Vehicles	Personal development through life skills sessions	Skilled youth that is employable	
Values and morals	Curriculum	Job skills development training	Open and better relationships between parents and children	
	Positive attitudes	Network with relevant role players		

Participant 105

Table A5.

The Programme Components and Causal Link Identified by Participant 105

NEEDS	INPUTS	ACTIVITIES	OUTCOMES	GOAL
Motivation	Skilled people	Life skills	Better social conditions	Support them where possible by role modelling the change I want to see in them
Education and information	Ability to network	Workshops	Family support	
Support	Finances	Teambuilding	Adults being good examples for the youth	
Role models			Youth being responsible	
			Knowledge	
			Local government involved	

Participant 106

Table A6.

The Programme Components and Causal Link Identified by Participant 106

NEEDS	INPUTS	ACTIVITIES	OUTCOMES	GOAL
Employment	Money	Projects	If the youth can change their attitude towards everything that affects them their mind sets will shift into positiveness.	My goal for the youth will be that they will be sustainable and independent. Also for them to live their full potential and be given a fair and equal chance to be. They must be emotionally stable.
Youth friendly centres	Transport	Awareness	Less ignorance.	
Skills development	Facilitators	Youth forums	Better decision-making and more positive attitude	
Interaction with the different organisations	Building/offices	Mentoring	Their attitude predicts behaviour	
Guidance (intensive) at a younger age	Stakeholder relationships	Counselling		
Immediate safe homes	Different programmes			
Visible role models				

APPENDIX B: AN EXAMPLE OF ONE OF THE PROGRAMME IMPLEMENTER'S INDIVIDUAL PROGRAMME THEORIES

During the focus group discussion with the programme implementers each participant systematically developed his/her own programme theory. Figure B1 is a photograph that illustrates what the end product looked like.

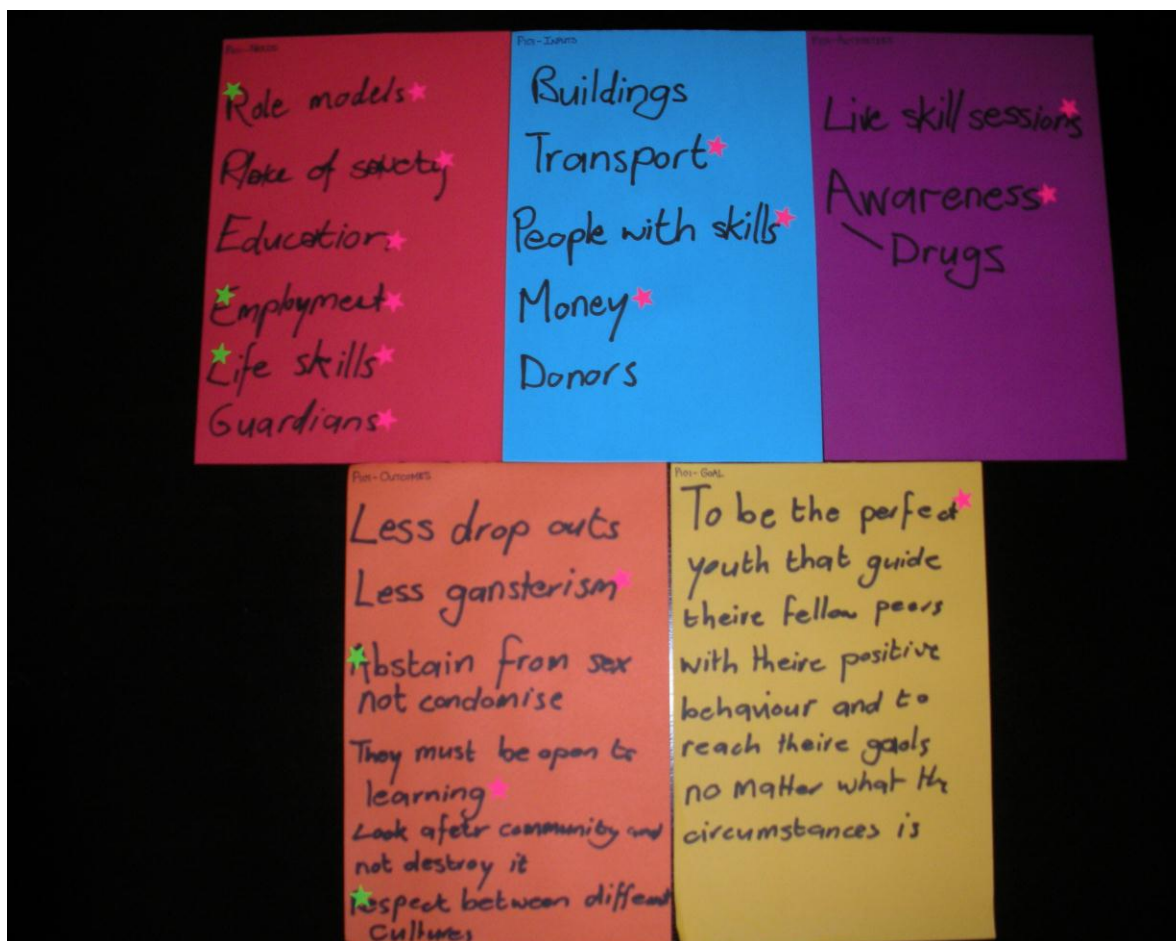


Figure B1. The programme theory developed by Participant 101