

Girls are seen as successful because with girls if you give them task they are the ones who volunteer first, more than boys (CW3).

... so I will give them (boys) the chance to speak (CW4).

It is evident that adolescent girls are viewed as more successful than boys when they participate in the life skills programme. Facilitators explained that both male and female adolescents are involved in the programme, but adolescent girls seem to be more active in the group. All community workers highlighted that girls volunteer to do tasks and they have a higher self-esteem than boys have. Girls open up when discussing issues, but for boys it takes longer to be comfortable enough to share their stories. Mpangana (2012) is of the view that the life skills programme impact differently on males and females. The author highlights that males and females have different needs and therefore cognisance should be taken of gender when providing materials, skills and education requirements to males and females. In the life skills documents that were reviewed, the researcher found that adolescents girls are constantly attending the life skills programme compared to adolescent boys. This is not new, as boys are more reluctant to share their feelings with other adults in the presence of their peers.

4.6.3 Sub-Theme 1.2: Good planning of the life skills programme

Studies conducted on several intervention programmes found that planning successful delivery of a particular innovation is vital (Cloete, 2016; Fatoba, 2013) To make sure that the programme is applied and delivered as intended, the researcher found that facilitators assisting with the programme were known and informed in advance. Planning is a confirmation that an organisation remains relevant and quick to respond to the requests of its community, and adds to structural steadiness and growth. It makes available a basis for assessing growth, and for evaluating outcomes and impact. Eighty percent (80%) of the facilitators of life skills reported that planning was effective. The following quotes show the opinions of the facilitators on the planning of the life skill programme:

What is important is to plan, for example, if you are doing rape as a topic. I need to plan how [I] am going to do this rape topic. It's either; we have to do it in the form of drama,

education or different things. So that when you plan, you know the outcomes that you want from the kids. For example, if we pick the topic of teenage pregnancy, they can divide it. Sometimes I will be talking about family planning, condoms, absent. I normally divide learners into 10 people and give them topics and each group can present. I normally give them 20 minutes for group discussion on particular content, on teenage pregnancy (ASW1).

Yes, we plan, since it is the beginning of the year, we ask them about the holidays. We also ask them about their expectations, what they need or expect from the NGO. We also ask them what they have learnt from the NGO from the previous year because most of the children that we have, we were having them since last year. We also ask them what they want to learn from the NGO and they will write down thing[s] that they want to learn from the NGO (CW1).

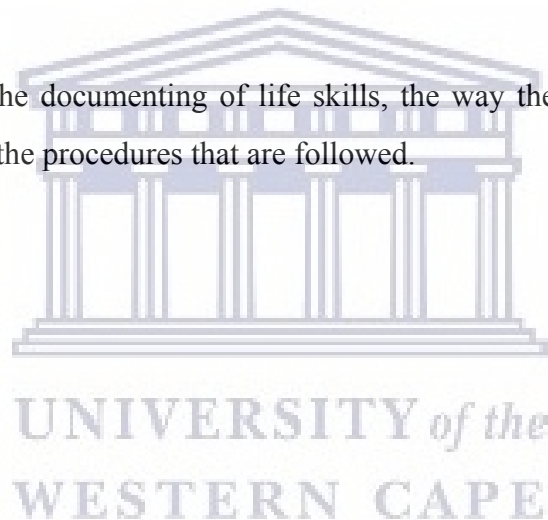
We select the topics according to the report, there are topics in there. If there is anyone with a story, we can also talk about the story. Some will come up with topics that they want to discuss also. If the adolescents gave me a topic that they want to discuss, I will tell them that I have to plan for the topic, then the next time we can discuss the topic (CW2).

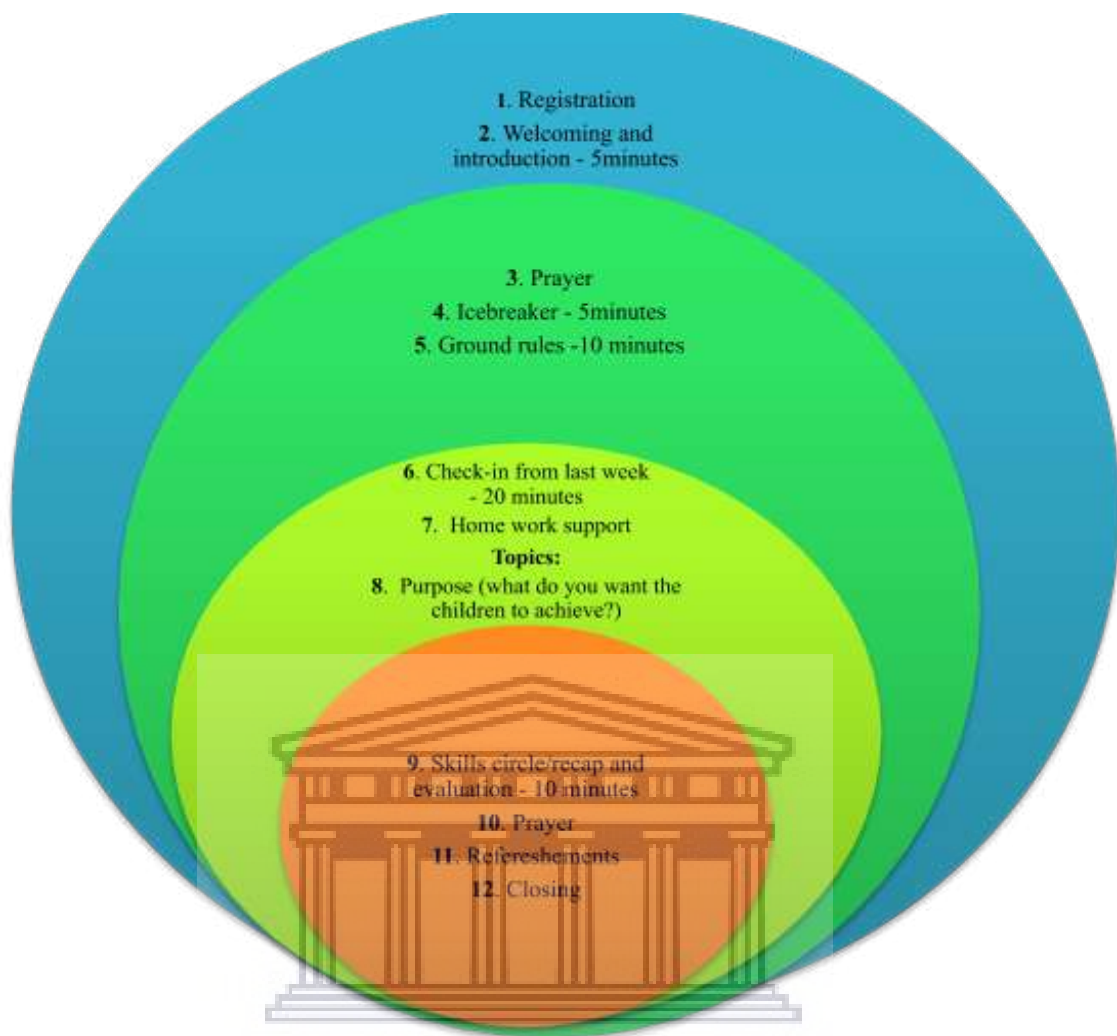
Come again. Ummm, I can say yes. Sometimes I will ask them what they want to talk about. Sometimes I can select a topic but there will be someone who wants to talk about something, so I will give them the chance to speak. I will select the topic at random. I do not follow the structure that is written in the report. When covering the topic for example peer pressure. if time is short, I can come back again to talk about peer pressure (CW3).

We need to emphasise on [sic] goal setting, normally we see these kids for life skills once, on a Thursday. All these students are recruited from the school. Select the topic depending on what will be happening. Goal setting is done at the beginning of the term to prepare children (CW4).

The findings revealed that it is important for community workers and social auxiliary workers to plan the programme. Bteddini *et al.* (2017) suggests that process evaluation is a means used to verify whether an intervention is applied as planned; subsequently, it can give direction in understanding the intervention activities and outcomes. One community worker explained that she selects the topic of the day depending on what the adolescents are doing, for example, if it is the beginning of the term, they will teach goal setting. This is still relevant in terms of planning, as it focuses on what adolescents need. Two community workers reported that they give adolescents the chance to reflect on what they want to learn, which contributes to empowering the adolescent. One community worker highlighted that if adolescents have a story to share, “I give them the chance to explain themselves”. UNICEF (2016) is of the view that adolescents should be given a chance to talk and share about the things they want to learn.

Figure 4.6 below shows the documenting of life skills, the way the life skill programme is planned by the NGO, and the procedures that are followed.





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 Figure 4.1: Procedures followed in delivering life skills
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In the life skills documents that were reviewed, the researcher found that the life skills programme is planned from the beginning right through to the end for each individual session. The lesson starts at 14:30 pm and ends at 15:30 pm after school every, Monday to Thursday. The facilitators are expected to start with registration, followed by an icebreaker, prayer, laying of ground rules, check-in from the previous week, discussion of the topic they will be sharing with the adolescents in their groups, explaining the aim of the session, start the discussion, conduct the evaluation, and then end their discussion with prayer and refreshments.

From the documents that were reviewed, the facilitators do follow what is expected of them – starting with prayer, break the ice and laying ground rules. Regarding the purpose of the

group, some facilitators stated that they explain everything they teaching the adolescents in the group. However, other facilitators write down one to two lines on the purpose of the session.

On the content topic of the day, some facilitators do not select the topics as indicated on the NGO's OVC form; some of the topics are selected randomly, or, as has been reported in the interviews, adolescents suggest some of the life skills topics. Moreover, according to the OVC reports, it is difficult for the community workers to know what to teach with topics such as 'teenage pregnancy'. There is no planning on what the facilitators are expected to cover on such a topic.

Tables 4.6, 4.7 and 4.8 below show the structure of the life skills content used by the NGO.

Table 4.6: Life skills topics on HIV education and prevention

HIV Education and Prevention: Topics in life skills	
1. HIV: What is HIV?/How it attacks the immune system	15. TB treatment
2. HIV: Prevention: Re-infection and other health risks	16. TB defaulting
3. HIV: Prevention: Protecting yourself	17. Family planning
4. HIV: Treatment/How do ARVs work?	18. Hygiene: Personal hygiene
5. HIV: Adherence and defaulting	19. Hygiene: A clean environment
6. HIV: Living positively and longer, healthy life	20. Health life style: Importance of a healthy diet
7. HIV: Disclosure	21. Healthy life style: Budgeting for healthy diet and life style
8. HIV: Stigma and discrimination	22. Health life style exercise
9. HIV: Support network and structures	23. High blood pressure
10. HIV: Facts and myths	24. Puberty: Body change
11. HIV: Accepting your status	25. Puberty: Menstruation
12. TB: What is TB, symptoms & how it affects a person with HIV	26. Sexually transmitted illnesses
13. TB: How TB is spread	
14. TB Prevention	

Table 4.7: Life skills topics on child protection

Child Protection: Topics in Life Skills	
1. Avoiding risks/Risky situations	8. Peer pressure
2. Bullying	9. Rape
3. Child abuse, neglect and exploitation	10. Relationships: Health relationships
3.1 Facts and taking actions	10.1 Relationships: Friendship
4. Child abuse: Physical abuse	11. Relationships: Dating: Romantic: sexual
4.1 Child abuse: Sexual abuse	
5. Child abuse: Verbal abuse	12. Substance Abuse: Alcohol and drugs
6. Child abuse: Emotional and psychological abuse	13. Teenage pregnancy
7. Children's rights and responsibility	

Table 4.8: Life skills topics on psycho-social skills

Psycho-Social Skills: Life Skills Topics	
1. Anger management	15. Juggling my life/Time management
2. Communication	16. Leadership
3. Community involvement	17. Life time
4. Contracting	18. National celebration: Youth Day
5. Discipline	19. National Celebration: World Aids Day
6. Emotions: Happy and sad	20. Problem solving
7. Gender: Women	21. Respect
8. Goal setting	22. Role models
9. Grief and loss	23. Self-motivation
10. Goals/My future	24. Stress management
11. Heritage	25. Support networks
12. Human rights and responsibilities	26. Team work/Co-operation
13. Identity: Who am I	27. Values
14. Identity: Personal strength	

In light of the above, community workers cover the same topics repeatedly in the training sessions. According to literature, when planning, the educators must try to mention the content and outcomes of the previous session (Mpangana, 2012). Two community workers reported that they repeat the same topics repeatedly. This is evident from the life skills documents that were reviewed. The researcher found that for a whole month, the facilitator will be covering one topic on HIV, and they will be focusing on the same issue. However, going back to the information continually will incite extra discussion and debate.

Nevertheless, according to the documents reviewed, it is clear that repetition here is not planned but happens due to poor planning. The following are the quotes from community workers on repeating the life skills topics.

When covering the topic, for example peer-pressure, if time is short I can come back again to talk about peer pressure. I don't have a structure of the content to cover on peer pressure (CW3).

Some of the children, they know they have knowledge and some teachers are also running the life skills programme in school. So when you tell them about certain things, they will challenge you by asking questions and sometimes you will be stuck. It is not nice, it is embarrassing (CW4).

One community worker was quoted saying that adolescents sometimes embarrass them. Because some of community workers do not plan, they are told by adolescents what subject matter to cover and if they show that they are not knowledgeable on that particular subject, adolescents will end up humiliating them.

4.7 Theme 4: Challenges of the life skills programme: Implementation

Most facilitators reported encountering challenges with implementing the life skills programme. Before the adolescents are recruited for the programme, facilitators have to obtain consent from the caregivers of the adolescents. Finding the homes of most adolescents is difficult for the facilitators since most of them are coming from dangerous communities where access is challenging. Most facilitators are afraid of endangering their lives by entering the community. Furthermore, most of the facilitators explained the issues of space as a challenge in implementing the life skill programme, while inadequate learning materials is another hindrance in teaching the life skills programme. The following sub-themes, availability of space, home visits, and inadequacy of learning materials, are discussed next.

4.7.1 Sub-Theme 1: Availability of space

Most of the facilitators reported the issue of space as the biggest challenge when conducting the life skills programme with adolescents. Literature on satisfaction looks at service, that is,

whether the intervention venue was convenient and comfortable (Hughes *et al.*, 2008), easily available, whether the programme is done at a suitable time, and whether the space is appropriate. The following are the responses of participants with regard to space:

Ummm... sometimes we have the problem of space. We do not have enough space. We need more space to attract the children because there are many organisations that are caring for these children. There is competition from other organisation who are doing life skills programme so if we have enough space children [sic] can be attracted and also we will not be lowering our standards because everything will be organised (laughing) (CW2).

We also have a challenge of space – we do not have enough space. In as much as we are working at that side, it's a busy place, others are doing their business, and others will be doing their cars; it is chaotic and we do not have enough space (CW1).

It is clear from the above responses that space is a big challenge among facilitators who are attending the life skill programme. According to the life skills documents, sometimes the NGO has a large group of adolescents. One facilitator will be training 46 adolescents and the space is very small to accommodate them all. One community worker highlighted that there is strong competition, as different organisations are offering this kind of programmes and they need enough space to attract other adolescents. Hughes *et al.* (2008) explains that cognisance should be taken to make sure the target group is reached. More so, another community worker explained that the space that they have is very small and chaotic, as it is a busy place with different activities all happening at the same time. Adolescents may end up being distracted by other activities.

4.7.2 Sub-Theme 1.1: Home visit challenges

Facilitators explained the importance of home visits. Because they will be dealing with adolescents, there is a need for the parents of the adolescents to understand the programme their children will be undertaking. The facilitators reported that most of the adolescents come from very poor backgrounds and communities, and they have challenges in tracing the homes where some of the adolescents stay because they live in informal settlements. More so, the

facilitators highlighted that home visits are essential as it helps them to track the improvement of adolescents in terms of behaviour. There are adolescents who are reported to have challenges. The facilitators also conduct home visits to understand the life style of the adolescent at home. The following are the responses from community workers:

I can say no and yes because when we are doing home visits to ask permission for adolescents, we will not be having anything. You will see the situation at the adolescents' homes and what they will be doing in the house. Most of the time, if we go there, their caregivers will be having hopes that we will give them something. In as much as we are assisting the children, the caregivers will be expecting to be helped also. We sometimes explain these to the social worker. It is better at least if we can do something for them like giving them food because others depend on the grant money, the granny will be having one child and depending on that grant, so at least if they can get something from the NGO it will help them (CW3).

One of the challenges also is we do home visits to register children who are attending [the] life skills programme so that the parents know that after school the child is at the NGO. The children will give you an address of where they are staying and some houses are not easy to find because they are a shack area and you are not safe, so that's why they choose to go by two for backup because you can't go there alone. It's another challenge. If there is shortage of staff you can't go there alone (ASW1).

Adolescents who are attending the programme receive information about HIV, abduction, peer- pressure. Also, when we do home visits to the homes of the adolescents. The facilitators will receive information form the caregivers of the adolescents on how beneficiary the information they are sharing with their children (CW4).

According to the life skills documents that were reviewed, community workers also conduct home visits. It is evident through the interviews that a home visit by community workers is essential, as they will be asking the consent of the caregivers of the adolescents. However, two community workers expressed that it is challenging for them to conduct home visits because most of the adolescents infected with HIV have poor backgrounds and there is fear of criminal intent. Pearlstein *et al.* (2013) postulate that huge numbers of ALHIV have been

raised in poor communities influenced by violence, substance abuse, neighbourhood dissolution and numerous stressful life events that include major distress. The community worker reported that the families of the adolescents they visit also expect to be helped with food parcels. More so, another community worker highlighted that it is not easy to trace the houses where some of the children stay since it can be an over-crowded place. Moreover, the places are dangerous to be walking around alone, thus, they have to wait for other community workers to go in a group for safety.

4.7.3 Sub-Theme 1.2: Inadequate learning materials

Learning materials cannot teach; it can only improve learning through assisting adolescents to comprehend certain areas of the topics they are learning. Different types of learning materials should be made accessible. Making available learning materials would make teaching and learning a satisfying and exciting experience for adolescents and the facilitators. The following quotes provide support for the above statement:

If we can get more...kept quiet for some time...(coughing). If we can get more, I do not want to say stationary. If we can get enough equipment so that if you feel like you want to do something, you can do with adolescents (CW1).

We need internet so that they can search for jobs. After finishing their matric, they will be able to find things to do (CW2).

Some of the challenges we get as time goes on the material that we use for the programme. But the social worker manager tries to provide the materials, but still we need resources for the programme (CW3).

Aaah! One of the challenges is resources. I don't want to lie, to improve the content of life skills we have tried but we are in a community with burglary. It's good for them to have computers because some children are coming from homes where they do not have money to send them to school to do computer courses but because of burglary it becomes difficult to have resources (ASW1).

The majority of the facilitators highlighted that there is a need for learning materials to enhance the learning of life skills. One community worker explained that there is a need for stationary for adolescents to present certain things in drawing. Two facilitators explained that there is a need to have computers so that adolescents can learn other skills like typing and searching for career opportunities. However, there is the challenge of crime, which has an impact on their resources. The auxiliary worker reported that it is difficult to have resources since they are in a community of criminals. Linnan and Steckler (2002) coined one component of process evaluation as fidelity, which seeks to examine the level at which the programme has been provided as planned by looking at the availability of learning materials. The life skills documents show that adolescents are also expected to do drawings but because of the lack of stationary, drawing and painting is not implemented by the facilitators.

4.8 Summary of Chapter

- In this chapter, the results of the research study were discussed. The four main themes were derived from the responses of all eleven participants, obtained during the semi-structured in-depth interviews and documents, including website materials for life skills, The KHU KIT handbook for life skills, and the OVC documents from 2012-2018. Each main theme was explained in such a way that it summarised the essence of the participants' experiences in providing life skills to ALHIV, as well as the procedures followed, and documents and materials used to provide life skills to ALHIV. More so, the views of beneficiaries were captured to understand the strengths and weaknesses of the life skills programme. All these aspects were described through the answers expressed by the respondents during the semi-structured in-depth interviews and the documents that were reviewed, with the aim of fulfilling the objectives of this research study. The objectives were:
 - To determine if the life skills programme utilised by social workers, social auxiliary worker and community workers has been carried out as planned at the NGO dealing with HIV positive adolescents
 - To explore whether the components of the life skills programme at an NGO dealing with HIV are making a difference in the lives of HIV positive adolescents

- To explore the perceptions regarding successes and failures of the life skills programme at an NGO dealing with HIV positive adolescents

The next and final chapter discusses whether aims and objectives were achieved and suggests recommendations for the future in terms of policy, practice, and research.



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CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This study demonstrates that the life skills programme is exceptionally effective to adolescents living with HIV. Most of the life skills programmes addresses HIV prevention, but spends less time on adolescents living with HIV. However, this study has proven that ALHIV are faced with a range of life problems and that a special group of individuals particularly requires HIV education. Furthermore, it is essential for healthcare workers to examine whether the intervention they provide to ALHIV is effective for the targeted group.

In this chapter, the researcher presents the conclusions and recommendations that originated from this study. The aim of the study was to evaluate the life skills programme utilised by social workers, social auxiliary worker and community workers at an NGO dealing with HIV positive adolescents in the Cape Metropole.

The aims and objectives of the study are summarised and the research methodology adopted is briefly outlined. Additionally, a summary of the reviewed literature, an overview of the main themes, and a summary of the evaluation are provided. Finally, recommendations are made for future researchers, practitioners, and policy makers.

5.2 Summary of aims and objectives of the study

This study aimed to evaluate the life skills programme utilised by social workers, social auxiliary worker and community workers at an NGO dealing with HIV positive adolescents. Within this broad aim, three objectives were formulated:

- 1) To determine if the life skills programme utilised by social workers, social auxiliary worker and community workers has been carried out as planned at the NGO dealing with HIV positive adolescents.
- 2) To explore whether the components of the life skills programme at an NGO dealing with HIV are making a difference in the lives of HIV positive adolescents.
- 3) To explore the perceptions regarding successes and failures of the life skills programme at an NGO dealing with HIV positive adolescents

In this light, the qualitative method was used in this study and it successfully met the objectives of the study. Additionally, a qualitative approach was believed to be the most suitable as it kept within the realms of the study's theoretical framework. By utilising this approach, clarity of the life skills utilised by social workers, social auxiliary worker and community workers at an NGO dealing with HIV positive adolescents was obtained.

5.3 Summary of literature reviewed

The study findings were organised and compared by applying the strength-based theory (Pulla 2017). Empirical literature detailing with a selection of viewpoints from both South African and international researchers and authors was reviewed to provide a global perspective on the following: life skills, the needs of adolescents living with HIV, programme evaluation, policies and legislation on HIV positive adolescents, and the role of community workers and social workers dealing with adolescents. Organised controlled, compared and contrasted.

5.4 Overview of the main themes

The following is a summary of the findings for each major theme and corresponding sub-themes.

5.4.1 Theme 1: Content of the life skills programme

For theme 1, following sub-themes were discussed: life skills programme focus on HIV/AIDS, life skills programme focus on self-care and support from workers, and life skills programme focus on decision making. Based on the data provided for this theme, a number of conclusions became evident to the research. According to the findings, before attending the life skills programme, most of the adolescents had low levels of knowledge on HIV and infrequent taking of medication even though some of them knew that they are living with HIV. Most beneficiaries were not having enough information about HIV because their caregivers were not willing to talk to them about HIV. This however led the adolescents to default on their treatment.

It was found that the life skill programme does help ALHIV, for instance, adolescents are learning a great deal about HIV, most of the life skills programme beneficiaries reported that they have learnt very much about defaulting on their treatment, while some adolescents are supported emotionally and behaviourally through the life skills intervention. The life skills programme created an atmosphere for adolescents to meet with their peers who are also living with HIV as they engage openly with their facilitators and talk about different issues. Some of the issues that the beneficiaries discuss with their facilitators include self-care.

According to the findings, the majority of adolescents infected with HIV display problems with taking their medication. During the life skills intervention, facilitators would encourage them through discussing different scenarios to help them understand the importance of taking their medication every day. Decision making is promoted during the life skills programme. Due to the life skills programme, adolescents living with HIV become capable of make decisions to protect themselves against defaulting on treatment. Most adolescents living with HIV are inquisitive – they all want to learn more about HIV and other relevant aspects such as relationships. Social auxiliary workers and community workers are helping adolescents living with HIV to have a meaningful life because these youngsters are provided with support and strength to continue living healthy.

According to the findings of the life skills document review, there are no guidelines on the content of what to teach ALHIV. For example, for the enlisted NGO topic, “HIV prevention, protecting yourself” there is no structure on what to cover. This leads to life skills facilitators repeating the same information because they do not know what to cover for a particular topic.

5.4.2 Theme 2: process and implementation of the life skills programme

The NGO has established the programme and the content of the life skills training. However, the NGO needs to ensure that the life skills programme is carried out as expected. For the process and implementation of the programme, it was found that there is lack of training of facilitators and the teaching approach needs to be more creative.

The facilitators do not have the same level of understanding of the life skills programme. They evaluate the OVC reports differently; some leave questions on the evaluation

unattended throughout the year. Facilitators are expected to offer the programme in such a way that the adolescents comprehend the content. There is a need to train facilitators on the life skills programme, to provide them with a structure to follow when discussing particular topics with the adolescents. Most facilitators pointed out that they are still attached to the old information and at times adolescents challenge them with the information.

Furthermore, repetition of life skills on topics such as HIV throughout the year was found. At the NGO, the facilitators are expected to evaluate adolescents after the programme as being either happy or sad. Most of the facilitators are evaluating adolescents as being happy throughout the year even if they cover a sensitive topic like HIV. The facilitators are afraid to evaluate the adolescents as being sad after the life skill sessions. Games are used by facilitators as a teaching approach most of the times. Questions and answers are mostly used by facilitators because they want to ensure that the adolescents also participate in the programme. Through the review of the life skills documents it was found that there are many teaching techniques the facilitators are expected to apply, however, most of the facilitators are not aware of these teaching approaches for adolescents. Literature on the strength-based approach purports that during the life skills programme, adolescents are exposed to scenarios and circumstances that can strengthen them to see things in different way. For example, during the assertiveness session, they learn to say no and this can be done through role-play to equip them with foresight. Life skills methods such as group work, brainstorming, and role-play permit the sharing of tasks where adolescents participate in the learning process. The findings from the document review show that debates, small group discussions, and talk presentations are not recorded at all on the reports as used. On a few occasions, facilitators make use of drama, dance, and music. Most facilitators suggest that more training is needed for the life skills programme.

5.4.3 Theme 3: Successes of the life skills programme

For theme 3, the following sub-themes were discussed: motivation of beneficiaries, successful involvement of adolescents, and good planning. In describing this theme, the conclusions reached include that most key informants of the life skills programme reported that they have been empowered by the life skills programme to see things in better way. Most facilitators in delivering the life skills programme make use of motivation to encourage

adolescents living with HIV to stay positive. Facilitators reported talking with the adolescents in a way that is healing to them. Instead of viewing the adolescents as being infected with HIV, the facilitator would actually tell them that anyone can be infected with HIV. Pulla (2017) points out that the narrative approach permits individuals to share their stories in a group, which contributes to them healing from their problems. Most beneficiaries highlighted that they were made to participate in the life skills even if they were not willing to speak, so that they can share their experience with others in the group. This helped them, as they learned from each other's experiences.

The findings show that the beneficiaries had different stories to tell, which they shared during their engagement in the life skills programme. Most of the beneficiaries reported being able to help one another in solving their problems; this is viewed as being successful because it enabled the adolescents to understand each other's problems. Adolescent boys and girls engage differently in the life skills programme. Boys take time to open up about their stories whereas girls are vigorously involved in the life skills programme. This is normal for young boys who are HIV positive. Most facilitators do plan for the life skills programme. Adolescents are given the chance to suggest what they want to learn in the life skills programme and the facilitator will then plan the programme to include these suggestions. This is empowering for the adolescents as their participation is encouraged, but it may mean less focus on the actual programme outlined. Planning of the life skills programme depends largely on the life skills guide that was established by the NGO. Facilitators continue to persist teaching the same life skills topics. Repetition of the same topic(s) was seen as a mostly successful because adolescents learn through repetition of information. However, some of the beneficiaries highlighted that they also want to learn more skills.

5.4.4 Theme 4: Challenges of the life skills programme implementation

Based on the data collected for in this theme, it became evident that in implementing the life skills programme, most of the facilitators reported that they face challenges such as the availability of space, home visit concerns, and inadequate learning materials.

Most of the facilitators highlighted that space is a problem for them when conducting the life skills programme. Furthermore, because of the space challenges, most of the facilitators fear

that adolescents will end up being attracted to other NGOs that offer better services than they do, as there is strong competition among NGOs who provide the same life skills programme for adolescents. Most of the facilitators reported that the space they use to offer the life skills programme is distractive as many activities are taking place at the same time. Facilitators explained that the busy environment disturbs them and the adolescents during the life skills sessions.

Most of the community workers and auxiliary workers expressed that it is challenging to conduct home visits to obtain consent from the caregivers of the adolescents. Most adolescents living with HIV were reportedly coming from poor backgrounds and there is fear of criminal intent in the communities they stay. Most of the facilitators reported that the families of the adolescents also want to be assisted due to the dire situation of their homes. In addition, the majority of the facilitators explained that there is lack of learning materials. There is need for computers to expose the adolescents to online learning. The need for stationary is also a reality. Facilitators highlighted that some adolescents need to present certain work in drawing and painting. The life skills document review revealed that painting and drawing is not carried out as expected at the NGO. However, some of the challenges hindering the NGO from having the resources are reported to be burglaries since the community in which the life skills programme is presented, is beset by crime.

5.5 Summary of evaluation: Process evaluation

Process evaluation was used by the researcher as the design for the study. Process evaluation looks at the extent to which a programme is functioning and determines if the target population is being helped. Furthermore, process evaluation is geared to understand completely how a programme works, how it delivers results, and what the results are. It also examines how well the programme performs by exploring the successes and failures of a programme. In an attempt to understand what the life skills programme offered by the NGO entails, the researcher made use of two data collection methods, namely document analysis and interviews.

From the evaluation of the programme, the researcher discovered that the NGO had some successes in implementing the life skills programme. The programme is implemented as

planned by the NGO, as the facilitators are able to follow some of the procedures of the programme as expected by the NGO. Adolescents living with HIV do benefit from components of the life skills programme – the majority of them are now able to make decisions and take care of themselves. Adolescents are encouraged to be actively involved in the programme, which helps them understand the programme. All of the beneficiaries reported that they have been helped by the life skills programme. However, the programme does have some challenges, which include a lack of facilitator training, guidelines on teaching the life skills content, and support for the community workers when entering the communities to obtain consent for adolescents to be part of the programme.

5.6 Recommendations and suggestions

The researcher developed three (3) sets of recommendations: for a) practitioners; b) policy makers; and c) future research on social workers, social auxiliary workers and community workers.

5.6.1 Recommendations for social workers, social auxiliary workers and community workers

- i) Increases support is needed as most adolescents living with HIV have a problem with adherence, low levels of knowledge about HIV, and a low self-esteem. It is recommended that more social workers, social auxiliary workers and community workers become involved with HIV adolescent services.
- ii) There is a need to train workers so that they can be equipped with more knowledge and information when dealing with HIV infected adolescents, including discussing sexual reproduction health with the adolescents, as most of them want to know if they will be able to marry.
- iii) There is a need for male social workers, social auxiliary workers or community workers to make allowance for male adolescents living with HIV because it is sometimes very hard for male adolescents to disclose their information to female facilitators. Having a male community worker, social auxiliary worker or social worker will help male ALHIV to open up.
- iv) Social workers, s or community workers who conduct the life skills programme

should also try to engage other stakeholders like nurses or doctors from a nearby hospital to come and speak with HIV infected adolescents. These adolescents are inquisitive – they want to inquire about various aspects of their illness. Having other stakeholders around will help them to ask as many questions and they will benefit since they will be part of a support group.

- v) Further support should be given by social workers, social auxiliary workers or community workers to the caregivers of the adolescents living with HIV. If there is need for referral, social workers should refer them for help.
- vi) A strength-based approach should be utilised by social workers when delivering the life skills programme to adolescents living with HIV.

5.6.2 Recommendations for policy makers

South African statistics show an increase in the numbers of children born with HIV. In 2005, roughly 704 829 children were living with HIV; these children are now in their adolescent stage (Tshuma, 2015). Many children who contracted HIV during the perinatal period and who are successively on antiretroviral treatment are presently anticipated to live a longer and healthier life. ALHIV are left out in most of the services, yet they are growing in large numbers. According to the Children's Act 38 of 2008 (South African Government, 2008), Chapter 10, every child of any age, maturity and stage of development is allowed to take part in any activity in a suitable way, more so the opinions of children should be considered. Furthermore, the Constitution acknowledges the rights of every South African resident and seeks to safeguards them against any form of judgment. The following recommendations should be considered to improve the lives of adolescents living with HIV:

- i) It is recommended that the Children's Act 38 of 2008 be revised to include reference to children living with HIV. These children/adolescents are discriminated against in that their needs are not met; they are growing in large numbers, they need to be recognised because most of them are coming from poor backgrounds. Some of them do not perform well at school, and some have hearing problems. Moreover, some of them are not attending school due to poverty. There is need for statistics to record the total figure of children/adolescents living with HIV correctly so that services

such life skills programmes to help navigate ALHIV into adulthood, can be rendered.

- ii) Development of policies that address the needs of adolescents is recommended, as well as more services strictly intended to meet the needs of adolescents/children living with HIV. Education is key within the life skills programme, as the majority of ALHIV know they are living with HIV, but they do not have much or any knowledge of HIV.

5.6.3 Recommendations for the NGO offering the life skills programme

- i) There is a need to support community workers when they are recruiting adolescents for the programme, as they have to go into communities to obtain consent from the adolescents' caregivers; most of the communities are beset by crime.
- ii) Educate and train community workers through workshops with other NGOs or government institutions that are carrying out the same life skills programmes.
- iii) Evaluate the life skills programmes for adolescents so that they can be improved frequently.
- iv) Do fundraising so that the NGO will be able to purchase some of the resources needed by the facilitators in order to offer the life skills programme.

5.6.4 Recommendations for future researchers

This study evaluated the life skills programme at an NGO dealing with adolescents living with HIV, which is reflected to be an area of minimal research.

- i) It is recommended that life skills programmes for adolescents infected with HIV be investigated more in future studies from various angles.
- ii) It is further recommended that the future researcher evaluates the life skills programme for children in the age range 6-10 years living with HIV and compares this programme with the life skills programme for adolescents in the age range 11-18 years living with HIV.
- iii) It is essential to determine the perceptions of the caregivers of adolescents infected with HIV on whether the life skills programme is helping them.

- iv) Research can be conducted by exploring the life style of perinatal HIV positive individuals' change from childhood to adulthood with regard to their challenges and the strengths.
- v) Researchers should look at the views of HIV positive male adolescents regarding the life skills programme offered by female facilitators.

5.7 Conclusion

The study aimed to evaluate the life skills programme utilised by social workers and community workers at an NGO dealing with HIV positive adolescents. The study interpreted the direct voices and experiences of social workers, social auxiliary workers and community workers when dealing with adolescents infected with HIV. The objectives appeared to be truly measurable in the findings of this study, as they highlighted the life skills programme utilised by social workers and community workers at the NGO. Furthermore, the various components of the life skills programme and the difference these components made in the lives of ALHIV were revealed, and the successes and failures of the life skills programme at the NGO were identified.

The results of this study show that life skills programme is valuable for HIV infected adolescents as they are assisted with coping with the demands of their lives. Moreover, community workers, social auxiliary workers and social workers play a fundamental role in strengthening ALHIV through offering life skills programme. Evaluating the life skills programme is vital as it helps programme planners to determine whether the programme is helping its recipients. Furthermore, through the evaluation of the life skills programme, the programme planners are able to improve or modify the programme.



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APPENDIX A: INFORMATION SHEET



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Private Bag X 17, Bellville 7535, South Africa
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E-mail: 3717711@myuwc.ac.za

INFORMATION SHEET FOR SOCIAL WORKERS

Project Title:

The study is about the Evaluation of the life skills Programme at a Non-Governmental Organisation dealing with adolescents living with HIV

This is a research project being conducted by Mudzingaidzwa CC at the University of the Western Cape. We are inviting you to participate in this research project because you are the social workers who provide the life skills programme to adolescents who are HIV positive. The purpose of this research project is to evaluate the life skills programme utilised by social workers and community workers at an NGO dealing with HIV positive adolescents.

What will I be asked to do if I agree to participate?

I will conduct an interview with the social workers, community workers and beneficiaries of life skills (not adolescents) to ask some questions about the life skills programme. The interview will take 30-45 minutes in a private room at the organisation. I will use a tape record during the interview if permission is granted. Examples of the questions that I will ask during the interview include the challenges and barriers of the life skills programme, and the kind of life skills they provide to the adolescent infected with HIV. I will also look at the documents of the life skills programme to see what is offered in the life skills programme. The information collected during data collection will be between you and me. The information will not be shared with anyone. Your real names will not be used.

Would my participation in this study be kept confidential?

I undertake to protect your identity and the nature of your contribution. To ensure anonymity, your real name will not be used. Your name will not be included anywhere during the interviews or after the interview. However, a code will be assigned to each individual. I will be able to link the codes to the identities of the participants. I will be the only person who will know your real identification. The real names of the participants will not be found on the information; only codes will be found. The information that will be shared will be stored on a computer drive that is password protected, in a locker at the University of Western Cape. If I

write a report or article about this research project, your identity will be protected. After completion of the project, your information will be deleted.

In accordance with legal requirements and/or professional standards, I will disclose to the appropriate individuals and/or authorities information that comes to my attention concerning neglect or potential harm to you or others. In this event, I will inform you that I have to break confidentiality to fulfil legal responsibility to report to the designated authorities.

What are the risks of this research?

All human interactions and talking about self or others carry some risks. If you feel any discomfort during the interview, I will allow debriefing after the interview wherein you will be able to express yourself regarding the discomfort.

What are the benefits of this research?

I am not designed to help you personally, but the results may help, as these will be recommendations on what can be done to improve the life skills programme. More so, I hope that this research will help other people in future.

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised or lose any benefits that you may otherwise qualify for.

What if I have questions?

This research is being conducted by CC Mudzingaidzwa at the Department of Social Work at the University of the Western Cape. If you have any questions about the research study itself, please contact Dr Neil Henderson at nhenderson@uwc.ac.za.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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INFORMATION SHEET FOR COMMUNITY WORKERS

Project Title: Evaluation of the life skills Programme at a Non-Governmental Organisation dealing with adolescents living with HIV

The study is about the evaluation of a life skills programme at a NGO dealing with HIV positive adolescents.

This is a research project being conducted by Mudzingaidzwa CC at the University of the Western Cape. We are inviting you to participate in this research project because you are the community workers who provide the life skills programme to adolescents who are HIV positive. The purpose of this research project is to evaluate the life skills programme utilised by social workers and community workers at an NGO dealing with HIV positive adolescents.

What will I be asked to do if I agree to participate?

I will conduct an interview with the social workers, community workers and beneficiaries of life skills (not adolescents) to ask some questions about the life skills programme. The interview will take 30-45 minutes in a private room at the organisation. I will use a tape record during the interview if permission is granted. Examples of the questions that I will ask during the interview include the challenges and barriers of the life skills programme, and the kind of life skills they provide to the adolescent infected with HIV. I will also look at the documents of the life skills programme to see what is offered in the life skills programme. The information collected during data collection will be between you and me. The information will not be shared with anyone. Your real names will not be used.

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University of Western Cape. If I write a report or article about this research project, your identity will be protected. After completion of the project, your information will be deleted.

In accordance with legal requirements and/or professional standards, I will disclose to the appropriate individuals and/or authorities information that comes to my attention concerning neglect or potential harm to you or others. In this event, I will inform you that I have to break confidentiality to fulfil legal responsibility to report to the designated authorities.

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I am not designed to help you personally, but the results may help, as these will be recommendations on what can be done to improve the life skills programme. More so, I hope that this research will help other people in future.

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised or lose any benefits that you may otherwise qualify for.

What if I have questions?

This research is being conducted by CC Mudzingaidzwa at the Department of Social Work at the University of the Western Cape. If you have any questions about the research study itself, please contact Dr Neil Henderson at nhenderson@uwc.ac.za.

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INFORMATION SHEET FOR BENEFICIARIES

Project Title: Evaluation of the life skills Programme at a Non-Governmental Organisation dealing with adolescents living with HIV

The study is about the evaluation of the life skills programme at a NGO dealing with HIV positive adolescents.

This is a research project being conducted by Mudzingaidzwa CC at the University of the Western Cape. We are inviting you to participate in this research project because you were once part of the life skills programme. The purpose of this research project is to evaluate the life skills programme utilised by social workers and community workers at an NGO dealing with adolescents HIV positive.

What will I be asked to do if I agree to participate?

I will conduct an interview with the social workers, community workers and beneficiaries of life skills (not adolescents) to ask some questions about the life skills programme. The interview will take 30-45 minutes in a private room at the organisation. I will use a tape record during the interview if permission is granted. Examples of the questions that I will ask during the interview include the challenges and barriers of the life skills programme, and the kind of life skills they provide to the adolescent infected with HIV. I will also look at the documents of the life skills programme to see what is offered in the life skills programme. The information collected during data collection will be between you and me. The information will not be shared with anyone. Your real names will not be used.

Would my participation in this study be kept confidential?

I undertake to protect your identity and the nature of your contribution. To ensure anonymity, your real name will not be used. Your name will not be included anywhere during the interviews or after the interview. However, a code will be assigned to each individual. I will be able to link the codes to the identities of the participants. I will be the only person who will know your real identification. The real names of the participants will not be found on the information; only codes will be found. The information that will be shared will be stored on a computer drive that is password protected, in a locker at the University of Western Cape. If I write a report or article about this research project, your

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Iphepha blwazi lwabasenzi bokuhlala

Isihloko Sophando: Uvavango Iweenkqubo zemphilo kwimigo zijongane nolutsha oluphila netsholongwane kagawulayo.

Singantoni Esisifubdo?

Esisifundo siqukunyelwe ngu Mudzingaidzwa CC wakwi Dyunivesithu yeseNtshona Koloni (UWC). Siyanimema ukuba nibeyinxalenye yoluphando njengokuba ningonontlalontle kwaye ninobudlelwane nolutsha oluchaphazeleke yi HIV. Esisifundo sesokuvavanya imiphumela yenqubo zeempilo ezikhawulelana nemicelimngeni kulutsha oluphila nesifo se HIV ukususela ekuzalweni.

Yintoni elindeleke ukuba ndiyenze xa ndinokuthi ndithabathe inxaxheba Kwesisifundo uzakubuzwa imibuzo emalunga nenqubo yezempilo. Oludliwanondlebe luzakuthatha imizuzu 30-45 kwigumbi elabucala. Udliwanondlebe lwethu luzakucishelwa nge tape rekhoda. Umzekelo, ngeyiphi imicelimngeni ehlangabezana nalenqubo, zixhobo zini zempilo enizinika olulutsha luchaphazeleke yilentsholongwane. Impendulo eniznikezileyo kwesisifundo azikwaziwamntu ukuba zivelakubani. Amagama Oonontlalontle kwakunye nawo wonke umntu osebenzisana noluntu azikupapashwa.

Ingaba ukuthatha kwam inxaxheba kolufundo luyakuba yimfihlo?

Amagama, idilesi kwakunye nezinye incukacha zenu azikwaziwamntu zizobayimfihlo. Kudliwanondlebe igama lomntu alizopapashwa mntu ngamnye uyakunikwa I code. Ezi code zizokuncedisana ekohluleni abantwana/ulutsha ngalinye ngaphandle kokusebenzisa amagama. Njengomqokunyeli wesisifundo ubuni bomntwana bokwaziwa ndim kuphela. Ulwazi oluzakuthi lufunyanwe kwesisifundo luzohlala kwi Dyunivesithi yaseNtshonakoloni (UWC) kwindawo yemfihlo. Ukuba luyapapashwa oluphando ndizakuqinisekisa ukuba ndiyakuchazela ndiqinisekise ukuba ukhuselekile. Nxa kukho isidingo sokuba ndigqithise ulwazi oko ndakwenza xa ndifumanisa ukuba usemngciphekweni okanye kukho umntu onophazamiseka lolulwazi. Kulapho ndakuthi ndazise abaphambili ukuba mabangenelele, ngalo lonke ixesha ndoqinisekisa ukhuseleko lwakho.

Buyintoni ubungozi boluphando?

Kwimibuzo oyakuthi uyibuzwe kungabakho uchukumiseko ngokomphefumlo. Ukuba kungenzeka ukuthi uchukumiseke ngokwasemphefumleni okanye ungaziva kakuhle

emva kodliwanonldebe ndakuqinisekisa ukuba ndiyakukufunela uncedo malunga noko. Wamkelekile ukuba ungaqhubeki nokwabelana ngolwazi lwakho xakunokuthi uzive kakubi okanye uchukumisekile.

Yintoni endiyakuyizuza malunga nesisifundo?

Esisifundo siyakuthi sancedise ekuphuculeni inqubo ethi ijongane nolutsha oluphila nentsholongwane ye HIV. Inxaxheba yakho iyokuthi inqamle imicelimngeni ehlangabezana nolutsha oluphila nentsholongwane ye HIV. Injongo zesisifundo kukokuba kuncedakale abantu abaninzi exehseni elizayo.

Kunyazekile ukuba ndithabathe inxaxheba kwesisifundo? Ndingakwazi ukurhoxisa nanina ngeemvakalelo nezizathu zam?

Ukuthatha inxaxheba kwakho kwesisifundo kungokuzithandela. Uthatha inxaxheba ngokuthanda kwakho, ungangayithathi inxaxheba ngokuthanda. Ukuba uzithandele ukuthatha inxaxheba ungayeka nxa uzisola sele uvumile. Ukunobangaba ukhetha ukungabiyinxalanye yesisifundo okanye uyeke sele ugaphakathi akuzobakho ziphumo zimbi, awuzokohlwaywa.

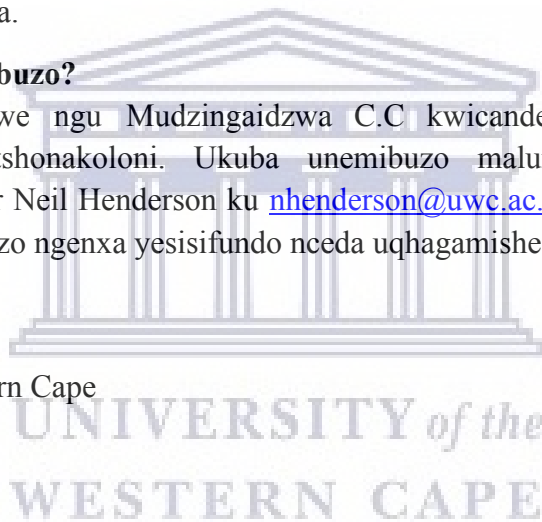
Ukunobangaba unemibuzo?

Esisifundo siqukunyelwe ngu Mudzingaidzwa C.C kwicandelo lwezentlalontle kwi Dyunivesithi yase Ntshonakoloni. Ukuba unemibuzo malunga nesisifundo nceda uqhagamishelane no Dr Neil Henderson ku nhenderson@uwc.ac.za Ukuba kukho ingxaki othewahlangabezana nazo ngenxa yesisifundo nceda uqhagamishelane nomphathi u-

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Iphepha blwazi lwabazi lwabaxhamli

Isihloko Sophando: Uvavango Iweenkqubo zemphilo kwimingo zijongane nolutsha oluphila netsholongwane kagawulayo.

Singantoni Esisifubdo?

Esisifundo siqukunyelwe ngu Mudzingaidzwa CC wakwi Dyunivesithu yaseNtshona Koloni (UWC). Siyanimema ukuba nibeyinxalenye yoluphando njengokuba ningonontlalontle kwaye ninobudlelwane nolutsha oluchaphazeleke yi HIV. Esisifundo sesokuvavanya imiphumela yenqubo zeempilo ezikhawulelana nemicelimngeni kulutsha oluphila nesifo se HIV ukususela ekuzalweni.

Yintoni elindeleke ukuba ndiyenze xa ndinokuthi ndithabathe inxaxheba Kwesisifundo uzakubuzwa imibuzo emalunga nenqubo yezempilo. Oludliwanondlebe luzakuthatha imizuzu 30-45 kwigumbi elabucala. Udliwanondlebe lwethu luzakucishelwa nge tape rekhoda. Umzekelo, ngeyiphi imicelimngeni ehlangabezana nalenqubo, zixhobo zini zempilo enizinika olulutsha luchaphazeleke yilentsholongwane. Impendulo enizinikezileyo kwesisifundo azikwaziwamntu ukuba zivelakubani. Amagama Onontlalontle kwakunye nawo wonke umntu osebenzisana noluntu azikupapashwa.

Ingaba ukuthatha kwam inxaxheba kolufundo luyakuba yimfihlo?

Amagama, idilesi kwakunye nezinye incukacha zenu azikwaziwamntu zizobayimfihlo. Kudliwanondlebe igama lomntu alizopapashwa mntu ngamnye uyakunikwa I code. Ezi code zizokuncedisana ekohluleni abantwana/ulutsha ngalinye ngaphandle kokusebenzisa amagama. Njengomqokunyeli wesisifundo ubuni bomntwana bokwaziwa ndim kuphela. Ulwazi oluzakuthi lufunyanwe kwesisifundo luzohlala kwi Dyunivesithi yaseNtshonakoloni (UWC) kwindawo yemfihlo. Ukuba luyapapashwa oluphando ndizakuqinisekisa ukuba ndiyakuchazela ndiqinisekise ukuba ukhuselekile. Nxa kukho isidingo sokuba ndigqithise ulwazi oko ndakwenza xa ndifumanisa ukuba usemngciphekweni okanye kukho umntu onophazamiseka lolulwazi. Kulapho ndakuthi ndazise abaphambili ukuba mabangenelele, ngalo lonke ixesha ndoqinisekisa ukhuseleko lwakho.

Buyintoni ubungozi boluphando?

Kwimibuzo oyakuthi uyibuzwe kungabakho uchukumiseko ngokomphefumlo. Ukuba kungenzeka ukuthi uchukumiseke ngokwasemphefumleni okanye ungaziva kakuhle

emva kodliwanonldebe ndakuqinisekisa ukuba ndiyakukufunela uncedo malunga noko. Wamkelekile ukuba ungaqhubeki nokwabelana ngolwazi lwakho xakunokuthi uzive kakubi okanye uchukumisekile.

Yintoni endiyakuyizuza malunga nesisifundo?

Esisifundo siyakuthi sancedise ekuphuculeni inqubo ethi ijongane nolutsha oluphila nentsholongwane ye HIV. Inxaxheba yakho iyokuthi inqamle imicelimngeni ehlangabezana nolutsha oluphila nentsholongwane ye HIV. Injongo zesisifundo kukokuba kuncedakale abantu abaninzi exehseni elizayo.

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Ukunobangaba unemibuzo?

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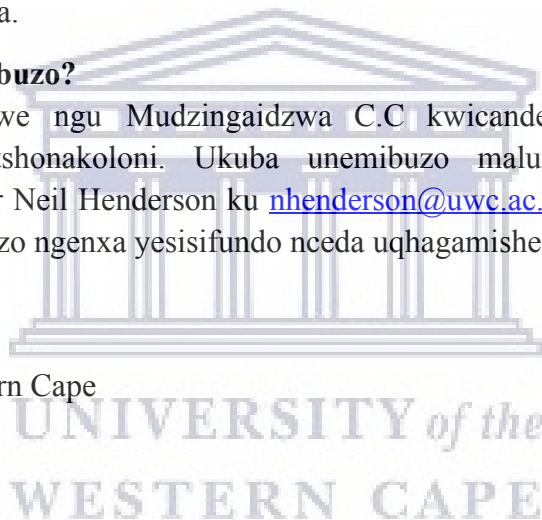
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APPENDIX B: BENEFICIARIES CONSENT FORM

APPENDIX G



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Private Bag X 17, Bellville 7535, South Africa

Tel: 0780247294

E-mail:3717711@myuwc.ac.za

CONSENT FORM (INTERVIEWS) – BENEFICIARIES

Title of Research Project: Evaluation of the life skills Programme at a Non-Governmental Organisation dealing with adolescents living with HIV

The research project focuses on the evaluation of the life skills programme utilised by social workers and community workers at an NGO dealing with HIV adolescents. The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone by the researchers. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I hereby agree to uphold the confidentiality of the discussions in the interview by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

I agree to be audiotaped	Yes	No
--------------------------	-----	----

Participant's name: _____

Participant's signature: _____

Date: _____



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APPENDIX C: COMMUNITY WORKERS CONSENT FORM

APPENDIX G



UNIVERSITY OF THE WESTERN CAPE

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Tel: 0780247294
E-mail:3717711@myuwc.ac.za

CONSENT FORM (INTERVIEWS) – COMMUNITY WORKERS

Title of Research Project: Evaluation of the life skills Programme at a Non-Governmental Organisation dealing with adolescents living with HIV

The research project focuses on the evaluation of the life skills programme utilised by social workers and community workers at an NGO dealing with HIV adolescents. The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone by the researchers. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I hereby agree to uphold the confidentiality of the discussions in the interview by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

I agree to be audiotaped	Yes	No
--------------------------	-----	----

Participant's name: _____

Participant's signature: _____

Date: _____

APPENDIX D: SOCIAL AUXILIARY WORKERS CONSENT FORM

APPENDIX G

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: 0780247294
E-mail: 3717711@myuwc.ac.za

CONSENT FORM (INTERVIEWS) – SOCIAL WORKERS

Title of Research Project: Evaluation of the life skills Programme at a Non-Governmental Organisation dealing with adolescents living with HIV

The research project focuses on the evaluation of the life skills programme utilised by social workers and community workers at an NGO dealing with HIV adolescents. The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone by the researchers. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I hereby agree to uphold the confidentiality of the discussions in the interview by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

I agree to be audiotaped	Yes	No
--------------------------	-----	----

Participant's name: _____

Participant's signature: _____

Date: _____



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APPENDIX E: INTERVIEW GUIDE FOR SOCIAL AUXILIARY WORKERS AND COMMUNITY WORKERS

Goal of the study: The aim of the study is to evaluate the life skills programme utilised by social workers and community workers at an NGO dealing with adolescents living with HIV

SECTION A: BIOGRAPHICAL INFORMATION DETAILS OF SOCIAL WORKERS AND COMMUNITY WORKERS

1.

Age	
Gender	

2. How long have you been providing life skills interventions to adolescents infected with HIV?

SECTION B: LIFE SKILLS INTERVENTION UTILISED BY THE NGO

1. Can you briefly tell me about the life skills programme that you are implementing at the NGO?
2. Can you briefly explain to me how you select your topics for life skills? Are there criteria that you use to select the topics?
3. Are the programme's content and concepts understood by the adolescents?
4. How do you ensure that adolescents understand life skills contents and concepts? Can you explain?
5. How do you ensure that the life skills interventions are helping adolescents infected with HIV in their daily living?
6. Are there any other methods or activities that you are implementing at the NGO to ensure that the life skills intervention is effective?
7. Can you give any suggestions on how to improve the content of the life skills programme?

SECTION C: BARRIERS AND STRENGTH OF LIFE SKILLS INTERVENTIONS

1. Are there challenges that you encounter when implementing the life skills interventions to adolescents infected with HIV? Elaborate.
2. What is working in the programme?

3. How do you deal with difficult children?
4. Who are most likely to be successful children in the programme, boys/girls? Why are these children seen as successful?
5. Is there evidence that the life skills programme has instilled knowledge and skills to adolescents infected with HIV?

APPENDIX F: INTERVIEW GUIDE FOR BENEFICIARIES

Goal of the study: The aim of the study is to evaluate the life skills programme utilised by social workers and community workers at an NGO dealing with adolescents living with HIV

SECTION A: BIOGRAPHICAL INFORMATION DETAILS OF BENEFICIARIES

1.

Age	
gender	

2. How long have you been taking the life skills programme?

SECTION B: LIFE SKILLS INTERVENTION UTILISED BY THE NGO

1. Did you benefit from the life skills programme? Explain.
2. What other life skills activities do you still remember? Explain.
3. Do you think social workers and community workers are doing their best in providing life skills interventions? Why? Motivate your answer.

SECTION C: BARRIERS AND STRENGTH OF LIFE SKILLS INTERVENTIONS

1. Did you understand what was taught during the life skills programme? Can you explain?
2. What were the challenges you encountered during the life skills education?
3. What other things do you think can be done to improve the life skills programmes?

APPENDIX G: ETHICS COMMITTEE APPROVAL



OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

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6 November 2018

Ms CC Mudzingaidzwa
Social Work
Faculty of Community and Health Sciences

Ethics Reference Number: HS18/7/26

Project Title: An evaluation of life skills programme at a NGO dealing with HIV positive adolescents.

Approval Period: 05 November 2018 – 05 November 2019

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink that reads 'Josias'.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

APPENDIX H: PROOFREADING CERTIFICATE

12 September 2019

CHIDOCHAI SHE CHARITY MUDZINGAIDZWA

Department of Social Work
Faculty of Community and Health Sciences
University of the Western Cape, Cape Town

RE: CERTIFICATE - TECHNICAL EDITING AND PROOFREADING OF MASTER'S THESIS

I, the undersigned, herewith certify that the technical editing and proofreading of the Master's thesis of CHIDOCHAI SHE CHARITY MUDZINGAIDZWA, entitled "*EVALUATION OF LIFE SKILLS PROGRAMME AT AN NGO DEALING WITH ADOLESCENTS LIVING WITH HIV*", has been conducted and concluded.

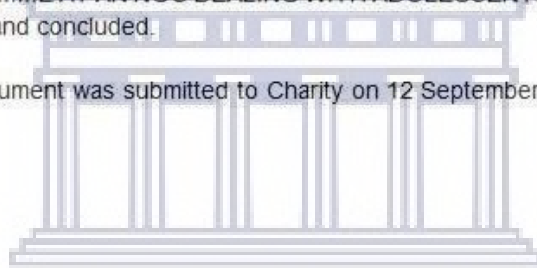
The finalised document was submitted to Charity on 12 September 2019 and cc'd to Dr Neil Henderson.

Sincerely



Professor Annelie Jordaan
DTech: Information Technology
Ph: 065 9903713

Member: SATI 1003347



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South African Translators' Institute (SATI)

APPENDIX I: TURNITIN REPORT SUMMARY

Turnitin Originality Report

Processed on: 22-Aug-2019 14:07 EAST
ID: 1160306086
Word Count: 39949
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final thesis By Chidochaise Mudzingaidzwa

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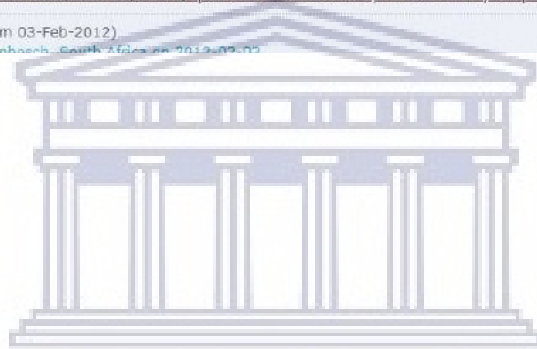
Submitted to University of South Africa on 2016-01-29

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Submitted to University of Stellenbosch, South Africa on 2012-02-03



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