

**A SUCCESS CASE METHOD EVALUATION OF A SCHOOL-BASED HIV/AIDS  
PROGRAMME BY LIFE ORIENTATION TEACHERS IN SEDIBENG WEST  
SECONDARY SCHOOLS [GDE]**

NDAVHELESENI ALBERT MBADA



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Supervisor: Prof. A.F. Schlechter  
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**DECLARATION**

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety, or in part, submitted it for obtaining any qualification.

February 2010

## ABSTRACT

The HIV/AIDS epidemic has a visible impact on young people in various forms. The National Department of Education has launched the school-based HIV/AIDS programme to be implemented by all secondary schools in South Africa. The programme is an intervention strategy brought in by the Department of Education to prevent the spread of HIV/AIDS. The programme comprises Sexuality life skills and HIV/AIDS education, and it is also embedded in Life Orientation Learning Area.

The implementation of a school-based HIV/AIDS programme was evaluated in eight secondary schools in Sedibeng West District [GDE]. The researcher followed the Brinkerhoff Success Case Method of evaluation to assess the implementation of the programme.

The research subjects were the Grade 12 Life Orientation Teachers. To collect data, a survey was conducted to ascertain where success was being most/least experienced. Qualitative research was done through interviewing research participants. Half of the research participants were thought to have implemented the programme successfully and the other half was thought to have implemented the programme unsuccessfully. The results of the study further revealed that not all schools were implementing the school-based HIV/AIDS programme successfully. Factors that hindered and promoted the most successful implementation of the programme were outlined. With the facilitation of the researcher, key decision makers in the District made recommendations on measures that could be taken for schools to implement school-based HIV/AIDS programme successfully.

## OPSOMMING

Die VIGS epidemie het 'n sigbare impak op jong mense in verskeie vorme. Die Nasionale Departement van Onderwys het 'n skool-gebaseerde program wat in alle sekondêre skole in Suid Afrika toegepas moet wees, gestig. Die program is 'n toetreding strategie wat deur die Departement van Onderwys ingebring het, om die verspreiding van VIGS teen te werk. Die program behels seksuele lewens bekwaamheid en VIGS Onderwys en is ook in die vak Lewens Oriëntasie vas gele.

Die toepassing van die skool-gebaseerde VIGS program in agt sekondêre skole in die Sedibeng Wes District (GDE) is geevalueer. Die navorser het die "Brinkerhoff Success Case" metode van evaluering gevolg om die suksesvolle toepassing van die program te bepaal.

Die steekproef het bestaan uit Graad 12 Lewens Oriëntasie Onderwysers. 'n Vraelys was ontwikkel wat gebruik is om die suksesvolheid van die implementering van die program te bepaal. Kwalitatiewe navorsing was gedoen deur die deelnemers te ondervra. Daar is gevind dat die helfte van die deelnemers bepaal het dat hulle die program met sukses toegepas het terwyl die ander helfte minder suksesvol was met die toepassing van die program. Die uitslae van die studie wys dat nie alle skole hierdie skool-gebaseerde VIGS program suksesvol toegepas het. Faktore wat die suksesvolle toepassing van die program gehinder of bevorder was geïdentifiseer. Met die fasilitering van die navorser, het die Distrik besluitnemers aanbevelings gemaak om stappe wat gevat moet word om skole te kan uitsien om die suksesvolle toepassing van die skool-gebaseerde VIGS program meer suksesvol te kan maak.

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## CHAPTER ONE: INTRODUCTION

### 1.1 FOCUS OF THE STUDY

Young people remain at the centre of the HIV/AIDS epidemic in terms of rates of infection, vulnerability, impact, and potential for change. They have grown up in a world changed by AIDS (Acquired Immuno Deficiency Syndrome), but many still lack comprehensive and correct knowledge about how to prevent HIV (Human Immuno Deficiency Virus) infection (Henry, 2000). HIV/AIDS has detrimental effects in the education sector in particular. It was found that AIDS is a primarily sexually transmitted disease and its prevention is an extremely difficult task because it necessitates discussing safe practices in ways that bring the communication to a very personal level for it to be effective (UNESCO, 1997). Bhana (2008) reported that 41% of learners reported having had sex and 14.4% of learners experienced their first sexual encounter at the age of 14 years or younger. As indicated in the table below, there are young people who are already infected with HIV in different parts of the world.

Table 1: Young people aged 15 -24 living with HIV in 2008 (*adapted from UNAIDS, 2009*).

Region	Female	Male	Total
Eastern and Southern Africa	2,000,000	850,000	2,900,000
West and Central Africa	770,000	320,000	1,100,000
South Asia	120,000	130,000	250,000
Latin America and the Caribbean	130,000	170,000	300,000
East Asia and the Pacific	120,000	93,000	210,000
CEE/CIS	41,000	29,000	70,000
Middle East and North Africa	45,000	44,000	89,000
<b>Total</b>	<b>3,230,000</b>	<b>1,640,000</b>	<b>4,900,000</b>

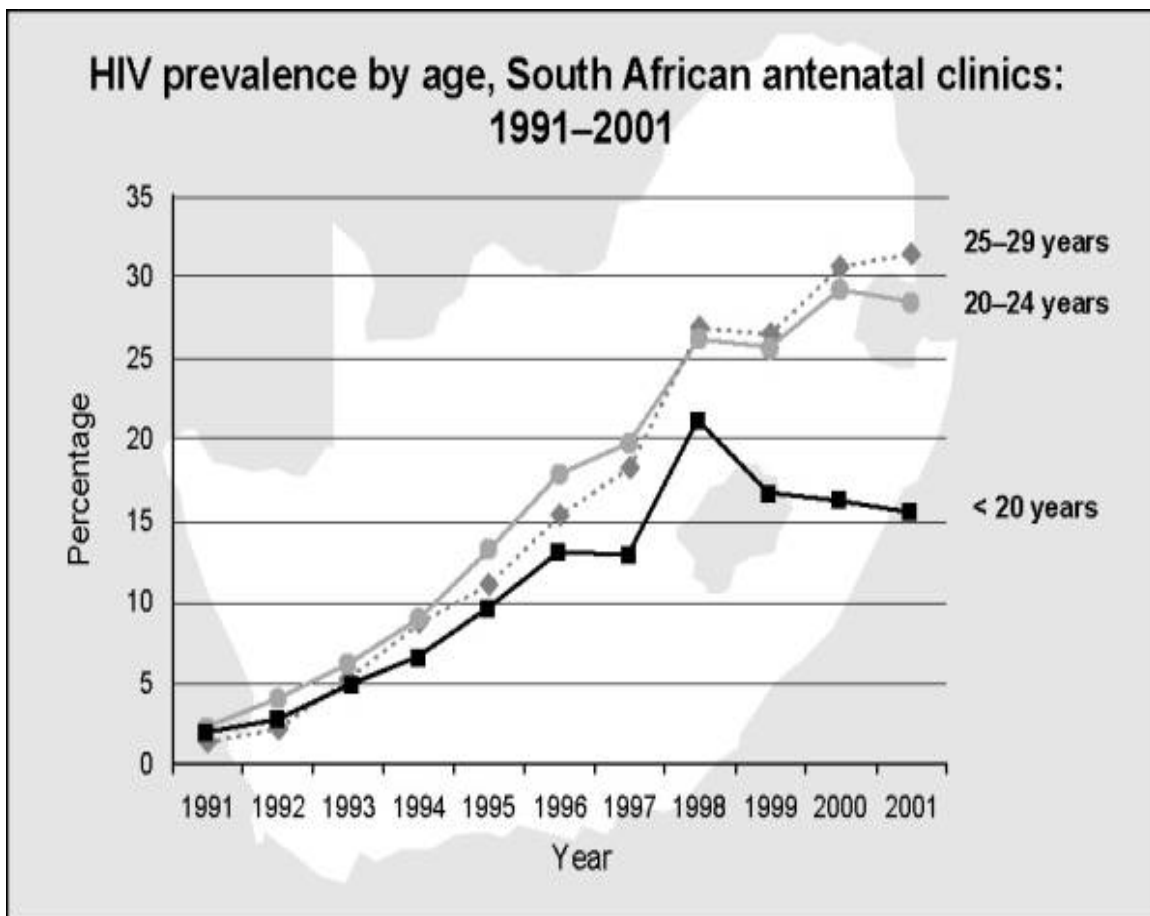
According to Bialobrzeska (2007) schools play a critical role in mitigating the prevalence and impact of HIV/AIDS in the communities in which they operate. In their research, Visser and Moleko (1999) recommended that knowledge about HIV and AIDS should be cascaded to young people so that they also understand how the virus is transmitted and how they can make informed life decisions which reduce morbidity and mortality from HIV and AIDS. The Department of Education (2000) stated that schools have a responsibility to be centres of information and support on HIV/AIDS in their respective communities, and to create an enabling environment where teachers are called upon to give special consideration to learners whose school attendance is affected by HIV/AIDS. Schools are to come up with their own planned activities that will address HIV/AIDS and sex related issues. The planned activities are called the school-based HIV/AIDS programme. The Department of Education (2006) stated that a school-based HIV/AIDS programme is embedded in Life Orientation and it deals predominantly with life skills application. The Department of Education (2000) further stated that the school-based HIV/AIDS programme should aim at making learners achieve and maintain their personal well-being. As school-based HIV/AIDS programme has been introduced by the Department of Education, what is needed is to assess whether the programme is producing the expected results. Means and ends of the programme should be evaluated to address deficiencies and promote good practices that produce best results.

## **1.2 BACKGROUND OF THE STUDY**

According to Wildeman (2000) the school-based HIV/AIDS Programme was started primarily by the national Department of Health in 1997 with the assistance of donor funding from the European Union, and it was addressed through Life Orientation or Life Skills. Two teachers in every secondary school in South Africa were trained in life-skills education by the end of 1998. This meant that by the February 1998, 840 master trainers and 9034 teachers were trained. In 1999, the nine provinces began to implement life-skills and HIV/AIDS education programme in secondary schools across the country.

The school-based HIV/AIDS programme is a plan of action which schools can implement in order to address the issue of HIV and AIDS to learners (Tshepang Teachers Treatment, 2001). It is important to have this programme implemented in schools. Figure 1 and Figure 2 below support the fact that young people are engaging in sexual activities which might lead to the HIV infection.

Figure 1: Prevalence of HIV by age (*adapted from Department of Health, 2002*)



From 1991, the percentages of young people infected by HIV continue to increase. Although there is a light decline from 1998 to 2001, young people are still at risk. A coordinated HIV/AIDS programme should therefore be implemented at school level.

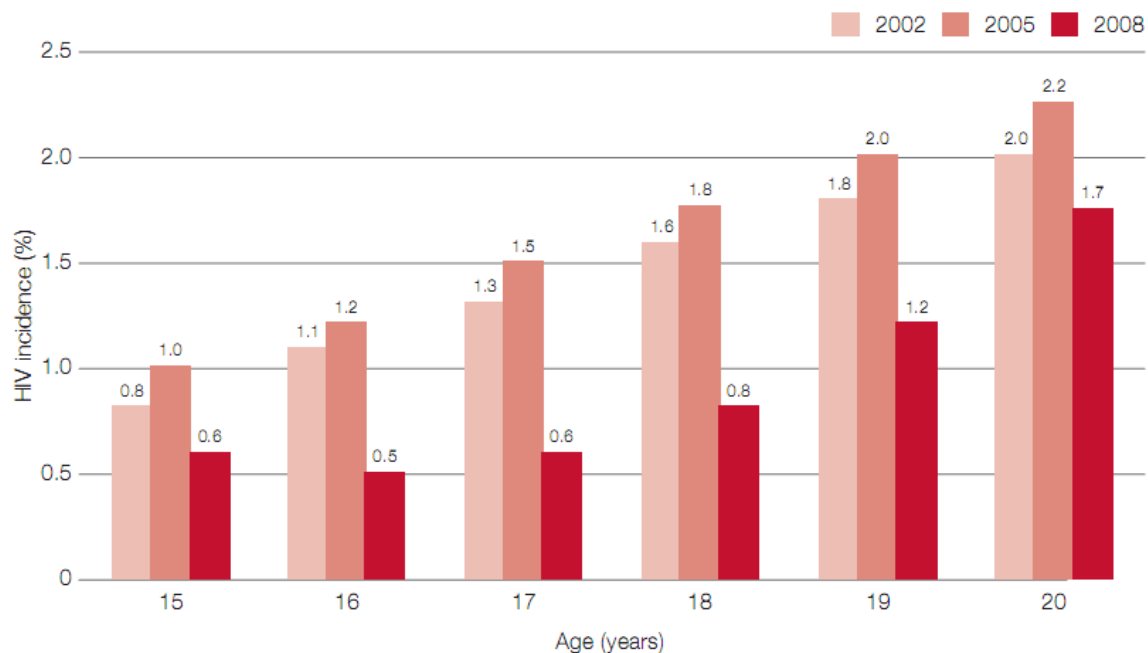
Figure 2: HIV incidents in the 15 – 24 age groups (*adapted from HSRC, 2008*)

Figure 2 supports the fact that young people are being infected. Most of the learners in secondary schools are aged 15 to 20. From 2002 to 2008, the rate of HIV/IDS prevalence has increased. These statistics indeed propel the implementation of a school- based HIV/AIDS programme to reduce the spread of this pandemic.

Table 2: HIV prevalence by Province, 15 – 24 age groups (*adapted from HSRC, 2008*)

	2002			2005			2008		
	n	%	95% CI	n	%	95% CI	n	%	95% CI
Western Cape	311	11.2	6.0–19.9	559	2.3	1.2–4.4	553	3.0	1.5–5.8
Eastern Cape	320	9.2	5.4–15.2	676	11.7	7.1–18.7	495	6.6	3.8–11.0
Northern Cape	154	11.8	6.5–20.5	272	6.4	3.9–10.3	277	3.9	2.0–7.7
Free State	127	8.7	3.4–20.2	268	10.3	6.3–16.5	238	3.8	1.9–7.2
KwaZulu-Natal	420	7.2	3.5–14.0	727	16.1	12.5–20.4	618	15.3	11.8–19.7
North West	148	8.3	4.5–15.0	269	6.6	3.7–11.4	274	6.3	3.3–11.6
Gauteng	302	11.6	7.5–17.4	591	9.0	6.1–13.2	558	10.1	5.9–16.7
Mpumalanga	144	11.7	6.6–19.7	324	10.1	6.4–15.6	255	13.5	9.2–19.3
Limpopo	173	5.6	2.7–11.2	434	7.4	4.4–12.3	349	3.9	2.1–7.3
National	2 099	9.3	7.5–11.4	4 120	10.3	8.7–12.0	3 617	8.7	7.2–10.4

From Table 2 it can be seen that Gauteng has the third highest HIV prevalence. This shows that learners in Gauteng are the most-at-risk population. Learners in Sedibeng West District are also affected because it forms part of Gauteng which, according to the survey results, has a 10.1% HIV/AIDS prevalence.

The Government Gazette (1999) outlined that school based HIV/AIDS programme should be implemented in all schools for learners, students, educators and other staff members through a continuous life skills education programme. In this study, the researcher evaluated this programme to provide information to key decision makers (Sedibeng West District Life Orientation Facilitator and District HIV/AIDS Co-ordinator) so that they can make better decisions about their school based HIV/AIDS programme. One researcher (Popham, 2004) found the following four kinds of decisions regarding a school-based HIV/AIDS programme that should be taken by key decision makers:

- What contents to be included in the programme;
- How much instructional time to allot to the programme;
- How to organize instructional components effectively; and
- What to do when certain parts of the programme appear to be unsuccessful or least successful.

### **1.2.1 Contents of school-based HIV/AIDS programme**

Contents of the school-based HIV/AIDS programme during Life Orientation lessons should cover a range of topics, which are to be delivered through a combination of methodologies and interactive teaching, group work, and role play. Outlined by Reddy, Shags & McClauley (2005) contents should cover the following topics:

#### *1.2.1.1 Facts about HIV/AIDS*

For young people to protect themselves, they should know facts about HIV/AIDS. This information should be reinforced regularly and built on in the classroom situation and beyond (UNICEF, 2002). Life Orientation educators should offer sound knowledge about

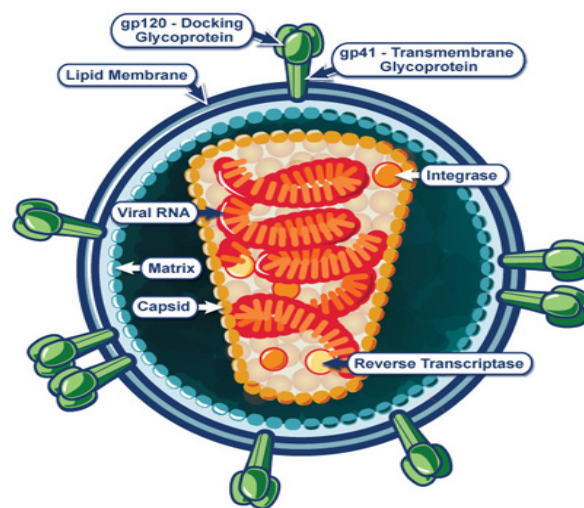


sexuality and HIV. As outlined by Elliot and Webb (2002) facts about HIV/AIDS can be described as follows:

- *Modes of transmission, immune system, HIV/AIDS progression*

HIV attacks the body's immune system (Tshepang Teachers Treatment, 2001) which protects the body against illness. The HI virus infects only humans. It infects certain kinds of white blood cells called T cells, which are part of the body's immune system. After a person has been infected with HIV for a period of time, symptoms caused by the virus begin to develop. The body will no longer fight off infections and other diseases. When the HIV-related immune-deficiency is so severe in the body, AIDS and other various life threatening and opportunistic infections occur. HIV, as indicated by the structure in Figure 3 below, can be transmitted only from human to human. It is spread through the exchange of the following bodily fluids (National Policy on HIV/AIDS, 2001) which are blood, semen, vaginal fluids and breast milk.

Figure 3: Structure of HIV (*adapted from National Institute of Health, 2009*)



According to the Department of Health (1999) three modes of HIV transmission are as follows:

- *Sex*

HIV is found in sperm or vaginal fluids. You can get HIV if you have sex without a condom with a person who has HIV.

- *Pregnancy and breast feeding*

A pregnant mother with HIV can give the virus to the baby during birth or when she breast feeds.

- *Blood*

The HIV virus can pass from one person to another if infected blood gets through the skin.

#### *1.2.1.2 Life skills focusing on HIV/AIDS*

The challenges faced by young people require more than even the best numeracy and literacy skills (UNICEF, 2000). What all young people need is life-skills based education. A life-skill education is an interactive process of teaching and learning which enable learners to acquire knowledge and develop attitudes and skills which support adoption of healthy behaviour (UNICEF, 2000)

Life Orientation educators should become familiar with the holistic development of learners in order to equip them with the skills, knowledge, values and attitudes that are captured in the Life Orientation specific outcomes so that they achieve the following:

- Develop their own self-worth and dignity, and become aware of their rights.
- Become responsible and accountable citizens.
- Acquire life skills for coping with real-life situations.

- Prepare for a future career, working lives and life learning.
- Acquire a sound knowledge of health and human movement practices.

As outlined by Webb and Elliot (2002) Life skills focusing on HIV/AIDS should address the following elements:

- Self-esteem and self awareness
- Relationships and family, peer group, community
- Attitudes and values
- Sex and sexuality (abstinence, STIs, condom use)
- Rape and abuse
- Decision-making, conflict resolution, assertiveness
- Basic counseling skills, care and support
- Substance abuse

According to Fenton (2002) the following eight initiatives should be implemented in order to get aspects mentioned by Webb and Elliot in the previous paragraph intact:

- Schools should organise posters, essay or song competitions to raise awareness and increase participants among learners.
- Hold candle-light ceremony as part of the school assembly.
- Invite motivational speakers from the local health clinic, medical profession and NGOs, etc.
- Allocate successive days amongst classes or grade to allow each to conduct a presentation to the rest of the school.
- Workshop the Department's "HIV/AIDS Guidelines for Educators" among educators and parent-community.
- Display the school's personalised HIV/AIDS policy.
- Run an HIV/AIDS and sexuality education workshop for parents.
- Conduct surveys to determine attitudes and needs in the community.

### 1.2.2 **School environment that promotes school based HIV/AIDS programme**

Aids Legal Network (1999) recommended that the schools based HIV/AIDS programme should reduce the risk of HIV transmission by adhering to the following universal precautions:

- All blood and body fluids should be treated as if they are infected with HIV and handled with extreme caution.
- Latex gloves should be worn by all persons attending to accidents involving blood spills.
- All wounds should be cleaned with water and disinfected immediately and covered with a waterproof dressing.
- Surfaces contaminated with blood should be cleaned with a bleach solution.
- All schools should have a minimum of two First Aid kits that are available and accessible.
- Latex gloves should be available in every classroom and at every sporting event.
- All learners and educators should be provided with information on how to handle blood spills.

### 1.2.3 **Classroom activities that form part of the school based HIV/AIDS programme**

The Department of Education strategies to deal with HIV and AIDS include teaching learners about HIV and AIDS in the form of Life Skills education through Life Orientation Learning Area. Life Orientation Educators are required by various policies and curriculum to educate learners about this epidemic. Each activity that the educators design should meet Learning Outcomes (LOs) and Assessment Standards (ASs) from the National Curriculum Statement (NCS) of 2003. The table below indicates activities which can be used to address HIV/AIDS in the classroom.

Table 3: Classroom activities framework for School-based HIV/AIDS programme  
(adapted from *Life Orientation HIV/AIDS Educator's Guide Grade 12, 2000*)

Activities	Learning Outcome (LO) and Assessment Standard (AS)	What is assessed?	Who assesses?
<p>What is “media” and what does it do?</p> <p>Media and HIV/AIDS epidemic</p>	<p>LO2: Citizenship education:</p> <p>The learner is able to demonstrate an understanding and appreciation of the values and rights that underpin the constitution in order to practice responsible citizenship, and enhance social justice and sustainable living.</p> <p><b>AS:</b> Evaluate services offered by a community project on a contemporary social or environmental issue, and evaluate own contribution to project.</p> <p><b>AS:</b> Analyse and debate the role of the media in a democratic society.</p>	<p>Written answers to set questions</p>	<p>Educator</p>
<p>Peer Pressure and Coercion</p>	<p>LO1: Personal well-being</p> <p>The learner is able to achieve and maintain personal well-being.</p> <p><b>AS:</b> Explain that relationships can influence and are influenced by own well being.</p> <p><b>AS:</b> Apply a range of skill, evaluate own ability to prevent and manage stress, and adapt to change as part of an ongoing healthy lifestyle choice</p> <p><b>AS:</b> Discuss the importance of initiating, building and sustaining positive relationships with family and peers, as well as in the workplace and broader social context.</p> <p><b>AS:</b> Investigate the human and environmental factors that cause ill health, accidents, crises and disasters, and explore appropriate ways to deal with them.</p>	<p>Oral presentations (role plays).</p> <p>Evaluation of information from role plays.</p> <p>Group discussion and individual written answers to set questions.</p>	<p>Class</p> <p>Peers</p> <p>Educator</p>
<p>Conformity</p>	<p>LO1: Personal well-being</p> <p>The learner is able to achieve and maintain personal well-being.</p> <p><b>AS:</b> Explain that relationships can influence and are influenced by own well being.</p> <p><b>AS:</b> Apply a range of skill, evaluate own ability to prevent and manage stress, and adapt to change as</p>	<p>Oral presentation (debate)</p>	<p>Educator</p>

	<p>part of an ongoing healthy lifestyle choice</p> <p><b>AS:</b> Discuss the importance of initiating, building and sustaining positive relationships with family and peers, as well as in the workplace and broader social context.</p> <p><b>AS:</b> Investigate the human and environmental factors that cause ill health, accidents, crises and disasters, and explore appropriate ways to deal with them.</p> <p>LO2: Citizenship education: The learner is able to demonstrate an understanding and appreciation of the values and rights that underpin the constitution in order to practice responsible citizenship, and enhance social justice and sustainable living.</p> <p><b>AS:</b> Evaluate services offered by a community project on a contemporary social or environmental issue, and evaluate own contribution to project.</p> <p><b>AS:</b> Analyse and debate the role of the media in a democratic society.</p>		
Looking at a billboard	<p>LO2: Citizenship education: The learner is able to demonstrate an understanding and appreciation of the values and rights that underpin the constitution in order to practice responsible citizenship, and enhance social justice and sustainable living.</p> <p><b>AS:</b> Evaluate services offered by a community project on a contemporary social or environmental issue, and evaluate own contribution to project.</p> <p><b>AS:</b> Analyse and debate the role of the media in a democratic society.</p>	Written answers set to questions	Educator
The social effects of the HIV/AIDS epidemic	<p>LO1: Personal well-being The learner is able to achieve and maintain personal well-being.</p> <p><b>AS:</b> Investigate the human and environmental factors that cause ill health, accidents, crises and disasters, and explore appropriate ways to deal with them.</p>	Article written by learners	Educator
What drives the	LO1: Personal well-being	Learners	Educator

HIV/AIDS in South Africa	<p>The learner is able to achieve and maintain personal well-being.</p> <p><b>AS:</b> Investigate the human and environmental factors that cause ill health, accidents, crises and disasters, and explore appropriate ways to deal with them.</p>	<p>understanding the causes of HIV and AIDS epidemic (oral questioning).</p> <p>Attitude and values</p>	
The economic effects of HIV/AIDS epidemic	<p>LO1: Personal well-being</p> <p>The learner is able to achieve and maintain personal well-being.</p> <p><b>AS:</b> Investigate the human and environmental factors that cause ill health, accidents, crises and disasters, and explore appropriate ways to deal with them.</p>	<p>Learners' written suggestions for group HIV/AIDS policy in the workplace.</p> <p>Cooperative learning</p>	<p>Educator peers; Educator</p>
Case study	<p>LO1: Personal well-being</p> <p>The learner is able to achieve and maintain personal well-being.</p> <p><b>AS:</b> Apply a range of skill, evaluate own ability to prevent and manage stress, and adapt to change as part of an ongoing healthy lifestyle choice</p> <p><b>AS:</b> Discuss the importance of initiating, building and sustaining positive relationships with family and peers, as well as in the workplace and the broader social context.</p> <p>LO2: Citizenship education:</p> <p>The learner is able to demonstrate an understanding and appreciation of the values and rights that underpin the constitution in order to practice responsible citizenship, and enhance social justice and sustainable living.</p> <p><b>AS:</b> Evaluate services offered by a community project on a contemporary social or environmental issue, and evaluate own contribution to project.</p>	<p>Essay/Paragraph-own opinion on the question debated</p>	<p>Educator</p>
School HIV and AIDS policy	<p>LO1: Personal well-being</p> <p>The learner is able to achieve and maintain personal well-being</p> <p><b>AS:</b> Investigate the human and environmental factors that cause ill health, accidents, crises and disasters, and explore appropriate ways to deal with them</p>	<p>No formal recording. Use Observation Sheets to note values and attitudes.</p>	<p>Educator</p>

	<p>LO2: Citizenship education</p> <p>The learner is able to demonstrate an understanding and appreciation of the values and rights that underpin the Constitution in order to practice responsible citizenship, and to enhance social justice and sustainable living.</p> <p><b>AS:</b> Formulate strategies based on national and international instruments for identifying and intervening in discrimination and violation of human rights</p>		
	<p>LO1: Personal well-being</p> <p>The learner is able to achieve and maintain personal well-being</p> <p><b>AS:</b> Apply a range of skill, evaluate own ability to prevent and manage stress, and adapt to change as part of an ongoing healthy lifestyle choice</p> <p><b>AS:</b> Discuss the importance of initiating, building and sustaining positive relationships with family and peers, as well as in the workplace and the broader social context.</p> <p>LO2: Citizenship education</p> <p>The learner is able to demonstrate an understanding and appreciation of the values and rights that underpin the Constitution in order to practice responsible citizenship, and to enhance social justice and sustainable living.</p> <p><b>AS:</b> Evaluate services offered by a community project on a contemporary social or environmental issue, and evaluate own contribution to project.</p> <p>LO 3: Recreation and Physical education</p> <p>The learner is able to explore and engage responsibly in recreation and physical activities, to promote well-being.</p> <p><b>AS:</b> Participate in programmes to promote well-being and describes the relationship between physical fitness and physical, mental and socio-emotional health</p>	<p>Learner responses to cartoons, role-plays, individual letter of advice</p> <p>Role-plays, letter of advice</p> <p>Role-plays, letter of advice, individual advert</p> <p>Role-plays, letter of advice, advert</p>	<p>Educator</p>



### *1.2.3.1 Description of Learning Outcomes*

Learning Outcomes (LO) are regarded as the skills and values that learners should achieve by the end of the General Education and Training band, and they were designed from critical and developmental outcome. As shown in table 3 above, Life Orientation has the following four Learning Outcomes:

- LO 1: Personal Well-being
- LO 2: Citizenship Education
- LO 3: Physical Education
- LO 4: Careers and Career Classes

### *1.2.3.2 Description of Assessment Outcomes*

This is the minimum level, depth and breadth of what learners should demonstrate in their achievement of learning outcome.

## **1.2.4 Characteristics of school based HIV/AIDS programme**

The National Policy on HIV/AIDS for learners and educators in public schools, and students and educators in further education and training institutions (1996) states that school-based HIV/AIDS programme should take the following form which should be implemented in all schools for all learners:

- Provision of information on HIV/AIDS and developing the life skills necessary for the prevention of HIV transmission.
- Inculcating from an early age onwards, basic first-aid principles, including how to deal with bleeding with the necessary safety precautions.
- Emphasising the role of drug abuse, sexual abuse and violence, and sexually transmitted diseases in the transmission of HIV, and empowering learners to deal with these situations.
- Encouraging learners and students to make use of health care, counselling and support services offered by community service organisations.

- Teaching learners and students how to behave towards a person with HIV/AIDS and raising awareness on prejudices and stereotypes around HIV/AIDS.
- Cultivating an enabling environment and a culture of non-discrimination towards a person with HIV/AIDS.
- Provision of information on appropriate prevention and avoidance measures, including abstinence from sexual intercourse and immorality, the use of condoms, being faithful to one partner, medical treatment for sexually transmitted diseases and tuberculosis, avoiding traumatic contact with blood, and the application of universal precautions.

If all of the above are in place, the school's HIV/AIDS programme will produce the best results. According to Popham (1992) many educational policy-makers have agreed that schools should provide HIV related programmes to educate learners and help them eliminate, or at least greatly reduce, their likelihood of becoming infected with HIV. Such HIV programmes began to be widely offered to learners in our nation's schools during the late 1980s.

The school-based HIV/AIDS Programme offers the following benefits to educators or school staff members (Tshepang Teachers Treatment, 2001):

- A better quality of life for educators with HIV and/ or AIDS.
- Increased productivity.-
- Increased awareness and knowledge of HIV and AIDS.
- Increased awareness and knowledge of the possible impact of the epidemic.

According to the Department of Education (2006) the goal of school-based HIV/AIDS programme is to guide learners to:

- Abstain or postpone sexual activity.
- Change their life style if they are sexually active.
- Be responsible if they do not want to change their life style, i.e. use a condom.

- Accept people living with HIV and AIDS without discrimination.

The School-based HIV/AIDS programme should be developed in the context of sexuality education. It has been outlined by the Department of Education (2006) that this sexuality education should:

- Enable learners to like and respect themselves, to enhance self-esteem and self-awareness.
- Provide accurate information on prevention and transmission.
- Teach the skills to enable learners to make informed and responsible decisions.
- Help learners act in accordance with values of their society.
- Teach understanding, tolerance and respect.
- Teach learners the core components of all good relationships, namely caring, respect and responsibility.
- Teach learners how to protect themselves from abuse.
- Teach learners how to find information and go for help if they need it.

According to the Government Gazette (1999) the purpose of the HIV/AIDS programme is to prevent the spread of HIV infection, to allay excessive fears of the epidemic, to reduce the stigma attached to it and to instil non-discriminatory attitude towards people with HIV/AIDS. The school-based HIV/AIDS programme should be given in an accurate and scientific manner and in language and terms that are understandable. The whole school community must be informed about the HIV/AIDS programme.

#### 1.2.5 HIV/AIDS School Policy

The school-based HIV/AIDS programme should also be designed in such a way that it addresses all aspects covered in the National Guidelines for HIV/AIDS schools policy. Should the programme designer adhere to these five fundamental priorities, the programme should produce good results. The table below indicates five major priorities that

HIV school policy should cover in order to achieve the best results from the HIV/AIDS programme.

Table 4: The Five Critical Priorities regarding HIV

Priorities	Issues to be included in the School policy
<b>1. Prevention of HIV/AIDS infection</b>	<ul style="list-style-type: none"> <li>• Providing correct information</li> <li>• Promoting safe sex practices</li> <li>• Setting up peer education programmes</li> <li>• Speaking out against sex between young girls and older men</li> <li>• Providing effective life skill training</li> <li>• Making schools safe</li> <li>• Providing universal precautions</li> </ul>
<b>2. Care and Support for learners</b>	<ul style="list-style-type: none"> <li>• Creating a caring school</li> <li>• Creating a safe school</li> <li>• Creating a healthy school</li> <li>• Creating a caring classroom</li> <li>• Creating peer support</li> </ul>
<b>3. Care and Support for educators</b>	<ul style="list-style-type: none"> <li>• Creating an open school that promotes human rights, disclosure and confidentiality</li> <li>• Creating a school that does not allow discrimination</li> <li>• Being aware of the physical, medical, emotional and social needs of the sick educator</li> <li>• Dealing with health and sorrow in the school</li> <li>• Dealing with educator stress</li> <li>• Promoting mutual support in the school</li> <li>• Developing supportive leadership</li> </ul>
<b>4. Protecting the quality of education</b>	<ul style="list-style-type: none"> <li>• Managing absenteeism, illness and trauma among learners and staff</li> <li>• Protecting the human resources (educators) that are lost</li> <li>• Providing for the training needs of educators</li> <li>• Finding the money to fund short-term help</li> </ul>
<b>5. Managing coherent response</b>	<ul style="list-style-type: none"> <li>• Managing partnerships</li> <li>• Using information about HIV</li> <li>• Having someone to manage the process</li> <li>• Creating the right kind of structure</li> <li>• Monitoring how the policy works and the involvement of the district office</li> </ul>

*(Adapted from National Policy on HIV/AIDS, 1996)*

### 1.3 RESEARCH OBJECTIVES

As outlined by Struwig and Steads (2001) a research objective gives an overall goal of the research, delineates the scope of the research efforts and specifies information that

need to be addressed by the researcher. Objectives are grouped into short term and long term.

### **1.3.1 Short term objectives**

- To identify problems encountered by schools in the implementation of HIV/AIDS programme
- To provide schools with guidance on how to improve their HIV/AIDS programme
- To assess the inclusion of HIV/AIDS in the school curriculum.

### **1.3.2 Long term objective**

- To make the Department of Education understand what makes the school HIV/AIDS programme successful or unsuccessful.

## **1.4 RATIONAL FOR THE STUDY**

There is a lot of confusion regarding the school-based HIV/AIDS programme. Many teachers do not understand what the programme is and how it should be implemented. This confusion put learners in a dangerous situation because educators are not doing enough regarding HIV/AIDS education due to factors better known by them. This study was conducted in order to answer questions that schools are having about the implementation of the school-based HIV/AIDS programme. Persuasive ways that Life Orientation Educators should follow to achieve the intended results of school based HIV/AIDS programme will surface. Beside learners and educators, this study was conducted to remind relevant stakeholders about their roles and responsibilities on the health of the child.

## **1.5 STRUCTURE OF THE RESEARCH**

Structure of the evaluation report entails the division of chapters. This report is divided into the following chapters:

Chapter One: Introduction

Chapter Two: Evaluation Method

Chapter Three: Evaluation Results

Chapter Four: Conclusions and Recommendations

## **CHAPTER 2: EVALUATION METHOD**

The evaluation method used in this study is described in this chapter. The researcher used the Success Case Method (SCM) to conduct this evaluation. This chapter also shows how the SCM was applied to the specific context of the school-based HIV/AIDS programme. The impact model of Brinkerhoff was described herein. Research design forms the last part of this chapter.

### **2.1 DESCRIPTION OF THE SUCCESS CASE METHOD**

#### **2.1.1 What is a Success Case Method?**

The Success Case Method of evaluation was developed by Brinkerhoff in 1998. It is a robust and rigorous approach that provides concrete, measurable and incontrovertible evidence of organizational impact (Foxon, 2007). Brinkerhoff (2003) describes the Success Case Method as a quick and simple down-to-earth evaluating tool that combines analysis of extreme groups with case study and storytelling (Brinkerhoff, 2003). Foxon (2007) also describes the Success Case Method of evaluation as a research-based approach used to evaluate training and other interventions which allows one to make fast, practical assessments of organizational impact and business gains. He further indicates that the Success Method adds further value by uncovering systematic factors that contribute to success as well as the reasons for neutral or negative outcome from an intervention. Washington (2005) describes the Success Case Method as an innovative approach to training evaluation that helps organizations convert learning – consistently, quickly, and effectively – into improved performance.

#### **2.1.2 What is it used for?**

The Success Case Method is used for finding out what is working and what is not working and can also can provide trustworthy information that can be used to make

timely decisions (Brinkerhoff, 2003). It is also used to find out how well some organizational initiative is working.

### **2.1.3 Why is it used?**

According to Brinkerhoff (2003) the Success Case Method is used so that contextual factors that differentiate successful and unsuccessful adopters of new initiatives can be identified. This study, for example, tries to discover factors that explain why some Life Orientation Educators were able to implement HIV/AIDS successfully while others were not. According to Washington (2005) the Success Case Method helps people understand how effective the learning interventions are, and raised awareness of the performance support factors that are to be addressed. According to Barrington (2004) the Success Case Method is based on the idea that one can learn best from those individuals who have been most successful in applying their learning in the work, and from those individuals who have been the least successful. As stated in chapter one, in this study the focus was on the implementation of the school-based HIV/AIDS programme.

### **2.1.4 How is it done?**

According to Brinkerhoff (2003) the Success Case Method has two important parts. First the evaluator identifies program participants who were most and least successful. This is usually followed with a brief item survey. That is, all the participants are surveyed to determine, by self report, to what extent they are using the new methods and tools a new initiative intended them to use, and what results, if any, they are accomplishing. Secondly, as indicated by Brinkerhoff (2003), survey respondents are sorted into those few that are most and least successful. Then one selects a random sample from among the most and least successful and, interviewing these people (usually by telephone) to dig deep into their experience to determine the exact nature and extent of their success. More specifically, the evaluator seeks to discover the following:

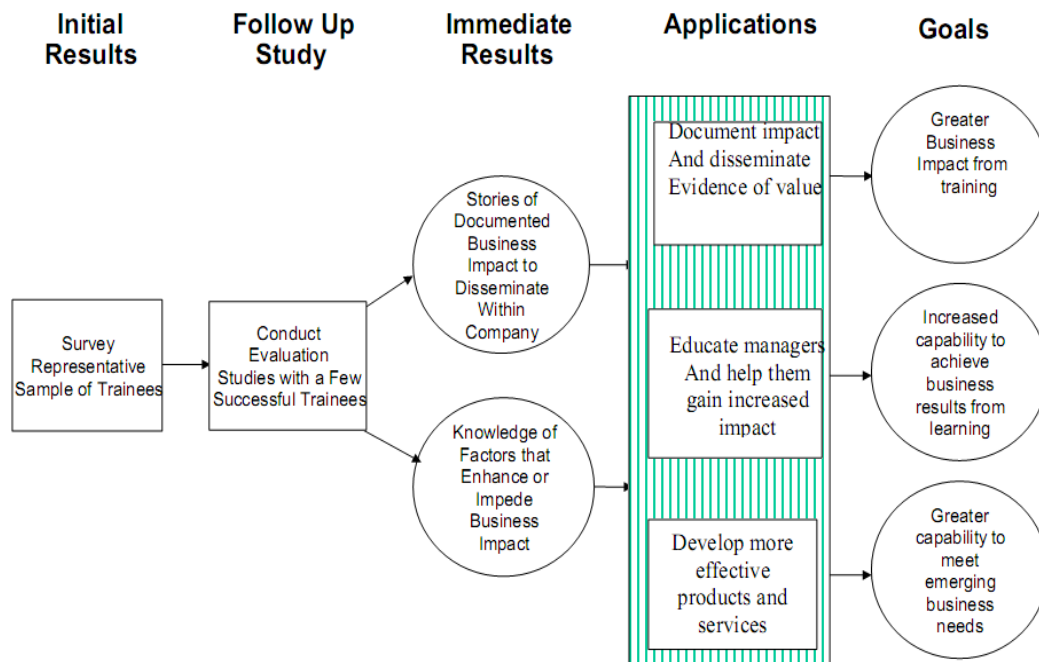
- Exactly what they used, when they used it, how and when.
- What results they accomplished.
-



- How valuable the results are.
- What environmental factors enable their application and results?

Unsuccessful persons are interviewed to determine why they are unable to use or benefit from the programme. Specifically, they are asked what got in the way, what factors kept them from being successful (Brinkerhoff, 2005). Figure 4 below illustrates how the Success Case Method should be used.

Figure 4: Success Case Method Overview (*adapted from Brinkerhoff & Dressler, 2002*)



### 2.1.5 Benefits of using the Success Case Method

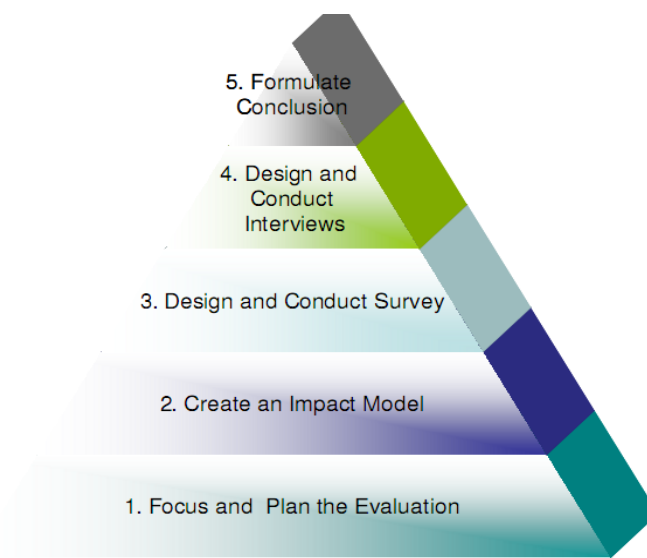
The Success Case Method gave a strong direction to interview question routes, ensuring that they were targeted to the information needs of the clients. Respondent data is very easy to analyse and comparisons across cases can be readily made. Washington (2005) indicated the following four benefits of the Success Case Method:

- More informed and effective training investment decisions.
- Learning that has clear linkages to the business needs of the organisation.
- Improved training implementation that helps organisations achieve critical job and results.
- A powerful and consistent way to measure business impact and to leverage successful application learning.

### 2.1.6 Key features of the Success Case Method

The Success Case Method obtains useful and accurate information about an initiative in a simple step-by-step approach. The five-step approach is presented in Figure 5.

Figure 5: The Five Steps of Success Case Method (*adapted from Brinkerhoff, 2003*)



### *2.1.6.1 A description of the five steps of a Success Case Method (Brinkerhoff, 2003)*

#### *STEP 1: Focus and Planning*

This step is there in order to clarify and understand what the study needs to accomplish.

#### *STEP 2: Creating an impact model*

This step defines what success should look like in order to understand what successful behaviour and results should be found if the programme (in this case the HIV/AIDS programme) is working well.

#### *STEP 3: Designing and implementing a survey*

This step is done to search for best and worst cases and may take the form of a written survey as well as interviews with the stakeholders.

#### *STEP 4: Interviewing and documenting success cases*

It is in this step where the researcher captures and documents the very particular and personal ways in which an innovation or intervention has been used to achieve success results.

#### *STEP 5: Communicating findings, conclusion and recommendations*

This includes some sort of process to help stakeholders understand the results and reach consensus on the study's implications.

## 2.2 THE SUCCESS CASE METHOD AS APPLIED TO A SCHOOL-BASED HIV/AIDS PROGRAMME

The school-Based HIV/AIDS Programme was evaluated to find out how successful the implementation was. The Success Case Method is a good method to assess the effectiveness of this programme. In this study, Life Orientation Educators' initiative in addressing HIV/AIDS has been assessed. This was achieved through conducting a survey which was followed by interviewing the respondents.

## 2.3 BRINKERHOFF'S IMPACT MODEL

Impact model can be described as a formal description of a cause-effect relationship that allows the assessing of various components of that relationship through the use of an Impact Statement, a Pathways Diagram, and the validation of linkages and pathways (Edith, 1999).

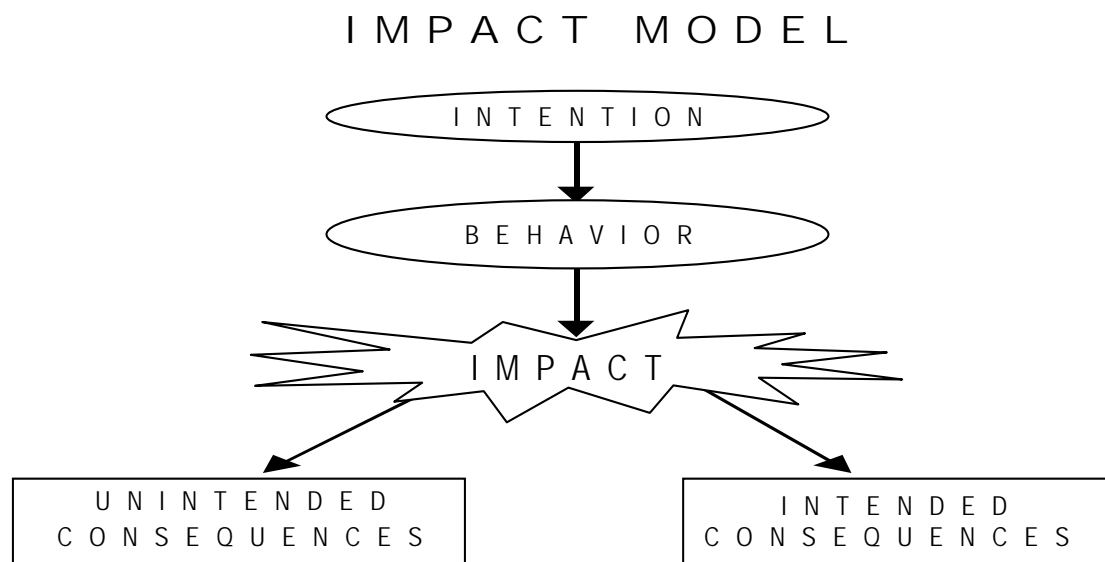


Figure 6: Structuring an impact model (*Adapted from staff equity and diversity services, 2000*)

When there is an impact, the behaviour has the intended consequences. Sometimes there is an unintended result. The Impact model is created for the following purposes (Barrington, 2004):

- To define success of the programme. If the programme is really working, what will success look like?
- To identify the impact model
- To develop an impact model that focuses on intended results

The HIV program aspires to bring about worthwhile changes in learners. Those changes can focus on altering either students' HIV-risk behaviours or factors thought to contribute to such behaviours. The behavior may be classified either under intended or unintended results. In essence, this program should describe the post knowledge, skills, attitudes, or behaviors that the program seeks to promote.

The school-based HIV/AIDS programmes' objectives focus on outcomes – that is, on what happens to learners or the whole school community as a consequence of the program. Measurable objectives will provide a valuable yardstick for the evaluation of a program's effectiveness or implementation (Popham, 1992).

According to Stone & Mitchel (2004) a model is intended to guide the planning and development of a programme, and should be evaluated and revised annually, in order to give effect to new developments within the field of HIV and AIDS and the changing needs of the learner. An impact model of the school-based HIV/AIDS programme is shown in table 4 below.

Table 5: Impact model for the school-based HIV/AIDS programme

<i>Key Skill &amp; Knowledge</i>	<i>Critical Application</i>	<i>Key Results</i>	<i>Impact</i>
HIV/AIDS Facts	Communication and planning with key stakeholders	Learners should adhere and maintain personal wellbeing.	The change in learners' attitude towards HIV/AIDS.
Life Skills Focusing on HIV/AIDS	Meeting sharing information with other educators	Learners should demonstrate an understating of the values of citizenships and enhance social justice and sustainable living.	The change in learners and educators' knowledge of HIV and AIDS.
	Teaching should be followed by assessment	Learners should be able to explore and engage responsibility in recreation and physical activities.	Ability of the educators to deliver the programme effectively in their classroom.
	Ongoing support from Life Orientation Facilitators	The learner is able to demonstrate self knowledge and ability to make informed decisions regarding further study, career fields and career pathing.	The attitude shift among learners towards making informed choices about health and sexual behavior (including living positively).

## **2.4 MODE OF INQUIRY**

McMillan and Schumacher (2001) regard the mode of inquiry as a collection of eclectic research practices based on a general set of assumptions and involves methodological preferences, philosophical and ideological beliefs, research questions, and feasibility issues. In this study the researcher used survey and interview instruments.

### **2.4.1 Survey Instrument and Procedure**

According to Brinkerhoff (2003) surveys enable high success cases and low success cases to be identified for interview purposes. A short survey, consisting of five Likert-type questions, was designed and administered to determine where success is being most/least experienced. The survey took key behaviour, task, actions, tools, etc. that have been associated with success into account, and respondents were asked to report on which key actions and tools they were using and what results, if any, had being achieved. The surveys were analyzed, and high and low performers were identified for interviews.

A full ethics consent to conduct the study was obtained from the Gauteng Department of Education Head Office [GDE HO]. An outline of the nature of this project, the contribution that the individual school would make to the research, and the nature and extent of their involvement was provided to each school as well as assurance that participants and their schools would only be identified by pseudonym in the report. Participants also signed the consent forms.

## **2.5 DATA COLLECTION METHOD**

Questionnaires together with consent forms were sent to schools and collected on the following day. Life Orientation educators were informed about the purpose of the study. As it was impractical to consult all schools, a convenience sampling technique was used

in this study. A convenience sample is a group of subjects selected on the basis of being accessible or expedient (McMillan & Schumacher, 2001).

A questionnaire was used to collect quantitative data. (*Refer to APPENDIX A for a copy of the survey instrument*). The respondents were sorted into those few that are most and least successful. After that, the researcher selected a sample from among the most and least successful.

## 2.6 SCORING PROCEDURE OF THE SURVEY

To obtain a total score, points were added across all responses. Table 6 below shows how points are assigned to response options. This instrument yields a total score and sub-score for each of the five dimensions. (*Refer to Annexure A for the survey response options*)

Table 6: Response format, Question number and Scoring

<b><i>Response Format</i></b>	<b><i>Question Number</i></b>	<b><i>Score Allocated</i></b>
<b>I am sure it is true</b>	<b>A, F, H</b>	<b>5</b>
<b>I think it is true</b>	<b>A, F, H</b>	<b>4</b>
<b>I am not sure</b>	<b>A, F, H</b>	<b>3</b>
<b>I think it is false</b>	<b>A, F, H</b>	<b>2</b>
<b>I am sure it is false</b>	<b>A, F, H</b>	<b>1</b>
<b>Strongly agree</b>	<b>D, I, N, P, V</b>	<b>5</b>
<b>Agree</b>	<b>D, I, N, P, V</b>	<b>4</b>
<b>I am not sure</b>	<b>D, I, N, P, V</b>	<b>3</b>
<b>Disagree</b>	<b>D, I, N, P, V</b>	<b>2</b>
<b>Strongly disagree</b>	<b>D, I, N, P, V</b>	<b>1</b>
<b>Always</b>	<b>C, G, K, L, M, O, Q, R, S, T, U</b>	<b>5</b>



<b>Most of the time</b>	<b>C, G, K, L, M, O, Q, R, S, T, U</b>	<b>4</b>
<b>Sometimes</b>	<b>C, G, K, L, M, O, Q, R, S, T, U</b>	<b>3</b>
<b>Rarely</b>	<b>C, G, K, L, M, O, Q, R, S, T, U</b>	<b>2</b>
<b>Never</b>	<b>C, G, K, L, M, O, Q, R, S, T, U</b>	<b>1</b>
<b>Excellent</b>	<b>E</b>	<b>5</b>
<b>Good</b>	<b>E</b>	<b>4</b>
<b>Fair</b>	<b>E</b>	<b>3</b>
<b>Poor</b>	<b>E</b>	<b>2</b>
<b>Very poor</b>	<b>E</b>	<b>1</b>
<b>Critical very important</b>	<b>J</b>	<b>5</b>
<b>Very important</b>	<b>J</b>	<b>4</b>
<b>I am not sure</b>	<b>J</b>	<b>3</b>
<b>Somewhat</b>	<b>J</b>	<b>2</b>
<b>Not important</b>	<b>J</b>	<b>1</b>

## **2.7 INTERVIEW INSTRUMENTS AND PROCEDURE**

Participants were informed telephonically about the results of the survey. This conversation outlined whether they are implementing the programme least or most effectively. Arrangements were made for interviews. Interviews were conducted telephonically after normal school hours to avoid disruption of teaching and learning. Interviews took almost 45 minutes to an hour.

Survey respondents were sorted into those that were considered to be most and least successful. All high and low performers were interviewed to explore critical dimensions of success and failure. This was done by digging deep into their experience to determine the exact nature and extent of the success. Evidence to support the claim of success or failure was confirmed or obtained during interviews.

According to Brinkerhoff, as quoted by Berret-Koehler (2003), the goals of the interviews are as follows:

- To document the very individual ways in which the innovation has been used
- To identify and document factors in the organizational environment that facilitate or hinder implementation and adoption

Issues that contribute to successful implementation are grouped into the following buckets:

### 2.7.1 Success Case Method Buckets

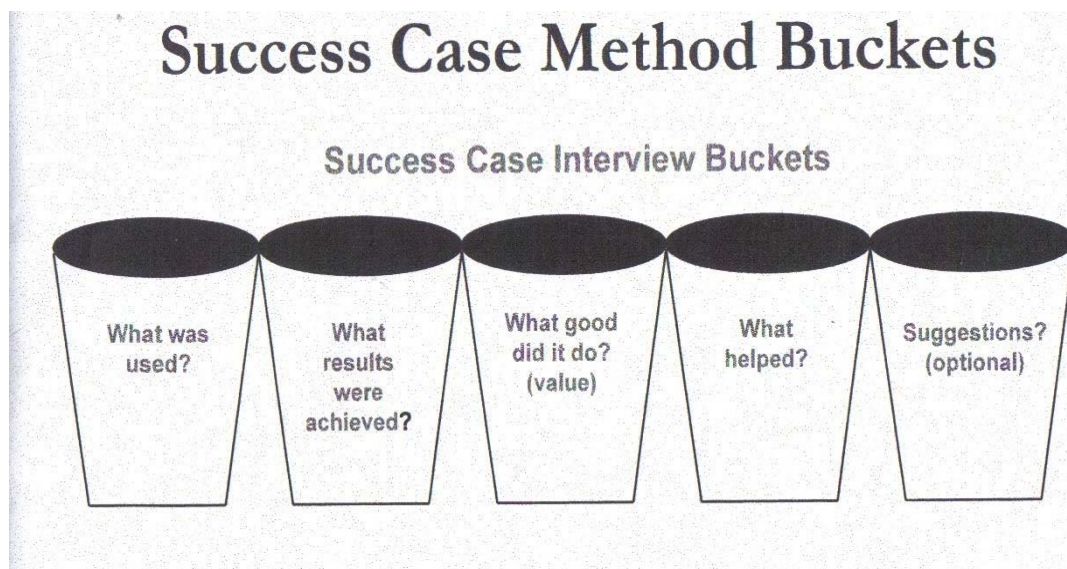


Figure 7: Success Case Method Buckets (*adapted from Brinkerhoff, 2003*)

Bucket 1: What was used?

*What did you do to implement HIV/AIDS Programme Successful?*

Bucket 2: What results were achieved?

*What have you achieve when implementing the programme?*

Bucket 3: What good did it do?

*Mention positive things that came into being because of this programme.*

Bucket 4: What helped?

*What did you use to achieve these positive outcomes?*

Bucket 5: Suggestion

*What suggestion do you have concerning the implementation of School-Based HIV/AIDS Programme?*

All these questions were used during the interview for the most successful cases to discover the following:

- Exactly what they used, when they used it, how, etc.
- What result they accomplished
- How valuable the results are
- What factors enabled their application and results.

### 2.7.2 Non-Success Case Buckets

Unsuccessful educators were interviewed to determine why they were unable to implement the programme effectively, and also to find out factors that kept them from being successful. The figure below shows the Low Success Case Interview Schedule:

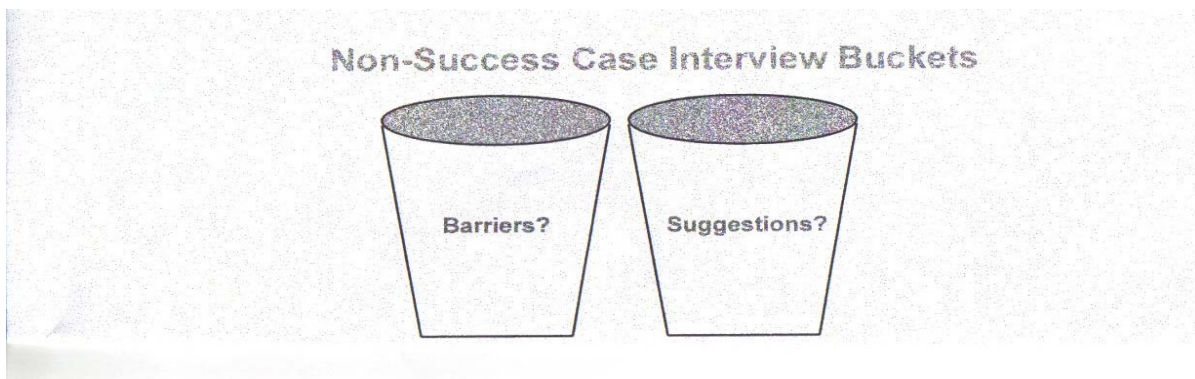


Figure 6: Non-Success Case Interview buckets (*adapted from Brinkerhoff, 2003*)

Bucket 1: Barriers

*What are the factors in the school environment that hinder the implementation of HIV/AIDS programme?*

Bucket 2: Suggestion

*What do you think should be done to implement the programme effectively?*

## **2.8 DATA ANALYSIS**

According to Henning *et al.*, (2004) data analysis is an ongoing, emerging an interactive or non-linear process. They further indicated that before a researcher begins with analysis; data are transcribed, which simply means that texts from interviews, observational notes or memos are typed into word-processing documents. In this study, the researcher transcribed the recorded interviews.

## **2.9 STATISTICAL TECHNIQUE**

Descriptive statistics was used in this study. According to McMillan & Schumacher (2001) a descriptive statistics transforms a set of numbers or observation into indices that describe or characterize the data.

## **CHAPTER THREE: EVALUATION RESULTS**

This chapter presents the results obtained from the survey respondents. The survey was done to categorize respondents into those that are most and those that are least successful in the implementation of the HIV/AIDS school-based programme. Results obtained from the interview are also presented in this chapter. In short, results of the two most fundamental parts of the Success Case Method are presented here.

### **3.1 SURVEY RESULTS**

As indicated in chapter two, a short survey of five Likert-type questions have been designed and administered to determine where the school based HIV/AIDS programme is being most successfully/ least successfully implemented. The most important aim of this survey was to identify high and low performers for follow-up interviews.

Of all research participants, four have shown that school-based HIV/AIDS education programme is being implemented successfully in their schools. The group indicated the availability of effective HIV/AIDS school policy. There were 100% respondents who stated that they incorporated HIV/AIDS or sexuality education into the curriculum. Generally, these respondents have shown that they assist learners to acquire functional knowledge about HIV and AIDS so that they make choices that support healthy behavior, and develop and practice skills that support those choices.

### 3.1.1 High performing educators

This group was found to be implementing the school-based HIV/AIDS programme most successfully. The researcher found that this group had 113, 6 % degree of positive behavior towards the implementation of the programme. The lowest degree of behavior that did not promote the running of the programme effectively was 77%. This claim was supported by the results from interview results.

### 3.1.2 Low performing educators

This group was found to be implementing the school-based HIV/AIDS programme least successfully. These educators comprised 36.3 of the highest degree of behavior that promoted the running to the programme. This performance was also supported by the claim obtained from the quantitative survey.

### 3.1.3 Statistical results

The independent samples *t*-test was used to obtain the quantitative results. According to McMillan and Schumacher (2001) independent samples *t*-test is used to determine whether the mean values of a variable on one group of subjects is different from a mean value on the same variable with a different group of subjects. When using this inferential statistics the null hypothesis would be that the means are the same. A low p-value (indicating a sufficiently large difference between groups) would suggest that null hypothesis should be rejected and conclusion should be that the two groups are significantly different (Graham, 2000).

As outlined by Welman & Kruger (1999) the formula for calculating the *t*-test statistic is

$$t = \frac{X_1 - X_2}{\sqrt{\left(\frac{SS_1 + SS_2}{n_1 + n_2 - 2}\right)\left(\frac{1}{n_1} + \frac{1}{n_2}\right)}}$$

where

$t$  is the  $t$  test statistic,

$\bar{X}_1$  is the mean for group 1,

$\bar{X}_2$  is the mean for group 2,

$SS_1$  is the sum of squares for group 1,

$SS_2$  is the sum of squares for group 2,

$n_1$  is the number of subjects in group 1, and

$n_2$  is the number of subjects in group 2.

Table 7: Raw Data

Group 1		Group 2	
$X_1$	$X_1^2$	$X_2$	$X_2^2$
68	6241	58	3364
79	6241	53	2809
68	4624	46	2116
73	5329	39	1521
$\sum X_1 = 288$ $n = 4$ — $\bar{X}_1 = 78$	$\sum X_1^2 = 20818$	$\sum X_2 = 196$ $n = 4$ — $\bar{X}_2 = 49$	$\sum X_2^2 = 9810$

In this study the following statistical results have been obtained:

### 3.1.3.1 P value and statistical significance.

The two-tailed P value equals 0.0033. By conventional criteria, this difference is considered statistically significant. According to Welman and Kruger (1999) statistical significant is a mathematical tool used to determine whether the outcome of a study is the result of a relationship between specific factors or due to chance. It is used to

reject or accept the null hypothesis. In this study the hypothesis is that implementation of school-based HIV/AIDS programme by Life Orientation Educators in is most successful in all secondary schools in Sedibeng West District. The null hypothesis in this study is that there is no difference in the implementation of school-based HIV/AIDS programme by Life Orientation Educators in Sedibeng West District.

### *3.1.3.2 Confidence interval*

The mean of Group One minus Group Two equals 23. The 95% confidence interval of this difference is from 11.01 to 34.99.

### *3.1.3.3 Intermediate values used in calculations*

- $t = 4.6949$
- $df = 6$
- Standard error of difference = 4.899

### *3.1.3.4 Data review*

Table 8: Data review

Group	Group One	Group Two
Mean	72.00	49.00
SD	5.23	8.29
SEM	2.61	4.14
N	4	4

The researcher found that Group 1 has the higher mean than Group 2. This shows that the difference of implementation cannot be close to each other by any means. The finding of the study is significant and therefore the researcher rejects the null hypothesis because there is a substantial deviation between the observed and the expected data.



## 3.2 INTERVIEW RESULTS

These results were analyzed using a qualitative approach. Both Success and non-success performers were interviewed. As indicated in chapter two, the interviews were done telephonically, and were recorded using a digital voice recorder. This was done to capture all details and to minimize misinterpretations (*Refer to Appendix C and D for interview questions*). To analyse these interview results, as indicated in chapter two, the Success Case Method was used.

### 3.2.1 Most Successful Interview results

#### 3.2.1.1 What was used?

All respondents indicated that they inform learners about HIV and AIDS by integrating the topic into the New Curriculum Statement. They are informed during morning assemblies. Co-curricular activities such as drama, debate and poetry are useful asserts for the programme to run. They also facilitate the election of school based HIV/AIDS co-ordinators in their respective schools. HIV/AIDS Information, Education and Communication material are displayed in school walls. One of the participants reported,

*“With me, Life Orientation created a better platform for educators to speak openly about HIV/AIDS and sex. We call an outside person to come and talk to learners about this topic. That is done twice in a month. Mostly, it will be a local clinic nurse. We even call people from our local radio station, VUT, to talk to learners about HIV/AIDS. If you can get into the classroom, from grade 8 to 12, you will see HIV/AIDS posters displayed on walls. So, we are using each and every opportunity that we come across. Intra-class debates on HIV/AIDS topics are done. Learners are also encouraged to write poems about HIV and AIDS”.*

#### 3.2.1.2 What results were achieved?

School learners are informed about HIV/AIDS. They are also able to approach teachers for advice regarding healthy lifestyles. Schools are having increased inter-gender

discussions on sensitive issues around HIV/AIDS. Boys recognize girls as equals and girls also feel equal to boys. One of the participants stated,

*“My school is now a safe place where learners can learn and play safely. As we speak, there are educators who decided to do courses in HIV/AIDS management because of this programme. And my school is moving towards a health promoting school because of the way we run the HIV/AIDS programme. We have built a healthy relationship with other sectors because of this programme”.*

#### 3.2.1.3 What good did it do?

Learners and educators have information and skills needed to make healthy decisions on prevention, control and treatment of HIV and AIDS. Learners have developed a good self-esteem; they have the power to consider their own feeling in relation to sex and abstinence. The rate of teenage pregnancy is dropping at an alarming rate. One of the participants said,

*“Through the programme, the rate of teenage pregnancy has declined drastically in our school. Personally, I am a changed person due to this programme. We have, as a school, created a good partnership with other stakeholders”.*

#### 3.2.1.4 What helped?

School principals are available to support the programme. The district workshops on HIV/AIDS empower educators to run the programme effectively. School health nurses also visit schools to address learners on topics related to sex and HIV/AIDS. One of the participants stated,

*“You know, co-operation is the key for success. Our principal always supports this programme. Although it is not enough, but there is money reserved specifically for the HIV/AIDS programme. You know, the Department of Health is assisting us. Remember that there are other aspects that need experts. Nurses do visit us and help by addressing HIV/AIDS and Sexuality education. I have also*

*attended the entire workshop on HIV/AIDS organised by the District. I have developed a passion for this subject”.*

### *3.2.1.5 Suggestions*

More training on HIV/AIDS programme is still required. HIV and AIDS should be addressed across the curriculum. Schools should be allocated funds specifically for this programme. School nurses should visit schools regularly to address learners and teachers about measures that can be taken against HIV/AIDS. One of the research subjects said,

*“I think we can perform more than this if the District can give us a better budget. We need more money for this programme to be sustained. And again, HIV/AIDS should not be seen as Life Orientation based entity. No! All educators should address this issue in their learning areas too, and in whatever form. I think this means that all educators should receive trainings on HIV/AIDS. Our District should organise so many HIV/AIDS activities. And nurses should be seen visiting the school regularly. It will be also good if each school can have a school-based health nurse”.*

## **3.2.2 Least Successful Interview results**

### *3.2.2.1 Barriers*

Insufficient knowledge of the programme itself is seen as a detrimental factor. Financial factors also play a role in running the programme ineffectively. There is no money allocated for the programme to run. Time constraints also play a role. Educators spend most of their time teaching, they don't have reserved time to look after the HIV/AIDS programme. One of the respondents explained,

*“Money is the main issue here. How do you run a programme like this without money? I can talk to learners about this issue in the classroom, but that is not enough. I must organise serious events where important people can be invited. Some of the activities need to be done after normal school hours. This is a serious problem. After school, one is already exhausted. That on its own is a serious*

*factor. We don't even have an operational plan from the District that states how this programme should be implemented".*

#### *3.2.2.2 Suggestion*

This group of participants feels that Department of Education should appoint people specifically for the HIV/AIDS programme. Money should be allocated for the school based HIV/AIDS programme to run effectively. Educators should be incentivized for the extra-time spent running the programme.

*"HIV/AIDS activities require more time. If I am to work also on weekends or after school, as they say, we must be paid or they can just give us something to keep us tall. If that is impossible, the Department should hire a person specifically for the HIV/AIDS programme. Exactly the same as what is happening in Sport".*

## **CHAPTER FOUR: CONCLUSION AND RECOMMENDATIONS**

It is in this chapter where conclusions regarding the results of the evaluation were communicated to key decision makers (District HIV/AIDS Co-ordinator and Life Orientation Facilitator). Conclusions and recommendations were crafted by the key decision-makers with the support and facilitation of the researcher who then compiled a report.

### **4.1 DRAWING CONCLUSIONS FROM THE SCHOOL-BASED HIV/AIDS EVALUATION**

According to Brinkerhoff (2003) conclusions should be discussed using the following facets:

- The scope of the initiative
- Valuable results that have been achieved
- Parts of the initiative that need improvement
- Factors that drive or hinder successful implementation of the initiative

#### **4.1.1 The scope of success of the school-based HIV/AIDS Programme**

The extent of the success of the school-based HIV/AIDS programme has been indicated in chapter three. Firstly, data was analysed using quantitatively to describe results in numbers. Research respondents were categorised into two groups, i.e., those who were implementing the programme unsuccessfully and those who were implementing the programme successfully. Lastly, qualitative methods were used to dig deep into the respondents' experience to determine the exact nature and extent of their success. This assessment revealed strong evidence that suggests that respondents consider schools as places where people should learn, work and play safely, which is one of the basic tenets of the school-based HIV/AIDS programme.

Quantitative survey results showed that 50% of the participants were implementing the school-based HIV/AIDS programme successfully while 50% of the participants were least successfully in the implementation of the programme. Tables 9 and 10 show the rate of implementation per respondent.

Table 9: The rate of implementation for the high performers

Respondents code	Percentage
A	74.8%
B	74.8%
C	80.3%
D	86.9%

The rate of implementation was shown to be 79.2%. Areas that need intervention cover 20.8%. According to the Department of Education (2008) this shows that the implementation of the programme is meritorious as shown in table 11.

Table 10: The rate of implementation for the low performers

Respondents code	Percentage
E	41.8%
F	42.9%
G	48.1%
H	63.8%

The rate of implementation was shown to be 49.35%. Areas that need intervention cover 50.65%. As indicated in table 11 below this group of respondents implemented the programme moderately.

Table 11: Performance rating scale (*adapted from Life Orientation grade 10-12 National Curriculum Statement: 2008*)

Rating Code	Rate	Percentage
7	Outstanding achievement	80 – 100
6	Meritorious achievement	70 – 79
5	Substantial achievement	60 – 69
4	Adequate achievement	50 – 59
3	Moderate achievement	40 – 49
2	Elementary achievement	30 – 39
1	Not achieved	0-29

#### **4.1.2 Valuable results that have been achieved through the School-Based HIV/AIDS Programme**

The school-based HIV/AIDS programme played significant roles in educating learners about key action they can take to protect themselves from becoming infected or infecting others. Through this programme, stigma and discrimination has been reduced. The social as well as the biological aspects of HIV/AIDS have been taught and learners' knowledge of this pandemic has increased. Access to a suitable and helpful fundamental system of prevention, care and support has been provided to learners. Learners have been retained in schools and their performance improved.

The mind-set of both learners and teachers has been further addressed to transform perceptions regarding the positive consequences around HIV and AIDS, and less risky options, activities which likely lead to real positive outcomes have been brought in. Basic misinformation and perpetuating myths about HIV/AIDS have been addressed through activities like drama, debate and also during Life Orientation lessons. Evidence for an appropriate response to the needs of learners in the context of HIV/AIDS has been strengthened through the school-based HIV/AIDS programme. The impact of HIV and AIDS on learners has been cleared.

#### 4.1.3 Parts of the programme that need improvement

Guidance and support provided by the key decision makers should be improved. This could be done by conducting continuous training workshops on how Life Orientation educators should run the school-based HIV/AIDS programme. Training should also be extended to School Governing Bodies (SGBs), School Management Teams (SMTs) and School Based Support Teams (SBSTs). School based HIV/AIDS programmes need to be monitored and evaluated to see whether they are worthwhile. This can be done by developing a school level monitoring and evaluation tool in collaboration with relevant stakeholders. Information sharing meeting still need to be bolstered to make non-successful educators copy good practices from successful performers.

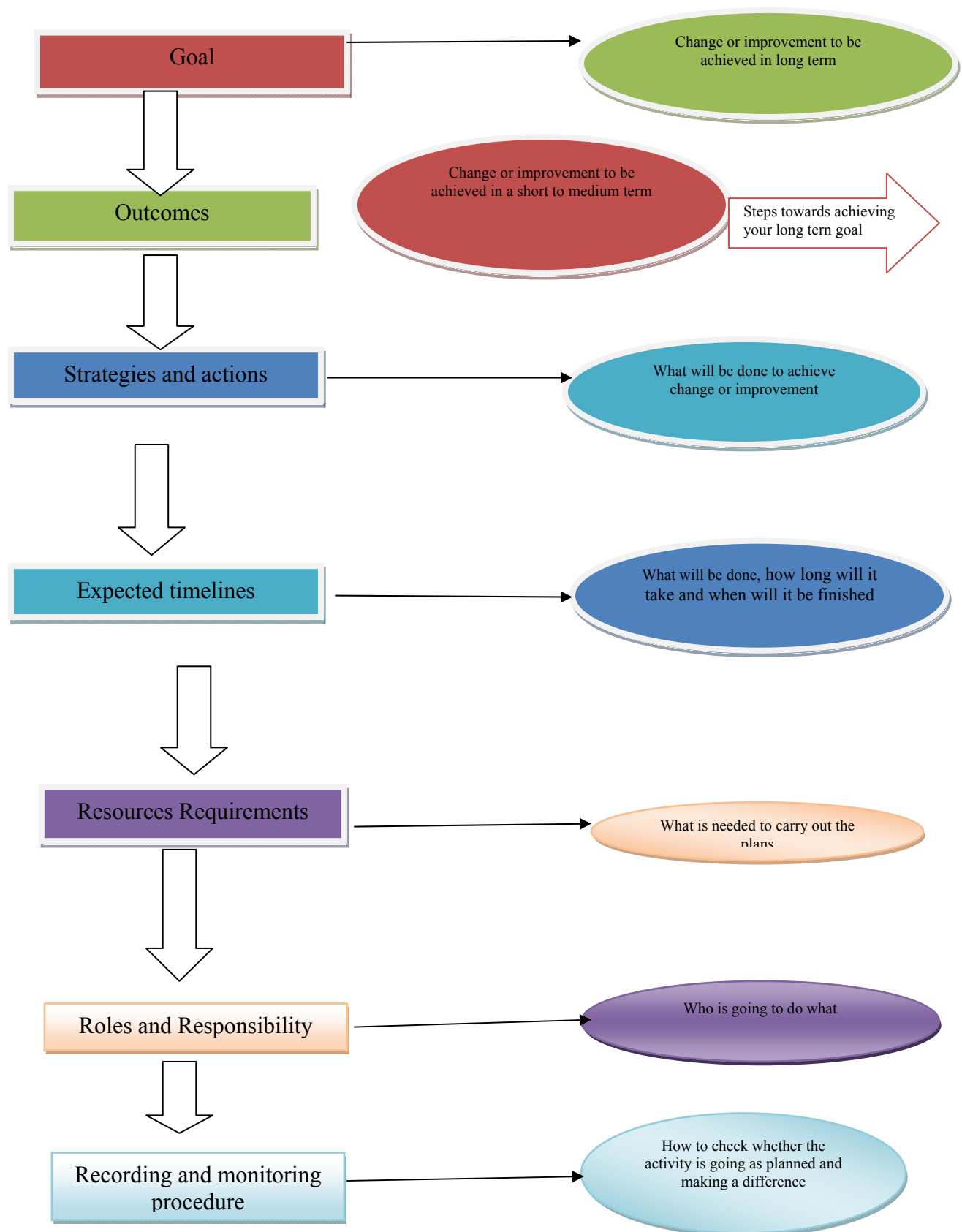
Collaborative decision making should be used when developing school-based HIV/AIDS action plan. According to Hawe, Degeling and Hall (1992) action plan should outline seven elements as shown in figure 9 below. The outcomes reflected should be “SMART”, i.e.

- S =Specific
- M=Measurable
- A= Achievable
- R=Relevant
- T= Time-specific

Strategies should enable the goals and outcomes to be achieved. If these all can be improved, outstanding achievement will be obtained by these research participants.



Figure 9: Action plan for a school-based HIV/AIDS programme



The following five areas should also be looked at in order to drive the school based HIV/AIDS programme forward in a most successful way:

- Skills: Schools should built skills that are needed to implement the programme most successful.
- Policies: HIV/AIDS policy should at school level guide and direct school based HIV/AIDS programme.
- Environment: Schools should create a safe and healthy environment for learners to live, learn and play.
- Community: Interaction between the school and the surrounding community should be strengthened.
- Services: Learners should access HIV/AIDS services appropriately and effectively.

#### **4.1.4. Factors promoting/hindering the implementation of the School-Based HIV/AIDS Programme**

##### *4.1.4.1 Promoting factors*

This study has shown that school principals are very supportive of the programme. Other activities on the school-based HIV/AIDS programme are conducted through the language which learners understand most. Inter-departmental collaboration has shown to be the most promoting factor in the implementation of the programme. Working with school nurses and social workers has also brought good results. HIV/AIDS education is also given to learners in the context of life-skills on an ongoing basis. The researcher also found that, although improvement is still required, the district is also supporting the programme by conducting workshops for both Life Orientation Educators and School-based HIV/AIDS Coordinators on HIV/AIDS and sexuality education.

#### *4.1.4.2 Hindering factors*

The involvement of parents is minimal. They are not informed about components of the programme and how the programme is run. Educators are not well trained on how the programme is to be implemented. Some educators are not quite sure about what the programme entails. Some educators still consider HIV/AIDS programme as an ad-on, and they do not take as part of the curriculum. Non-involvement of relevant stakeholders in the writing of a school policy is also a serious issue. Copies of the National Policy on HIV/AIDS were not made available for teachers and teachers are reluctant to read the policy. Lack of funds also contributed to the poor implementation of the programme. Schools do not have a framework on how school based HIV/AIDS should be run. Learning and teaching materials on HIV/AIDS not sufficient.

## **4.2 RECOMMENDATIONS**

Young people are at risk of HIV infection across the board. Mostly, they learn about HIV and AIDS at school. Therefore schools are regarded as important setting for teaching young people about AIDS/AIDS through the school-based programme to make them focused and systematic. This programme should be presented to young people in the context of Life Orientation as it covers a wider range of Life-skills training.

Key decision makers who were involved in this study recommended, with the facilitation of the researcher, that the implementation of school-based HIV/AIDS programme should continue in all schools seeing that it has beneficial impact on reducing learners' HIV/AIDS risk behaviours. It was also recommended that Life Orientation educators should develop a management plan for HIV/AIDS programme. The involvement of School Governing Bodies (SGBs), School Management Teams (SMTs) and School Based Support Teams (SBSTs) was recommended for the development of effective school-based HIV/AIDS management plan. Quality training of Life Orientation educators

should be given so that they acquire good teaching techniques to boost up the programme.

Attention should be paid to norms, values and traditions of learners in order to have the proximal outcomes of the programme achieved in an outstanding way. Life Orientation educators should also consider an option of coordinating a school based HIV/AIDS programme even after normal teaching hours and during school holidays. A school based HIV/AIDS programme should be addressed in the form of life-skills. Cluster meetings should be conducted in order for teachers to share information on credible ways that can be followed to achieve best results from implementation of HIV/AIDS programme. Collaborative approach used by high performers was seen as a good means of achieving best results, therefore it was recommended that all schools should work closely with school health nurses and community based care. School Governing Bodies should submit a comprehensive school based HIV/AIDS plan to the District Office so that they be allocated budget for the implementation of the programme.

#### **4.3 LIMITATIONS OF THE EVALUATION**

- Success method of evaluation used in this method focused on simply assessing the effect of school based HIV/AIDS results and did little to help reap greater performance.
- By using the success case method only a small number of documented cases has been evaluated, it therefore does not lead to conclusions about the average participants.
- According to Brinkerhoff (2005) survey respondents are sorted into those few that are most and least successful so that a researcher selects a sample from

high performer and low performers for interview purpose. In this study this could not apply since research participants were minimal.

- Results of the quantitative survey might not assure that responses were candid.
- Results of the study may not be generalized and its recommendations may not be useful in other schools.

#### **4.4 CONCLUSIONS**

The National Department of Education has incorporated school-based HIV/AIDS programme into school curricular as part of the Learning Area, “Life Orientation”. The research subjects reported that they have achieved the proximal outcomes, though the application is moderate in some cases, of the school-based HIV/AIDS programme. Application of the programme varies in quality, structure, and delivery from one school to another due to differences in resource allocation (Reddy, Shegs, McClauley, 2005)

The researcher has concluded that the school-based HIV/AIDS programme was successful and produced best results. Nevertheless, improvement on how the programme is to be implemented in the near future is still required. It is also the District Life Orientation and the HIV/AIDS Coordinator’s responsibility to accelerate their monitoring and evaluation strategies for the programme to produce the best results.

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## APPENDIX A: SURVEY INSTRUMENT

### A SUCCESS CASE METHOD EVALUATION OF SCHOOL-BASED HIV/AIDS PROGRAMME BY LIFE ORIENTATION TEACHERS IN SEDIBENG WEST SECONDARY SCHOOLS [GDE].

#### **Rationale for the questionnaire:**

The purpose of this survey is aimed at finding out whether a school-based HIV/AIDS programme is implemented most or least successful in your school.

#### **Confidentiality:**

The information you provide will be treated as confidential. You will not be identified in any document, including interview transcripts and the research report, by your name, first name, or by any other information. No one will be informed that you participated in this research. Your involvement in this study is voluntary, you are not obliged to divulge information you prefer to remain private, and you may withdraw from the study at any time.

#### **Personal Information:**

Fill in your personal information for the purpose of follow up interview. This information will be kept confidential.

#### **Instructions:**

This questionnaire is consisting of two sections. SECTION A deals with the implementation of the programme in your school; and SECTION B deals with your personal details.

-----  
I understand that the contents of this document and agree to participate in this research.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

I appreciate your willingness to be involved in this research.  
Should you have any query, you are welcomed to contact me.

Albert Mbada

Cell: 072 509 0719

Tel work: 012 400 4851

E-mail address: [ndavhelesenimbada@yahoo.com](mailto:ndavhelesenimbada@yahoo.com)

## SECTION A

**DIRECTION: Read each question. Carefully choose the check one answer that fits you best**

**Code**

<b>A</b>	Aids education in my school is frequent and sufficient	I am sure it is true	I think it is true	I am not sure	I think it is false	I am sure it is false
<b>B</b>	Teachers, Learners and other staff members affected or infected by HIV/AIDS should not be discriminated	Strongly agree	Agree	I am not sure	Disagree	Strongly Disagree
<b>C</b>	I exposed learners to health education and HIV/AIDS promotion programme	Always	Most of the time	Sometimes	Rarely	Never
<b>D</b>	I have created a channel to the community to introduce HIV prevention initiatives	Strongly agree	Agree	I am not sure	Disagree	Strongly Disagree
<b>E</b>	How would you rate your knowledge of HIV/AIDS education programme	Excellent	Good	fair	Poor	Very Poor
<b>F</b>	Sex education can seem intimidating because it means tackling potentially sensitive issues	I am sure it is true	I think it is true	I am not sure	I think it is false	I am sure it is false
<b>G</b>	I attend training workshop on HIV/AIDS	Always	Most of the time	Sometimes	Rarely	Never
<b>H</b>	My school is having HIV/AIDS policy	I am sure it is true	I think it is true	I am not sure	I think it is false	I am sure it is false
<b>I</b>	I have a copy of HIV/AIDS school policy	Strongly agree	Agree	I am not sure	Disagree	Strongly Disagree
<b>J</b>	Insertion of HIV/AIDS/Sexuality education into school curriculum is	Critical important	Very important	I am not sure	Somewhat	Not important
<b>K</b>	I organize and conduct HIV/AIDS programme for learners, teachers and staff development	Always	Most of the time	Sometimes	Rarely	Never

<b>L</b>	I involve parent when planning and developing HIV/AIDS programme	Always	Most of the time	Sometimes	Rarely	Never
<b>M</b>	I conduct a situational analysis before I could initiate HIV/AIDS programme	Always	Most of the time	Sometimes	Rarely	Never
<b>N</b>	I need funds to effectively implement HIV/AIDS programme	Strongly agree	Agree	I am not sure	Disagree	Strongly Disagree
<b>O</b>	My school has a budget to run HIV/AIDS Programme	Always	Most of the time	Sometimes	Rarely	Never
<b>P</b>	I have a monitoring tool and evaluation tool for HIV/AIDS programme	Strongly agree	Agree	I am not sure	Disagree	Strongly Disagree
<b>Q</b>	I call local clinic nurses to address HIV/AIDS issues in my class	Always	Most of the time	Sometimes	Rarely	Never
<b>R</b>	I do have school-based HIV/AIDS education manuals and guidelines	Always	Most of the time	Sometimes	Rarely	Never
<b>S</b>	I conduct seminars to advocate HIV/AIDS programme	Always	Most of the time	Sometimes	Rarely	Never
<b>T</b>	I suspect other people to be HIV positive	Always	Most of the time	Sometimes	Rarely	Never
<b>U</b>	I teach my learners about abstinence than condomising	Always	Most of the time	Sometimes	Rarely	Never
<b>V</b>	I address love and relationships through Life Orientation.	Strongly agree	Agree	I am not sure	Disagree	Strongly Disagree

**SECTION B**

1. How many years have you been teaching this Learning Area? [\_\_\_\_]
2. Gender \_\_\_\_\_
3. Race \_\_\_\_\_
4. Name of School \_\_\_\_\_

After analyzing your data, I would like to interview you. Will you like to be interviewed?

\_\_\_\_\_

Please provide me with your contact details to arrange the time and date for an interview.

Please note that interview might be conducted telephonically. You are requested to provide the following contact details:

5. Surname \_\_\_\_\_ Initials \_\_\_\_\_
6. Telephone number: \_\_\_\_\_ Cell number \_\_\_\_\_

I appreciate your willingness to be involved in this research project.

## APPENDIX B: APPROVAL LETTER



UMnyango WezeMfundo  
Department of Education

Lefapha la Thuto  
Departement van Onderwys

Enquiries: Nemvula Ubisi (011)3550488

Date:	26 June 2009
Name of Researcher:	Mbada Ndavheleseni Albert
Address of Researcher:	18953 Zone 14
	Sebokeng
	1983
Telephone Number:	0725090719
Fax Number:	0165922987
Research Topic:	A Success Case Method Evaluation of School-Based HIV/AIDS Programme by Life Orientation Teachers in Sedibeng West Secondary Schools (GDE)
Number and type of schools:	28 Secondary Schools
District/s/HO	Sedibeng West

### Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

Permission has been granted to proceed with the above study subject to the conditions listed below being met, and may be withdrawn should any of these conditions be flouted:

1. The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.
2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.
3. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.

Office of the Chief Director: Information and Knowledge Management  
Room 501, 111 Commissioner Street, Johannesburg, 2000 P.O.Box 7710, Johannesburg, 2000  
Tel: (011) 355-0609 Fax: (011) 355-0734

4. A letter / document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
5. The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
6. Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
7. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year.
8. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
9. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
10. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, fares and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
11. The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of those individuals and/or organisations.
12. On completion of the study the researcher must supply the Director: Knowledge Management & Research with one Hard Cover bound and one Ring bound copy of the final, approved research report. The researcher would also provide the said manager with an electronic copy of the research abstract/summary and/or annotation.
13. The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.
14. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

Po Nompula Ubisi  
CHIEF DIRECTOR: INFORMATION & KNOWLEDGE MANAGEMENT

The contents of this letter has been read and understood by the researcher.	
Signature of Researcher:	
Date:	



## **APPENDIX C: HIGH PERFORMERS INTERVIEW SCHEDULE**

### **1. WHAT WAS USED?**

- 1.1 As a Life Orientation teacher, how are you applying the school-based HIV/AIDS programme?
- 1.2 What parts of the programme have you used most?
- 1.3 What part of the programme do you think it was not important?

### **2. WHAT RESULTS WERE ACHIEVED?**

- 2.1 How has the programme made a difference in your school?
- 2.2 What has the programme helped you to achieve?
- 2.3 What has changed due to the programme?

### **3. WHAT GOOD DID IT DO?**

- 3.1 What did you achieve by implementing the programme?
- 3.2 Why are these results important?

### **4. WHAT HAS HELPED?**

- 4.1 Mention other factors that helped you to implement the programme successfully.

### **5. SUGGESTIONS?**

- 5.1 How do you think the implementation of a school-based HIV/AIDS programme should be improved?

## **APPENDIX D: LOW PERFORMERS INTERVIEW SCHEDULE**

### **1. BARRIERS?**

1.1 How are you implementing the school-based HIV/AIDS in your school?

1.2 What has prevented you from implementing the progress most successfully?

### **2. SUGGESTIONS?**

1.1 What suggestion do you have concerning the implementation of the school-based HIV/AIDS programme by Life Orientation teacher that would increase the success of the programme?