

**AN EVALUATION OF HIV/AIDS MANAGEMENT TRAINING CONDUCTED TO  
SCHOOL MANAGEMENT TEAMS IN THE FREE STATE DEPARTMENT OF  
EDUCATION - LEJWELEPUTSWA DISTRICT**

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Assignment presented in partial fulfilment of the requirements for the degree of  
Master of Philosophy (HIV/AIDS Management) at Stellenbosch University



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December 2009

## 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 of the copyright 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.

25 November 2009

## ABSTRACT

One of the strategic goals of the Free State Department of Education is to deal effectively and purposefully with the HIV/AIDS pandemic in and through the education system. The HIV/AIDS Management Training conducted amongst School Management Teams between 2007 and 2008 is one of the initiatives meant to realize the goal to deal effectively and purposefully with the HIV/AIDS pandemic. The purpose of this study was to evaluate the nature and impact of HIV/AIDS Management training in terms of the transference of knowledge and skills in the workplace.

The Brinkerhoff Success Case Method was followed and 45 participants were used to conduct a survey, followed by seven interviews with five participants thought to have successfully applied the proximal outcomes of the training and two participants thought to have not successfully applied the intended outcomes of the training programme.

From the data it became apparent that although some schools showed minimal application of the outcomes, there is evidence of success cases of maximum application of knowledge and skills acquired by some School Management Teams. The study therefore sheds light into those success cases for other schools to learn from, while on the other hand focus is also put on factors which led to progress being hindered. Finally this study suggests recommendations leading to successful application of the proximal outcomes as intended.

## OPSOMMING

Een van die strategiese doelwitte van die Vrystaatse Departement van Onderwys is om effektief en doelgerig die MIV/VIGS pandemie aan te spreek in en deur middel van die onderwysstelsel. Die MIV/VIGS bestuursopleidingprogram is aangebied vir skoolbestuurspanne tussen 2007 en 2008 en is een van die inisiatiewe wat bedoel is om hierdie doelwit te behaal. Die doel van hierdie studie was om die aard en impak van die MIV/VIGS bestuursopleidingsprogram te evalueer in terme van die oordrag van kennis en vaardighede terug na die skole.

Die Brinkerhoff “success case” metode is gebruik om die program te evalueer en 45 mense wat die opleiding ondergaan het, het deel geneem aan die eerste fase van die evaluasie. Dit is gevolg deur sewe onderhoude met mense wat die opleidingsuitkomstes suksesvol toegepas het in hulle skole, en twee deelnemers wat nie suksesvol was daarmee nie.

Uit die resultate blyk dit dat hoewel sommige skole baie min van die uitkomstes toegepas het, is daar bewyse van gevalle waar sukses behaal is dws waar die kennis en vaardighede wat verkry is deur die skoolbestuurspanne toegepas is in hulle skole. Die studie het lig gewerp op hierdie suksesvolle skole en kan gebruik word om daaruit te leer. Aan die ander kant, is daar ook gefokus op die faktore wat gelei het tot die situasie waar toepassing van die kennis en vaardighede verhinder was. Ten slotte maak hierdie studie aanbevelings wat kan lei tot die suksesvolle toepassing van die proksimale uitkomstes van die program, soos wat dit bedoel is in die toekoms.

## ACKNOWLEDGEMENTS

I would like to extend my deepest gratitude to people who stood by me during the completion of this study. In particular, I would like to thank:

- My Supervisor, Prof. Anton Schlechter for support and guidance.
- My wife Ivy, for the patience and support during the course of the study.
- My colleagues Mr. Madumise M.S.A and Mr. Makeng S for always encouraging me. You made it all easier indeed.
- The Makete and Leepo family for providing sound advices and motivation.
- Staff of Sacred Heart Research & Development Foundation Unit (Free State Province) especially Dr. Ana-Marie Mostert, Dr. Anita Fourie and Mr. Kevin Boraine for always providing information whenever I needed it.
- An official from FSDoE, Quality Assurance, Dr. Speckmeier for networking me with people who provided the needed HIV/AIDS information.
- All Principals and Educators of schools which participated in this project.
- Above all, I thank my Lord and Saviour Jesus Christ for having stood by my side throughout.

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## **1. INTRODUCTION**

Evaluation research is a form of applied research which aims to produce information about the implementation, operation and ultimate effectiveness of policies and programmes designed to bring about change (Clarke, 1999: 35). In the fight against HIV/AIDS the Department of Education has put in place various programmes in schools to ensure that quality education is not compromised as a result of the negative impact of the HIV/AIDS pandemic. This study is an evaluation of the training programme: Management of HIV/AIDS in schools - An Integrated Skills Programme to Support School Management Teams (SMTs), which was conducted by School Management and Governance Developers (SMGDs) in the Free State, Lejweleputswa District. Specifically this study evaluates how the School Management Teams have used the knowledge and skills transferred during the training initiative and the impact of the programme in making sure that HIV/AIDS is managed effectively in their respective schools.

### **1.1 THE IMPACT OF HIV/AIDS ON THE EDUCATION SECTOR**

HIV/AIDS is perceived primarily as a health problem, which can be contained by effective health education programme. Schools can play a significant role in supporting HIV/AIDS related needs of their learners, educators and communities at large. It is however found that the virus has not been fully contained and it continues to spread widely to the extent that it is now having adverse impact on learners and educators. The ministry of education is faced with challenges that need to be dealt with urgently or else schools will come to a total collapse.

#### **1.1.1 Learners**

It is estimated that in South Africa there are about 12 million learners at schools in about 30 000 primary and secondary schools. HIV/AIDS affects access and quality of learning for these children. Children's access to quality learning begins when the parents become sick. The trauma and hardships experienced by children manifests both economically and emotionally. School enrolment declines as a result of orphan

children who drop out of school to take familial responsibility of caring for a sick parent and/or siblings left behind. To supplement household income, some absent themselves from school and engage in income generating activities making them vulnerable to sexual and physical exploitation and HIV contraction (Coombe, 2000:10).

### 1.1.2 Educators

Education service on the other hand is the largest occupational group having 12% of the 375 000 educators reported to be HIV positive. Projections indicate that in Southern Africa an HIV positive person without access to drugs dies within seven years of infection (Coombe, 2000: 10). That means over 53 000 educators are expected to die by 2010 if prevalence reaches 20% or 30%. The learning environment will be disorganized as many educators will be absent due to illness, or having to attend funerals, some may opt to be transferred to other places and it could mean a loss of a required skills to the school and eventually it will be difficult to maintain high quality instruction. (Coombe, 2000:10).

According to Human Science Research Council (2005), 1152 educators in public schools of the Free State province who gave specimens for HIV testing have 12,4% HIV prevalence. With the state of affairs given above, there is no doubt that the education ministry is fragile and that there is a great need to effectively implement policies and action plans to bring HIV/AIDS under control. Effective implementation of the HIV/AIDS policies and action plans cannot be realized unless there are series of training initiatives conducted to empower school managers with knowledge and skills to manage HIV/AIDS effectively.

## **1.2 HIV/AIDS POLICY FRAMEWORK FOR SCHOOLS**

The ministry of education's corporate plan for 2000-2004 identified action of HIV/AIDS as one of its Five Priorities. The three objectives regarding HIV/AIDS were highlighted as:

- (i) Raising awareness about HIV/AIDS among educators and learners.
- (ii) Integrating HIV/AIDS into the curriculum.
- (iii) Developing models for analyzing the impact of HIV/AIDS on the system.

The National Policy Act on HIV/AIDS (Act No. 27 of 1996) was drafted for schools to manage HIV/AIDS effectively with the following principles considered:

- The rights of learners and teachers are respected.
- Learners and teachers with HIV/AIDS are managed in an appropriate way.
- Further infection is prevented.
- Non discriminatory and caring environment is created.

With the integration of HIV/AIDS into the curriculum in particular, a Report Project on Life Skills and HIV/AIDS shows that the Departments of Education and Health collaborated with the aim to initiate a youth programme which addresses issues affecting youth in and out of school. The programme discusses Life skills in school and the development of policies and strategies for the care of children affected and infected by HIV/AIDS. Educators were selected from the nine provinces to undergo a training initiative in which they were equipped with knowledge and skills to effectively manage HIV/AIDS within the curriculum (DoE, 1997:18).

According to White Paper 6 (DoE, 2001:16) all children can learn, should be supported in their learning and assured of equal and equitable education. It further states that educational structures should be adapted to accommodate all learners in inclusive schools. It is therefore clear that children experiencing barriers to learning (which includes HIV/AIDS) should be provided with appropriate support to ensure that they optimally develop their potential. Thus it is important that intensive training initiatives should be conducted to help schools to manage the challenges they face.

As part of its commitment to manage HIV/AIDS effectively, the National Department of Education developed a guide: Develop an HIV/AIDS plan for your school (DoE,

2003) which is a practical book that has been written to help schools and their communities to take action against HIV/AIDS. The guide encourages everyone for example, School Governing Bodies, School Management Teams, educators and parents to think and act to protect and strengthen schools against the impact of the pandemic. The guide books are used as part of a programme to develop School Governing Bodies and School Management Teams to better manage provision of education for all the children.

### **1.3 FREE STATE DEPARTMENT OF EDUCATION TRAINING INITIATIVES**

Countries in the sub-Sahara (including South Africa) have developed activities for HIV prevention in schools, and some have established anti-Aids clubs. There is but little evidence of their effectiveness. This is partly brought by the fact that little has been done to monitor and evaluate the effects of Life Skills programmes. Among other factors which lead to poor delivery of programmes are lack of resources, inexperienced teaching staff in dealing with HIV/AIDS and unwillingness of educators, parents and others to discuss issues of sexuality (Cohen, 2002: 15)

In the Free State province in particular, the Research Institute for Education Planning (RIEP) of the University of the Free State conducted a baseline survey to find out about the management of HIV/AIDS in the Free State schools. The results of a baseline survey also indicated poor management with regards to monitoring and evaluation of HIV/AIDS programmes (SHCR&D, 2008).

In addressing the problem of poor management, the Free State Department of Education Annual Narrative Report, Financial year 2007/8, shows commitment by embarking upon Life Skills and HIV/AIDS programmes. These programmes contribute to reaching the FSDoE's strategic goal number eight which is:

- To deal urgently and purposefully with the HIV/AIDS emergency in and through the education and training system.

The purpose of the HIV/AIDS management programme is to ensure access to appropriate offering of integrated system of prevention, care and support for children infected and affected by HIV/AIDS and to deliver Life Skill and HIV/AIDS education in primary and secondary schools. Among a series of training initiatives conducted by departmental officials and other service providers relevant for this research study are:

- Basic Counseling Skills training conducted to 176 GET Learning Facilitators.
- Training of Curriculum Officials who took responsibility to train and assist educators in Life Skills and Sexuality Education, as well as integration of into learning areas.
- Empowerment of 90 Master Trainers from Inclusive Education and GET curriculum in the Teenage Pregnancy Prevention Doll Parenting Programme in 2007.
- Training of 25 FET Mathematics educators in Life Skills and integrating the programme into the subject during first quarter of 2008 and in the second quarter, a further 56 Xhosa FET were trained cross-curricular integration and 319 FET educators in top-up training in the third quarter of 2008.
- Training of School Management Teams on the Management of HIV/AIDS in schools in which the programme was developed by Sacred Heart College Research and Development Unit.

The various training programmes conducted brought the total for FET schools to 400 and all in all, during the financial year 2008, 2 412 Grades 1 to 12 educators were empowered in Life Skills and HIV/AIDS education. This means since the inception, a total of 21 697 educators have received training through these programmes (FSDoE, 2008/9).



#### **1.4 BACKGROUND OF SACRED HEART COLLEGE RESEARCH AND DEVELOPMENT FOUNDATION UNIT**

Sacred Heart College Research and Development Unit was established in 1992 by Dr N.J McGurek to promote values of non-racial education in South Africa. The unit also contributed by working with provincial departments in the design and implementation of development and capacity building programmes in education and other government sectors. Activities focus on whole school development and on the rural context and the development of integrated sustainable strategies, linking local communities and their structures to government departments in the delivery of social services (SHCR&D, 2009).

Sacred Heart College Research and Development Unit operates various projects in KwaZulu Natal, Gauteng, Limpopo and Free State provinces. In the Free State in particular, the unit is currently embarking upon some of the following projects:

- Language of Learning and Teaching (LoLT) Project aiming to develop quality management and effective implementation of First Additional Language and LoLT in the Foundation phase and into Intermediate phase.
- SMT HIV/AIDS Management project in which 300 schools in all the five districts of the Free State province were developed in dealing more effectively with HIV/AIDS challenges at school level (SHR&D, 2009).
- In addition to HIV/AIDS related projects, the unit deals with special programmes such as HIV/AIDS Care and Women Centres run by Ursil Sisters; Running of HIV/AIDS awareness days in rural communities; training of educators on integrating HIV/AIDS across the curriculum and establishment of vegetable gardens to support good nutrition in rural communities.

## 1.5 SCHOOL MANAGEMENT GOVERNANCE AND DEVELOPER TRAINING

SMGD training of SMTs in the Management of HIV/AIDS in 300 schools took place since 2007 and 104 district SMGD officials were trained by the Sacred Heart Research and Development Unit and they in turn had to train SMTs on:

- Understanding the HIV/AIDS policy context of School Development Planning as part of organizational development.
- Developing HIV/AIDS Action Plans with a clear indication of responsibilities and with realistic performance indicators for effective implementation, monitoring and evaluation.
- Collecting, organizing and interpreting essential data for the effective management of those affected and infected By HIV/AIDS.
- Developing appropriate monitoring and evaluation tools and mechanism to ensure effective feedback to all role players and stakeholders.
- Review Action Plans to continuously improve and ensure quality management of a caring school and support network.

In Lejweleputswa district, Phase 1 of the project was completed during January and February 2008 and each SMGD was responsible to conduct training in three schools. At the end of the training programme, items:

- (i) Details of all schools participating in the programme.
- (ii) Schools' HIV/AIDS policies and Action Plans.
- (iii) School Data Management of HIV/AIDS.

After studying programme documentation, the following figure 1 represents the Logic Model of HIV/AIDS Management training.

## THE LOGIC MODEL OF HIV/AIDS MANAGEMENT TRAINING

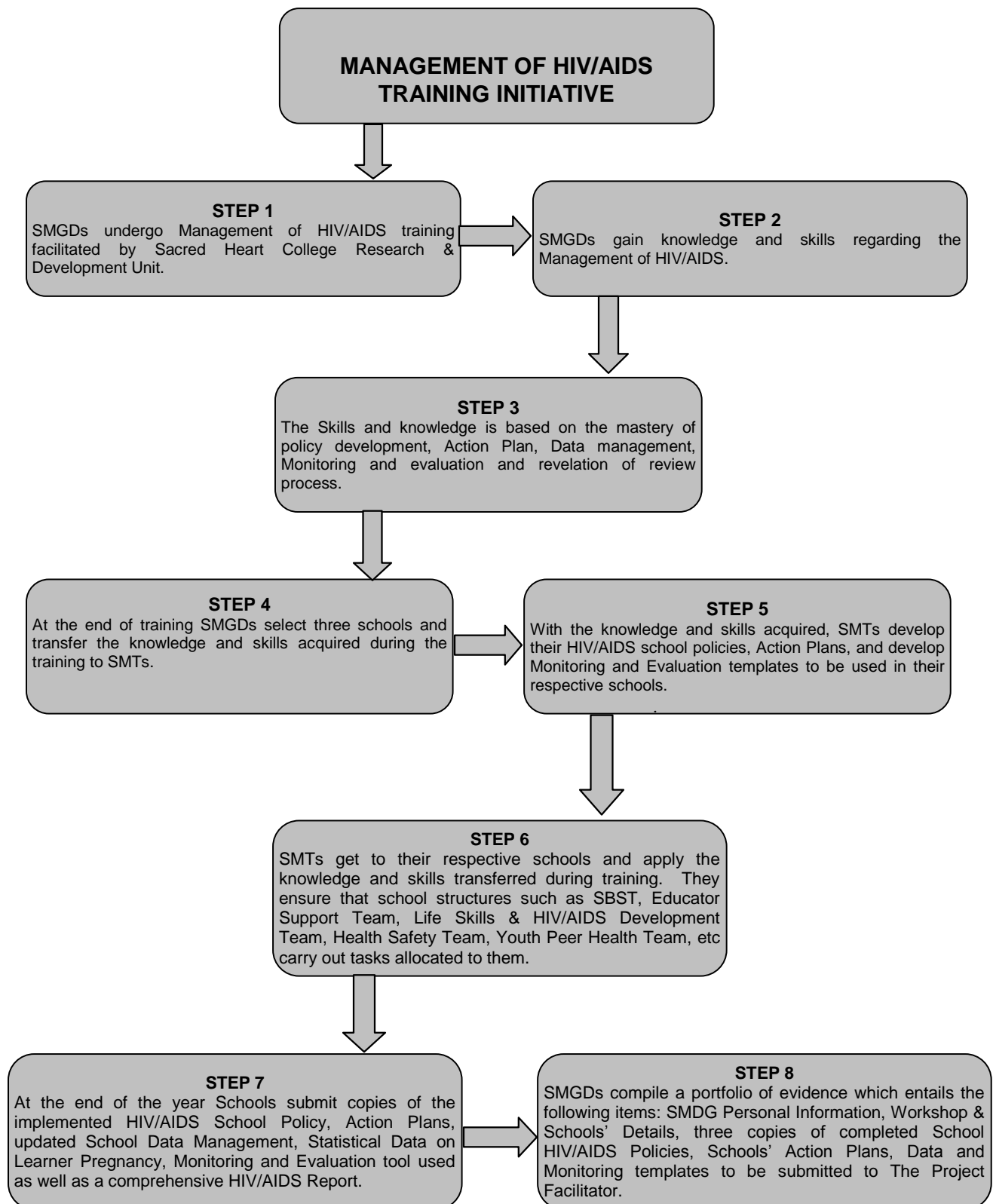


Figure 1. *The Logic Model of Management of HIV/AIDS training*

## 1.6 DESCRIPTION OF THE SMT TRAINING INITIATIVE AND ACTIVITIES

The SMT training initiative is designed to give members of School Management Teams the practical skills to effectively manage the impact of HIV/AIDS in their schools. Information to be learnt is divided into five modules dealing with the following units:

- Policy Development
- Successful Action Plans
- Data Management
- Monitoring and Evaluation and
- Revelation of the review process

Each of the Five Training modules are divided into two booklets namely: Learners' Guide and Core Resource Pack. Each module was presented in a two hour workshop, followed by practical activities to be completed by participants (SMTs) at their respective schools.

## 1.7 DELIVERY OF THE TRAINING

### 1.7.1 Module 1: (Policy development)

*Schools as Learning Organizations:* Participants should be aware of the similarities between schools and organizations. Participants are also expected to be familiar with the characteristics of organization (and more specifically schools as learning organizations) and to understand the four building blocks of organizational development and how they relate to school HIV/AIDS programmes. Furthermore, they should be aware of the various elements and processes of organizations as open systems.

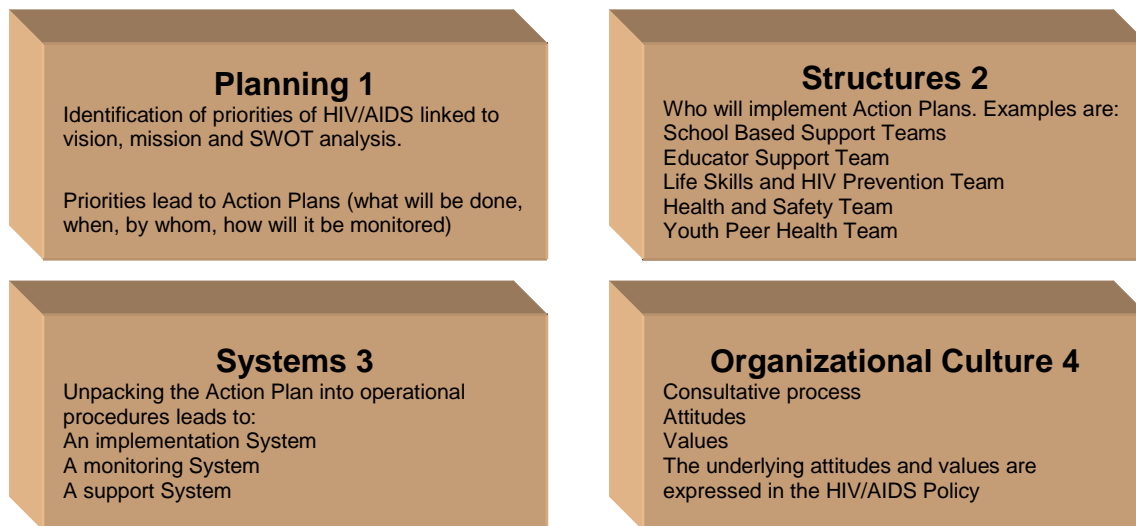


Figure 2. *The Four Building Blocks of organizational development (Adapted from SHCR&D, 2008)*

*Policy Planning Particulars:* With regards to policy planning, participants should be able to define the term “policy”. In addition, participants should understand why schools need policies and what are they all about. They should also be aware of the link between policies, school development plans and the importance of including all five critical priorities of the National Guideline on HIV/AIDS in school policies. Table 1 below indicates the five critical priorities to be included in the school policy as well as issues which schools can select in addressing the management of HIV/AIDS.

## THE FIVE CRITICAL PRIORITIES

| 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>                                                                                                                                                                                                |

Table 1. *The Five Critical Priorities regarding HIV/AIDS*

### 1.7.2 Module 2 (Successful Action Plans)

Participants should understand quality education and be familiar with the various elements of the Quality Assurance Cycle as it underlines the connection between Planning, Implementing, Monitoring, Evaluating and Revising and Identifying Needs of HIV/AIDS programmes put in the action plan.

Participants should learn about various indicators of success and understand their importance in measuring quality education. In addition, they must be able to identify indicators of success in school action plans for the Five HIV/AIDS critical priorities.

| HIV/AIDS ACTION PLAN              |                                             |                                         |                        |                                 |                                   |                                                   |                                                        |                                                                                       |
|-----------------------------------|---------------------------------------------|-----------------------------------------|------------------------|---------------------------------|-----------------------------------|---------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|
| Priority 1: Prevention            |                                             |                                         |                        |                                 |                                   |                                                   |                                                        |                                                                                       |
| Date: 09 January 2003             |                                             |                                         |                        |                                 |                                   |                                                   |                                                        |                                                                                       |
| Participants: SGB, SMT, SBST, EST |                                             |                                         |                        |                                 |                                   |                                                   |                                                        |                                                                                       |
| Action                            | Activities                                  | Responsible Persons                     | Time Frame             | Budget                          | Resources                         | Support                                           | Monitoring the process                                 | Indicators of success                                                                 |
| Awareness campaign                | a. Plan the campaign<br>b. Contact speakers | a. SGB, SBST<br>Mrs Ntau and Kala<br>b. | a. 21 Feb<br>b. 25 Feb | R2500<br>Will try to raise more | Phone calls<br>T. shirts, ribbons | District Office<br>NGO's,<br>Department of Health | a. Report to SGB chairperson<br>b. Report to principal | There is a programme activities in place<br>Speakers and participants know what to do |

Table 2. HIV/AIDS Action Plan (Adapted from Develop HIV/AIDS plan for your school, 2003)

### 1.7.3 Module 3 (Data Management)

This module deals with the interpretation of data in a quantitative (i.e. data expressed as numbers) and qualitative (data expressed as anything like text, photographs, videos, sound, etc.) manner for HIV/AIDS programmes and participants should have a better understanding of information which is needed to help schools' HIV/AIDS action plans. The following example gives an idea of the data categories that are needed.

| Learner  |                   |                     |       | Status |            |       |                |          |                   |               |       |
|----------|-------------------|---------------------|-------|--------|------------|-------|----------------|----------|-------------------|---------------|-------|
| Surname  | Name/<br>Initials | ID/Date<br>Of birth | Grade | Orphan | Vulnerable | Grant | Food<br>Parcel | Uniforms | Support<br>Needed | Stays<br>with | Abuse |
| Learner1 | M.M               | 93/07/21            | 10    |        | Yes        | Yes   | Yes            | No       | Clothes           | Mother        |       |
| Learner2 | G.G               | 92/11/01            | 11    | Yes    | No         |       | No             | Yes      |                   | Aunt          |       |
| Learner3 | KK                | 89/08/09            | 12    | Yes    | Yes        | No    | No             | No       | Uniform           |               | No    |

Table 3. *HIV/AIDS Action Plan (Adapted from Develop HIV/AIDS plan for your school, 2003)*

#### 1.7.4 Module 4 (Monitoring and Evaluation)

In addressing poor monitoring and evaluation of HIV/AIDS programmes in schools, the following recommendations must be taken into account:

- Guidelines for monitoring should be developed.
- Guidelines for feedback should be drawn.
- Skills transfer must be done to enable the process.
- Clear lines of monitoring and reporting must be established by District Offices.

This module therefore intends to cover the recommendations suggested above as participants are made aware of the distinction and relationship between monitoring and evaluation and to have a better understanding of current monitoring and evaluation practices. Monitoring and evaluation templates are dealt with and participants determine lines of accountability when it comes to reporting and developing checklists of evaluation criteria against which participants will be evaluating their action plans. (Refer to Appendix for Quarterly and Monitoring and Recording Template).



### 1.7.5 Module 5 (Revelation of the Review Process)

Participants learn about looking back at what they shall have carried out in their respective schools. That is, schools must review their action plans to find out which objectives were met and which objectives could not be met. The knowledge gained in the action plan must inform the planning for the next cycle.

## **1.8 APPLICATION OF HIV/AIDS KNOWLEDGE AND SKILLS IN THE WORKPLACE**

During the training sessions, SMTs were given various practical exercises on how to develop HIV/AIDS policies, Action Plans and to make use of different templates provided (Refer to Appendix F for templates). Exercises are to prepare the SMTs for the application of knowledge and skills in their schools. The training was to be considered valuable and worthwhile only if the participants would be able to bring about improvement in their school. This means the negative impact of HIV/AIDS is believed to mitigate if SMTs implement the outcomes learnt during training. The purpose of this study is therefore to evaluate the success of this HIV/AIDS management training initiative in terms of the transference and application of outcomes.

The following research questions based on Success Case Method by Brinkerhoff will be used to determine if the outcomes of the training initiative have been met:

- Which outcomes were used? (i.e. Application)
- What results were achieved?
- What good did it do? (i.e. Value)
- What environmental factors helped or hindered the transfer of training?
- What suggestions can be made for improving the training?

## **2. RESEARCH METHOD**

There are different kinds of evaluation research and methods to be used for needs assessment, evaluation of new programmes and evaluation of completed programmes of study. This evaluation follows the Success Case Method by Brinkerhoff which will be briefly outlined hereunder,

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

The Success Case Method (SCM) is a method that can provide information on the factors which help or hinder the application of learning. The potential success of a new initiative, no matter how small it is or how few are able to make it work is, nonetheless, success, and success is what is being aimed for. The SCM model searches out and surfaces these successes, bringing them to light in persuasive and compelling stories so that they can be weighed (are they good enough?), provided as motivating and concrete examples to others, and learned from so that we have a better understanding of why things worked, why they did not work (Brinkerhoff, 2003: 3). The researcher followed the five steps suggested in order to know more about the high success and non-success cases of Management of HIV/AIDS training programme conducted to School Management Teams. The following diagram depicts the five steps of the SCM model.

## THE FIVE STEPS OF THE SUCCESS CASE METHOD MODEL

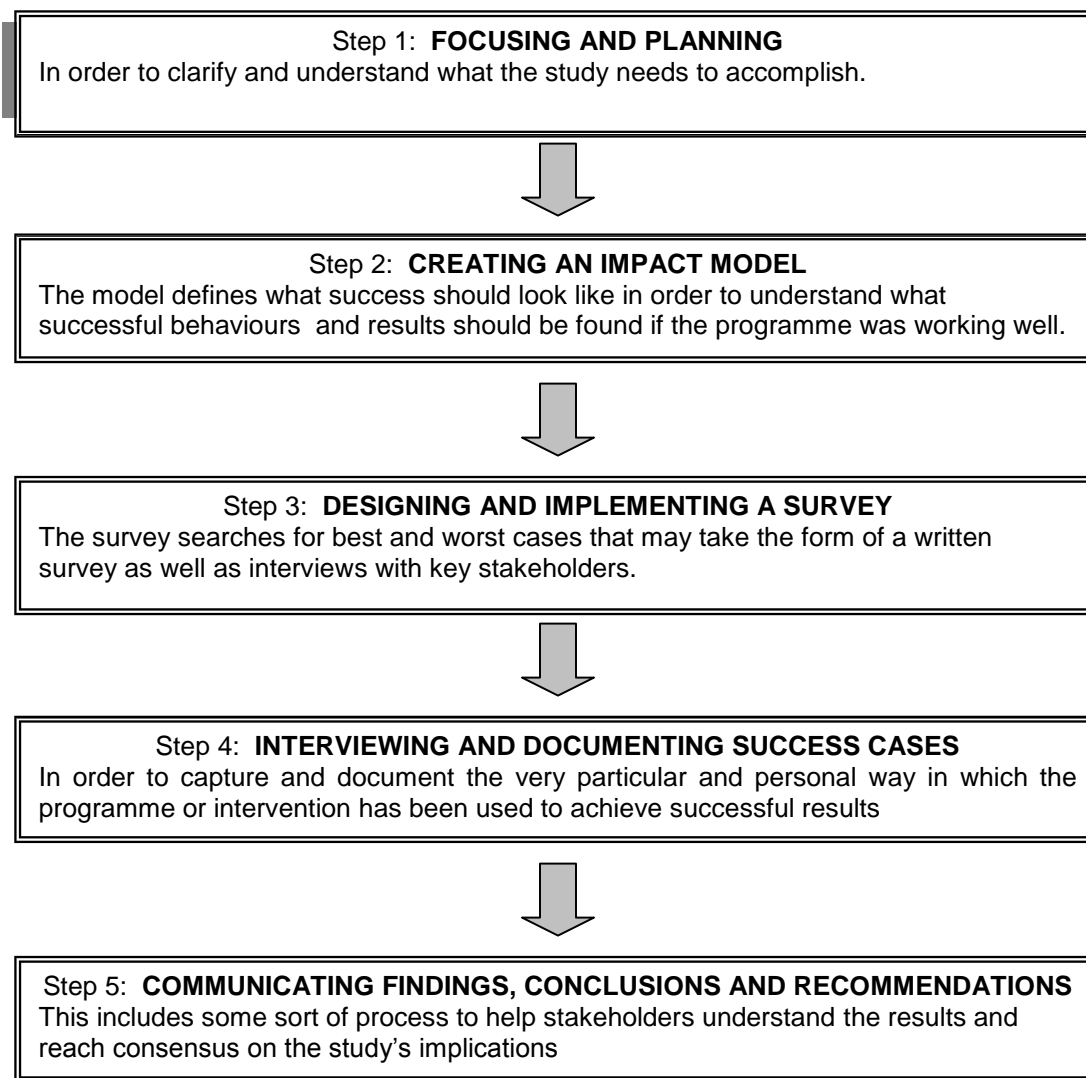


Figure3: The Fives Steps of the SCM (Adapted From Brinkerhoff R.O & Dressler D.E, 2003)

### 2.2 THE IMPACT MODEL

In order to determine success in the workplace brought by a training intervention programme, Brinkerhoff (2003) suggests a model that serves to assist the evaluators to measure the impact appropriately. Although the impact model can be developed in various ways (depending on the nature of the training), the following are common indicators to be found in an impact model:

- (i) *Capability*: in the forms of the tools, knowledge, skills and access that the new system intends to those being trained.

- (ii) *Critical actions and key supervisory results:* are for the key behaviours and outcomes in which the new capability should be employed to help achieve the intended organizational goal.
  
- (iii) *Organizational goal:* the goal to which the Core intended the new supervisory system to contribute.

The following Table 4, depicts the HIV/AIDS training programme based on the fundamental structure. It shows how the capabilities introduced by the training intended to be applied (job performance and results) to help and achieve the Department of Education's strategic goal with regards to management of HIV/AIDS in schools.

| KEY KNOWLEDGE AND SKILLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CRITICAL ACTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                     | SEY SUPERVISORY RESULTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ORGANIZATION STRATEGIC GOAL                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <p>Familiarize themselves with characteristics of schools as organizations and understand the building blocks of organizational development.</p> <p>Understanding the need for school policies and development plans.</p> <p>Understanding Quality Education and various elements of Quality Assurance Cycle.</p> <p>To be able to interpret qualitative and quantitative data.</p> <p>To be aware of distinction and relationship between monitoring and evaluation.</p> <p>To have a better understanding and evaluation practices.</p> <p>Review programmes.</p> | <p>Use knowledge and skills to develop effective HIV/AIDS school policy and Action Plans to protect quality education.</p> <p>Use the suggested templates to manage HIV/AIDS related data in terms of educators and children in need and to be able to measure progress by using monitoring and evaluation tools.</p> <p>Effective implementation of the Five Critical Priorities.</p> <p>Review Action Plans in order to deal with limitations.</p> | <p>High level of performance in terms of management of HIV/AIDS in the workplace.</p> <p>Increased number of infected and affected learners and educators using the services and programmes the school offers.</p> <p>Adherence to the principles stipulated in the HIV/AIDS policy which include: confidentiality, non discrimination, absence of stigma for infected and affected educators and learners.</p> <p>Providing proper HIV/AIDS Annual report to the District Office.</p> <p>Working with community structures such as Health centres, NGOs, FBOs, and CBOs to fight HIV/AIDS.</p> | <p>To deal effectively and purposefully with the HIV/AIDS emergency in and through the education and training system.</p> |

Table 4: Impact Model for HIV/AIDS Management Training

## **2.3 TARGET POPULATION**

A list of over 120 educators from 48 schools across 15 towns which participated in the HIV/AIDS Management training was obtained from Lejweleputswa Education District. In order to find a way of studying the target population in a manageable manner within the constraints of time, proximity, numbers and available resources, the researcher sought to identify a sub-population which possessed the same major critical characteristics of the population described hereunder.

### **2.3.1 Sampling**

Brinkerhoff (2003: 125) suggests that if the number of participants is around fifty or so, it is best to survey all of them. If the number is 400 or greater, then 10% sample will yield the cut-off number of forty to fifty participants. This assumes that the response rate is good enough that the sample the evaluator actually ends up with will be larger than forty to fifty participants. With the evaluation research under study, the sample used to collect data constituted of 55 educators from 35 schools across 14 towns categorized under Primary/Intermediate schools, Secondary schools and combined schools. The schools were from townships, towns and farms/districts. Survey instruments were distributed to participants, and interviews were subsequently conducted with the highest- and lowest scoring respondents from each school.

## **2.4 DATA COLLECTION**

Letters of permission to conduct a research study together with copies of survey questionnaires and conducting interviews for the participants who would be identified were sent to The Director of Quality Assurance (FSDoE), Principals and SMT members of targeted schools via Lejweleputswa Education District. SMT members from each participating school were requested to fill out the survey questionnaire to be returned to the district office in two weeks (Refer to Appendix A for templates of letters of permission). Realizing that only 36 SMT members from 26 schools responded within the stipulated time, the researcher communicated with

school principals over the phone and a one week extension was granted in order to increase the population sample ranging between forty to fifty participants as suggested by Brinkerhoff (2003: 125).

#### 2.4.1 Single Purpose Survey Instrument

A single purpose survey (Brinkerhoff, 2003: 103) has limited and narrow questions which embark upon the key question: To what extent have SMT members been able to use HIV/AIDS management training to achieve successes in their respective schools? The survey questionnaires therefore included only ten questions in order to identify the success cases.

#### 2.4.2 Structure of the survey instrument

Each respondent had to fill a four-page survey questionnaire consisting of the following:

- Page 1: a cover page which explained the purpose of the study, the participants' rights, general instructions for answering questions and the contact details of the researcher for any clarifications required.
- Page 2: dealt with respondents' demographic information.
- Page 3: (Section A), dealt with questions where respondents had to rate the extent to which they have been able to apply HIV/AIDS management knowledge and skills acquired during training. The following statements were posed to respondents:
  - I have used the training to understand and develop HIV/AIDS policy
  - I have used the training to understand and develop HIV/AIDS Action Plan
  - I have used the training to understand and interpret Data
  - I have used the training to understand Monitoring and Evaluation
  - I have used the training to Review Action Plan

In response to the above-given statements, respondents had to tick the most appropriate answer from a set of five possible responses given. The table below depicts the set of five response format and the scoring thereof.

| <b>RESPONSE FORMAT</b>                               | <b>SCORING SCHEME</b> |
|------------------------------------------------------|-----------------------|
| I tried this and had clear and positive results      | 5                     |
| I tried this, but had no clear results yet           | 4                     |
| I tried this somewhat, but do not expect any results | 3                     |
| I tried this and it did not work                     | 2                     |
| I have not tried this at all                         | 1                     |

*Table 5: Response Format and Scoring (Brinkerhoff, 2003)*

The respondents who had ticked the first response for each statement had been those whom it is assumed that they fully applied knowledge and skills acquired during training whilst the respondents who had ticked the last response for each statement are assumed to have been those who had not tried to apply knowledge and skills acquired from the training.

- Page 4 (Section B), dealt with questions where respondents had to describe their schools in terms of the application of the Five Critical Priorities by agreeing or disagreeing with each of the statements below:
- The school is implementing an Action Plan in preventing the spread of HIV/AIDS
- The school is implementing an Action Plan in providing Care and Support for learners infected and affected by HIV/AIDS
- The school is implementing an Action Plan in providing Care and Support for educators infected and affected by HIV/AIDS
- The school is implementing an Action Plan in protecting Quality Education



- The school is implementing an Action Plan in Managing a Coherent Response to HIV/AIDS (Refer to Appendix B for a Survey Instrument).

A numerical value from 1 to 4 was given for each response on a Likert scale rate as such:

| RESPONSE FORMAT   | SCORING SCHEME |
|-------------------|----------------|
| Strongly Disagree | 1              |
| Disagree          | 2              |
| Agree             | 3              |
| Strongly Agree    | 4              |

Table 6: Likert scale Response Format and scoring scheme

#### 2.4.3 Description of survey respondents

Of the 55 participants who were issued the survey questionnaire 82% (that is 45 participants) from 33 schools responded and therefore became the research sample. In addition, a survey indicated that the gender split was almost half where 53% (n=24/) were females whilst 47% (n=21) were males as indicated in the graph below.

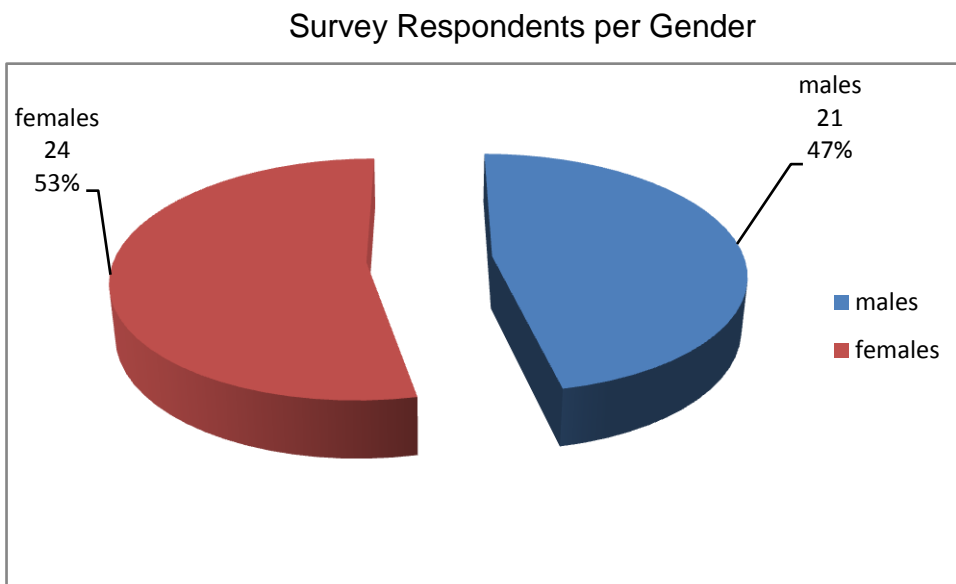


Figure 4: illustrates distribution per gender from members of SMTs who filled out the survey questionnaire.

Figure 6 shows that most (%) of the respondents were African, and a small number were White, while the sample contained no Coloureds or Indians. It should be taken into account that the imbalance in the number of respondents per race could mean that the training was only conducted to schools which were predominantly African and a few predominantly white schools.

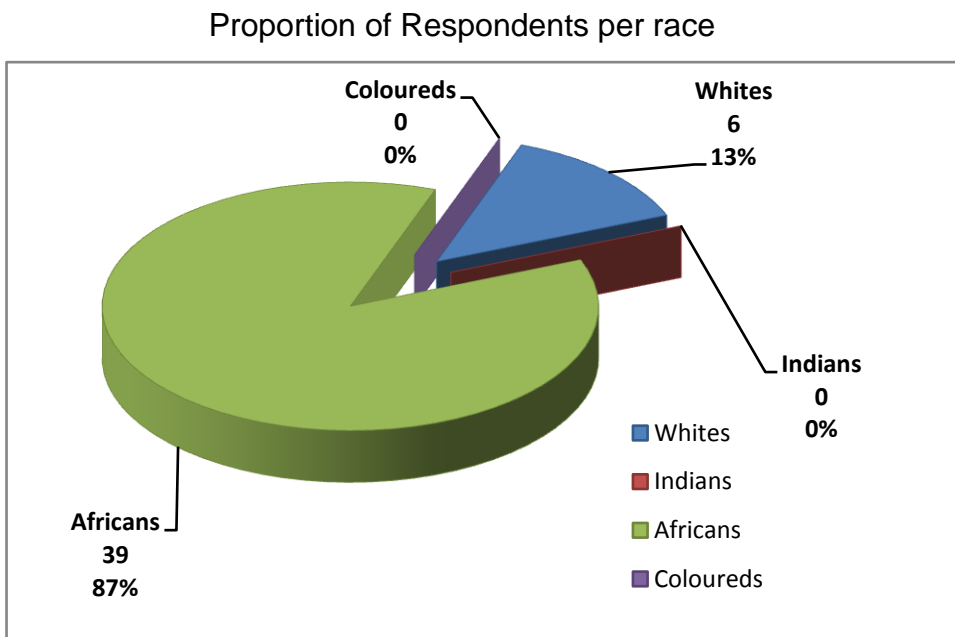


Figure 5: illustrates proportion of respondents per race

#### 2.4.4 Face to face Interview Instrument

In a semi-structured interview the researcher follows standard questions with one or more individually tailored questions to get clarification or probe a person's reasoning (Leedy, et al, 2005: 184). A telephone communication with ten respondents (i.e. five respondents who obtained the highest possible scores and another five respondents who obtained the lowest possible scores) was done in order to solicit their agreement for face to face, semi-structured interviews to be conducted. In addition to that, the selected interviewees were sent a reminder notice and anonymity and confidentiality was guaranteed. Selected respondents were also given a brief preview about what the interviewer would want to ask them. (See Appendix C for telephonic preparations). A tape recorder was also used in order to capture any information that might have been left out during note-taking.

## 2.5 THE BRINKERHOFF CONCEPTUAL MODEL

The Brinkerhoff Conceptual Model (Brinkerhoff, 2003) suggests two categories of questions to be used in order to gather information regarding a particular programme. The first category refers to a set of questions to be asked in order to investigate the impact of the programme and explore those factors that seem to support success. Five information buckets are used in which each bucket has specific questions whereby an interviewee has to fill out the information bucket with the relevant responses for every question asked. Figure 7 depicts information buckets and a set of questions to be asked for this category.

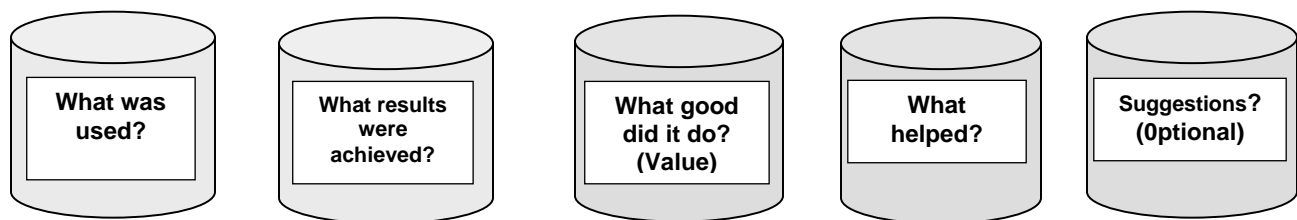


Figure 6: High Success Interview Buckets (Brinkerhoff, 2003)

The second category refers to a set of questions to be asked in order to know and explore factors that inhibited success of a particular programme. This category does not have many questions, the main aim is to find out what might have caused the knowledge and skills transferred during training not be implemented. Figure 8 below depicts a set of questions asked for this category.

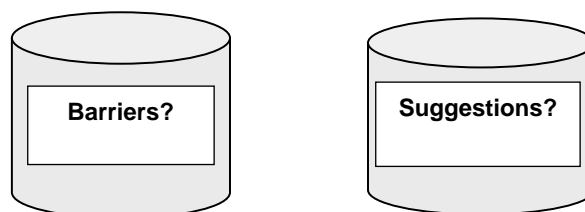


Figure 7: Low Case Interview Buckets (Brinkerhoff, 2003)

### 2.5.1 Description of high success cases Interview schedule

The first set of five questions was meant for High Success Case interview where it was presumed that the five interviewees found the training to be a success.

Spontaneous probe questions were used to steer the interviewee to provide the required information about successes of the training in not more than 45 minutes.

#### 2.5.1.1 Bucket 1

For this evaluation, the first bucket intended to be filled with information regarding the role played by the interviewee in ensuring effective management of HIV/AIDS in the school. This included strategies taken (such as Action Plans) for implementation and identification of sections of the training which were used most.

#### 2.5.1.2 Bucket 2

The interviewee provided a picture of what the HIV/AIDS situation was like in the school prior to the training and what measurable differences were achieved after the training was attended. The information filled out was to be supplemented with evidence or examples of achievements.

#### 2.5.1.3 Bucket 3

This bucket related to information regarding the contribution that HIV/AIDS Management training has made to the school in realizing the Free State Department of Education's strategic goal on HIV/AIDS. In addition, the interviewee had to provide information regarding the negative impacts that could have been experienced had the HIV/AIDS management not been implemented.

#### 2.5.1.4 Bucket 4

The bucket related to information about key factors that led to success of the programme and the type of support received from stakeholders (such as the School's Top Management, the Provincial and District Office and community structures like Health Centres, Law enforcement agencies, Faith Based Organizations, Community Based Organizations and Non Governmental Organizations). Provision of resources had to range from financial sponsorships to material support.

#### 2.5.1.5 Bucket 5

Information expected to have been filled out related to inputs that the interviewee felt would lead to the improvement of the programme in the future. The input had to assist the school or the Free State Department of Education or the service provider.

#### 2.5.2 Description of nonsuccess case Interview Schedule

The first set of two questions was meant for Nonsuccess Case interview where it was presumed that the two interviewees found the training not useful. The interviewees were to provide information in not more than 30 minutes.

##### 2.5.2.1 Bucket 1

Although the training was attended, there might be several factors that could have led to poor application and implementation of the intended outcomes. The interviewer therefore, once again used probing questions to steer the interviewee to tell how the training attended was used and what were the factors that hindered progress in the school. That however, was done in a way that the interviewee did not become defensive.

##### 2.5.2.2 Bucket 2

As it is the case with the last bucket in the high success case interview, in this one the interviewee suggested ways that could help the school or the Free State Department of Education or the service provider to improve the HIV/AIDS programmes. (Refer to Appendix B for high success case and nonsuccess case interview questionnaire).

### **3. RESULTS**

The following results were obtained from the two components of evaluation instruments namely, a survey and interview schedule for quantitative and qualitative analysis. In section B 1.1 – 1.5, the evaluator started by providing descriptive statistical analysis on the application of the HIV/AIDS knowledge and

skills. In section B 2.1 – 2.5 of the questionnaire depicting the graphs, the evaluator focused on the implementation of five critical priorities. The evaluator ended with qualitative responses given during the interview sessions.

### 3.1 QUANTITATIVE DATA FROM SURVEY INSTRUMENT

The following Quantitative results analysis is based on Questions 1.1 to 1.5 and Questions 2.1-.2.5 of the Survey Questionnaire.

#### 3.1.1 Developing HIV/AIDS Policy in schools

Table 7 shows that just more than half of the respondents (n=24/53.3%) had tried to develop an HIV/AIDS policy in their schools, and had clear positive results. The rest of the respondents were distributed very evenly across the various categories. Six had not implemented this at all, six more had tried it without really expecting results, and a further nine (20% of the sample) had tried it expecting results, but had not seen those results as yet. There could be various contextual factors that some schools may have not have had clear and positive results such as lack of commitment, lack of support from stakeholders or perhaps the implementation took place rather too late and therefore too early to see results.

|                                                   | Frequency | Percent |
|---------------------------------------------------|-----------|---------|
| Valid Have not tried this at all                  | 6         | 13.3    |
| Tried this somewhat but do not expect any results | 6         | 13.3    |
| Tried this but no positive results yet            | 9         | 20.0    |
| Tried this and had clear and positive results     | 24        | 53.3    |
| Total                                             | 45        | 100.0   |

Table 7: An overview of the survey responses on Developing HIV/AIDS Policy in schools

#### 3.1.2 Developing HIV/AIDS Action Plans in schools

From Table 8 below, it can be seen that only just more than a third of the respondents (n=16/ 35.6%) indicated having had clear and positive results on

developing HIV/AIDS Action Plans, while on the other hand, just more than a fifth ( $n=10/22.2\%$ ) never tried at all. Furthermore, just more than a quarter ( $n=12/26.7\%$ ) had tried to develop HIV/AIDS plans for their schools, but had not seen any results yet. In view of the fact that a group of 10 respondents have not tried developing HIV/AIDS policy at all, it could be assumed that the entire school planning is a challenge, and programmes might not synchronize well for other school activities to take place.

|                                                   | Frequency | Percent |
|---------------------------------------------------|-----------|---------|
| Valid Have not tried this at all                  | 10        | 22.2    |
| Tried this and it did not work                    | 1         | 2.2     |
| Tried this somewhat but do not expect any results | 6         | 13.3    |
| Tried this but had no positive results yet        | 12        | 26.7    |
| Tried this and had clear and positive results     | 16        | 35.6    |
| Total                                             | 45        | 100.0   |

Table 8: An overview of the responses on Developing HIV/AIDS Action Plans for schools

### 3.1.3 Interpretation of data

From Table 9, only 13.3% ( $n=6$ ) respondents tried and had clear positive results with regards to the interpretation of data and more than half of the respondents ( $n=24/53.3\%$ ) have not tried this at all. The questions that emanate from the table are whether SMTs were given enough exercises to get skills on data interpretation or whether there is no data available to interpret as a result of learners and educators who do not avail themselves for support.

|                                                   | Frequency | Percent |
|---------------------------------------------------|-----------|---------|
| Valid Have not tried this at all                  | 24        | 53.3    |
| Tried this and it did not work                    | 3         | 6.7     |
| Tried this somewhat but do not expect any results | 5         | 11.1    |
| Tried this but had no positive results yet        | 7         | 15.6    |
| Tried this and had clear and positive results     | 6         | 13.3    |
| Total                                             | 45        | 100.0   |

Table 9: An overview of the responses on Interpreting Data

### 3.1.4 Monitoring and Evaluation

Table 10 below depicts that only 6.7% (n=3) of the respondents were able to produce positive results in terms of monitoring and evaluating HIV/AIDS programmes. Again more than half (n=25/55.6%) did not even try this, and a further 8 (17.8%) had tried it, but had not yet seen any results. Since monitoring and evaluation of HIV/AIDS is not carried out by a large proportion of schools, it would be difficult to measure progress made and this will eventually lead to a total collapse of HIV/AIDS programmes in schools.

|                                               | Frequency | Percent |
|-----------------------------------------------|-----------|---------|
| Valid Have not tried this at all              | 25        | 55.6    |
| Tried this and it did not work                | 4         | 8.9     |
| Tried this but do not expect any results yet  | 5         | 11.1    |
| Tried this but had no positive results yet    | 8         | 17.8    |
| Tried this and had clear and positive results | 3         | 6.7     |
| Total                                         | 45        | 100.0   |

Table 10: An overview of the responses on Monitoring and Evaluation

### 3.1.5 Review the Action Plan

Table 11 below shows that, again a very large proportion (n=18/40%) of the respondents did not even attempt to review their school's HIV/AIDS Action Plans. Only 12 (26.7%) respondents did, with results, and a further 7 (15.6%) also tried, but without results. This brings concerns as to whether do schools think it is necessary to review HIV/AIDS or whether schools are not planning their programmes accordingly.



|       |                                                   | Frequency | Percent |
|-------|---------------------------------------------------|-----------|---------|
| Valid | Have not tried this at all                        | 18        | 40.0    |
|       | Tried this and it did not work                    | 1         | 2.2     |
|       | Tried this somewhat but do not expect any results | 7         | 15.6    |
|       | Tried this but had no positive results yet        | 7         | 15.6    |
|       | Tried this and had clear and positive results     | 12        | 26.7    |
|       | Total                                             | 45        | 100.0   |

Table 11: An overview of the responses on Review the Action Plan

### 3.1.6 Preventing the spread of HIV/AIDS in schools (Q2.1)

When asked whether their schools were working to prevent the spread of HIV/AIDS in the school, the graph in Figure 9 below depicts that only 2.2% of the 45 respondents agreed strongly with this, while a further 17% agreed. This means that only one fifth of the schools in the survey (19.2%) were actually working according to a definite plan to prevent the spread of HIV/AIDS. This further implies that there could be an increase of HIV/AIDS prevalence among learners as the SMTs are not doing enough to prevent the spread of HIV/AIDS in their respective schools.

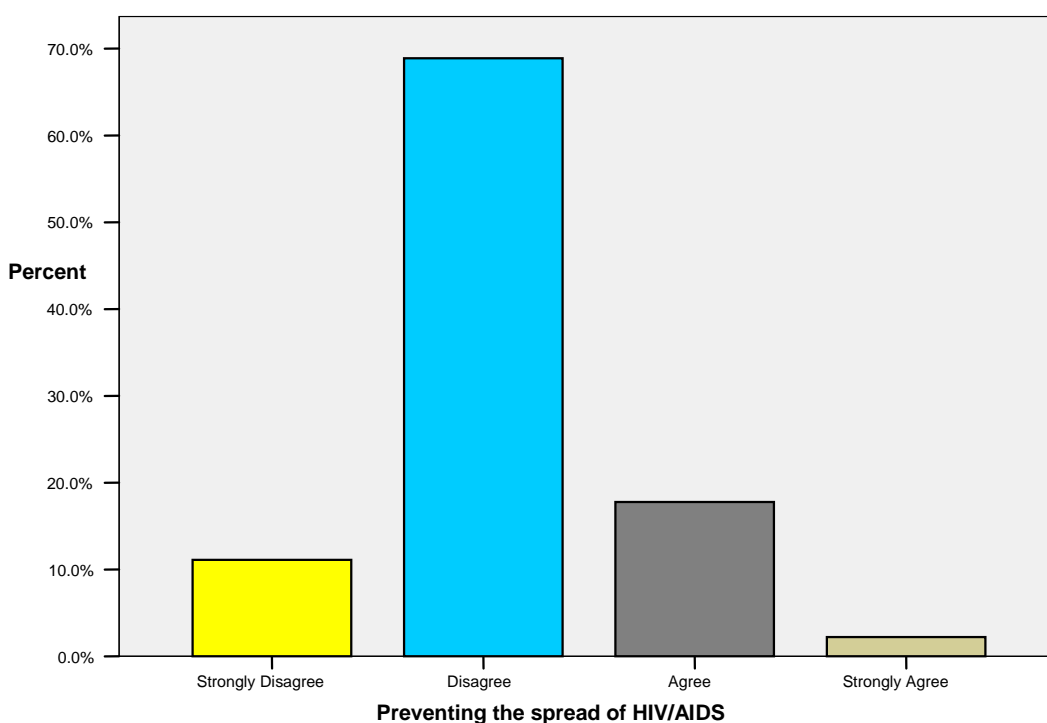


Figure 8: *Graph showing the survey responses for the prevention of the spread of HIV/AIDS*  
 3.1.7 Provision of Care and Support for learners

It is evident that most of the respondents agreed that their schools were providing Care and Support for learners who were affected by HIV/AIDS in their schools, as a total of 84.4% of the respondents either agreed or strongly agreed with this (Figure 10). However, it would appear as if the schools could be doing more to help these learners, as the strongly agree category only represented 13.3% of the sample.

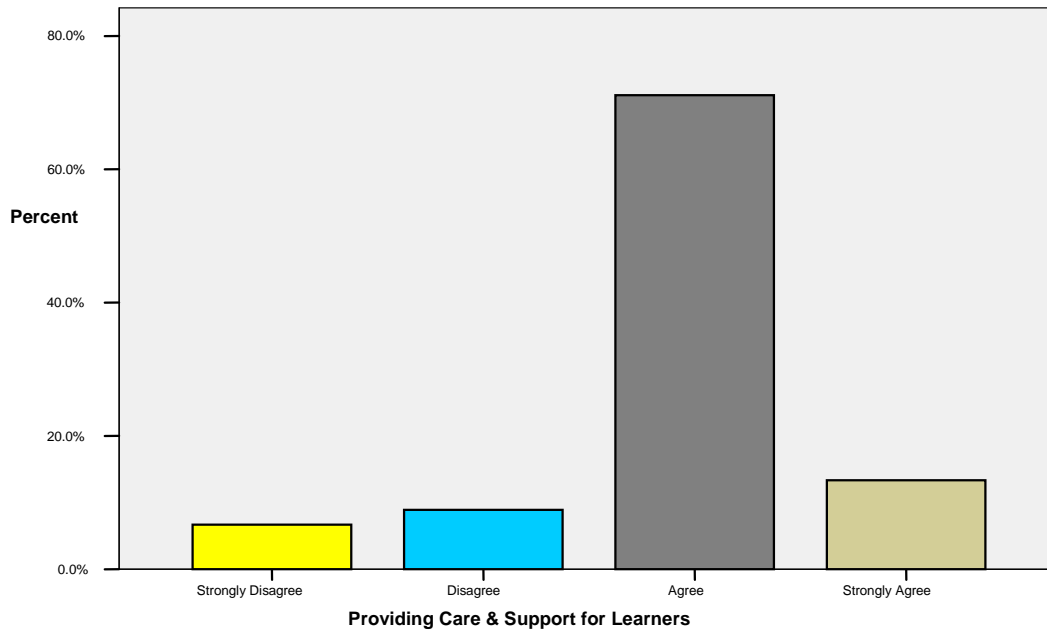


Figure 9: *Graph showing the survey responses for the provision of Care and Support for Learners*

### 3.1.8 Provision of Care and Support for Educators

Support for educators affected by HIV appeared to be much less than for the learners. While 35.6% of the sample did agree that such support was being given, only 4.4% agreed strongly (Figure 11). Furthermore, 60% of the respondents either disagreed (50%) or disagreed strongly (10%) with this statement. There is therefore a need that support on educators be intensified so that educators can in turn support the learners.

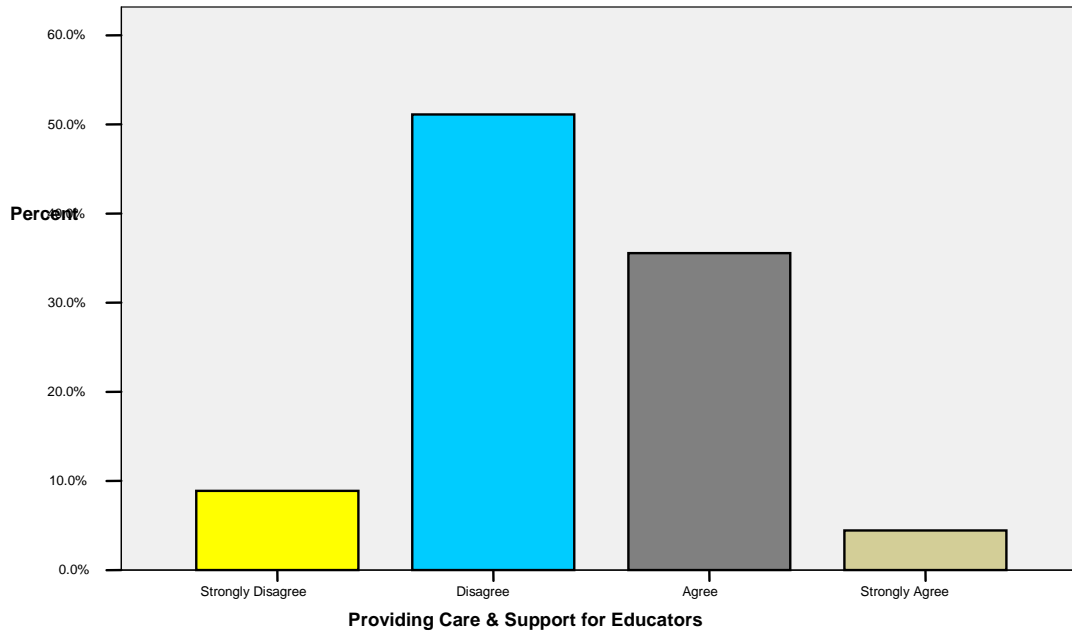


Figure 10: Graph showing the survey responses for provision of Care and Support for educators

### 3.1.9 Protecting Quality Education

Figure 12 shows that the schools were acting to implement an action plan in protecting quality education, with the vast majority (86.8%) of respondents agreeing with this statement (22.2%=Strongly Agree; 64.4%=Agree). Again, though, perhaps more could be done, as the proportion that indicated strong agreement represented only a fifth of the sample.

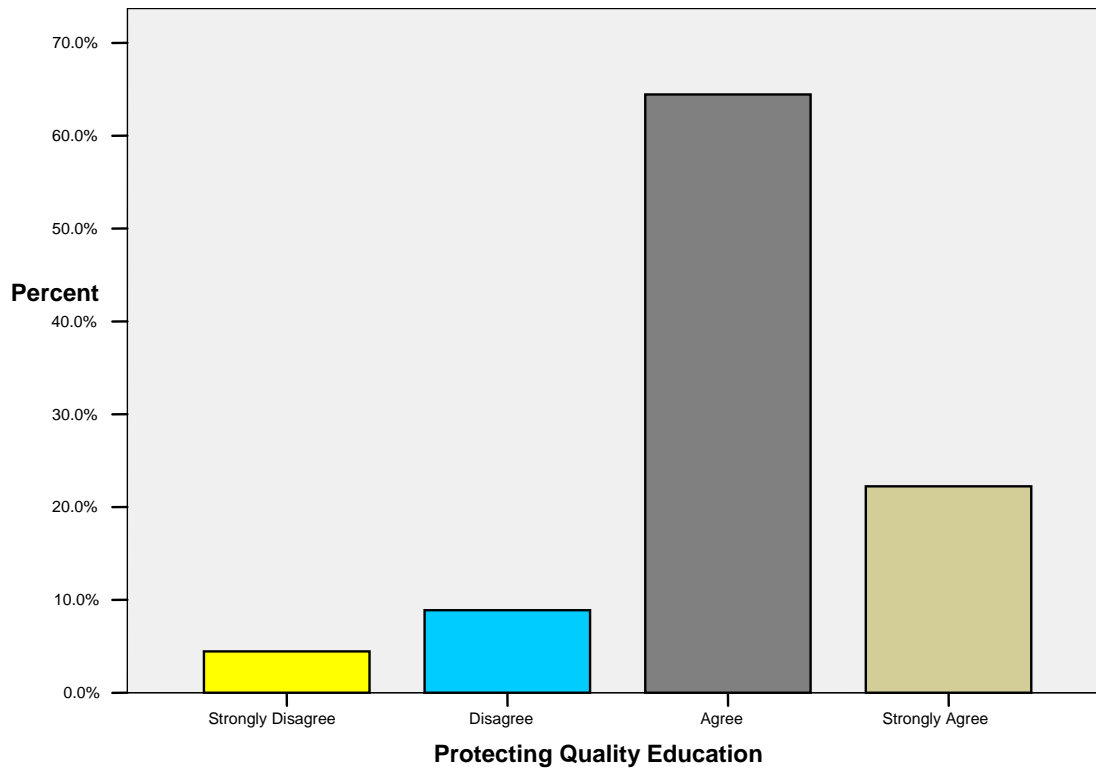


Figure 11: Graph showing the survey responses for protection of Quality Education

### 3.1.10 Managing Coherent Response

Figure 11 indicates that most of the respondents (80.8%) felt that the schools were implementing an action plan in managing a coherent response to HIV/AIDS. However, it should be noted that the proportion which indicated strong agreement represented only (11.9% of the sample). The results should perhaps also be viewed with some suspicion, given the answers to the preceding questions.

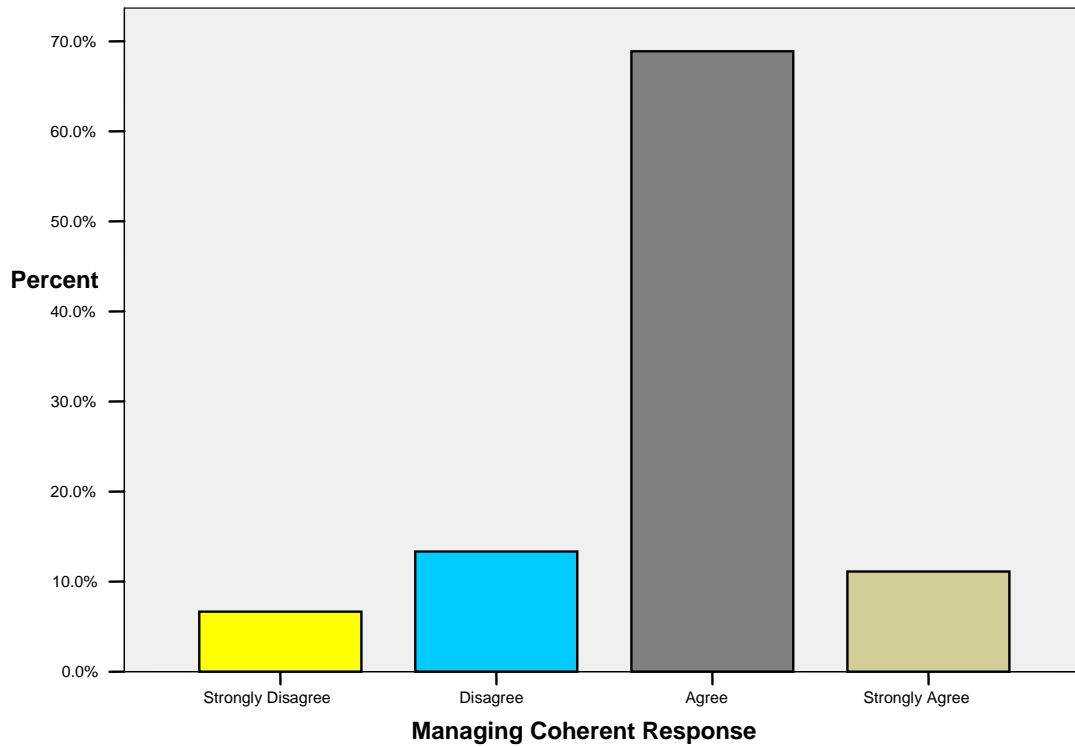


Figure 12: Graph showing the survey responses for Managing Coherent Response

### 3.2 QUALITATIVE INTERVIEWS WITH SUCCESS AND NON SUCCESS CASES

Qualitative interviews with success and non-success cases were conducted in order to make relevant conclusions. Table 12 below gives an overview of the process of analysis in terms of the initial themes, categories and sub-categories that were conceptualized from the data.

| THEMES                                                     | CATEGORIES                                                                                                                                                                               | SUB CATEGORIES                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Implementation of HIV/AIDS Management training at a school | <p>Role played by SMT in ensuring implementation of training acquired.</p> <p>Strategies undertaken to deal with HIV/AIDS</p> <p>The degree in which parts of the training was used</p>  | <p>SMT ensuring implementation of HIV/AIDS Programmes in their respective schools.</p> <p>Integration of HIV/AIDS across curriculum, Awareness, Prevention, Advocacy, Talk show, Drama/poems, Development workshops and Involvement of parent community as part of the action plans</p> <p>Sections of the training used most, least and not at all</p> |
| Achievements realized in schools due to training           | Changes brought by implementation of the training acquired and achievements in terms of activities undertaken                                                                            | Better understanding of the pandemic by educators and learners, compilation of data for those who disclosed, acceptance of the affected and infected and the use of First Aid during injuries,                                                                                                                                                          |
| The value of what has been achieved                        | <p>Contribution made by the training in a school community</p> <p>Negative outcomes avoided</p>                                                                                          | <p>Provision of more support by SBST to protect quality learning and teaching, learners and educators making informed decision relating to sexual activities</p> <p>Discrimination against infected and affected learners and educators, stigmatization, negative labeling/mockery about victims, myths associated with the pandemic</p>                |
| Help received                                              | Critical Success Factors and Support/help received                                                                                                                                       | Support from National and Provincial Departments of Education, Health, Social Development, Correctional Services, SAPS, FBOs, CBOs, NGOs, and other community structures                                                                                                                                                                                |
| Barriers                                                   | Factors hindering success of the implementation of the programme                                                                                                                         | <p>Incomplete training</p> <p>Incorrect Timing</p> <p>Poor facilitation</p>                                                                                                                                                                                                                                                                             |
| Suggestions                                                | <p>How the implementation of HIV/AIDS Management could be improved at school</p> <p>Recommendation on how the programme could be improved by the Free State Department of Education.</p> | <p>Supervision and control by immediate supervisors</p> <p>Training to be extended to all educators and parents</p> <p>Refresher training per semester</p> <p>Effective Monitoring and Evaluation</p>                                                                                                                                                   |

Table 12: An overview of Themes, Categories and Sub-categories

### 3.2.1 Theme 1: Implementation of HIV/AIDS Management training at a school

#### 3.2.1.1 Role of the SMT and strategies undertaken

All the five SMT members interviewed on the success cases indicated that they play an effective role in ensuring that Management of HIV/AIDS is conducted according to the five Critical Priorities learnt during the training. Different strategies are being undertaken to deal with HIV/AIDS. One of the SMT members stated,

*“The training could not have come at the right time. With the knowledge acquired, we are able to make sure that our Action Plan includes activities such as HIV/AIDS awareness, advocacy, prevention, talk shows, drama and to top it off, we are also engaging parent community as part of our programme, we ensure that we stick to the time frame stipulated in the Action plan by holding regular meetings and keeping constant communication with all stakeholders”.*

### *3.2.1.2 The degree in which parts of the training were used*

Policy Development and Successful Action Plans seem to be parts of the training used most by all five participants while on the other hand, only three of the five participants have successfully managed data for educators and learners infected and affected by the pandemic and two participants indicated that data for educators has not been collected as yet. One of the participants made the following comment.

*“In our school we have been able to collect data for learners who require support through information provided by the School Based Support Team. Learners Accumulative Forms with confidential information are strictly kept in the School Information Systems accessed under high restrictions, however, we are still faced with a challenge of educators who do not come forward to receive support”.*

The greatest challenge lies with monitoring and evaluation of the programme as two of the five interviewees indicated that monitoring and evaluation is a section not used at all.

## 3.2.2 Theme 2: Achievements realized in schools due to training

### *3.2.2.1 Changes and achievements brought by the HIV/AIDS Management Training*

All the five interviewees stated that the knowledge and skills acquired at the training have brought significant changes in their respective schools as learners and educators have a better understanding of the pandemic in terms of epidemiology,

identification of symptoms and ways in which the pandemic can be prevented and treated. One of the interviewees reported,

*“During our awareness it was good to listen to learners posing thought provoking questions relating to HIV/AIDS and I believe the responses provided to them helped them for better understanding of the pandemic in addition to this, we greatly emphasize the principles stipulated in our school policy such as acceptance, non discrimination and stigmatization, confidentiality and teaching our learners how to deal with blood during injuries, etc.”*

### 3.2.3 Theme 3: The value of what has been achieved

#### 3.2.3.1 School Based Support Team and lower rate of learner absenteeism

All the five interviewees expressed increase in the number of affected learners coming forward for support. Learner absenteeism has decreased drastically due to different forms of support received ranging from School Nutritional Programme to material support (i.e. clothing collected from donors). One of the five participants shared an unbelievable case of an educator who revealed her HIV/AIDS and is now receiving support not only from the School Based Support Team but also from other members of staff. The school made provision for the educator to receive more support from the District Based Support Team which further referred said educator to ICAS (Service provider for Educator Wellness Programme. The interviewee stated,

*“I am thankful and proud that our educators value the importance of this training and that they will now make informed decision when coming to positive and healthy lifestyles”.*

The value of what has been achieved is further supported by one of the interviewees, who reported,

*“Since the implementation of the training, three guardians have reported to the school three children under their care who are orphans and receiving medication at the local clinic because of being born HIV*



*positive. This has helped the school in the sense that we now know how to deal with these learners and what kind of support is required”.*

### 3.2.3.2 *Negative outcomes avoided*

As a result of the implementation of the acquired knowledge and skills all five interviewees reported that they have been able to avoid negative outcomes. Four participants testified that the programme has helped to avoid discrimination against the victims of HIV/AIDS, Stigmatization and negative labeling. One of the five participants said,

*“Our community is obsessive of witchcraft and HIV/AIDS is also associated with it. It is clear that since the implementation of the programme people have begun to accept HIV/AIDS as one of the diseases that can be treated. Myths associated with HIV/AIDS are dealt away with because people are given relevant information regarding HIV/AIDS pandemic”.*

### 3.2.4 Theme 4: Help received

#### 3.2.4.1 *Critical Success Factors and Support received*

All the five interviewees acknowledged that having been selected to undergo HIV/AIDS Management training has personally developed them as they have a better understanding of the pandemic than before. In addition to this, the success cases are brought by different forms of support they received from the national and provincial departments of education and other community structures. One of the participants explained.

*“The success behind our programmes is brought about by the support we receive from within and outside the school. In a nutshell, I am proud to tell that our principal has been in the forefront realizing the department's mandate in providing time and resources to ensure that the programmes are carried out as per Action plan. Moreso, since 2008 we have been receiving support from the District Learning Facilitator for Inclusive Education, helping us to sustain quality education amid of HIV/AIDS challenges. Community structures such as the nurses from*

*the local clinic, SAPS, ministers of religion, traditional leaders and youth organizations have been coming in and out to make presentations relating to HIV/AIDS. Seedlings are provided freely to sustain our vegetable garden. The school established a clothing bank for the needy learners; the clothes are given out at the beginning of every term”.*

### 3.2.5 Theme 5: Barriers hindering success

#### 3.2.5.1 *Incomplete Training and Wrong timing*

Four of the 5 interviewees who scored low points indicated that barriers which led to failure of the implementation of knowledge and skills acquired resulted from an incomplete training. One of them reported,

*“To tell the truth, the content of the training modules looked informative and interesting however, we attended two sessions which dealt with Policy Development and Successful Action Plans and that was the end of the story. Had the SMDG provided us with the opportunity to attend all the sessions, I believe the knowledge and skills to be imparted would have been implemented in our school”.*

One participant further indicated that as the head of the institution, she is faced with lots of responsibilities to ensure that teaching and learning takes place. This means even if she could have been given the opportunity to attend all the sessions, she was not going to make it as a result of too much work to do.

#### 3.2.5.2 *Poor facilitation*

Three of the five interviewees complained about poor presentations by their respective facilitators which include among others: poor preparation, too much reading from the manuals and not enough time for discussions. One of them pointed,

*“I don’t think our facilitator had the interest of facilitating this training ‘cause he was just reading line by line without giving full explanation of the content. To me it was like he just wanted to finish the modules. We*

*never had time to deal with the activities as he said that we could do those activities at home during our own time. This led to lack of interest”*

### 3.2.5.3 *Lack of commitment*

One interviewee commented,

*“Some activities of the School Based Support Team take place after hours and this creates a problem to some members as they are not prepared to remain after school because they have to travel long distance back home”.*

## 3.2.6. Theme 6: Suggestions

### 3.2.6.1 *Supervision and Control*

Seven out of ten participants indicated that school supervisors (Deputy Principals) need to take proactive steps by ensuring that the HIV/AIDS programmes are fully supervised and controlled frequently in order to realize the proximal outcomes. One participant uttered,

*“It is unfortunate that my immediate supervisor was not part of this endeavor and it will be ironic for him to supervise something he was never developed for”.*

### 3.2.6.2 *Frequent Monitoring and Evaluation*

With regards to monitoring and evaluation, about seven participants agree that monitoring and evaluation needs to be emphasized and one participant exclaimed,

*“Since the implementation of the training there has never been an official from the department of education or the service provider coming to monitor and evaluate the programme except the time when he used a checklist tool to find if SBST programmes are undertaken at school. There was only one incident when the school was required to sent data to the district office but since then, no follow up has been made. We are not sure whether we are on track or not.*

### 3.2.6.3 *Extending the training to other educators and parents*

Seven of the ten participants suggested that the training was so valuable that it should not be limited to SMT members but also be extended to educators and parents so that HIV/AIDS issues can be dealt with effectively.

### 3.2.6.4 *Refresher training*

Refresher training was suggested by four of the ten participants as they explained that this would help to address other matters they were not sure of. One of them said,

*“Although the training is good, it will be best to have a refresher training per semester, for example, data management and monitoring and evaluations require more emphasis because these are the two sections that are not fully carried out”*

## **4. CONCLUSIONS FROM FINDINGS**

Brinkerhoff (2008: 172)) suggests The Six Major Success Case Conclusions that the researcher may use to communicate credible and compelling results that tell a story. The researcher may use any of the suggested conclusions based on the type of programme under evaluation. For the HIV/AIDS Management training evaluated, the researcher used a combination of two conclusions types namely: Scope of impact and Factors that Help or Impede Impact. The main reason for the use of this conclusion type is that the researcher assumes that the training programme under evaluation achieved significant value for some proportion of trainees but there is a significant proportion of participants who are not achieving results of value and then it thus make sense to figure out why the programme works for some schools but not for others.

## **4.1 CONCLUSION: SCOPE OF IMPACT AND FACTORS THAT HELPED OR IMPEDED IMPACT.**

### 4.1.1 Survey Questionnaire

An estimated 300 SMT members around Lejweleputswa District were offered the opportunity to undergo HIV/AIDS Management Training and a survey questionnaire was sent to a random sample of 55 trainees from 42 schools where 45 of the 55 trainees responded to the survey questionnaire. In reference to quantitative analysis of results for Questions 1.1 to 2.5 (*refer to pp.40 – 46*) some respondents have obtained marks ranging from low to highest possible mark categories. Generally, the majority of the respondents scored low marks in questions such as Interpretation of Data, Monitoring and Evaluation and Preventing HIV/AIDS in schools.

### 4.1.2 Success Case Interview

From the 45 survey respondents, 5 respondents believed to be in the highest scoring category and two respondents with lowest scoring category were interviewed. Engagement with the respondents in the highest scoring category proved that indeed the results obtained are of significant value to their school communities. The general picture created was that to a certain extent the following critical actions were achieved:

- Use knowledge and skills to develop effective HIV/AIDS school policy and Action Plans to protect quality education.
- Use the suggested templates to monitor and manage HIV/AIDS related data in terms of learners and educators in need of support.
- Effective implementation of the Five Critical Priorities.
- Review Action Plans in order to deal with limitations.

#### 4.1.3 Low Success Case Interview

From a sample of two interviewees with low success cases the researcher was able to spot the problems that led to poor or no application of knowledge and skills acquired as emanating from:

- Incomplete training
- Wrong timing
- Poor facilitation

4.1.4 Other factors which might have led to minimal use of outcomes as observed by the researcher.

- When perusing the attendance registers of trainees, the researcher found lack of continuity as some trainees did not attend all the training sessions. In some instances, new trainees replaced those who attended previous training sessions.
- Some attendees were not necessarily Heads of Departments dealing with Life Orientation and School Based Support Teams and therefore they might not have shown instructional leadership in their respective departments.
- Attendees from certain schools claimed to have attended the training in their capacity as observers and not necessarily as part of the piloting schools. The question that arises is who and how will monitoring, evaluation and follow-ups be carried out?
- Some SMGD's who were trained to facilitate the training programme never trained their schools but requested other officials from Inclusive Education to facilitate on their behalf.
- No clear criterion in terms of facilitation as some clusters were trained by officials directly from Sacred Heart Research & Development Unit (an

accredited service provider) instead of SMGD's and to top it off, trainees trained by officials from SHR&D have shown a better application of outcomes as compared to trainees trained by SMDG's.

## **5. RECOMMENDATIONS**

It is apparent that the content of the compiled modules is comprehensive, informative and of a good standard. The challenges arose mainly from training selection and fulfillment process. The following recommendations are suggested by the researcher. They are meant to help both the Free State Department of Education and Sacred Heart Research & Development Unit for future improvement of HIV/AIDS Management programmes in schools.

### **5.1 FULLY TRAINED FACILITATORS**

Based on the content of the training modules, and without undermining capabilities of SMGD's, it is wiser to have officials with professional qualifications on HIV/AIDS Management in the workplace and who are working full time on HIV/AIDS matters to facilitate the training as SMGD's are already loaded with other duties to perform.

### **5.2 MORE STRINGENT PROCESS OF SELECTION**

Biographic information section of the survey questionnaire of the respondents depicted the imbalance in the selection criteria used by different schools. Few Principals and Deputy Principals participated in the training. Although the composition of School Management Teams is determined by the size and nature of the schools, the researcher recommends that either the Principal or Deputy Principal from each participating school must be part of the training. The knowledge and skills that shall have been gathered will help with effective supervision, monitoring and control of the programme.

### **5.3 MONTHLY REPORTS AND FOLLO-UPS**

The District Officials responsible for Monitoring and Control must instruct schools to submit monthly reports which are supported by evidence in order to measure success of the programmes. Where there are challenges encountered, District Officials must make prompt follow-up workshops to help schools overcome any factors hindering progress.

### **5.4 QUARTELY CLUSTER MEETINGS**

Quarterly cluster meetings aimed at sharing information on successful implementation of programmes should be held. These presentations about success cases can help schools to learn from each other about the secrets of their success.

### **5.5 PROVISION OF MATERIAL SUPPORT**

Although extra-curricular activities performed by members of SBST form part of the general duties of SMT's and post level one educators, the fact that these duties are performed after normal school hours require provision of transport for those who travel long distance to and from work as a form of acknowledgement for going an extra-mile. It is therefore recommended that schools should make provision during the drafting of the budget.

### **5.6 RECOGNITION OF ATTENDEES**

The FSDoE or SHRC&D need to recognize trainees who successfully attended the training and applied knowledge and skills at their respective schools with accredited certificates which can earn them certain credits as part of their CPD or at least a certificate of attendance. Such recognitions will make attendees to take these training initiatives seriously and encourage them to work harder in applying knowledge and skills acquired.



## **5.7 INCREASE OF EMPLOYEE WELLNESS OFFICIALS**

Educators affected and infected by HIV/AIDS rarely come forward to be offered support by ordinary colleagues without proper qualifications on Employee Assistance Programme. It is therefore recommended that the number of Employee Wellness Practitioners in the district be increased to deal effectively with psychosocial support required, (at the moment, Lejweleputswa district is allocated one practitioner for all educators in the district).

## **6. LIMITATIONS**

- The success case method may not be the only evaluation approach used for the research under study. Although it uses similar tools such as survey, statistical analysis and interviews, it does not however seek nor claim to be the only comprehensive approach. For future research of the same HIV/AIDS Management training, the evaluator suggests the use of other forms of Evaluation Research.
- Survey questionnaires filled out by SMT members who participated in the training programme may not guarantee honest responses.
- The success case method is biased as the evaluator had to look for few cases from selected schools which are thought to be of high success and low success. Although the cases selected by the evaluator are objective and supported by evidence, the findings may not generally confirm that all schools with high success cases fully applied the proximal outcomes.
- This method of evaluation relies on best activities the programme is realizing because it is based on the assumption that this is well worth knowing.

- The evaluator is one of the SMT members who underwent HIV/AIDS training programme and is also a member of a School Based Support Team. The experience and the perception of the evaluator may have had an influence during the process of data collection and analysis.
- The researcher thought it necessary to seek corroborating information from third parties such as officials from SHR&D (service provider), Provincial and District Office and therefore manipulation of information may not be ruled out.

## **7. CONCLUSION**

The aim of this study was to evaluate impact of the application of knowledge and skills acquired from HIV/AIDS Management training. Despite failure to apply proximal outcomes by some schools, evidence showed that some schools managed to apply outcomes maximally as expected. Thus one can safely conclude that HIV/AIDS Management training was successful. In order for schools or the trained School Management Teams to apply outcomes successfully continuous education support services need to be strengthened from the District Based Support Team down to School Management Teams and their School Based Support Teams. More focus should be put on the recommendations and HIV/AIDS Management templates suggested in the training module should be greatly used.

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Sacred Heart College Research & Development Unit 2007/8. Managing HIV and  
AIDS in Schools: An integrated Skills Programme to Support School Management  
Teams (SMTs) Modules 1-5)

**APPENDIX A: LETTERS OF PERMISSION TO CONDUCT RESEARCH**

11619 SEBANYONI STREET  
OPPENHEIMER PARK  
THABONG  
9463  
14 APRIL 2009

THE DIRECTOR  
QUALITY ASSURANCE  
FREE STATE DEPARTMENT OF EDUCATION  
PRIVATE BAG X20565  
BLOEMFONTEIN  
9300

SIR

**RE: PERMISSION TO CONDUCT RESEARCH PROJECT IN THE FREE STATE  
DEPARTEMENT OF EDUCATION**

I humbly request The Free State Department of Education to allow to use departmental documents and to administer survey questionnaires and interviews with some School Management Teams in conducting an Evaluation Research.

The research topic to be studied is entitled: AN EVALUATION OF HIV/AIDS MANAGEMENT TRAINING CONDUCTED TO SCHOOL MANAGEMENT TEAMS IN THE FREE STATE DEPARTMENT OF EDUCATION – LEJWELEPUTSWA DISTRICT.

The research is done under M. PHIL IN HIV/AIDS MANAGEMENT with Stellenbosch University. The Programme Supervisor is Dr Anton Schlechler and can be contacted at this number: (021) 650 2469 or E-mail [anton.schlechler@uct.co.za](mailto:anton.schlechler@uct.co.za)

I hope this request will be favourably considered for a strong fight against HIV/AIDS in our school communities.

Thanking you in advance for your cooperation.

Kind Regards

Mr. Stephen Kgotso Eric  
Cell 072 359 7681  
E-mail [stepheneric@webmail.co.za](mailto:stepheneric@webmail.co.za)



Enquiries: Maimane JM  
Reference: 16/4/14-2009

Tel: 051 404 8662  
Fax: 051 447 7318  
E-mail: maimane@edu.fs.gov.za

2009 – 04 – 21

Mr. KE STEPHEN  
UNIVERSITY OF STELLENBOSCH

Dear Mr. Stephen

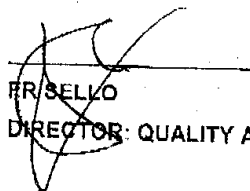
**REGISTRATION OF RESEARCH PROJECT**

- 1 This letter is in reply to your application for the registration of your research project
- 2 Research topic: **An evaluation of HIV/AIDS Management Training conducted to School Management Teams in the Free State Department of Education - Lejweleputswa District.**
- 3 Your research project has been registered with the Free State Education Department.
- 4 Approval is granted under the following conditions:-
  - 4.1 School Management Teams participate voluntarily in the project.
  - 4.2 The names of all schools and participants involved remain confidential
  - 4.3 The questionnaires are completed and the interviews are conducted outside normal tuition time.
  - 4.4 This letter is shown to all participating persons
  - 4.5 A bound copy of the report and a summary on a computer disc on this study is donated to the Free State Department of Education.
  - 4.6 Findings and recommendations are presented to relevant officials in the Department.
- 5 The costs relating to all the conditions mentioned above are your own responsibility
- 6 You are requested to confirm acceptance of the above conditions in writing to:

The Head: Education, for attention: DIRECTOR · QUALITY ASSURANCE  
Room 401, Syfrets Building, Private Bag X20565, BLOEMFONTEIN, 9301

We wish you every success with your research

Yours sincerely

  
FR/SELLO  
DIRECTOR: QUALITY ASSURANCE

Directorate: Quality Assurance, Private Bag X20565 Bloemfontein 9300  
Syfrets Center, 65 Maitland Street, Bloemfontein  
Tel: 051 404 8750 / Fax: 051 447 7318 E-mail: quality@edu.fs.gov.za

**A SAMPLE LETTER ADRESSED TO SCHOOL PRINCIPALS**

**BOX NUMBER  
NAME OF TOWN  
POSTAL CODE  
DATE**

**NAME OF SMT MEMBER  
NAME OF INSTITUTION  
BOX NUMBER  
NAME OF TOWN/CITY  
POSTAL CODE**

DEAR MOLALE M.H

**RE: REQUEST TO PARTICIPATE IN A RESEARCH PROJECT**

I am conducting Evaluation Research in **HIV/AIDS Management Training** conducted to SMTs by SMGDs or Facilitators from SHCR&D in Lejweleputswa District. The study I am pursuing requires members of the SMT who attended the said Training to complete a Survey Instrument and, if necessary, go through an interview. Your school has been selected as part of the sample. I am humbly requesting your cooperation and participation of your SMT members in this study.

Should your SMT members be selected for interview, I will be using a tape recorder whenever it is necessary for any information which is not covered in the Survey Instrument. The research will still guarantee utmost confidentiality and anonymity to all respondents and their institution. Enclosed are:

- A letter of permission to conduct a research
- Two separate copies of Survey Instruments for the identified members of SMT

Survey Instruments must be submitted in a sealed envelope to:

**Mr. B.I Makete-Tshabangu**, Room 201 Amercosa Building on or before **Friday 29 May 2008**.

Your cooperation will be highly appreciated.

Thanking you in advance

Kind Regards

Stephen Kgotso Eric



**A SAMPLE LETTER ADRESSED TO SURVEY RESPONDENTS (SMTs)**

**BOX NUMBER  
NAME OF TOWN  
POSTAL CODE  
DATE**

**NAME OF SMT MEMBER  
NAME OF INSTITUTION  
POSTAL ADDRESS  
NAME OF TOWN/CITY  
POSTAL CODE**

**DEAR SIR**

**RE: REQUEST TO PARTICIPATE IN A RESEARCH PROJECT**

I am conducting Evaluation Research in **HIV/AIDS Management Training** conducted to SMTs by SMGDs or Facilitators from SHCR&D in Lejweleputswa District. The study I am pursuing requires a member of the SMT who attended the said Training to complete a Survey Instrument and, if necessary, go through an interview. You have been selected as one of the participants. I am humbly requesting your cooperation in this study.

Should you be selected for interview, I will be using a tape recorder whenever it is necessary for any information which is not covered in the Survey Instrument. The research will still guarantee outmost confidentiality and anonymity to all respondents and their institution.

Survey Instruments must be submitted in a sealed envelope to:

**Mr. B.I Makete-Tshabangu**, Room 201 Amercosa Building on or before **Friday 29 May 2008**.

Your cooperation will be highly appreciated.

Thanking you in advance

Kind Regards

Stephen Kgotso Eric

## **APPENDIX B: SURVEY INSTRUMENT**

### **HIV/AIDS MANAGEMENT IN SCHOOLS**

1. The following Survey Instrument aims at collecting information from you regarding The HIV/AIDS Management Training conducted to members of the School Management Teams in Lejweleputswa.
2. The information provided will be treated in outmost confidentiality. Although your participation is voluntary, your contribution to participate will be highly appreciated.
3. Any personal information you fill in for a follow up interview will be kept strictly confidential and anonymous.

### **GENERAL INSTRUCTIONS**

- This survey questionnaire consists of Two Sections.
- Section A deals with the participant's biographical information.
- Section B deals with the application of HIV/AIDS Management in schools and the implementation of the Five Critical Priorities.
- Please TICK with an "X" the option which corresponds to your answer in the appropriate box.

For any clarification about the survey, kindly contact Mr. Stephen Kgotso Eric at **072 359 7681** or alternatively send an E-mail to: **stepheneric@webmail.co.za**

## SECTION A

### BIOGRAPHICAL INFORMATION

School Name: \_\_\_\_\_

School Area : \_\_\_\_\_

Name of District: \_\_\_\_\_

Level of Seniority:

|                    |  |
|--------------------|--|
| Principal          |  |
| Deputy Principal   |  |
| Head of Department |  |

Gender:

|        |  |
|--------|--|
| Female |  |
| Male   |  |

Race :

|         |  |          |  |        |  |       |  |
|---------|--|----------|--|--------|--|-------|--|
| African |  | Coloured |  | Indian |  | White |  |
|---------|--|----------|--|--------|--|-------|--|

Age :

|                 |  |
|-----------------|--|
| Between 25 - 35 |  |
| Between 36 - 45 |  |
| 46+             |  |

Level of Education:

|         |  |
|---------|--|
| REQV 13 |  |
| REQV 14 |  |
| REQV 15 |  |
| REQV 16 |  |

## SECTION B

### A. Application of HIV/AIDS Management in Schools

#### 1. Choose the most appropriate answer from the options given

- 1.1 I have used the training to work out an Action plan in **preventing the spread of HIV/AIDS** in my school.

|                                                      |  |
|------------------------------------------------------|--|
| I tried this and had clear and positive results      |  |
| I tried this but had no positive results yet         |  |
| I tried this somewhat, but do not expect any results |  |
| I tried this and it did not work                     |  |
| I have not tried this at all                         |  |

- 1.2 I have used the training to work out an Action plan in providing **Care and Support** for learners affected and infected by HIV/AIDS in my school.

|                                                      |  |
|------------------------------------------------------|--|
| I tried this and had clear and positive results      |  |
| I tried this but had no positive results yet         |  |
| I tried this somewhat, but do not expect any results |  |
| I tried this and it did not work                     |  |
| I have not tried this at all                         |  |

- 1.3 I have used the training to work out an Action plan in providing **Care and Support** for educators affected and infected by HIV/AIDS in my school.

|                                                      |  |
|------------------------------------------------------|--|
| I tried this and had clear and positive results      |  |
| I tried this but had no positive results yet         |  |
| I tried this somewhat, but do not expect any results |  |
| I tried this and it did not work                     |  |
| I have not tried this at all                         |  |

- 1.4 I have used the training to work out an Action plan in **protecting quality education** in my school.

|                                                      |  |
|------------------------------------------------------|--|
| I tried this and had clear and positive results      |  |
| I tried this but had no positive results yet         |  |
| I tried this somewhat, but do not expect any results |  |
| I tried this and it did not work                     |  |
| I have not tried this at all                         |  |

- 1.5 I have used the training to work out an Action plan in **managing a coherent response to HIV/AIDS** in my school.

|                                                      |  |
|------------------------------------------------------|--|
| I tried this and had clear and positive results      |  |
| I tried this but had no positive results yet         |  |
| I tried this somewhat, but do not expect any results |  |
| I tried this and it did not work                     |  |
| I have not tried this at all                         |  |

For questions 2.1 to 2.5, please describe your school in terms of implementation of the Five Critical Priorities by agreeing or disagreeing with each statement below.

## B. Implementation of the Five Critical Priorities

### 2. Tick the most appropriate answer from the option given

2.1 The school is implementing an Action Plan in preventing the spread of HIV/AIDS.

1 = Strongly disagree  2= Disagree  3= Agree  4= Strongly agree

2.2 The school is implementing an Action Plan in providing Care and Support for learners infected and affected by HIV/AIDS in my school

1 = Strongly disagree  2= Disagree  3= Agree  4=Strongly agree

2.3 The school is implementing an Action Plan in providing Care and Support for educators infected and affected by HIV/AIDS.

1 = Strongly disagree  2 = Disagree  3= Agree  4=Strongly agree

2.4 The school is implementing an Action Plan in protecting Quality Education

1 = Strongly disagree  2= Disagree  3 = Agree  4= Strongly agree

2.5 The school is implementing an Action Plan in Managing a Coherent Response to HIV/AIDS

1 = Strongly disagree  2 = Disagree  3 = Agree  4 =Strongly agree

## **APPENDIX C: SCHEDULE FOR CONFIRMATORY PHONE CALLS**

### **HIGH SUCCESS CASES – Interview**

The HIV/AIDS Survey Questionnaire sent to you in May indicates that you scored the highest marks possible and these marks presume therefore that you found The SMT training very fruitful.

Now that you have had clear and positive results, I humbly request time to conduct a face to face interview which will last not more than 45 minutes. Once again, any information provided will be treated on anonymity and outmost confidentiality.

### **NON-SUCCESS CASES- Interview**

The HIV/AIDS Survey Questionnaire sent to in May indicates that you scored the lowest marks possible and these marks presume therefore that you found the learning from The SMT training not applied.

I humbly request time to conduct a face to face interview in which you elaborate on what might have been the factors that hindered progress. The interview session will last not more than 30 minutes. Once again, any information provided will be treated on anonymity and outmost confidentiality

## APPENDIX D: HIGH SUCCESS INTERVIEW SCHEDULE

This questionnaire is for those participants who shall have obtained the highest scores during the survey. It is therefore presumed that they found the training to be very useful. The participants will be requested to be interviewed on the successes of the training in not more than 45 minutes.

### 1. WHAT WAS USED?

- 1.1 What is the role of the SMT regarding HIV/AIDS Management at your school?
- 1.2 What strategies were undertaken to deal with HIV/AIDS at your school? (Give specific examples of activities that have been implemented)
- 1.3 Which sections of the training have you used most?
- 1.4 Which sections of the training have you used least?
- 1.5 Which sections of the training have you not used at all?

### 2. WHAT HAS BEEN ACHIEVED SO FAR?

- 2.1 How has the training made a difference to your school?
- 2.2 What has changed?
- 2.3 Give specific examples of achievements in terms of activities undertaken and/or learners and educators issues addressed?

### 3. THE VALUE OF WHAT HAS BEEN ACHIEVED?

- 3.1 What has the HIV/AIDS Management training contributed to your school? Community?
- 3.2 What has changed?
- 3.3 What kind of goals were achieved by applying this training?
- 3.4 Have there been any unexpected outcomes?
- 3.5 What kinds of negative outcomes were avoided as a result of applying the training?

### 4. HELP RECEIVED?

- 4.1 Are there any specific "critical success factors" that have contributed to the implementation of the training initiative at your school?
- 4.2 What support have you received within/outside of the school that has been Helpful?

### 5. SUGGESTIONS?

- 5.1 Do you have any suggestions about how the implementation of the HIV/AIDS Management initiative at your school could be improved?
- 5.2 Is there anything in particular that you could recommend to Free State? Department of Education about ways in which this training programme could be improved?

## **APPENDIX E: NON-SUCCESS INTERVIEW SCHEDULE**

This questionnaire is for those participants who shall have obtained the lowest possible scores during the survey. It is therefore presumed that they did not find the training useful. The participants will be requested to be interviewed on the barriers which led the training not to be useful in less than 30 minutes.

### **1. BARRIERS LEADING TO NON-SUCCESS**

1.1 How are you using the training attended?

1.2 What has prevented you from using the training effectively?

### **2. SUGGESTIONS?**

2.1 What suggestions do you have concerning the training that would have increased success for you? (for example, better training, tools, resources, etc)

2.2 Anything else that would have made the training more beneficial to you?





FREE STATE  
DEPARTMENT OF EDUCATION

## HIV and AIDS Policy of

|                                    |  |
|------------------------------------|--|
| Date of adoption by SGB            |  |
| Chairperson of SGB                 |  |
| Date of verification by Department |  |
| Signed                             |  |

### 1. CONTEXT

|                     |      |
|---------------------|------|
| Address of school:  |      |
| Name of Principal   |      |
| Contact Numbers     | Tel: |
| Email:              | Fax: |
| School Demographics |      |

### 2. AIMS

The school recognises the urgent need for the school to develop a policy in response to the national HIV and AIDS crisis. The aims of the policy are to:

|     |  |
|-----|--|
| i   |  |
| ii  |  |
| iii |  |
| iv  |  |

### 3. ACTIONS TO ENSURE IMPLEMENTATION:

- Implementation of this policy as an integral part of the School Development Plan via action plans.
- Ensure that Life Orientation is used to convey relevant information to learners to install values and attitudes regarding the fight against HIV and AIDS.

- Make use of support services at district and school level to ensure effective implementation.
- Annually upgrade this policy.

#### 4. PRIORITIES

##### **A) Priority 1: Prevention**

|     |  |
|-----|--|
| i   |  |
| ii  |  |
| iii |  |
| iv  |  |

##### **B) Priority 2: Providing care and support for learners**

|     |  |
|-----|--|
| i   |  |
| ii  |  |
| iii |  |

##### **C) Priority 3: Providing care and support for educators**

|     |  |
|-----|--|
| i   |  |
| ii  |  |
| iii |  |

##### **D) Priority 4: Protecting the quality of education**

|     |  |
|-----|--|
| i   |  |
| ii  |  |
| iii |  |

##### **E) Priority 5: Managing a coherent response**

|     |  |
|-----|--|
| i   |  |
| ii  |  |
| iii |  |

| Quarterly Monitoring and Reporting Template for HIV/AIDS Implementation |                                                                 |                 |               |                 |                                      |                                     |
|-------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------|---------------|-----------------|--------------------------------------|-------------------------------------|
| School:                                                                 |                                                                 |                 |               |                 |                                      |                                     |
| Outcomes                                                                | Indicators of Success                                           | Date Submitted: | Submitted by: | Date Controlled | Comments on Implementations Progress | Suggested Support to Implementation |
| Progress on Action Plan monitored and supported                         | Evidence of Action Plans submitted                              | STEP 1          | STEP 1        | STEP 2          | STEP 3                               | STEP 4                              |
|                                                                         | Evidence of Actions Plans controlled.                           |                 |               |                 |                                      |                                     |
|                                                                         | Evidence of successful progress in Action Plan                  |                 |               |                 |                                      |                                     |
|                                                                         | Evidence of Implementation in Life orientation/ Life Skills     |                 |               |                 |                                      |                                     |
|                                                                         | Evidence of improved teaching and learning shared in PWG/Forums |                 |               |                 |                                      |                                     |
|                                                                         | Evidence of SMT support to HIV/AIDS Actions                     |                 |               |                 |                                      |                                     |

**HIV/AIDS ACTION PLAN OF \_\_\_\_\_**

for 200 \_\_\_\_\_

Priority \_\_\_\_\_

Date: 10 January

Participants:

| Action | Activities | Who is responsible? | When? | Budget? | Resources needed | Who will support us? | Who/how will we monitor our progress? | Indicators of success |
|--------|------------|---------------------|-------|---------|------------------|----------------------|---------------------------------------|-----------------------|
|        |            |                     |       |         |                  |                      |                                       |                       |