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Exploring the role of an education non-governmental organisation's contribution towards fighting HIV/Aids: A case study of South African Partners

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organisation's contribution towards fighting HIV/Aids: A
case study of South African Partners**

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ABSTRACT

The problem this research seeks to address concerns related to the role allocated and strategies implemented by HIV and AIDS education NGOs, in mitigating the impact of HIV and AIDS in Nelson Mandela Bay. The problem is approached as a development challenge and examples are drawn from the undertakings of South African Partners (SAP), an NGO operating in the education field. The study adopted qualitative research, relative unstructured interviews, direct observation and literature review as methods of data collection. The study further identified specific roles that education NGOs play in response to HIV/AIDS and delineated the strategies that HIV and AIDS education NGOs employ in responding to HIV/AIDS. The research found that HIV/AIDS education NGOs have become important channels through which people affected and living with HIV/AIDS participate in development, share their experience and access information and resources. Further noted was that HIV/AIDS results in a diminished workforce and a higher allocation of state funds to public healthcare. The research findings showed that an education NGO in a prison context serves to mobilise the prison community and sensitise it to HIV and AIDS issues. This, through its addressing of the needs and causes of HIV infections in prison. SAP aid recipients were found to be satisfied for the most part, with the service rendered them by the education NGO. The study found that HIV prevention educational sessions were quite effective in disseminating HIV and AIDS basic information and that SAP achieves their goals through their training of facilitators who employ the STEPS curriculum. The trained facilitators facilitate group discussions, distribute condoms and lubricants through partnerships, and solicit behavioural change through the use of theatre to disseminate HIV prevention information. Key recommendations of the study are that HIV and AIDS education NGOs must integrate poverty reduction interventions in their activities and that further, they would do better to form coalitions in order to strengthen their capacity to sustain their activities and manage partnerships. Education NGOs should form partnerships that provide social protection. Ruther recommended is that education NGOs should further their curriculum in consideration for sexual preferences.

Key Terms: HIV and AIDS; Non-governmental Organisation; Community-Based Organisation; Social protection; Civil society; Most at Risk Population; Social capital; Social mobilisation.

DECLARATION

I, Admire D Chiguvare, do hereby declare that the work contained in this dissertation is entirely a product of my own original work with the exception of such quotations or references which have been attributed to their sources. I further declare that this dissertation has not been previously submitted and will not be presented at any other university for a similar or any other degree award.

Signature:

Date:/...../.....

Supervisor:

.....

Date:/...../.....

Amy-Louise Margaret Shelver

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retro-viral Treatment
ARV	Anti Retro-viral
CBO	Community Based Organisation
CDC	Center for Disease Control and Prevention
CSO	Civil Society Organisation
DCS	Department of Correctional Facility
FBO	Faith Based Organisation
GRO	Grassroots Organisation
HIV	Human Immunodeficiency Virus
HCT	HIV Counselling and Testing
IACT	Integrated Access to Care and Treatment
ICAP	International Center for AIDS Care and Treatment Programs
IDU	Injecting Drug Users
IMF	International Monetary Fund
INGO	International Non-governmental Organisation
MDG	Millennium Development Goals
MRP	Most at Risk Population
MSM	Men who have Sex with Men
NGO	Non-governmental Organisation
NICRO	National Institute for Crime Prevention and the

	Reintegration of Offenders
NPO	Non-profit Organisation
OI	Opportunistic Infections
PE	Port Elizabeth
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
SA	South Africa
SAELPH	South African Executive Leadership Program in Health
SAP	South Africa Partners
STEPS	Strengthening Prevention in the Prison System
STI	Sexually Transmitted Infections
SW	Sex Workers
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
US	United States
WHO	World Health Organisation

CHAPTER 1:

OVERVIEW AND BACKGROUND OF THE STUDY

1. INTRODUCTION

Human Immune Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) pose an unprecedented challenge to individuals, communities and states across Africa. The epidemic is robbing entire national economies of scarce skills, while making children orphans and depriving the continent of a generation in the prime of their working lives (Ademiluyi and Otun 2009). As such, it is a challenge to human survival, human rights and human development. This research paper, considers the impact of HIV and AIDS on human development in African countries, through a South African case study of a non-governmental organisation (NGO) working at the coalface of the epidemic. The study shows that, beyond health issues, HIV and AIDS must continue to be seen as a global development concern, affecting all components of human development (UNDP 2003), despite that people are suffering HIV and AIDS information fatigue. Africa's HIV crisis is complex, multi-faceted and influenced by many medical, social, economic and cultural factors. African policy makers must recognize that this epidemic affects every aspect of development and impacts all sectors on the African continent and beyond.

NGOs have joined other stakeholders by assuming responsibility for delivering HIV and AIDS mitigating aid, but very often they fail to do so in the best and most possible way. In pursuit of solutions to developmental problems affecting the African continent, the donor community, for over 30 years now, have seen NGOs and continue to see NGOs as important agents for empowering people, thereby leading more effective and sustainable local development services than those promoted by the government (Bassey 2008). However, there is considerable doubt on how effective their interventions are and how deeply they actually penetrate in practice (Riddel. et.al, 1995). However, it is important to note that NGOs play a vital role in fighting HIV and AIDS, as they have become an important channel through which people affected and living with HIV and AIDS participate in development, share experiences and access information as well as resources (financial or material) (Jamil and Muriisa 2004). The reasons for the successes and failure of NGOs differs from one NGO to another. Hundreds of Millions of US dollars are donated every year

by civil societies, philanthropies, private donors and western government to fight against HIV and AIDS in Africa so that development can be achieved, but little is mentioned of the role of education NGOs and the strategies they use (Rajasekhar 2004; Fruttero and Guari 2003; Werker et al 2007).

Some education NGOs are the largest providers of preventive strategies and activities against HIV/AIDS, especially targeting high risk behaviour groups of people (Crane and Carswell 1992; Kelly 2006). By focusing on the role and strategies that an HIV and AIDS education NGO, South African Partners (SAP) NGO fulfils in the fight against HIV and AIDS in Nelson Mandela Bay, the researcher intends to demonstrate the potential capacity that education NGOs have, in responding effectively to HIV and AIDS and development endeavours in the long run. While this study focuses on efforts of SAP, it will also draw examples from other NGOs in Southern Africa to complement its findings where necessary. The researcher further acknowledges that among other variables, such as entrenched poverty and its contributory factors, HIV and AIDS has become a critical factor that complicates the development scenario, and will thus demonstrate how HIV/AIDS can reverse development gains in the short and long term (World Bank/IMF 2008).

This chapter will further expand on this topic by providing a background therefore, highlighting the current state of HIV and AIDS in sub-Saharan Africa and South Africa in the context of the study. The chapter will outline the problem statement of the study, elaborating on its objectives, and their significance. The structure of the study will be explained and a brief summary of the chapter given.

1.2. BACKGROUND OF THE STUDY

The below research analyses and describes how education NGOs can effectively and efficiently strategise to fight HIV and AIDS using the example of a South African NGO case study. Over the 1980s and 1990s there was a significant increase in the number of NGOs established to fight HIV and AIDS (Edwards and Hulme 1996; Banda et al 2008). The increase in the number of NGOs is part of a huge expansion of the role of the civil society (Bebbington and Riddell 1997; Laird 2007). Kajimbwa (2006) makes the argument that NGOs' continued existence has been stimulated by the donor community's increased eagerness to channel developmental aid through NGOs. Hulme and Edwards (1997) further argue that the growth of the NGO

population is aided by a widespread assumption by international development agencies, that civil organisations should increase their direct service provision function.

Increasing the service provision function of NGOs is an alternative method of regulating the power of the state and of the profit-oriented private sector. NGOs can be regarded as Adam Smith's "invisible hand" that regulates the market forces by controlling the undesirable aspects of those market forces such as exploitation, environmental degradation and repression of the public by the state (Shah 2005). Laird (2007) and Zaidi (1999) note that the neo-liberal principle of a minimalist government was accompanied by the perception that national governments were failing and are inherently corrupt. As a result NGOs moved to fill a perceived gap left by such as minimalist government.

The donor community argue their preference for providing aid to NGOs based on the proposition that NGOs are more accountable than developing country governments (Potokar 2011; Zaidi 1999; Seckinelgin 2006). The end result is that NGOs have become the third biggest actor in the development aid sector and in interventions behind multi-lateral and bi-lateral donors (Clark 1991). The researcher's concern is that, despite the increasing number of NGOs fighting HIV and AIDS and poverty, HIV and AIDS prevalence is still rising (Baguma 2009; Potokar 2011). There is a need to discover why there is a gap in the capacity and capability of NGOs to effect a tangible and sustainable impact in the fight against HIV and AIDS. Moreover, there is need to monitor and evaluate NGO strategies regarding HIV and AIDS interventions.

HIV and AIDS has affected the development capacity of sub-Saharan countries and has exacerbated poverty, especially in the black communities; where a dwindling and socio-economically active workforce, as the majority of the people affected, are able bodied men and women (Cornman et al 2005). As of 2012, more than two-thirds (70 percent) of all people living with HIV, an estimated 25 million, live in sub-Saharan Africa—including 88 percent of the world's HIV-positive children (UNAIDS 2013). An

estimated 1.6 million people in the region became newly infected and an estimated 1.2 million adults and children died of AIDS, accounting for 75 percent of the world's AIDS deaths in the same period of one year (UNAIDS 2013).

The research therefore focuses on the response and role of an education NGO in fighting HIV and AIDS by means of a case study of South African Partners (SAP), an NGO in Nelson Mandela Bay. SAP is an international education NGO that implement United States (US) adopted best HIV and AIDS prevention practices - programmes that have been identified by SA colleagues and also strengthen local capacity to better manage the HIV and AIDS epidemic. Over time, extensive amounts of information on HIV and AIDS preventive measures have been presented to targeted groups by education NGOs, but this increase has not been followed by changes in risk behaviour - particularly in sub-Saharan Africa (Berenguera et al 2011). The research evaluates SAP's strategies to address the need of the targeted beneficiaries in terms of education and prevention of HIV and AIDS, to measure their effectiveness

The research examines the progress made by the SAP through the implementation of strategies in effecting behavioural change. Recent developments in the NGO community have seen the emergence of more broad-ranging and cross-cutting partnerships - as in the case of SAP, which has forged relationships with international NGOs and international philanthropies (Banda et al 2008; Lister 2000; Harrison 2007). The research will examine the power relations that exist between the SAP NGO and its donors and how the relationship has affected SAP in effecting their HIV and AIDS mitigation programmes. Core to this research is the quest to evaluate SAP programmes and determine the programmes' reach as a means of measuring the successes of those programmes in effecting behavioural change.

1.2. MOTIVATION OF THE STUDY

The selection of the topic was largely influenced by the researcher's own experience as an individual affected by HIV and AIDS and in working with civil society organisations - particularly NGOs - in mitigating the impacts of HIV and AIDS. The

researcher has noted that despite a recent increase in the number of education NGOs and the role that they play in responding to HIV and AIDS in various communities, their contribution is less documented and over-shadowed by large NGOs that provide bio-medical treatment and by government programmes that deal with HIV and AIDS (Green et al 2006; Campbell and Williams 1999). This is the context wherein the researcher's interest originated, in the desire to study an education NGO, with the aim of documenting the role that it plays in responding to HIV and AIDS and of how its experience has influenced the response to HIV and AIDS in its South African context. The researcher further aims to contribute to the generation of knowledge on this topic through empirical research, the findings of which could be of benefit to other NGOs and academics.

1.3. PROBLEM STATEMENT

The problem that the study seeks to address is the impact of HIV and Aids on the country's productive workforce and how HIV and AIDS education can contribute towards minimizing the impact of the epidemic. SA development has been highly affected by HIV and AIDS. This, through that HIV and AIDS is killing the most productive population and that HIV and AIDS responses have already claimed a vast portion of resources earmarked for development initiatives in SA. The South African government funds more than 75% of its national HIV response through tax payers' money and the local civil society (UNAIDS 2012). The epidemic has overwhelmed the government's ability to respond, prompting the leadership to call for all sectors and people to get together to fight it..

Currently, the US Center for Disease Control and US President's Emergency Plan for AIDS Relief (PEPFAR) fund education NGOs who work closely with the South African government to deal with HIV and AIDS. However, the results thereof are limited in their sustainability and effectiveness (Rajasekhar 2004; Fruttero and Guari 2003; Werker et al 2007). A major point of concern is that, although the same NGOs have been operating in the Eastern Cape for quite a number of years, their achievements have not been well documented as far as HIV and AIDS mitigation is concerned. In addition, there is no significant drop documented in HIV prevalence and in indicators of the number of new infections in areas that are serviced by education NGOs. As a result, the researcher wanted to investigate whether: it is the

education NGOs that are failing to deliver a behavioural change soliciting curriculum to the public; it is the recipients of educational programmes who are resistant to positive change; is it the environment that education NGOs operate in that makes them ineffective; and whether there is a shortfall in performance attributable to the strategies that education NGOs use.

Given the above context and background, the main problem considered in this study is to determine the role and strategies of an education NGO, SAP in the fight against HIV and AIDS as a development challenge with the view of evaluating the contribution that these entities have towards development progress in general.

1.4. RESEARCH QUESTION

The research question is outlined below:

RESEARCH PROBLEM QUESTION:

What is the role and contribution of an education non-governmental organisation in Nelson Mandela Bay to fighting HIV and AIDS and what are the best strategies that can be used to mitigate the impact of HIV and AIDS in the city?

1.5. OBJECTIVES OF THE STUDY

Many NGOs face limitations in effecting their strategies towards fighting HIV and AIDS (Hulme and Edwards 1997a; Bebbington and Riddell 1997). As a result there is a need to explore the gap between proposed service offering and the delivery thereof. The research aims to analyse an education NGO's role and contribution to fighting HIV and Aids and the challenges therein. The main aims of this study were to:

1. Explore the role of an education NGO in mitigating the impact of HIV and AIDS through education strategies
2. Assess the extent to which education NGOs' interventions have helped to prevent, reduce or mitigate the HIV and AIDS prevalence

3. Identify the strategies used by education NGOs in fighting HIV and AIDS
4. Identify gaps that exist between the current achievement of the NGO and the needs of communities and behavioural change

1.6. SIGNIFICANCE OF THE STUDY

It is presumed that the findings of this research could ignite a professional debate on the role of education NGOs in relation to curbing the prevalence of HIV and AIDS. The research contributes towards bridging the gap of knowledge that exists on the role and strategies of education NGOs work in the HIV and AIDS sector. Recognition of this research by government entities, private stakeholders and civil society in Nelson Mandela Bay, will inform policy makers on suitable HIV and AIDS mitigation strategies that can be replicated and implemented in other provinces and cities. The research outcomes and recommendations could serve as a tool kit for all education NGOs and other stakeholders in South Africa to re-orient their HIV and AIDS mitigation strategies to prevention strategies that focus on behavioural change, care and support rather than exclusively on treatment. It is hoped that exposing the role played by education NGOs in fighting HIV and AIDS will provide lasting strategies that will help to meet the Millennium Development Goal (MDGs) of reducing the HIV prevalence rate.

1.7. ORGANISATION OF THE STUDY

Chapter one introduced the topic of the research and provided the background and context of the study. The chapter outlined the extent and impact of HIV and AIDS in Sub-Saharan Africa and South Africa as a development problem. The chapter also highlighted factors that motivated the researcher in topic selection and throughout the research. Furthermore, the chapter discussed the research objectives, the problem statement, as well as the significance of the study. The chapters to follow outline the outcomes of the research performed at SAP for a period of three months in 2013 in their presentation of a literature review, the research methodology, findings, conclusion and study recommendations. This study is divided into five chapters.

Chapter 2 comprises the literature review wherein important concepts are identified and clarified. The theoretical framework on which the study's argument rests is considered in the same chapter. Chapter 2 also discusses the current debates pertaining to NGOs and HIV and AIDS. It discusses HIV and AIDS within the prison context, its prevalence, rate of infection and ways of transmission. This context is provided for in that SA Partners works extensively with prison populations as well as other vulnerable groups as part of their education campaigns/projects.

Chapter 3 elaborates on the methodology used to gather data for this study. It also explains the research design, the epistemological stand point of the researcher influencing the choice of method and process of data collection and the mode of analysis. Furthermore, the chapter discusses the methods used to validate the research as well as some pertinent ethical considerations.

Chapter 4 provides a presentation and discussion of the research findings of the study. The chapter focuses on the role an education NGO plays in responding to HIV and AIDS, the strategies it uses and the evaluation of its educational programmes. The examples are drawn from South African Partners based in Port Elizabeth (PE), part of the Nelson Mandela Bay Municipality. .

Chapter 5 makes conclusions and recommendations regarding the problem under study. Its conclusion also highlights the role played by education NGOs in mobilising community members to participate in mitigating the impact of HIV and AIDS. The chapter also outlines some pertinent associated issues requiring further research.

1.8. CHAPTER SUMMARY

The research examines the role of an education NGO in Nelson Mandela Bay, South Africa, known as SAP, and the strategies it uses to convey its curriculum in mitigating the impact of HIV and AIDS towards achieving furthered development. NGOs have become the third biggest actors in the field of development, providing for a significant portion of preventive and support strategies against HIV and AIDS. HIV and AIDS is the biggest challenge to South African development affecting the economically active group, between the ages of 17 and 49. The researcher was motivated by the personal experience of working with NGOs over and above the need to meet the

requirements of a Master's Degree in Development Studies. The researcher wanted to explore the assertion that despite the increase in the number of education NGOs fighting the impact of HIV and AIDS, there has not been a significant decline in HIV and AIDS indicators or significant behavioural change in the most affected population age groups. The following chapter, a literature review, provides an in-depth insight into the key concepts informing the research as well as the theoretical framework of the study and history and role of NGOs and their strategies. The chapter also explores criticisms levelled against Education NGOs' strategies.

CHAPTER 2

LITERATURE REVIEW: NON-GOVERNMENTAL ORGANISATIONS – A CONCEPTUAL AND THEORETICAL OVERVIEW

The debate on the role of education NGOs and the strategies they implement has increased as far as development is concerned (Suharko 2007; Bendell 2006). The increase in the number of NGOs fighting HIV and AIDS in South Africa has not been accompanied by a corresponding decline in HIV prevalence rate and HIV incidence; this has put the NGOs under the microscope from a monitoring and evaluation perspective (Johnson-Lans 2005; Bendell 2006). However, the challenges brought by HIV and AIDS in South Africa have forced education NGOs to develop some new strategies in order to achieve their objectives, which extend beyond biomedical and behavioural approach, but comprise an integrated approach to HIV and AIDS prevention (Campbell and Williams 1999).

This chapter of the study provides definition of its key terms and a broad overview of the case under review, South African Partners. The theoretical backdrop of the problem is also discussed.

It is the researcher's view that HIV and AIDS education NGOs are yet to reap futile rewards on HIV and AIDS interventions despite that they play a vital role in complimenting governments' effort to fight the HIV and AIDS epidemic. NGOs, civil society and community based organisations (CBOs) bridge the gap between government and the intervention targets by providing communication channels. A section of the chapter defines the key concepts used in the study. These key concepts include: Non-Governmental Organisations (NGOs); civil society; social capital; social protection; community based organisations (CBOs).

2.1. SOUTH AFRICA PARTNERS

SAP is a non-profit, tax-exempt international education NGO founded in 1997 and is, "dedicated to the development of a partnership between the United States and South Africa, especially between the US city of Boston and SA city of Nelson Mandela Bay in the areas of health, education and economic development based on the promotion of equitable and sustainable development" (South African Partners, 2011). South

Africa Partners is registered in the United States with offices in Boston, Massachusetts and in the Eastern Cape South Africa. While South Africa Partners focuses on health, education and economic development, this research will focus on their initiatives that help to mitigate the HIV and AIDS epidemic through education strategies. Community activists like Janet Axelrod, Margaret Burnham, Mary Tiseo, and Marti Wilson-Taylor teamed up with SA Partners to form a partnership with government and civil society to identify service delivery gaps and design interventions that will improve access to HIV and AIDS treatment and support (Aid for Africa 2013: South African Partners 2009).

SAP is currently running three care and support programmes in the Eastern Cape (South African Partners, 2011). The programs are: Integrated Access to Care and Treatment (IACT); Strengthening Prevention in the Prison System (STEPS); and South African Executive Leadership Program in Health (SAELPH). For the scope of this research the researcher is going to focus on one programme employed in the Nelson Mandela Bay Metropolitan by the SAP, namely, STEPS. STEPS was developed based on the IACT curriculum which was the first South African Partners educational programme to be implemented in the Eastern Cape. IACT is a care and support programme which addresses the gap between HIV and AIDS diagnosis and initiation into treatment (South African Partners, 2011). IACT also provides socio-psychological support to the newly diagnosed and those living with HIV and AIDS (IACT 2013). IACT, as a programme of SAP, has seven core areas on its curriculum, namely: acceptance of status; confidence for disclosure; opportunistic infections; living positively; understanding HIV and AIDS; prevention with positives; and treatment. In 2012, SA Partners launched a project based on the same curriculum as IACT called STEPS. It is a pilot prison-based HIV prevention programme, operational from Nelson Mandela Bay in its surrounding areas that addresses high-risk behaviour in the male prison population (South African Partners, 2011). STEPS provide offenders and staff at St. Albans and Patensie Correctional Centres with a facilitated six-week curriculum for group meetings and supplementary activities that include Ubuntu Community Theatre and educational and referrals for testing (Aid for Africa 2013). STEPS activities provide offenders and staff an opportunity to learn and engage, and in the process promotes acquisition of the knowledge needed by the

prison population to both reduce the incidence of HIV exposure and to live positively with HIV. STEPS and IACT projects are funded by the US PEPFAR through the Centre for Disease Control and Prevention (CDC) (South African Partners, 2011).

2.2. DEFINING NGOS AND CIVIL SOCIETY

Non-Governmental Organisations (NGOs) or voluntary organisations can be defined as non-statutory, non-profit making organisations that are primarily concerned with welfare work (Bills and Mackeith 1989; Zivetz 1991; Fisher 1993). The World Bank defines NGOs as private organisations that engage in activities that relieve suffering, promote the interest of the poor, protect the environment, provide basic social services or engage in community development (World Bank 2006). Turner and Hulme (1997) prefer to define an NGOs as “association formed from within civil society which brings together individuals who share some common purpose.” The researcher support Hulme’s (2001: 130) definition of NGOs as: “people or organisations [that] are both not part of the state structures, are not primarily motivated by commercial considerations or profit maximisation, are largely self-governing and rely on voluntary contributions (of finance, labour or material) to a significant degree”. All the above definitions are imperfect, as some NGOs are entirely funded by governments, as Vladimir Kokorev (2010) noted, stating, “why do we classify organisations which depend entirely on government subsidies, as in the case of most European Countries, non-governmental?” De Souza (2008) argues that NGO types range from grassroots organisations, grassroots support organisations, national organisations, multi-nationals and trans-nationals based on the differences in their operations locations and the core services they deliver.

NGOs have evolved over time and can be divided into the following types: relief and welfare agencies; technical innovation organisations; public service contractors; popular development agencies; grassroots development organisations; and advocacy groups and networks (Chelliah 1997). The researcher is interested in education NGOs, particularly those working in HIV and AIDS prevention education. Basic Education NGOs focus on a number of activities which include but not limited

to counselling, collectivisation, capacity building, medical support, community sensitisation and macro-level advocacy that empowers communities for HIV and AIDS prevention and support initiatives (De Souza 2008).

A civil society organisation (CSO) can be described as a non-governmental, formal or informal associational sector of society (Edward 2004). NGOs have created an important role in the development community, due to their ability to provide services that government cannot (Therkildsen and Semboja 1995). CSOs comprise a broad range of actors and groups that include NGOs, Community Based Organisations (CBOs), Faith Based Organisations (FBOs) and other non-state actors. Civil society is the third sector, separate from the state and the market (Kajimbwa, 2006). However, governments and communities have sometimes inadvertently become dependent on NGOs, as many poverty NGOs and HIV and AIDS projects of NGOs are meant for relief purposes (UNESCO 2001). There is a need for NGOs to implement sustainable projects that benefit targeted populations. Edward and Fowler (2002) emphasise the shift on education NGOs' programmes to services and organisational sustainability through the use of local participatory networks to reach people and draw them to engagement with HIV and AIDS discourse. Cornman et al (2005) further asserted that education NGOs are playing a major role in response to the HIV and AIDS pandemic. As they are responsible for the majority of resources being used, education NGOs undertake a leading role in developing, networking and implementing sustainable strategies to mitigate and prevent HIV and AIDS.

2.3. DEFINING SOCIAL CAPITAL

Various authors define social capital differently. The most cited definitions are by Putnam (2000), Coleman (1990) and Bourdieu (1986). Putnam and his colleagues put emphasis on trust and social networks in their definition of social capital (Putnam, 2000; Kawachi et al, 1997). Coleman (1990), defines social capital as productive, relational, and multiple. He argues that social capital, "consists of some aspect of social structure, and they [those who comprise the social capital] facilitate certain actions of individuals who are within the structure" (1990: 302). Another most cited definition of social capital in the literature reviewed in this study is by Bourdieu, who understands social capital as, "the aggregate of the actual or potential resources

which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition – or in other words to membership of a group” (1986: 79).

The researcher supports Reimer’s (2002) definition of social capital: “Social capital is one type of asset or resource that can be used to achieve valued outcomes. As capital, it is a part of production that is reinvested into future production. As social capital it refers to social forms as reflected in organisations, collective activities, networks, and relationships. From this point of view, social capital is a relational, as opposed to an individual characteristic” (Reimer, 2002: 2).

Reimer’s (2002; Tiepoh, M. Geepu Nah & Reimer, 2004) definition allows for complex understandings and effects of social capital. He defines social capital as based in four types of social relations—market, bureaucratic, associative, and communal—that symbolize the ways relationships are organized and managed in order to accomplish goals. Reimer (2002) makes a distinction between the availability and use of social capital. This feature is important because a form of social capital may be present in a community, but it might not be used. This becomes an important distinction when looking at HIV and AIDS in communities. Such a distinction between the availability and use of social capital is essential when assessing the social capital of a community in order to design and implement effective HIV prevention programmes. This multi-dimensional, relational approach to social capital allows for an exploration of how HIV/AIDS impacts communities. Contexts and relations affect social capital and forms of social capital affect relations and contexts. Recognising and assessing a community’s different forms of social capital is important when designing and implementing HIV prevention and AIDS support programs and policies.

CBOs and FBOs tend to use social capital to further their agenda. Members of the community are sometimes paid with little money, in kind or are just volunteers. However, their dedication to the cause is unmatched. This is one of the reasons CBOs are far more efficient and effective at providing services than state agencies. Loewenson (2007), has called for more studies on what communities are doing about HIV and Aids, about the state and non-state institutions they interact with and opportunities for and barriers to more supportive community environments

This below discussion provides the distinction between CBOs, FBOs, NGOs, INGOs (international NGOs), NPOs (non-profit organisations) and CSOs (civil society organisations) for the sake of clarity. NGOs and CSOs were covered earlier in the literature review. A non-profit organisation (NPO), as defined by the South African NPO Act (No 71, 1997), is defined as, “any trust or other public benefit association of persons established for public purpose and income and property of which are not distributable except as reasonable compensation for services rendered”.

A CBO is a local organisation within a community that provides various services to people with HIV and Aids (Aegis, 2010); or a service organisation that provides social services at the local level (ATIS, 2010). CBOs are organisations that are formed and developed within a community, usually in response to the felt needs of the people; they may be development oriented or exist for social cohesion purposes (Eade 1997). CBOs are also sometimes referred to as grassroots organisation. CBOs are distinct in nature and they derive their purpose from NGOs (World Bank 1995). CBOs are local forms of NGOs whose areas of intervention are limited to issues within communities (Hesjedal 2011: 102). The term CBO encompasses a wide variety of local organisations staffed by persons familiar with the needs of high-risk populations or specific communities (Chillag, Bartholow, Cordeiro, Swanson, Patterson, Stebbins, Woodside and Sy, 2002:27). Grassroots organisations (GROs) are groups closest to the practice of development, which operate within a limited area such as a group of villages or part of a city (Turner and Hulme, 1997: 201).

The main difference between NGO and CBOs is that NGOs tend to be more sophisticated than CBOs. NGOs are legally established and have professionally trained employees with formalised structures and procedures. Participation in NGOs is through formal membership, although volunteers are not turned away unless unneeded. Their objectives and activities are designed for public benefit. They function at local, regional, national or international levels and are usually operated not for profit (McCarthy and Walker 2000).

CBOs mainly operate at a local level - usually in a specified community which may be a village or location in an urban setting. Their objectives and activities are mostly based on common needs and shared benefits. Governance, decision making, management and planning procedures are informal and made by members. They

may not be legally registered (though most CBOs are now striving to formalise structures and procedures to be seen to comply with donors requirements) and membership is open and often voluntary, comprising of a group of individuals who have joined together to further their interests (Malena 1995; Eade (1997: 6). The membership cuts across gender, age, marital status, level of formal education, occupation and levels of income in society. Thus, CBOs bring together people of all walks of life (McCarthy 2000).

Faith-based organisations (FBOs) are similar to both CBOs and NGOs – depending on their locality and reach. The difference is, however, that their actions are informed by a religious philosophy and doctrine that governs their interventions. Often these interventions are driven by the fact that charity and charitable deeds are part of the practice of that particular religion. Ferris (2005) notes that FBOs are characterised by either an affiliation with a religious body; a mission statement with explicit reference to religious values; financial support from religious sources; and/or a governance structure where selection of board members or staff is based on religious beliefs or affiliation and/or decision-making processes based on religious values. The reach of these FBOs is not only concentrated at the local level, but also contributes significantly to the international humanitarian community (Ferris, 2005: 312-313).

2.4. SOCIAL CAPITAL AND HIV AND AIDS

There is vast literature exploring the relationship between social capital and health, yet there is a lack of research into the relationship between social capital and HIV and AIDS. This gap in the literature has persuaded this researcher to include studies that link social capital and health. There is literature on the positive effects of social capital on health (Gilbert & Walker, 2002; Fullilove et al, 2000; Kawachi et al., 1999; 1997; Lomas, 1998). Social capital, in the forms of social networks, trust and community participation, has become recognized as an asset and a determinant of health (van Kemenade, 2003a; Putnam, 2000). Specifically, social capital is seen to affect health positively in a variety of ways, such as prompting health-related behaviours (i.e., encouraging healthy behaviours and discouraging unhealthy behaviours) and promoting access to services and support (Kawachi et al., 1999). Because of the recently more prevalent focus on the relationship between social

capital and health, indicators of social capital are being developed in order to assess and improve the health and well-being of citizens (van Kemenade, 2003a; 2003b; Reimer 2002).

Some scholars focus upon the relationship between socio-economic status and health, defining and measuring it as, participation in larger society (i.e., voluntary, religious, social and sport organizations) and is seen as an asset for health (Berkman et al., 2000; Putnam, 2000; Kawachi et al., 1999; 1997). A good example is the assertion by Kawachi et al. (1997) who found that income inequalities (disparities between high and low incomes) result in less investment in social capital which in turn affects mortality. They argue that, "income inequality leads to increased mortality via disinvestment in social capital" (Kawachi et al., 1997: 1491). In other words, low social capital is perceived as a factor for increased rates of morbidity. Consequently, high levels of social capital are necessary for communities' health. The argument can be easily related to the fight against HIV and AIDS, since poverty is also related to increased rates of HIV (Thomas & Thomas, 1999). Therefore, a community's social capital can be used as a tool to prevent HIV, "by enhancing the skills of people in the community and providing them with opportunities and resources to care and advocate for one another" (Thomas & Thomas, 1999: 1082).

2.5. SOCIAL PROTECTION AND HIV AND AIDS

According to Devereux and Sabates-Wheeler (2004), social protection is described as, an all public and private initiative that provides income or consumption transfer to the poor, protects the vulnerable against livelihoods risks and enhances the social status and rights of the marginalised, with the overall objective of replacing the economic and social vulnerability of the poor, vulnerable and marginalised groups. It can be transferred to mitigate the impact of HIV and AIDS on individuals and households (Temin 2010). South Africa has several large national granting schemes that include provision for HIV and AIDS affected individuals and households (Booyse 2003).

UNAIDS have shown how HIV-sensitive social protection can reduce vulnerability to HIV infection, improve and extend the lives of people living with HIV and support individuals and households (UNAIDS 2010). Achieving social protection for people and households affected by HIV is a critical step towards the realisation of universal

access to prevention, treatment, care and support. HIV sensitive social protection is highly relevant to the most at risk population (Sex workers, people who use drugs, men who have sex with men (MSM) and their families, as it concerned with the reducing of risks and vulnerability by addressing both social and economic determinants of vulnerability (UNAIDS 2010).

2.6. THE ROLE OF EDUCATION NGOS

HIV and AIDS education NGOs have become important channels through which people affected and living with HIV and AIDS participate in development, share experience and access information as well as resources (financial or material). According to Jamil and Muriisa (2004), the role of education NGOs includes but is not limited to:

1. Bridging the gap between people with HIV and AIDS and the community by initiating dialogue about their condition and comprehensive self-responsibility and self determination to live civic responsibilities.
2. Education NGOs are an epistemic community that is there are knowledge banks to communities they serve. HIV and AIDS NGOs in particular are developed by people who are affected by the disease thus are specialised in the area and are able to develop coping strategies.
3. HIV and AIDS education NGOs form networks or inter-organisational linkages and partnerships that act as referral for the target population. They have also built synergic relations with the South African government. This has led to better coordination of activities and programmes between NGO functionaries and HIV and AIDS infected people (Jamil and Muriisa 2004).

The role of NGOs can best be described by the World Bank statement that “ NGOs work is based on a commitment to community participation and pluralism rather than dependence on the government, they are closer to the clients and know more about their needs... they can tailor services to the niches... they pilot new technologies (World Bank 1993:127).

2.6.1 Education NGOs and HIV and AIDS

HIV and AIDS education NGOs are at the forefront of developing countries' response to HIV and AIDS at grassroots because of their flexibility and innovativeness (De

Souza 2008). HIV and AIDS education NGOs are considered to be more well-placed than developing countries governments and other organisations to reach the target beneficiaries of HIV and AIDS prevention initiatives, especially those that are aimed at the poor (Bebbington and Riddell 1997; Zaidi 1999). NGOs have initiated holistic and comprehensive care, support and prevention programs to mitigate the impact and effects of HIV and AIDS. Berenguera et al (2011), CDC (2009), Odindo and Mwanthi (2008) maintain that the core activities of education NGOs are: providing HIV prevention peer education, distributing educational materials, promoting health education sex activities, participating in commemorative AIDS acts (World AIDS day), providing counselling and rapid testing of HIV and Sexually Transmitted Diseases, promoting adherence to anti-retroviral treatment, conducting emotional support sessions, individual psychological therapies and providing legal advice.

NGOs in South Africa are funded by international NGOs, developed countries' governments, international philanthropies and the South African government. South African Partners in particular is funded by US PEPFAR through the SA CDC. PEPFAR funding has significantly strengthened the role of indigenous South African NGOs leveraging the technical expertise and capacity that exist in South Africa (Partnership Framework Implementation Plan 2012). These NGOs have been able to provide technical assistance and capacity building to support South African Government's efforts to meet HIV prevention, care and treatment targets. PEPFAR channels 80% of its funds to indigenous NGOs rather than international NGOs (Partnership Framework Implementation Plan 2012).

The context within which HIV/AIDS emerges in Nelson Mandela Bay is one in which the interrelated factors of poverty, gender inequality, myths and misconceptions, stigma and discrimination serve to exacerbate and perpetuate the problem of HIV and AIDS (De Souza 2008).

2.7. HIV PREVALENCE AND PREVENTION AMONG THE MOST AT RISK POPULATION (MRP)

The most at risk population refers to three groups of people in most countries; sex workers (SW), men who have sex with other men (MSM) and injecting drug users

(IDU). These groups are highly vulnerable to HIV infections (Israel et al 2008). This study will focus on literature on MSM for the purposes of this research, since SAPs' education work within the prison system is conducted amongst this vulnerable population. MSM are known to be associated with the spread of HIV and AIDS. According to UNAIDS, HIV prevalence in MSM is estimated to be between 5 and 10% worldwide (UNAIDS 2001). Worldwide, legal frameworks, social stigma and discrimination have rendered these populations voiceless in the decision-making processes that affect their lives, including those related to HIV (Israel et al; UNAIDS 2006). Although it is understood that this particular group is more susceptible to HIV infection because of their behavioural, mentality and pragmatic environments, they are among the victims of layered stigma (Israel et al 2008).

2.7.1 MSM and HIV and AIDS in Prisons

HIV in prisons is both a public health and human rights issue that needs to be addressed urgently for an effective response in SA and Africa as a continent (WHO 2001). Data on HIV in African prisons is limited with existing data not accurate enough to provide a real overview of the current situation in African prisons. High risk sexual behaviour and other risky behaviour (unprotected sex, mostly MSM), rape, and sex bartering, "prison marriages", blood exchange, stabbings and the use of non-sterile needles in prisons increases the spread of HIV and sexually transmitted infections (ACT Africa 2007; Simooya et al 2001; Gear 2006). Consequently, victims of continual rape and sexual abuse often resort to prostitution as a survival or coping mechanism (Kudat 2006).

Most offenders originate from a high risk segment of the population. Where most prisoners are sexually active males between the ages of 19 to 35 prior to entering the prison, this increases the risk of transmission between prison and non-prison populations as the majority of the prisoners do return to society (ACT Africa 2007; USCDC 2002; Lehner 2001). Considering that as of 2010, the South African national population living with HIV is a staggering 5.7 million, in the Eastern Cape there is an incidence rate of 1.6% and 13.8 % rate of new infections (Fraser-Hurt et al 2011), the transmission of HIV inward to and outward from prisons cannot be ignored. Heterosexual and homosexual sex in prison, whether coerced or voluntary, is a key

factor driving the spread of inward or outwards transmission of HIV (Curtis 2004; Batterfield 2003).

A study conducted in South Africa in 2000 reflected that 40% of inmates were HIV positive, while the HIV prevalence rate among adults is estimated at a much lower rate of 25% (Stubblefield and Wohl 2000). It can be drawn that the number of HIV positive prisoners suggests high prevalence rates among prisoners compared with the general population (ACT Africa 2007). Existing data is limited and there is no provision of systematic data on the magnitude of the pandemic and its multiplier effects to the general population. Moreover, sentenced, lock away and awaiting trial prisoners have been forgotten by HIV prevention and treatment programs and they largely depend on prison authorities for access to information about HIV and AIDS (Joshua and Ojong 2005; Goyer and Gow 2002).

2.7.2 Education NGOs Strategies for MRP HIV prevention

Vulnerable populations have been left out in the design of intervention strategies that target them. The most at risk population groups should be the key designers for their own services and programs as they will not miss the mark (UNAIDS 1998). Israel et al (2008) describe some of the strategies designed by MSM used by HIV and AIDS education NGOs to mitigate the impact of HIV and AIDS on MSM as detailed below;

1. Guaranteeing equal access to comprehensive quality appropriate health services, for example Voluntary Counselling and Testing, care for both HIV positive and HIV negative persons, treatment of sexually transmitted infections (STIs), opportunistic infections (OI).
2. Referrals to other specialised services (psychological, physiological therapy, laboratory and STI services etc.). Referral information, linkages, systems for voluntary HIV counselling and testing and medical services as part of prevention and support programs for vulnerable groups.
3. In-service training and sensitisation of health workers and community members to take care of vulnerable groups regarding services they need. Teaching issues of sexual diversity in order to review vision and opinions on homosexuality and provide counselling and support to reduce vulnerability.

4. Advocating for behavioural change through social and economic factors such as gender and cultural norms. Behavioural change intervention targeting individuals and societal change (Israel et al 2008).

2.8. NELSON MANDELA BAY AND HIV AND AIDS

Nelson Mandela Bay is a South African metropole that includes the city of Port Elizabeth, and towns of Uitenhage and Despatch. As of 2013 the population is approximately 1, 15 million (Statistic South Africa 2013), most of the townships in the area have little public and private infrastructure with a general shortage of essential basic services (Olive Leaf Foundation 2008). There is lack of access to adequate nutrition, sanitation, health care and housing. Educational facilities remain a challenge for most children growing up in Nelson Mandela Bay communities. Today, the townships in the greater city remain haunted by the apartheid legacy of systemic impoverishment and destabilisation and are reeling from the devastation wreaked by the HIV and AIDS epidemic.

Approximately 80% of the population is unemployed and has a household income derived through the informal sector and social grants. With a 34.5% HIV prevalence rate in 2008 in the area, every person in Nelson Mandela Bay target communities is affected by the HIV and AIDS epidemic (Olive Leaf Foundation 2008). Although general HIV and AIDS knowledge and awareness is high, the majority do not know their HIV status. The first time most discover their status is when they have already progressed to AIDS. Life expectancy is 46.9 years for men and 51.3 years for women (Olive Leaf Foundation 2008). Young women in the townships are particularly vulnerable to HIV infection; HIV prevalence in girls and young women is more than double that of their male peers. High teenage pregnancy rates point to the incidence of unsafe sexual practices (Panday et al 2009). Gender-based violence is both a cause and consequence of HIV infection and sexual assaults disproportionately affect young girls (Olive Leaf Foundation 2008).

The strengthening of the provincial health system is important for the integration and delivery of a comprehensive HIV and AIDS programme that is responsive to the needs of the population. It is essential that the HIV and AIDS strategy addresses the

structure of the health care system, to ensure that the provision of critical services is addressed (Department of Health EC 2013). The current range of prevention strategies include voluntary counselling and HIV testing, prevention of mother-to-child-transmission, post-exposure prophylaxis, syndrome management of STI's, TB management, provision of barrier methods, life skills programmes and an information, education and communication campaign that is in line with the prevention strategy (Department of Health EC 2013). Some of these strategies are critical entry points for treatment and care interventions.

2.9. Chapter summary

Chapter 2 provided a general background on education NGOs and introduced SAP as an NGO that was formed in 1997 with the intention of forging a partnership between the cities of Boston and Port Elizabeth (Nelson Mandela Bay). The NGOs, reflecting largely their historical evolution, can be divided into: relief and welfare agencies; technical innovation organisations; public service contractors; popular development agencies; grassroots development organisations and advocacy groups and networks. This chapter's literature review also defined key concepts and explained the relationship between NGOs and HIV and AIDS. HIV and AIDS within a prison context and among the most at risk population was addressed in terms of the study's focus.. The next chapter will discuss the methodology of the research.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

The major objective of this study is to examine the role, contributions and strategies of an HIV and AIDS education NGO in mitigating the impact of HIV and AIDS in Nelson Mandela Bay. The research seeks to assess the extent to which the NGO has achieved its goal of reducing the impact of HIV and AIDS in Nelson Mandela Bay. Another objective of the study is to establish recommendations that can help reduce the impact of HIV and AIDS in Nelson Mandela Bay when strategically implemented. This chapter focuses on the research process, approaches, strategies, the sampling methods, data collection description, data analysis, time horizon and limitations of the study. Ethical considerations will also be discussed in this chapter.

3.2. THE RESEARCH DESIGN

Research design is used to structure the research, explaining how major parts of the research project are woven together to address the research problem question (Trochim 2006). According to Huysamen (1994), a research design is a plan or blue print corresponding to data which is collected to investigate the research hypotheses or questions in the least expensive manner. In simpler terms, a research design is a strategy that helps to find answers to research questions. The choice of the design is based on the philosophical orientation of the researcher and the intended outcome, whether it is qualitative or quantitative information (Leedy 1993:13).

The researcher is greatly influenced by interpretivist and constructivist perspectives in designing the research process, the application of research methods, approaches, strategies and in reaching a conclusion. Stake (1995) and Yin (2003) further this argument by explaining that truth is relative and subjective and is dependent on one's perspective. According to constructivists, world views are constructed based on human perception and therefore observation of previous perceptions and lived experiences are the basis on which new knowledge is acquired. The interpretivist proposition is that reality can only be attained through social constructions such as

language, consciousness and shared meaning. Therefore, the researcher attempts to understand the role of an education NGO in mitigating HIV and AIDS through the meaning that NGO staff and beneficiaries assign to it. Schwandt (1994) describes constructivism and interpretivism as the two concepts that steer researchers towards a particular outlook. The results and conclusions reached from the study are based on a carefully planned construction and consideration of the social actors' views, interpretation of their reality according to the way they present to the researcher during interviews and discussions triangulated by the researcher's own observations and literature extracted from previous research.

The researcher used a qualitative research design because of the social nature of the research. Qualitative research was chosen to emphasise the value laden nature of the inquiry. Qualitative research is an umbrella term that covers a number of interpretive techniques which seek to decode, describe, translate and come to terms with the meaning of naturally occurring phenomena in the social world (Wellman et al 2005). The researcher attempted to interpret phenomena in terms of the meaning that respondents brought to it based on an interpretive-naturalist approach. The data that was generated was in the form of words, images, impressions, gestures or tones which represented real events (Denzin and Lincoln 1984). Qualitative research was chosen because it seeks to understand human experiences and their behaviours. The objective of the study and the researchers' epistemological stand point have also influenced the selection of qualitative research methodology in seeking to understand the role of NGOs in mitigating HIV and AIDS as perceived by both NGOs and beneficiaries of NGO programmes.

3.3 RESEARCH APPROACH AND STRATEGY

The research is based on inductive reasoning, progressing from more specific observations on the role, contributions, strategies, and identification of gaps that exist between the current achievement of NGOs and the needs of communities, towards discussions concerned with behavioural change. The basis is then established for broader generalisations on education NGOs. The inductive approach is used to condense extensive and varied raw data into a brief summary and to establish a clear link between the research objectives and the summary findings derived from raw data (Thomas 2003). The inductive approach is a systematic procedure of

qualitative data analysis guided by specific objectives to develop a model or theory concerning the underlying experiences evident in the raw data.

The researcher uses a case study as a research strategy because case studies allow a lot of detail to be collected that would not normally be easily obtained by other research designs. The data collected is normally a lot richer and of greater depth than can be found through other experimental designs. According to Yin (2003) a case study design allows the researcher to answer “how” and “why” questions and is also suitable when the researcher cannot manipulate the behaviour of those involved in the study. A case study was used because the researcher wanted to cover contextual conditions (prison conditions and SAP beneficiaries’ assessment of STEPS) as they were relevant to the phenomenon that was under study. The researcher used a case study approach to the research because there were no large samples of similar participants available. The case study was conducted within its real life context (Yin 1984:3). The researcher used a single case study because there are no other cases of an HIV and AIDS NGO working within a prison context for replication in Nelson Mandela Bay. For example, SAP beneficiaries on STEPS are found in two correctional facilities. Lastly the researcher used a case study because it is a good method to challenge the researcher’s theoretical assumptions that HIV and AIDS NGOs play a vital role in mitigating the impact of HIV and AIDS. The resources and time frame available at the researcher’s disposal also influenced the decision to use a case study approach, as it was more cost-effective than other available research designs. Saunders et al (2003) argue that a research strategy is an approach that is adopted to address the stated research questions and objectives. The researcher is fully aware that a single case study cannot provide a generalising conclusion (Zainal 2007). Data triangulation and researcher triangulation were used to ensure validity of the findings. The study refers to principles of grounded theory and participatory methods because of their relation to inductive reasoning. South African Partners was purposefully selected because the researcher saw the potential of the NGO to generate significant insights pertaining to the research question regarding the role of an education NGO in response to HIV/AIDS, because of its organisational structure and programmes.

3.4 SAMPLING METHODS

The research population included all the staff of South African Partners, and some beneficiaries of its programmes. De Vos et al (2005), defines a research population as a total set from which the individuals or units of the study are chosen. Welman et al (2005) further defines a population as the study object that consist of individuals, groups, organisations, human products and events or the conditions to which they are exposed.

There are no rules of sampling in qualitative research. The researcher used purposeful sampling to select respondents for this research. Purposeful sampling is a form of, “non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher, based upon a variety of criteria which may include specialist knowledge of the research issue, or capacity and willingness to participate in the research. Some types of research design necessitate researchers taking a decision about the individual participants who would be most likely to contribute appropriate data, both in terms of relevance and depth” (Oliver 2006). The sampling method was chosen because the researcher wanted to include respondents that would provide a more focused, in-depth and experienced based information on the NGO (Lynn 2004). Sampling size depends on what the researcher wants to know, the purpose of the inquiry, what the stake is, what will be useful, what will have credibility and what can be done with the remaining resources and time (Patton 2002). South African Partners is a small organisation, which enabled the researcher to interview every staff member. The researcher also selected certain respondents from South African Partners beneficiaries based on availability, to triangulate the data provided by the SA Partners respondents on a needs basis.

3.5 DATA SOURCES AND DATA COLLECTION

Researchers should use multiple data sources, a strategy which also enhances data credibility (Patton 1990; Yin 2003). Bearing this in mind the researcher used documents and archived records to establish the relationship between South Africa Partners and their donors. The researcher conducted a review and analysis of existing literature on NGOs and also read reports on South African Partners. Secondary data was obtained from NGOs reports, textbooks, the Internet and

journals. A literature review enabled the researcher to better understand what NGOs are, how they are formed, how they function and what challenges they face.

Primary data was collected using an interview schedule written in English for South African Partners staff and programme implementers. English, Xhosa and Afrikaans were used whenever necessary for South African Partners' programmes beneficiaries. The translation is aimed at removing the language barrier. Holstein and Gubrium (1995) note that an interview schedule is a questionnaire written to guide interviews. The interview schedule provides the researcher with predetermined questions to be used as an instrument to engage participants and designate the terrain. Interview questions were arranged from simple to complex and broad to a more specific schedule (Bailey 1982).

The researcher used audio recordings to capture the interviews and later transcribed the information from the interviews in order to capture points of interest to the research, as well as both intended and unintended responses. The researcher was aware that the presence of a recorder might influence the responses from the interviewees. The researcher checked with respondents following the interviews in order to consult their opinions for further confirmation of the data validity. The researcher recorded and observed focus groups' proceedings that were facilitated by SAP, as individual interviews are impossible to illicit opinions from South Africa Partners beneficiaries. Kruger (1998) argued that focus groups are used to produce reliable qualitative data and to provide insight into the attitudes, perceptions and opinions of participants. Focus groups are most suitable for people with low literacy level. These methods are cost effective and greater insight can be obtained on client's opinions (Hancock 2002). The researcher converged qualitative and quantitative data to strengthen the findings. Miles and Huberman (1994) support this technique in their argument that various strands of data are braided together to promote a greater understanding.

Lastly, the researcher used participatory observation wherein there is active involvement on the part of the researcher through the taking of field notes and photographs to produce qualitative data that could otherwise be missed during interviews and document reviews. The researcher wrote extensive and detailed notes on the work of the respondents, non-verbal cues during the interviews and during day

to day interactions. Memoing assisted in recording accurate events as they unfolded, thereby avoiding misrepresentation and misinterpretation of facts. The researcher also spent a lot of time exposed to and engaged with the South Africa Partners' staff and beneficiaries to establish rapport with them, as the research respondents.

3.6 DATA ANALYSIS

Data analysis is a process of gathering modelling and transforming data with the goal of highlighting useful information, suggesting conclusions and supporting decision making (Wellman et al 2005). Yin (2003) proposed that the researcher must revisit the proposition to enhance focused analysis, exploring of rival propositions to provide alternative explanations of a phenomenon. The researcher conducted data analysis concurrently with data collection. As soon as the data in form of field notes, audio recording and transcripts were available the researcher analysed the data. It must be noted that the research design was iterative. Data collection and research questions were adjusted according to what was learnt (Family Health International 2005). Stake (1995) describes categorical aggregation and direct interrelation where data are transcribed and examined for content immediately after collection. Most of the information that was collected was non-numerical and was thus coded by the use of observation-determined key words.

The researcher repeatedly read and reread the notes taken from focus group discussions and interviews for editing. The researcher conducted a thematic content analysis on transcripts; the researcher came up with themes and patterns of categorising the information based on the questions on the interview schedule. The researcher adopted two of Yin's data analysing techniques which are, linking data to propositions and explanation building (Yin 2003). In conformity with Brower, Abolafia and Carr (2000), the researcher derived conclusions from multiple realities of the participants, the researcher's own experiences and the literature available on the subjects. This ensured credibility of the findings.

3.7 DATA TRIANGULATION

The researcher used a variety of data sources and data collection methods as a way of triangulating the gathered data in order to ensure its credibility and validity. (Gable 1994; Kaplan and Duchon 1998; Lee 1991; Mingers 2001; Ragin 1987). When

conducting the research there is a crucial need to maintain data validity. Creswell (1998) suggests triangulation of data sources, data types or researchers as a best strategy to ensure data validity in a case study. The researcher used data sources triangulation and data type's triangulation. Qualitative research methods has always been criticised for being subjective in nature lacking objectivity (Oka and Shaw 2000). The researcher compensated subjectivity by applying the notion of trustworthiness as developed by Lincoln and Guba (1985:290). They asserted that trustworthiness has four categories that is; credibility, transferability, dependability and conformability (Isaac and Michael 1995 citing Lincoln and Guba 1985).

3.8 TIME FRAME

The researcher conducted the field work gathering of data between the periods of July and September 2013 for the purpose of this study. The researcher will conduct emergence field work in the first week of September should the need arise.

3.9 ETHICAL CONSIDERATIONS

The researcher has explained the purpose of the study and that the researcher's role is that of a student in Development Studies, this thesis forming part of the requirements for the fulfilment of a Master's Degree in Development Studies. To ensure that the research is ethical, the researcher declared the study's intentions and its objectives. The researcher sought written consent from South African Partners to allow the researcher to conduct the research within their organisation and gained written consent from participants to interview them and engage in focus group discussions with them. According to Lewis, (2003) informed consent cannot be handled once and for all but has to be continually negotiated at different stages of the research. Participants were required to fill in consent forms for each interview or focus group conducted.

In the undertaking of this study, the researcher approached an HIV and AIDS topic which is for the most part, a highly sensitive issue - particularly among support group members living with HIV and AIDS. The researcher was also aware that the HIV and AIDS debate raises a lot of ethical issues. Research ethics govern the way the researcher interacts with those under study (Family Health International 2005), and

two ethical issues to consider in the undertaking of this study were the consent and confidentiality of the participants (Brikci and Green 2007). There are laws that protect the confidentiality of people's HIV and AIDS status; therefore it was crucial that the researcher established trust with the participants and obtained written consent from them.

Brikci and Green (2007) further advise that a researcher is not only accountable to the participants, but also to colleagues and to people whom the findings will be presented to. This argument alerts the researcher to the professional ethics that insist on collaborative relationships among researchers, intellectual property rights, fabrication of data and plagiarism - just to mention a few. To avoid breaching these thorny ethical issues, the researcher was guided by four fundamental ethics principles which are: respect for persons; beneficence; justice; and respect for communities (Brikci and Green 2007; Family Health International 2005). Beneficence refers to keeping the risks associated with the research to a bare minimum and maximising the benefits to be gained by targets of a research (Brikci and Green 2007).

The researcher sought the informed consent of all research respondents and assured them confidentiality concerning sensitive issues discussed with and sensitive information disclosed to the researcher. The researcher allocated the participants numbers in order to avoid using their names which could lead to a violation of privacy. Anonymity and confidentiality were thus maintained at highest level possible throughout the research. The researcher conducted interviews in a quiet room separate from other participants in order to maintain confidentiality. The data obtained from the interviews was password protected. The researcher renegotiated and repeated assurance of confidentiality at different points in the research. The researcher was entrusted with sensitive information on inmate respondents' HIV status and sexual orientation. The researcher, crucially, had to continue reassuring respondents that all obtained information would be stored on a password protected soft copy and on hard copies kept in a locked cabinet, as well as that any information pertaining to the research on the dictator phone would be deleted after its transcription. The researcher protected the names of the organisations that SA

Partners is working with [i.e. the names of the prisons to ensure that the respondents are protected]. A letter from the university was collected to seek permission to carry out the research.

3.10 PROBLEMS AND IMPLICATIONS

The researcher met some challenges. The major obstacle was of ethnicity, although he is black, a foreigner conducting research in a largely Xhosa-speaking organisation provided a challenge. The researcher faced a communication barrier in that although his Xhosa is fluent, it was still inadequate to communicate exclusively in Xhosa. In order to compensate for this, he used an interpreter when he interviewed some employees and projects recipients who were not fluent in English. In such cases, the researcher employed the aid of a colleague in interpreting the interview recordings for transcription. Interviews were also recorded which influenced the type of responses the researcher would receive, and so this was considered when the researcher conducted data analysis. That some respondents were not open enough to share their opinions was considered as well during data analysis, and necessary procedures were undertaken to solve or minimise these problems as they arose. The researcher also had limited experience when he conducted the research. He thus consulted extensive literature on the research methodology and sought the help of his supervisor regarding problem areas.

3.11 CHAPTER SUMMARY

In summary, Chapter 3 focused primarily on the methods that were used to collect data in the field. This chapter stated the rationale for the selection of the thesis' title. The research design and the philosophical orientations that influenced the choice of the methods and process of data collected and the mode of analysis, were elaborated on. Issues related to the validity of the study, as well as some pertinent ethical considerations were also highlighted. The data collecting techniques employed in the study and their advantages were discussed. Limitations of the study were also explained. The next chapter addresses the study's data presentation and data analysis.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

4.1. INTRODUCTION

This chapter presents the results of the study with specific reference to the role of SAP in mitigating the impact of HIV and AIDS through education strategies in its response to HIV and AIDS as a development challenge. It analyses the extent to which SAP's interventions have helped to prevent, reduce or mitigate the HIV and AIDS prevalence, the effectiveness of its strategies in fighting HIV and AIDS, and the identification of gaps that exist between the current achievement of SAP and the needs of prison communities and behavioural change. The results presented are based on the analysis of interviews conducted with managers and staff of SAP's staff working on STEPS, secondary information including a review of literature and on field observations in male correctional facilities in two correctional facilities. The data is here presented according to themes that emerged from the research.

4. 2. SAP STAFF AND ORGANISATION BACKGROUND

According to the interviews of SAP staff, the team working on STEPS is made up of individuals who have previous experience in working with HIV and AIDS prior to joining SAP. Their experience ranges from social auxiliary workers and professional nurses by qualification. The programme director of the STEPS programme is a qualified nurse and holds a Master's Degree in Public Health. Some of SAP's members have been affected by HIV and AIDS and some are living positively with HIV.

The researcher gathered that SAP is strategically located in Nelson Mandela Bay for geographical convenience. Nelson Mandela Bay plays a pivotal role to surrounding towns like Kirkwood, Graaff-reinet, Port Alfred and Grahamstown, and is hence the best location to centralise SAP activities. The Eastern Cape Province is of the same size as Massachusetts in the US, and thus a partnership was established to adopt development strategies experienced to work in the US, in South Africa. The head office of SAP is located in the US, where all major decisions are made with regards to offices in Nelson Mandela Bay and East London.

The broad working experience and personal experience with HIV and AIDS of the SAP staff make them well informed and equipped to implement HIV and AIDS educational programmes. They understand the needs of those infected and affected with HIV and AIDS as they have faced the same adversities. This unique experience enriches SAP educational programmes with a greater reach to their beneficiaries. One of the SAP staff members has represented SAP at both a local and an international level and was thus exposed to many topics related to HIV and AIDS programme implementation and community development, providing that member with crucial perspective and insight.

The location of the head office in Boston, Massachusetts has led to the centralisation of decision making within the NGO at an international level. This is a major drawback to the activities of SAP. Decisions with are key to the operational effectiveness of the organisation such as recruitment and implementation of programmes are channelled from their head office. The fact that the two provinces of the US and SA are similar in geographic area does not mean that the HIV and AIDS challenges are the same in their needs. To a certain extent, the centralisation and isolation of the decision makers cripples the capacity of SAP in project implementation at a local level.

4.3. THE ROLE OF SAP IN PRISON FACILITIES

Through interviews with SAP staff members, the researcher established that the role of SAP includes providing HIV and AIDS educational sessions to the Department of Correctional Facilities' (DCS) staff members and inmates; strengthening HIV and AIDS prevention and capacity building in these groups; and soliciting behavioural change from DCS officials and inmates. The DCS responds to the biomedical needs of inmates infected with HIV, such as access to treatment of opportunistic infections, access to post exposure prophylaxes, ARVs, condoms, and treatment in general. However, there are also behavioural needs that address the socio-structural causes of HIV infections in prison. In other words, SAP educates the inmates on how people perceive HIV transmission in the prison community, on what the drivers of the spread of HIV are in the prison, and meets the information needs within the prison HIV context while looking at models that work and reflecting on those that do not work.

SAP's role in the context of HIV and AIDS can best be summarised in the words of a STEPS programme director who stated that, "In SA we have a national strategic plan

for HIV and TB for 2012 to 2016. The goal is to halve the incidents of new HIV infections, half TB mortality, and bring to zero discrimination as a structural barrier to HIV prevention". Zero discrimination allows the marginalised, stigmatised and discriminated groups like MSM, SW and IDU groups to openly participate in HIV prevention interventions. SAP developed a curriculum with six topics that are based on the prison context. The STEPS curriculum focuses on prevention, looking at the basics of HIV, opportunistic infections and the risks involved. It identifies the risks and ways of reducing those risks. The curriculum also focuses on positive living and on how to accept one's status whether HIV positive or HIV negative. The curriculum is based on the following topics:

1. Addressing information on HIV and AIDS. This topic concerns basic information and how one accesses it, focuses on the prevention methods already available and the history of HIV and AIDS;
2. The link between HIV and AIDS and Sexually Transmitted Infections (STIs);
3. Addressing the risks that inmates face in male correctional facilities;
4. Risk reduction;
5. Disclosure and acceptance of a HIV negative or positive status; and
6. Living positively with HIV/AIDS.

The STEPS programme includes community referrals for inmates who have been released and can access the HIV and AIDS related information from SAP outside. Inmates and DCS staff that test HIV positive or are infected with STIs or are showing signs of TB are referred to Primary Health Care (PHC) facilities. One inmate who arrived on Anti-Retroviral Treatment (ART) before being incarcerated came for an education session and was referred to PHC. SAP STEPS programme also helps to form networks or inter-organisational linkages and partnerships with various organisations that can provide for their HIV and AIDS related needs. These networks include ICAP that help with the provision of condoms, lubricants, HIV Counselling and Testing (HCT) providers. The National Institute for Crime Prevention and the Reintegration of Offenders (NICRO) helps to create referral networks for inmates

once they are released from prison. DCS provides psycho-social services through the provision of social workers during their incarceration.

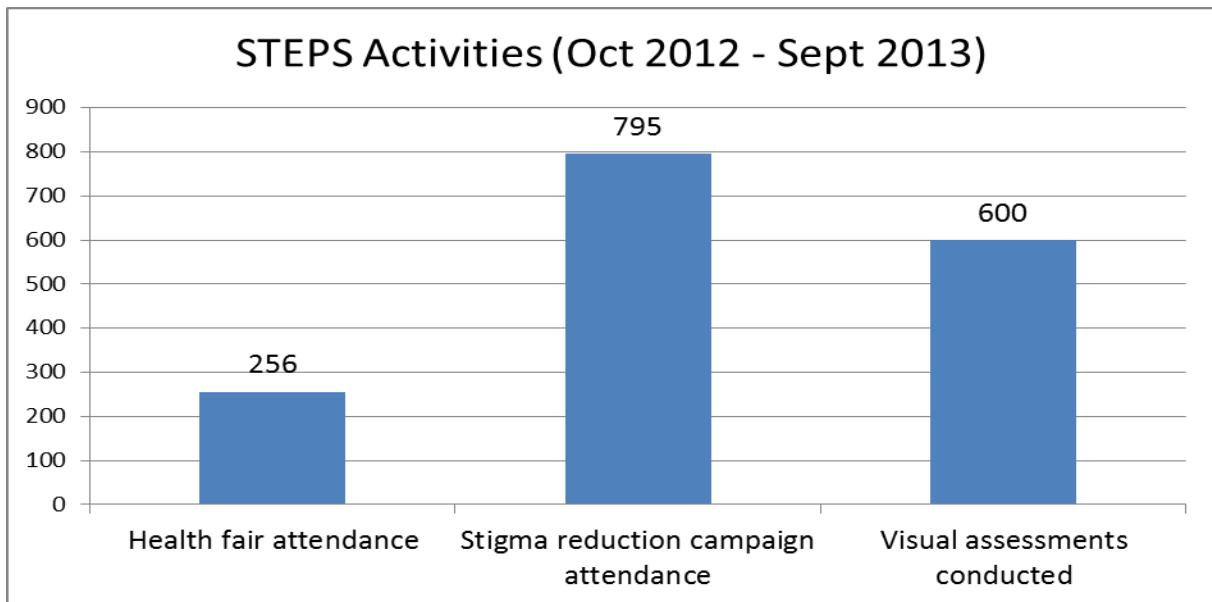
SAP and other HIV and AIDS education NGOs are re-engaging the other stakeholders' focus on preventive methods of fighting HIV and AIDS and not only focusing on treatment. SAP's role in mitigating the impact of HIV and AIDS is in most ways very similar to any other education NGO with the same goal. However, what sets the organisation apart is that it is targeting those groups that have been largely "forgotten about" or neglected by other HIV and AIDS intervention education NGOS and government organisations. This, because their targeted beneficiaries include vulnerable prison populations and wardens who are amongst the most at risk segment of the population. The programme is a first of its kind that provides HIV and AIDS education sessions for both inmates and DCS staff members. When compared with the rest of the population, offenders are isolated from social media that disseminates HIV and AIDS prevention information and thus rely on prison officials for information on HIV and AIDS, yet it is their human right to receive equal access to health care facilities.

By sensitising and mobilising the prison community, SAP plays an essential role in creating a space wherein inmates and DCS members can engage regarding the fight against HIV and AIDS. For instance, other than only drawing interest from inmates who facilitate STEPS wanting to volunteer, other inmates voluntarily participate in helping other inmates to access HIV and AIDS related services at the DCS health facility and the social worker's office.

STEPS bridges the information gap concerning HIV and AIDS in the prison community. SAP fills a vital role by initiating dialogue about HIV and AIDS topics and comprehensive self-responsibility, and self determination to live civic responsibilities. This role is fulfilled through the Ubuntu community theatre, which supports the World Bank's statement that "NGOs work is based on a commitment to community participation and pluralism rather than dependence on the government, they are closer to the clients and know more about their needs... they can tailor services to the niches... they pilot new technologies" (World Bank, 1993:127).

SAP's educational program STEPS aims to stop the stigma and discrimination associated with HIV and AIDS and reduce the number of new infections. This is in

line with the South African National Strategic Plan for HIV and Tuberculosis (TB) for 2012 to 2016. STEPS focuses on key populations that contribute to reducing the HIV prevalence rate and HIV and AIDS related discrimination. That is, among inmates in male correctional facilities and their members in uniform. The graph below gives a detailed description of STEPS programme activities that are directly related to the National Strategic Plan for HIV and TB for 2012 to 2016.



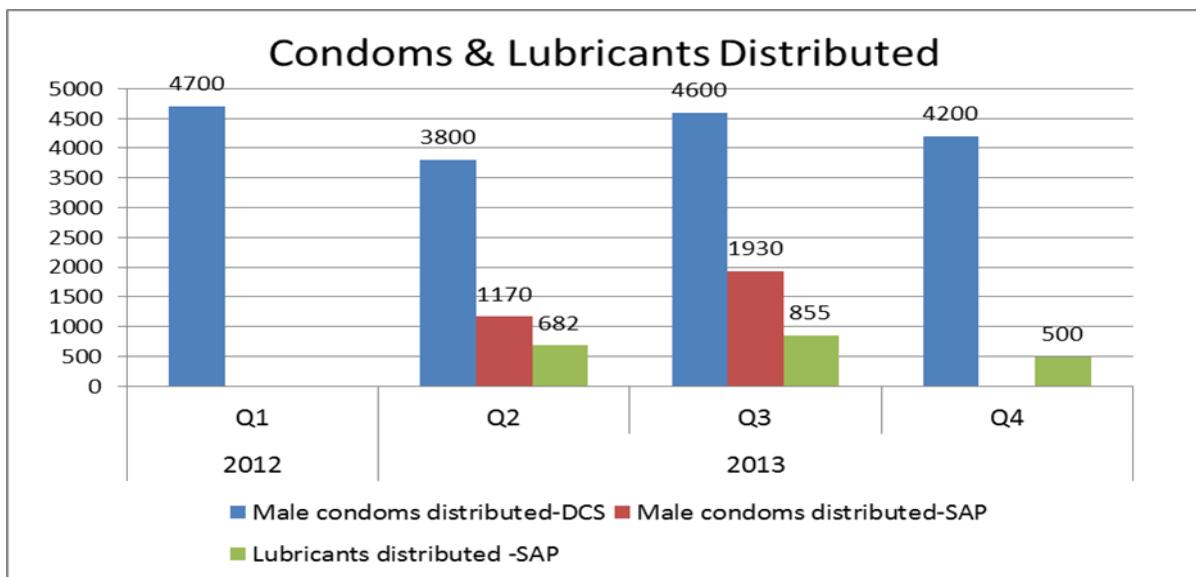
Graph 1: STEPS Activities directly linked to South African National Strategic Plan for HIV and TB for periods of Oct 2012 to Sep 2013 (SAP report on STEPS)

SAP's referral system exposes inmates to other organisations where they can obtain other services they may require. Presently SAP plays a role in identifying inmates who require PHC services such as TB treatment and ART through visual assessments and HCT. In conformity with other education NGOs, SAP formed networks or inter-organisational linkages and partnerships that act as referrals for the target population. SAP have also built synergic relations with the South African government, which has led to better coordination of activities and programmes between NGO functionaries and HIV and AIDS infected people (Jamil & Muriisa 2004).

4.4. STRATEGIES USED ON STEPS PROGRAMME

In order to link and disseminate the information on STEPS, SAP have different methods for the sharing of key knowledge. These strategies are:

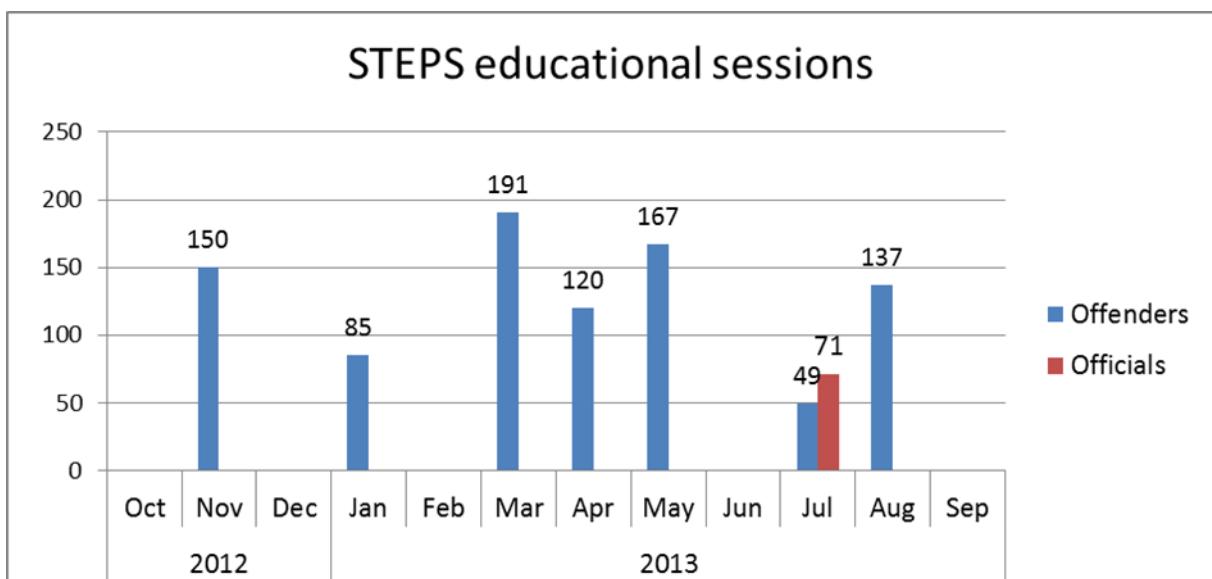
- The SAP trained group of facilitators function to relay the information on STEPS within the correctional facilities. These facilitators were trained on the content of the STEPS curriculum and on facilitating education sessions. The facilitators are chosen from people who have prior knowledge of HIV and AIDS. SAP analysed the current information on HIV and Aids available to the inmates and DCS staff and moved to supplement this with basic information on HIV and AIDS.
- The researcher learnt from the interviews that the STEPS programme also focuses on the distribution of condoms and lubricants to DCS officials and inmates in prison facilities as a strategy of reducing HIV and AIDS transmission. Condoms are provided by the International Center for AIDS Care and Treatment Programs (ICAP), a partner of SAP and other condoms are distributed by the DCS. The graph below gives a detailed distribution of condoms by SAP and DCS respectively. The condoms are distributed in DCS prison facilities to encourage safe sex practices within the prison facilities.



Graph 2: STEPS condom distribution at the correctional facilities during the period of Oct 2012 to Sep 2013 (SAP report on STEPS)

- Magnetic theatre is another strategy used by SAP to draw inmates and DCS staff's attention to HIV and AIDS prevention through theatre drama on HIV and AIDS topics. The facilitators engage the DCS officials and the inmates on a dialogue about the topics afterward. The magnetic theatre was later turned

into the Ubuntu community theatre acted in by DCS officials and inmates. Ubuntu community theatre is used to relay behavioural change messages. Inmates are trained to write their own scripts and develop some drama around certain issues relating to HIV and AIDS. Drama might be themed around an inmate reluctant to visit a prison clinic due to fears of discrimination. The participants are trained and perform the theatre sketch or drama for 15 minutes and the other 45 minutes in an hour is used for dialogue. After the drama, there is a discussion on how to access prison PHC facilities and furthered engagement on other or related HIV and AIDS topics. The facilitators also conduct an HIV knowledge level search on inmates and interact with the audience following drama sketches by asking questions that are related to HIV and AIDS. Inmates are given a chance to ask questions after the main facilitator has given an HIV and AIDS educational presentation.

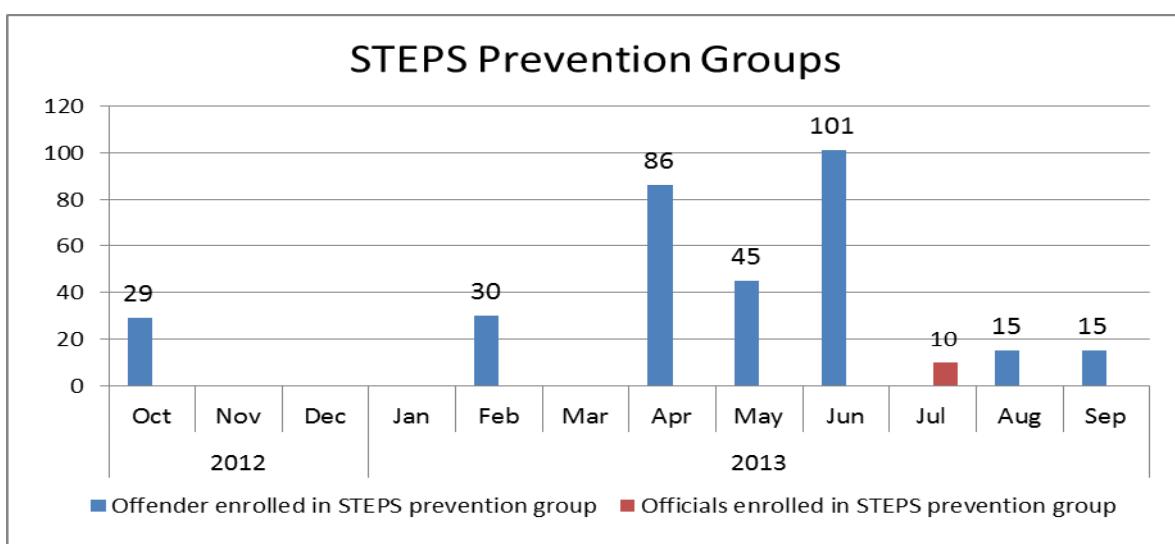


Graph 3: Educational sessions at the correctional facilities during the period of Oct 2012 to Sep 2013 (SAP report on STEPS)

The graph above represents the number of inmates and DCS officials that have been reached by SAP STEPS educational sessions. The graph shows that there has been an increase in the number of individuals who attended the STEPS programme by choice during the year 2013.

- The Education and Prevention Group session strategy is used to communicate the STEPS curriculum. Facilitators conduct prevention groups

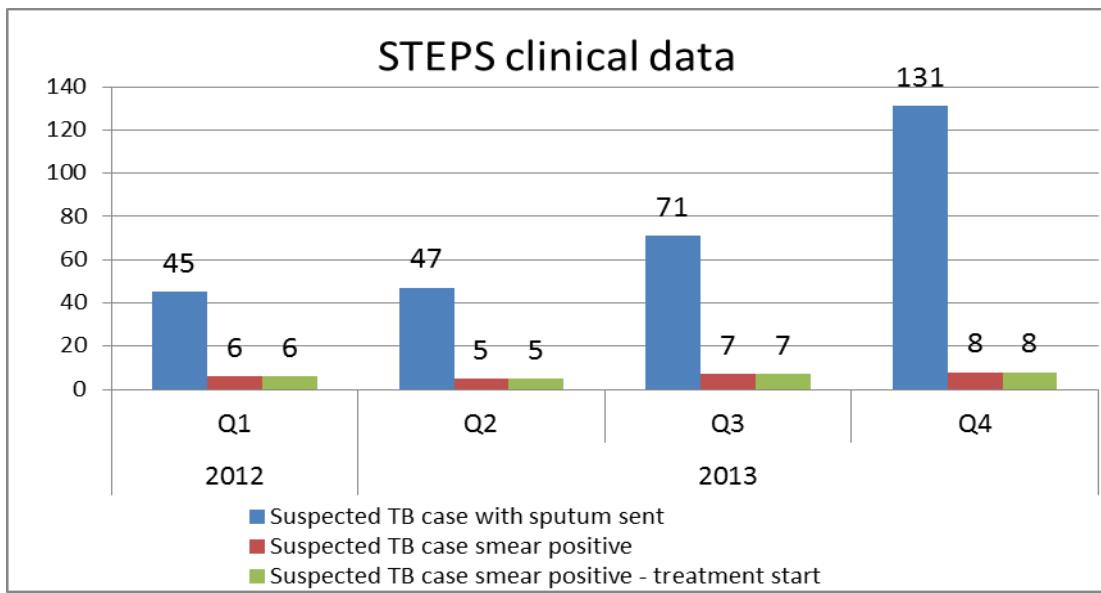
which are run for 15 people attending for 6 sessions to complete the group programme. Further engaging educational sessions are conducted for about 45 minutes. Inmates and DCS staff members are given 6 topics in an open session. The education sessions are conducted in a large space wherein the groups are educated on the topics and are given an opportunity to answer questions. During this time, a register is circulated to calculate the numbers that have been reached. After the education group, there is a prevention group held with the same people.



Graph 4: STEPS Education and Prevention Group sessions at the correctional facilities during the period of Oct 2012 to Sep 2013 (SAP report on STEPS)

The graph above gives a detailed presentation of the number of Education and Prevention group sessions conducted at DCS facilities during the periods of 2012 and 2013.

- SAP also use a visual assessment strategy during the Education and Prevention group sessions. Visual assessment entails facilitators conducting visual checks on DCS officials and inmates to identify individuals that could be a risk to others, by assessing for visual signs of TB and HIV and AIDS.



Graph 5: STEPS Education and Prevention Group sessions at the correctional facilities during the period of Oct 2012 to Sep 2013 (SAP report on STEPS)

The above information represented in the graph is important to SAP members working on STEPS because it is crucial that STEPS knows who is vulnerable to TB or HIV and AIDS and how to mitigate the impact of HIV and opportunistic infections. This better enables them to perform their job and target their education programmes to those in need.

The SAP staff members interviewed all agreed that the most effective strategy so far is the Ubuntu community theatre, because inmates can visualise and make up their own conclusion from the theatre and the summary at the end of the show. The theatre relays the information better as individual inmates have different levels of understanding, communication, literacy, concentration, and linguistic capabilities regarding the show. SAP staff members further acknowledge that the Ubuntu community theatre has the ability to reach a large number of inmates and DCS officials without any fear of being stigmatised. Inmates and DCS officials participate and buy-into the educational process as they feel involved through providing input.

Ubuntu Community Theatre provides in-service training and sensitisation of health workers and the prison community members to the vulnerable groups in their care regarding services they need. It further teaches issues pertaining to sexual preferences in order to review vision and opinions on homosexuality and provide counselling and support to reduce vulnerability. Ubuntu Community Theatre helps to

advocate for behavioural change through social and economic factors, such as cultural norms and behavioural change intervention, targeting individuals and societal change (Israel et al 2008). Ninan and Delion (2007) observe that individuals cannot change their behaviour in a vacuum, but are heavily influenced by their social networks and group norms. Individual attitudes, knowledge and behaviour change takes place within a community context that can support, facilitate or frustrate such behaviour change efforts (Carter et al, 2007; Gregson et al, 2002; Parker et al, 2007). It is in this light that the SAP STEPS coordinator maintains that, “by attending to the behavioural needs Ubuntu community theatre addresses the social structural causes of HIV infection, how inmates perceive HIV transmission, the drivers of the spread of HIV in the prison, and inmates’ information needs within the HIV context”.

Condom distribution by SAP in partnership with ICAP and DCS also is good strategy, as access to condoms within prison facilities is limited. SAP has integrated condom distribution into their education sessions of basic education on the correct and consistent use of condoms within the prison. The SAP strategy of distributing condoms and encouraging the distribution of condoms by DCS in correctional facilities is vital as it encourages safer MSM sexual practices. As many as 5000 condoms were distributed by DCS and SAP every quarter in 2013 (see graph 1). Part of behaviour change includes the usage of preventive measures, such as condoms (Kaleeba, et al. 1997). UNAIDS in its review of the global HIV and AIDS epidemic considered universal access to HIV and AIDS prevention as critical to meet the 6th millennium development goal which is to combat HIV and AIDS, malaria and other diseases, target 6A. Have halted by 2015 and begun to reverse the spread of HIV/AIDS target 6B. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it (UNAIDS, 2010).

SAP staff involved in STEPS unanimously agreed that condom distribution targeting DCS officials and inmates has been successful, as there was constant supply maintained of condoms in DCS facility hallways for DCS officials and in prison toilets for inmates. However, condom distribution does not guarantee that they are being used by inmates. As duly noted by SAP, DCS staff members during the evaluation of the STEPS programme both report that condoms have a variety of uses within the prison. Condoms are used for smuggling drugs where drugs are put inside the condom and inserted into the anus for smuggling. Drugs are also stored in hiding

places inside condoms as they are watertight. Condoms are also used for cleaning CDs (compact disks) and for polishing shoes.

4.5. RISK BEHAVIOUR AND CONDITIONS WITHIN THE CORRECTIONAL FACILITIES

The living conditions in two correctional service facilities formed part of the observation approach of the study and was supplemented by the interviews with all respondents. The below section briefly summarises the risk behaviour of inmates.

It was confirmed that the inmates at the correctional facilities share cells with other inmates and that there is overcrowding in cells. Some inmates are affiliated to gangs mainly the 26s, 27s and 28s (gang name). In summary, exposure to HIV in prisons occurs either through violence, body modification or sex. Also, gang fights frequently break out and stabbings occur on a regular basis. Most gang members have tattoos of the gangs they are affiliated to.

The increased activity of gangs in cells has led to fatal injuries during fights. Inmates stab each other with handmade knives and other sharp objects. Of great interest is the mass stabbing that happened at St Albans Prison in February 2013 that involved over 50 inmates and resulted in three casualties (2 gang members from the 26s and 1 from the 28s). As reported by SAP staff in this incident, one inmate was stabbed 26 times; also, an inmate boasted about using a single knife to stab seven inmates. Inmates are constantly in contact with each other's blood.

Another point of contact is through the tradition of tattoo. The majority of the inmates have tattoos on their bodies which are crafted using handmade needles. As materials for tattooing are not readily available, some inmates share unsterilized needles when tattooing each other. Some inmates sterilise the needles by burning the needle tips. Inmates also tattoo each other using sharp objects and springs from ball point pens. The researcher observed that over two thirds of the inmates who attended SAPs' educational sessions had tattoos on visible body parts.

From the educational sessions it became clear that some inmates engage in consensual homosexual activities within the facilities. In some instances offenders who are HIV positive engage in male to male sex without protection even though they know their status. Some inmates witnessed incidents of inmates raping one other.

The most vulnerable inmates are those who do not have relatives that visit them and bring them groceries, toiletries and cigarettes. These inmates are forced to engage in male to male sex for ‘favours’ of groceries, cigarettes or toiletries. Other inmates are raped as initiation into the prison system even though the DCS considers rape or sexual assault a crime.

The above facts amount to high risk behaviour that encourages the spread of HIV and AIDS, TB and other opportunistic infections. Gang rape and fights, tattooing using unsterile needles make prisons areas of high HIV transmission. Nevertheless the prison context is an ideal place for an education NGO to disseminate HIV and AIDS prevention interventions. SAP STEPS curriculum and condom distribution are some of the intervention strategies that are working to reduce HIV prevalence in DCS facilities. HIV in prisons is both a public health and human rights issue that needs to be addressed urgently for an effective response in SA and Africa as a continent (WHO, 2001). If unguarded this high risk behaviour will increase the risk of transmission between prison and non-prison populations as the majority of the prisoners return to society (ACT Africa 2007; USCDC 2002; Lehner 2001).

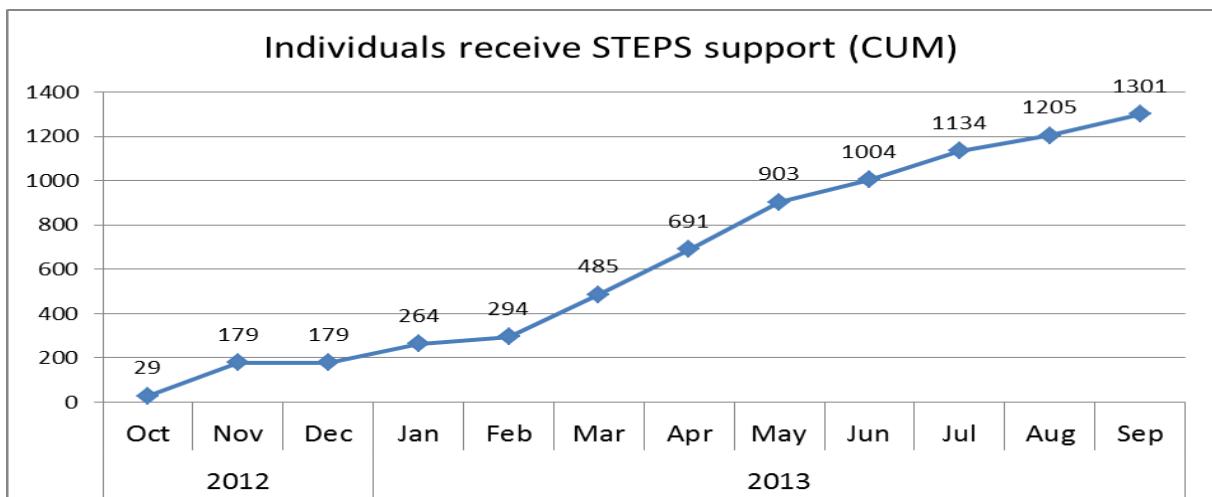
4.6. EVALUATION OF STEPS EDUCATION PROGRAMMES

All 70 inmates and 20 DCS officials that attended STEPS educational sessions, pre-test counselling, and VCT when the researcher was conducting observations spoke highly of STEPS. It was found that only four inmates out of seventy had tested for HIV and AIDS prior to their arrest and incarceration. All inmates that were interviewed agreed that they enjoyed learning about HIV and AIDS as it was knowledge that they did not have before. Seven inmates were happy that they got referral to PHC as they were struggling to access PHC due to the conditions within the prison facilities. 50 inmates rated the programme a success and felt that the programme should reach out to other inmates. 67 inmates indicated they would modify their sexual behaviour and attitudes. Only three inmates indicated that they would not change their behaviour; of the three, two were already practicing safe sexual practices as they had extensive knowledge of HIV and AIDS from outside. One even mentioned using finger gloves during oral sex.

Twenty of the DCS staff who were interviewed by SAP staff, evaluated STEPS as having positive results. They observed that inmates responded better to STEPS than

to DCSs' HIV and AIDS programme. The number of individual inmates who attended a STEPS programme in a day on average, far exceeds the number of inmates who participate in DCSs' educational programmes and HCT in a month. The resident nurses at the prisons felt more involved in STEPS as its programme activities fall within their line of work. The resident nurses reported having observed behavioural changes in inmates perceived as direct or as indirect results of STEPS' educational focus groups. There has been increased attendance at DCS PHC facilities, a significant reduction in the number of new infections and a reduction in the incidents of inmates fighting. According to SAP STEPS programme director, the introduction of STEPS marks is the first time that there has been a programme that addresses DCS members and offenders at the same time. DCS resident nurses and inmates evaluated by STEPS admitted that they were exposed to new information and methods to prevent HIV and STI infections and disseminated the information to other offenders

themselves.



Graph 6: STEPS cumulative numbers of inmates and DCS officials at the correctional facilities over the period October 2012 to September 2013 (SAP report on STEPS)

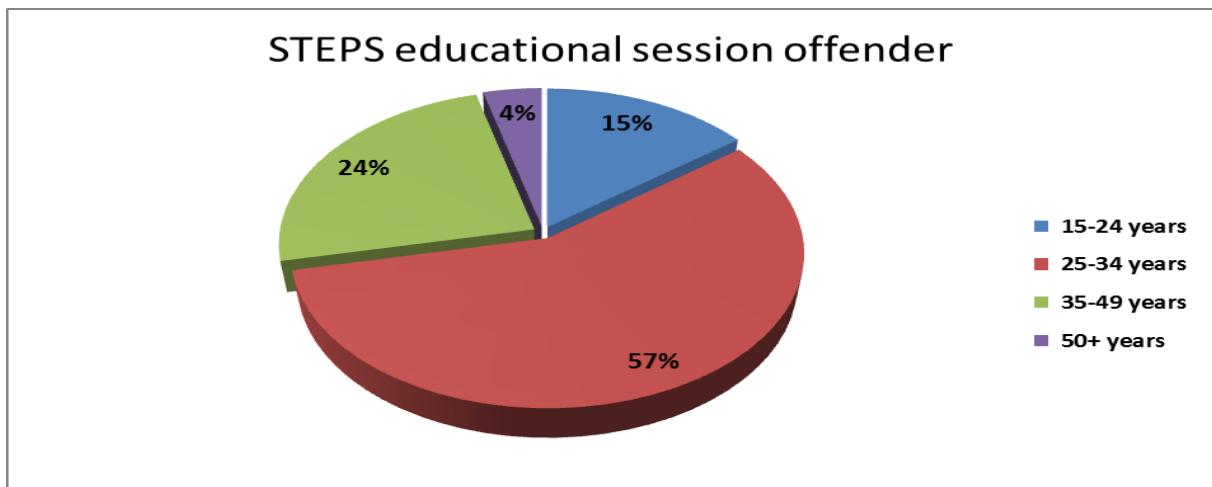
There is less doubt regarding the positive impact that SAP's educational programme has had on disseminating HIV and AIDS information to DCS inmates and staff. The majority of the inmates that participated in education sessions and in the SAP's evaluation of STEPS, had limited knowledge of HIV and AIDS prevention prior to attending the educational sessions. This was noted by the inmates during the STEPS evaluation process. The graph above shows the cumulative reach of the SAP educational programme STEPS. The programme has, at the time of this study's conclusion, reached 1301 individuals in two prison facilities that hold up to 2000

inmates at a time in each facility. The DCS officials have reported fewer fights amongst inmates during the period that the STEPS programme has been implemented at those correctional facilities. This improvement has been attributed by DCS officials to the STEPS educational programme's address of the HIV transmission risk associated with the exchange of blood during stabbings.

However, although impressive numbers of inmates have been reached through the STEPS programme, a change in behaviour is not a guaranteed achievement. Such an achievement's success is even more difficult to measure, as the risk behaviours are enmeshed in complex webs of economic, legal, political, cultural and psychosocial determinants (Brown et al, 2007). Gear and Ngubeni (2002) argue that prisoners have minimum control over factors such as overcrowding, which contribute to other forms of violence that include gang rape and sexual abuse. Victims of continual rape and sexual abuse often resort to prostitution as a survival or coping mechanism especially those whose families do not visit them and bring them tradable goods (Kudat, 2006). Moreover, the changes in inmates' behaviour could also be attributed to factors other than the STEPS programme, such as punishment by DCS officials for continued criminal activities and other factors outside the scope of this study. This is the reason why it is important to involve all individuals from psycho-social support, HCT medical staff, prison officials and inmates' families in championing the cause for HIV prevention as this can contribute significantly to reducing the HIV prevalence rate, as well as the transference of HIV from prisons to the general population. Nevertheless, the role of the education element delivered by the NGO is key, since it provides inmates with tools to cope with and understand their situation better, while also reducing HIV prevalence.

Despite the aforementioned, it remains difficult to ignore how fundamental prevention efforts are. Prevention efforts comprise and remain the single most important approach to sustainable control of the HIV epidemic (Voetberg, 2008). STEPS has done extremely well in advocating safe sexual practices within the correctional facility through the use of condoms between MSM, providing referrals to PHC facilities for STI infections and advocating for the eradication of stigma associated with MSM and people infected with HIV and AIDS. Ngwira et al (2001) asserted that comprehensive HIV prevention requires a combination of programmatic and policy actions that

promote safer behaviour to reduce vulnerability to transmission, promote social norms that favour risk reduction and address drivers of the epidemic.



Graph 7: Age distribution of inmates and DCS officials evaluated at the correctional facilities during the STEPS research period of July to September 2013 (Field Notes)

A total of 70 inmates attended the STEPS group prevention sessions and participated in VCT and 20 DCS officials also attended the group prevention sessions. All 90 respondents were asked to evaluate the STEPS programme. The majority of the respondents were within the 15 to 49 age group, a segment of the population at high risk of HIV infection and of spreading the infection to the general population as they are the most sexually active (UNAIDS 2010). According to the SAP coordinator, working with this age group allows the programme to reach a broader field of target, as prisoners who are released to re-join their community will disseminate the information further. DCS officials engaged also spread the information to their families.

SAP staff members all agreed that despite initial challenges, which included an initial lack of cooperation on the part of the DCS, the inmate response to the STEPS programme has been overwhelmingly positive. At the time of the research's conclusion in September, 2013, 1301 individual inmates and some DCS officials have been engaged by the STEPS programme and have undergone various health-related tests. The clinical data on TB reflects that 294 individual inmates were screened for TB with the 26 having tested positive for TB having initiated TB treatment. These results, according to the SAP programme director, are in line with the SA National Strategic Plan for HIV and TB for 2012 to 2016.

4.7. IDENTIFICATION OF GAPS IN CURRENT ACHIEVEMENTS OF SAP

STEPS curriculum needs to include topics that openly discuss men's sexual preferences. The researcher observed that whenever focus group facilitators gave an example that alluded to or specified an incidence of men having sex with other men, all inmates and DCS officials tended to shy away from the subject, in a response that demonstrated clearly that non-heterosexual sexual preferences or practices carry a stigma and lack of social acceptability. The lack of strategy for the overcoming of this challenge and the challenge of the stigma itself, inhibit safe practices from being openly discussed enough to effect positive behavioural changes, helpful discussion and dissemination of information in the interest of HIV and AIDS prevention education. .

Four inmates admitted to having sexual relations with other inmates and they to having witnessed gang rapes. However, these specific respondents did not classify themselves as either homosexual or as bisexual. It is in fact difficult to categorise the sexual behaviour or preferences of male inmates as they do not fall into the traditional categories of MSM, namely transvestites, transsexuals, gay men and bisexual men (Israel et al, 2008). These inmates still classify themselves as heterosexuals with wives and girlfriends at home, whose current sexual practices are more a result of their circumstances than of their preferences. They identify more as being, "just men trying to fulfil their physical needs, as conjugal visits are not allowed in prison". Therefore there is need for STEPS to include topics on sexual preferences, so that inmates and DCS officials can openly discuss their sexual activity and sexuality within the prison system. Open discussions about sexuality could in this way help SAP STEPS to tailor-make HIV prevention strategies that target specific groups in a more progressive manner.

SAP provides educational sessions and referrals only and there is no follow-up process for the assessment of post-engagement progress in individuals who have undergone the STEPS programme. This raises the question as to what happens to inmates and DCS officials who attend the sessions. It is up to them to form their own support groups after the education sessions and outside the prison system. STEPS lacks a follow-up plan for inmates who complete educational sessions or those that underwent HIV counselling and testing (HCT). Priority is given to increasing the

number of inmates and DCS officials who are trained in the STEPS prevention programmes. However, no priority is given to inmates and DCS officials who have completed the education programmes to assess their progress. One inmate bluntly stated, “What happens if we do HCT and the results are positive then what? We are living in a stressful environment. What other help can SAP offer to HIV positive inmates beside referral to PHC facilities?” The researcher also noted that 3% of the respondents voiced that they do not feel comfortable talking about their sexual preferences when part of a group. Aside from the obvious advantages to affected inmates, a follow-up programme for STEPS-engaged inmates and officials would provide SAP with valuable information for self-evaluation of the programme’s effectiveness and areas for possible improvement.

The STEPS curriculum does not include poverty alleviation strategies, specific to the prison environment. Poverty and the lack of access to tradeable goods is one of the primary drivers of high risk behaviour within the prison facilities. As noted by the researcher, inmates who do not have relatives who visit them and bring them tradable goods are forced to trade sex for favours and food, leading to high risk behaviour and exposure to HIV infections. Furthermore, those inmates who trade sex for favours do not have bargaining power in such trade engagements to afford them the position to insist on safe sex practices. UNAIDS has shown how HIV-sensitive social protection can reduce vulnerability to HIV infection, improve and extend the lives of people living with HIV and support individuals and households (UNAIDS 2010). Achieving social protection for people and households affected by HIV is a critical step towards the realisation of universal access to prevention, treatment, care and support.

4.8. CHAPTER SUMMARY

The findings of the research were analysed using thematic content analysis which identified recurring themes in the data. The themes were interpreted according to the objectives of the research. The role of SAP includes: bridging the gap between inmates and DCS officials infected with and affect by HIV and AIDS by initiating dialogue about their conditions, conducting STEPS educational sessions in male prison facilities, improving sensitisation to HIV and AIDS issues, advocacy, and referring those who are HIV positive and have STIs to PHC facilities. SAP

interventions have helped beneficiaries' access information on HIV and AIDS which they did not previously have access to. SAP helps to provide social capital, in the forms of social networks, trust, community participation and has been recognised as an asset and a determinant of health (van Kemenade, 2003a; Putnam, 2000). Specifically, social capital is seen to affect health positively in a variety of ways, such as prompting health-related behaviours in that it encourages healthy behaviours and discourages unhealthy behaviours, while promoting access to services and support (Kawachi et al, 1999). SAP use a number of strategies to relay its information. These include the employment of theatre, facilitators, group discussions and condom distribution. However, there are gaps that still exist in SAP interventions. The chapter provided an analysis of the findings which identified those gaps that exist within the current achievements of SAP based on STEPS. These gaps include a lack of poverty alleviation strategies, a lack of strategy for the address of non-heterosexual sexual practices and a lack of follow-up assessment of inmates and officials engaged in the STEPS programme,. The following chapter discusses the conclusions and makes recommendations on the research.

CHAPTER 5:

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. INTRODUCTION

The main purpose of this study was to explore the role and contribution of an HIV and AIDS education NGO in Nelson Mandela Bay which aims to employ strategies that best mitigate the impact of HIV and AIDS in prisons. This chapter provides a summary and conclusions of the study. The conclusions are based on the objectives outlined in Chapter 1 and the findings from the data acquired from the research sample. The objectives were:

1. To explore the role of an education NGO in mitigating the impact of HIV and AIDS through education strategies;
2. To assess the extent to which education NGOs interventions have helped to prevent, reduce or mitigate HIV and AIDS prevalence;
3. To identify the strategies used by education NGOs in fighting HIV and AIDS; and
4. To identify gaps that exists between the currents achievement of the NGO and the needs of communities.

The major conclusion of the study is that an education NGO has an important role to play in response to HIV and AIDS as a development challenge to economic growth in Nelson Mandela Bay. Rehabilitated and informed prisoners possess large-scale potential in contributing to the general development of HIV prevention interventions of their communities if capacitated, well managed and supported with the requisite resources. The researcher has drawn some recommendations which might be of great importance when addressing HIV and AIDS by both education NGOs and the Department of Health in Nelson Mandela Bay.

5.2. SUMMARY OF KEY FINDINGS

The findings of this study are linked to the objectives and discussed below.

5.2.1 Objective no. 1: To explore the role of an education NGO in mitigating the impact of HIV and AIDS through education strategies.

In order to address this objective the research analysed the position of education NGOs on HIV and AIDS within the development discourse. To gain a deeper understanding of the relationship between education NGOs and HIV and AIDS, the researcher consulted existing literature on the subject, which led to the finding that HIV and AIDS education NGOs have become important channels through which people affected by and living with HIV and AIDS participate in development, share experience and access information, as well as resources (Bebbington & Riddell in Hulme & Edwards, 1997; Zaidi, 1999). HIV and AIDS was then analysed to determine whether or not it is actually a development challenge. Furthermore, it was noted that HIV and AIDS results in a diminished workforce and an increasing portion of state funds being spent on healthcare. Most assistance in the fight against HIV and AIDS prioritises a medically driven approach.

The research findings demonstrated that an education NGO in the prison context serves to sensitise and mobilise the prison community regarding HIV and AIDS issues through addressing the behavioural needs and the causes of HIV infections in prison. HIV and AIDS education NGO programmes, such as that of the case study aim to stop HIV and AIDS related discrimination and stigma through: dissemination of basic information on HIV prevention; education of target populations regarding the link between HIV and AIDS and STIs; risk reduction; disclosure and acceptance of HIV status; and living positively. Education NGOs provide HIV and AIDS community referrals for inmates who have been released and refer inmates (current and leaving) to PHC for those affected and infected by HIV and opportunistic infections. Education NGOs help to form networks of inter-organisational linkages and partnerships for inmates and DCS members with various service provision organisations. Notable examples are ICAP, which provides the HCT and condom distribution and NICRO which help to create referral networks for inmates, once they are released from prison.

5.2.2. Objective no. 2: To assess the extent to which education NGO interventions have helped to prevent, reduce or mitigate the HIV and AIDS prevalence.

This objective of the thesis was to evaluate the effect of education NGOs in mitigating HIV and AIDS prevalence. Throughout the research an acknowledgement is made that education NGOs are appropriate and well positioned to offer beneficiaries a focused response to HIV and AIDS. The position of this study's research and findings is that an education NGO has designed interventions that are tailored to reduce HIV prevalence in prisons. To address the question here addressed, the researcher designed and asked questions that required SAP staff to evaluate their intervention strategies. The researcher also observed SAP staff employing the evaluation questionnaires in assessment and engagement of SAP beneficiaries. The researcher relied on the interview results and observations, as there is no available prison data to compare findings within Nelson Mandela Bay.

SAP measured the success of their interventions according to the numbers of groups and individual inmates and DCS officials that have been engaged with and who have completed the STEPS education programme. By September 2013, this comprised a total of 1301 inmates and DCS officials. Of these 1301 beneficiaries, 294 inmates and DCS officials were screened for TB and out of those 294 screened individuals, 26 were initiated on TB treatment. Lastly 20 400 condoms were distributed in prison facilities. These numbers are unprecedented; given the restricted access to DCS facilities, these numbers speak volumes to the extent to which SAP as an education NGO, has helped to mitigate the impact of HIV and AIDS in the prisons they operate in. The researcher found that the recipients were mostly satisfied with the service rendered by an education NGO. HIV prevention educational sessions were demonstrated to be quite effective in disseminating HIV and AIDS basic information. Most DCS officials and inmates admitted they lacked knowledge of basic HIV prevention prior to engaging in STEPS educational sessions. There has been an increased inquiry pertaining to HIV and AIDS related matters at DCS PHC attributed to STEPS programme activities that expanded inmates' horizon on the subject. There has been a significant decrease in the number of violence-related fights as a result of STEPS HIV and AIDS risk reduction education sessions. A STEPS HIV education programme's total reach in a day far exceeds DCS's HIV education reach in a month (as noted by a DCS nurse). Condom distribution has led to a reduced number of new HIV infections within the prison facilities as shown by the number of inmates and DCS staff who test positive during HIV counselling and treatment (HCT).

5.2.3 Objective no. 3: To identify the strategies used by education NGOs in fighting HIV and AIDS

Given the acknowledgement of HIV and AIDS as a development issue and the recognition of the role of an education NGO responding to HIV and AIDS as such a development problem, it is appropriate to identify the strategies that the education NGO employs in mitigating the impact of HIV and AIDS. The researcher interviewed and observed SAP staff at work at the DCS facilities to identify the strategies that an education NGO uses to disseminate HIV prevention information.

The findings were that SAP achieves their goals through the efforts of training facilitators employing the STEPS curriculum and through facilitating group discussions, distributing condoms and lubricants through partnerships, and soliciting behavioural change through the use of theatre to disseminate HIV prevention information. Furthermore, SAP facilitates HCT sessions and conducts visual assessments during focus groups to identify individuals who pose a risk to others by assessing for visual indications of TB and HIV and AIDS.

5.2.4 Objective no. 4: To identify gaps that exists between the current achievements of the NGO and the needs of communities for sustainable behavioural change.

The research addressed this objective by focusing on the achievements of the education NGO and posed questions to the SAP staff on areas for possible improvement. The researcher also noted comments by SAP respondents on the evaluation of STEPS. The researcher then compared the research respondents' responses with literature with the documented achievements of NGOs.

The research found that the topic of men's non-heterosexual sexual preferences and those relating to sexual engagement by MSM would improve the programme's reach if included in the STEPS curriculum for group discussion. While SAP provides referrals, they do not follow-up on inmates' or DCS officials' progress after their completion of the STEPS programme or engagement in HCT. Lastly, the STEPS curriculum does not include poverty alleviation strategies.

5.3. CONCLUSION

Based on the findings of this study, SAP as an education NGO in Nelson Mandela Bay is fulfilling a significant role in fighting HIV and AIDS. The research findings presented, indicate that education NGOs are important channels through which people living with and affected by HIV and AIDS participate in development, share experiences and access information as well as resources (World Bank, 1993; Jamil & Muriisa, 2004). HIV and AIDS NGOs in particular are usually and best developed by people who are affected by the disease, and are thus specialised in the area and empathetic to how best to develop coping strategies. Education NGOs form networks or inter-organisational linkages and partnerships that act as a holistic referral system for the target population. They have also built synergic relations with the Department of Health which has led to better coordination of activities and programmes between NGO functionaries and HIV and AIDS infected people (Jamil & Muriisa, 2004). Partnerships between the state, private sector and civil society are invaluable and if successfully cultivated can enhance better coordination, planning and implementation, as well as mobilisation of interventions (Brown, Anyvalikli & Mohammed, 2004:37-38). Moreover, education NGO strategies advocate for behavioural change and other HIV and AIDS prevention interventions which comprise an alternative and a complement to the public sector bio-medical approach in fighting against the HIV and AIDS epidemic. It was found that the most effective strategy was using the medium of theatre to transfer HIV and AIDS knowledge, because it has the ability to reach a more vast array of target groups as a medium which transcends barriers such as those associated with limited level of literacy and other challenges. In the employment of theatre to this end, target groups participate in the production of the script. Their participation which makes them feel more involved, causes beneficiaries to provide their input and thus their attention and interest. However, there are gaps in intervention efforts that inhibit the researched education NGO from reaching its full potential in the fight against HIV and AIDS.. Group discussion demonstrated an effective means for the discussing of issues such as condom distribution. However this means of beneficiary engagement resulted in a small portion of the respondents expressing discomfort when discussions were held pertaining to their personal sexual behaviour.

Education NGOs need to look beyond the control, care and sensitisation programmes related to HIV and AIDS. They also need to look beyond the local level. Because of the heterogeneous nature of the pandemic, effective responses to the problem must be diverse and can only be achieved through combined efforts at local and regional level (UN-OSAA 2003: Cock et al. 2002: 57).

5.4. RECOMMENDATIONS

This part offers recommendations in consideration of the optimisation of the contribution of education NGOs, not only in response to HIV and AIDS but in general to development. These recommendations must consider each education NGO as a different entity, since education NGOs might not engage with the same challenges at the same time.

5.4.1 The inclusion of poverty in HIV and AIDS mitigating strategies

Since poverty is a driver in the spread of HIV and AIDS and HIV and AIDS is a driver of the causes of poverty, education NGOs should include poverty mitigating strategies in their curriculum on HIV and AIDS interventions. This would assist in breaking the cycle of HIV and AIDS and poverty's co-dependent relationship and result in a healthier workforce and a healthier economy.

5.4.2 Education NGOs should form partnerships that provide social protection.

SAP and other education NGOs should form partnerships that provide social protection for inmates once they are released from prison, regardless of their HIV status. This would provide a safety net for the ex-offender as thus reduce the likelihood of them reoffending. HIV-sensitive social protection is highly relevant for vulnerable groups, such as sex workers, injecting drug users and men who have sex with other men, and their families (Temin, 2010). Social protection reduces the risk and vulnerability of individuals as it is important to address both the social and economic determinants of vulnerability. Advocacy for socially protective legislation can contribute to HIV and AIDS prevention.

5.4.3. The most at risk population groups should be allowed to design their own curriculum.

In places where such an opportunity has been allowed, these vulnerable groups have been among the most efficient players in slowing the impact of HIV and AIDS (Israel et al, 2008). The most at risk population should be encouraged to form organisations to fight for HIV prevention and rights recognition from within the group.

5.4.4 SAP and education NGOs should add sexual preferences to their curriculum

MSM does not fall under one category. There are MSM who have sex with other men, but do not associate themselves with the common categories of MSM such as transvestites, transsexuals, bisexuals or gay men. MSM still tend to shy away from discussions pertaining to their sexual preferences and needs in a prison environment

5.4.5. Provision of the education curriculum in visual and audio format

Some vulnerable groups do not feel comfortable attending prevention educational sessions publically and prefer the comforts of their homes or other more private environments when engaging with HIV and AIDS educational material. Since inmates would understandably shy away from discussions it is recommended that learning sessions be pre-recorded so that inmates can have access to this information at their own convenience....

5.5 AREAS OF FURTHER STUDY

Considering that there is limited data available concerning the prevalence and rate of infection and prevention of HIV and AIDS in prison facilities, more research is needed in the following areas:

- HIV prevalence in correctional facilities.
- The state of health care facilities in prisons.
- The impact of education NGOs interventions on most vulnerable groups.
- A comparison of STEPS programme in other SA prisons (or internationally).

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APPENDICES

Appendix A

Cover Letter

To South African Partners staff and its projects beneficiaries

My name is Admire Chiguvare; I am a master's student at Nelson Mandela Metropolitan University. I am conducting a research that analyse an education NGO's role and contribution to fighting HIV/Aids and the challenges therein. The main aims of this study are to;

1. Explore the role of an education NGOs in mitigating the impact of HIV/AIDS through education strategies
2. Assess the extent to which education NGOs interventions have helped to prevent, reduce or mitigate the HIV/AIDS prevalence.
3. Evaluate the effectiveness of an education NGOs strategies in fighting HIV/AIDS
4. Identify gaps that exist between the currents achievement of NGOs and the needs of communities and behavioural change

I am going to conduct a set of individual interviews and focus group interviews to collect data that are relevant to the research. The interview will be recorded by a tape recorder and the interviewer will be taking notes during the interview. The data from the tapes will be transcribed for data analysis. The findings will be communicated back to the participants in September. You are kindly asked to participate, your information will be treated confidentially and the interview takes approximately 10 minutes.

Thanking you in anticipation

Yours Sincerely

Admire Chiguvare

Appendix B

Release Form

CONSENT FORM FOR USE WHEN TAPED MATERIALS, PHOTOGRAPHS OR ORIGINAL WORKS ARE TO BE RETAINED

Project Title_____

Researcher's name_____

Supervisor's name_____

I have read the Participant Information Sheet, and the nature and the purpose of the research project have been explained to me. I understand and agree to take part. I understand that I may not directly benefit from taking part in the project. I understand that I can withdraw from the study at any stage and that this will not affect my status now or in the future. I confirm that I am over 18 years of age. I understand that I will be audiotaped/ videotaped during the study I understand that the tape will be stored in a sure storage or password protected computer. I grant the University the exclusive and royalty free right to reproduce and use in its on-going activities photographs, video, or any other recording by any means of my voice or physical likeness which is produced in the course of the project. The tape will be deleted if the taped material is not to be used by the university for any purpose beyond the current study. I understand that the University shall not be required to make any payment to me arising out of its exercise of this right. I understand that wherever practical, the University will acknowledge my participation in the project in exercising this right.

Name of participant_____

Signed Dated_____

I have explained the study to subject and consider that he/she understands what is involved.

Researcher's signature and date_____

APPENDIX D

South African Partners Staff Interview Questions: Administered August 2013

1. Tell me about your life?
2. How did you come to work at South African Partners?
3. When did you start working for South African Partners?
4. How would you describe your job description?
5. Who do you report to?
6. Why is the organisation located in Port Elizabeth in Port Elizabeth?

Probes;

- Any particular reason?
- Where else do you have branches?

7. What has your experience been like?

8. In what way has the organisation changed in the time that you have been working here?

Main Research Questions

9. Briefly describe the role of your organisation in the context of HIV/AIDS?

10. What educational project is your organisation involved in?

Probes;

- What triggered the inception of those projects?
- Who are the beneficiaries of those projects?

11. Describe in detail your organization's educational projects response to the

impact of HIV/AIDS in the metropolitan?

Probes;

- What strategies does your organisation use?
- How was the strategy communicated to the broader field?
- Probe for examples
- Who is responsible for the communication?
- Who are the beneficiaries?

12. What does the program look and feel like to the participants?

Probes;

- What features of the project are most salient to the participants?
- What are the expectations of the participants?

13. What was the outcome of these projects? Would you term it a success or a failure?

Probes;

- As a result of these educational projects, what new opportunities for advocacy related to HIV/AIDS prevention have presented

themselves?

- What part of the project was successful?
- Do you have any proof?
- What part of the project that was not successful?
- Why do you say so?

14. What other issues about the organisation do you think is NB to discuss today?

Donor relationships

15. Who currently funds South African Partners?

Probes:

- Where are they located?
- How often do you communicate with them?
- Do they fund the whole project?
- What do stakeholders know about the project?
- What experience do the stakeholders have concerning program operations, processes, and outcomes?
- Are there any expectations from the stakeholders?
- If any what are they?
- How is the relationship between you and your stakeholders?
- Are there any unanticipated problems?

16. What other networks does South African Partners use to survive?

17. How do you feel about reliance on donors?

18. Do you think it is possible to sustain South African Partners without the donors?

19. Do you feel you can negotiate with donors?

20. Other donor issues?

Evaluation questions for SAP Beneficiaries conducted by SAP staff members and facilitators

1. What do you think of the project?

Probes;

- what is your experience being involved with the project
- is the experience positive or negative

2. What do you expect from the project?

Probes;

- Is the project living up to your expectation?
- What features of the project is most salient to you?

3. What changes do you perceive in yourself as a result of your involvement in the project?

Probes;

- Any behavioural change as a result of the project?
- Do you see any behavioural change in other participants?

4. Do you feel involved in the project?

Probes;

- Do you feel like your input is considered?

5. Is the project successful or not?

Probes;

- What aspects of the project were successful?
- What aspects of the project that was not successful?

NB: The researcher would like to express a special thank you to everyone who took part in the course. Your input will benefit future programmes and projects.

APPENDIX E 1



Photograph A: the SAP team on STEPS with HCT conductors

Photograph B: HCT counsellor from Mfesane



Photograph C: Condoms and Lubricants waiting to be distributed



