

**AN EVALUATION AND A COST-  
BENEFIT ANALYSIS OF THE  
HIV/AIDS PEER EDUCATION  
PROGRAMME OF  
THE SOUTH AFRICAN POLICE  
SERVICE**

by

**Cynthia Tuduetso Khumalo**

MA(Social Science) (University of South Africa)

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Promoter: Prof P Rankin  
Co - Promotor: Prof. M L Weyers

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# **SUMMARY**

## **THE EVALUATION OF THE HIV AND AIDS PEER EDUCATION PROGRAMME OF THE SOUTH AFRICAN POLICE SERVICES**

**Key terms:** HIV and AIDS, Peer education, Personnel Capacity-Building programmes (PcaBP's), Return on investment(ROI), Social Work, South African Police Service (SAPS).

### **Background**

HIV and AIDS is the most prevalent and destructive pandemic to occur in South Africa's recorded history. Due to the increase of infection and deaths rates within the South African Police Services, the Peer Education programme was developed as a prevention strategy to deal with the scourge of HIV and AIDS. The programme came into being as a result of the strategic alliance between the South African Police Services and the South African Civil Military Alliance on HIV and AIDS, which led to the South African Defence Force HIV and AIDS programme being aligned to meet SAPS challenges. An external consultant was appointed to oversee the alignment which resulted in the Peer Education programme being identified as a strategy to fight the scourge of HIV and AIDS in the South African Police Services. This programme is an integral part of the Police Social Work Services personnel capacity building programmes.

A comprehensive study into the programme's effect and return on investment (ROI) was undertaken in 2001. This thesis will report on the effect of the HIV and AIDS Peer education programme as well as its return on investment coefficient.

### **Objectives**

The primary aim of the study was to determine the effect of the HIV and AIDS Peer Education programme on the knowledge, attitude and behaviour of SAPS employees, as well as the programme's return on investment coefficient.

### **Method**

The study used an experimental research design and triangulation. It involved an average of 294 SAPS employees( 228 for the experimental groups and 66 for the comparison groups) with 32 social workers presenting the programme. The programme was also subjected to a structured and comprehensive return on investment analysis.

### **Results**

Through the triangulation of measurements it was ascertained that the HIV and AIDS Peer education programme had a practical significant effect on the employees' knowledge, attitude and behaviour and improved their personal and professional well-being. The Return on

Investment analysis conducted indicated that the programme was of financial benefit to the South African Police Services in comparison with the input by the organisation and the output realised as a result of the activities of the Peer Educators.

# OPSOMMING

## DIE EVALUASIE VAN DIE MIV EN VIGS PORTUURGROEP OPVOEDINGSPROGRAM VAN DIE SUID-AFRIKAANSE POLISIEDIENS (SAPD)

**Sleuteltermes:** *MIV en VIGS, Portuurgroep Opvoeding, Personeel Kapasiteitsbou Programme (PCBP's), Opbrengs op beleggings (ROI), Maatskaplike Werk, Suid-Afrikaanse Polisie diens (SAPS).*

### Agtergrond

MIV en VIGS is die mees oorheersende en destruktiewe pandemie wat tot op hede in die Suid-Afrikaanse geskiedenis plaasgevind het. Weens die toename in infeksies en sterftes in die Suid-Afrikaanse Polisie diens, is 'n eksterne konsultant opdrag gegee om 'n plaaslike MIV en VIGS voorkomingsstrategie te ontwikkel. Die resultate van die studie het aanleiding gegee tot die totstandkoming van die portuurgroep opvoedingsprogram. Hierdie program vorm 'n integrale deel van die SAPD se maatskaplike-diens personeelkapasiteitsbouprogramme.

'n Omvattende studie van die effek en beleggingsopbrengs (ROI) van die program is gedurende 2001 onderneem. Hierdie proefskrif doen verslag oor die effek van die MIV en VIGS portuurgroep opvoedingsprogram sowel as die opbrengs op beleggings-koëffisiënt.

### Doelwit

Die primêre doel van hierdie studie was om die effek van die MIV en VIGS portuurgroep opvoedingsprogram op die kennis, houding en gedrag van SAPD werknemers, sowel as die beleggingsopbrengs koëffisiënt te bepaal.

### Metode

Die studie het van 'n eksperimentele navorsingsontwerp en triangulasie gebruik gemaak. Dit het 'n gemiddeld van 294 SAPD werknemers ingesluit (228 vir die eksperimentele groep en 66 vir die kontrolegroep) met 32 maatskaplike werkers wat die program aangebied het. Die program was ook onderwerp aan 'n omvattende en gestruktureerde opbrengs op beleggings-analise.

### Resultate

Deur die triangulasie van die metings is daar vasgestel dat die MIV en VIGS portuurgroep-opvoedingsprogram 'n beduidende effek op die kennis, houding en gedrag, sowel as die persoonlike en professionele welstand van die werkgewers gehad het. Die analise van die opbrengs op beleggings het aan die lig gebring dat die program 'n finansiële voordeel vir die SAPD was in terme van 'n vergelyking tussen die insette van die organisasie en die opbrengs uit die aktiwiteite van die portuurgroepopvoeders.

## **THE PRESENTATION OF THE RESEARCH RESULTS**

This manuscript is presented in an article format in as specified in Rule A.11.53 and A.11.5.4 of the Yearbook of the North-West University(Potchefstroom Campus) (2005).

The content requirements of the South African Journals Social Work/ Maatskaplike Werk and Social Work Practitioner-Researcher/ Maatskaplikewerk-Navorsers -Praktisyn as well as the International Journal, Social Work & Society,(see Appendix...) were used as basis to formulate the articles.

The co-authors gave permission that Ms C.T. Khumalo may submit this manuscript for the purposes of a Ph.D. degree. The members of the PCBP research team also gave the authors permission to utilize some of their research data in her research.

**SECTION 1:  
ORIENTATION AND  
METHODOLOGICAL OVERVIEW**

# 1. RELEVANCE OF THE RESEARCH

During 2000, the Police Social Work Services (PSWS) developed Personnel Capacity Building Programmes in order to respond to the changing needs of the 132 000 members of the South African Police Services (SAPS). In 2001 the Police Social Work Services embarked on comprehensive evaluation of Personnel Capacity Building Programmes (PCBP) research project in order to determine the impact and cost efficiency of all the programmes. The research documented here formed part of this project.

The development of the personnel capacity building programmes can be attributed to two main factors. The first were the policy documents on the transformation of the Public Service which emphasized the importance of empowering personnel to render proactive, client centred services (Stevens & Yach:1995:6). The second was the high incidence of social problems, with HIV and AIDS one of them among personnel. It was evident that these problems could no longer be addressed cost-effectively with the then available capacity within the Police Social Work Services. This necessitated that an alternative to individual-centered and reactive therapeutic interventions, that characterised Social Work Services, had to be explored (Stutterheim & Weyers,2006:6).

Due to the restructuring of the SAPS and changes to certain of its policies, an external research consultant, Ask Africa, was requested to undertake an extensive study on the rendering of social work services in the SAPS (Stutterheim & Moruane, 2002:172). The aim of this study was to determine the needs of police officials in terms of social work services, and what the perception among police social workers was regarding police officials' need for such services. The outcome of the study clearly indicated that there was a need for reactive(therapeutic) and proactive(capacity building programmes) social work services within the organisation. Five priority areas for proactive services were identified. These were stress, substance, financial difficulties, personnel conflict/teamwork (Ask Africa,1997:28).

The HIV and AIDS prevention programme was developed in response to the increase in HIV and AIDS infections and death rates within the South African Police Services (Ask Africa:1998:28).The aim in developing this programme was to increase the knowledge of SAPS members regarding HIV and AIDS, with the intention of preventing the spread of this virus.

In response to the reported impact of HIV and AIDS , the South African Police Services, as a strategic partner in the South African Civil Military Alliance on HIV and AIDS, aligned the HIV and AIDS programme of the South African Defence Force to meet its context. An external consultant was appointed to align the programme and ensure that it addresses the unique challenges experienced by the South African Police Services. The initiative resulted in the Peer Education Programme being identified as a strategy to combat HIV and AIDS within the South African Police Service Services (Sttuterheim & Moruane,2002:172).

During March /April 2000, five working groups consisting of one social worker per province were established to develop these programmes.

The researcher was a member of the working group that developed the HIV and AIDS Peer Education programme. The basic aim of the HIV and AIDS Peer Education programme was to empower SAPS personnel with the knowledge, attitude and behaviour necessary for optimal personal and professional functioning (PSWS,2001:iii). It was therefore envisaged that by empowering SAPS personnel with appropriate knowledge and skills they would be better able to protect themselves against HIV infection and mitigate the impact by disseminating information to their peers.

The programme was divided into four parts viz:

- Part 1: Adult learning
- Part 2:Core knowledge regarding HIV and AIDS and sexuality
- Part 3:Occupational Health and Safety
- Part4: Programme Management

The programme was presented to 1082 SAPS personnel who were trained as peer educators. Although basic measuring instruments were included in the programme package, it was not substantive enough to determine the impact on the participants nor the cost- efficiency of the intervention scientifically. Subsequent to this the PCBP project which included the evaluation of the HIV and AIDS Peer Education programme was officially launched during November 2001.

The research was aimed at answering the following questions :

- To what extent does the HIV and AIDS Peer Education programme adhere to the theoretical principles applicable to peer education programmes.
- What is the effect of HIV and AIDS Peer Education programme on personnels' knowledge, attitude and behaviour(KAB)?
- What is the programme's return on investment(ROI) for the SAPS?
- How could the programme be improved?

## **2. AIM AND OBJECTIVES**

The overall aim of this study was:

To determine the effect of the HIV and AIDS Peer Education programme on the knowledge, attitude and behaviour of SAPS personnel, as well as the programmes' return on investment coefficient.

In order to achieve this aim, the following objectives were pursued:

- To determine the extent to which the HIV and AIDS Peer Education programme adhere to the applicable theoretical principles

- To ascertain whether the programme had a practical significant effect on personnel's knowledge, attitude and behaviour (KAB)
- To determine the programme's return on investment (ROI) for the SAPS
- To provide recommendations for the improvement of the HIV and AIDS Peer Education programme.

### **3. HYPOTHESIS**

The study tested the following two hypothesis:

- That the HIV and AIDS Peer Education programme has a practical significant effect on the knowledge, attitude and behaviour of SAPS' personnel
- That the programme will provide a positive return on the SAPS's investment of time, money and effort.

### **4. THE RESEARCH DESIGN AND PROCEDURE**

The following overview will only deal with the nature of the research design and the research process. The articles that form the core of the research report (Section 2), will however, provide detailed information on the nature of the HIV and AIDS Peer Education programme, the research groups, the measuring instruments and related issues.

#### **4.1 THE RESEARCH DESIGN**

A comparison group pretest and posttest design was used in the empirical research. This is an equivalent to the classical experiment, but according to De Vos & Fouche (1998:132), without the ".....random assignment of subjects to the groups". It was deemed the most appropriate design, since it provides for statistical determination of the effect size of programmes in circumstances where it is not possible to comply with all the prerequisites for a classic experiment(cf. Bailey,1994:236-7, Strydom,1999:110).

The return on investment analysis utilised a ROI analysis framework and formulas that were developed by Meyer *et al* (2003:5).

#### **4.2 THE RESEARCH PROCEDURES**

The research procedure that was followed can be divided into four phases:

##### **4.2.1 Phase 1: Literature study**

A comprehensive literature study was undertaken to gather additional information on the programme and to assist with the formulation of the measuring instruments. The study focused on the underlying theoretical principles of peer education, the generic nature of capacity building programmes and the nature of effect measurement and ROI analysis. The sources that were consulted included books, journals and publications from a variety of fields. They

included social work, adult education, health, personnel and general management and statistical analysis.

Various other documents from the South African Police Services like annual reports, reports on the management of ill-health and retirement and policies were consulted.

The following data bases were used in the identification of appropriate resources:

- The NEXUS-RGN database for current and completed research in South Africa from 1969
- RSAT- Index of South African journal articles from 1987
- Social Sciences Index
- Social Work abstracts
- Psychlit-Psychology database from 1987
- ERIC-Educational Resources Information Centre
- Catalogue-Ferdinand Postma Library, North West University: Potchefstroom Campus
- EbscoHost- that includes academic Search Premier, Business Source Premier and MasterFILE Premier.

#### **4.2.2 Phase 2: Design and testing of measuring instrument**

The second phase of the research process involved the design and testing of the various measuring instruments. The outcome of the literature review informed the design of concept questionnaires which were quality assured by experts. These questionnaires, which contained six measuring scales were subjected to two pilot studies, one at Head Office and the other in the North - West Province, to enhance their reliability and validity. The data generated by this process was then subjected to a thorough statistical analysis. It included the calculation of each scale's Cronbach alpha coefficient (Gravetter & Forzano,2003:391;Jackson, 2003:42-43) and the use of Cohen's formula (Cohen,1988:20-27;Steyn,2000:1-3) to determine the size of the programme's effect on recipients' knowledge, attitudes and behaviour. The results obtained were then, where necessary, used to prepare the main instruments for the main study.

#### **4.2.3 Phase 3: Main study**

The third phase of the study involved the recruitment and mobilisation of the experimental groups, the completion of the pretest questionnaire, the presentation of the programme and the completion of the posttest as well as the presentation evaluation questionnaire. Parallel to this process, SAPS personnel who constituted the control groups, completed the pre-test, post-tests and the presentation evaluation questionnaires. The latter group did not however participate in the presentation of the programme. This made it possible to calculate the net effect of the programme on the experimental group. The data generated by the study was then analysed and interpreted.

#### **4.2.4 Phase 4: The calculation of the programmes' return on investment (ROI)**

The fourth phase of the study entailed an analysis of the total costs of the programme, which included the duplication of programme package and the actual presentation. This formed the basis for the calculation of the programmes' return on investment (cf. Davidove&Schroeder,1992:70-71;Goldwasser,2001:82-88;Moonen,2003:147-165).

#### **4.2.5 Phase 5:Completion of the research report**

The final phase in the study dealt with the compilation of the three articles and additional reports. These reports included recommendations for the improvement of the content and the presentation of the programme as a whole.

### **5. THE PARTICIPANTS**

Three groups of participants participated in the research. They were the experimental groups, the control groups and the social workers who presented the programme .

The experimental group consisted of 228 respondents while 68 respondents constituted the control group. To ensure representivity of the total SAPS population, the following criteria was used in the selection of the control group: rank/post, race, gender and province. It was envisaged that the use of province as a criterion would ensure that attributes such as language distribution, geographical location, historical background and different sections within the organisation would be covered.

With regard to the rank/post criterion, it was borne in mind that the total SAPS population could be divided into two basic categories, namely, those appointed in terms of the Police Act (Act No.68 of 1995) and those employed in terms of the Public Service Act (Act No.103 of 1994). Furthermore, it was considered that the members appointed in terms of the Police Act represented the nine different ranks ranging from Constable to National Commissioner. The SAPS administrative personnel encompasses nearly forty different posts for example post of secretary, registration clerk, data typist, administrative clerk, typist, cleaner, medico-legal official and personnel officer.

For the purpose of the study, personnel employed under the Public Service Act were regarded as a unit.

In terms of race and gender an attempt was made to match the study groups as closely as possible to the personnel profile of the SAPS as a whole.

The social workers that presented the programmes completed a presenter's evaluation questionnaire.

## 6. THE MEASUREMENT INSTRUMENTS

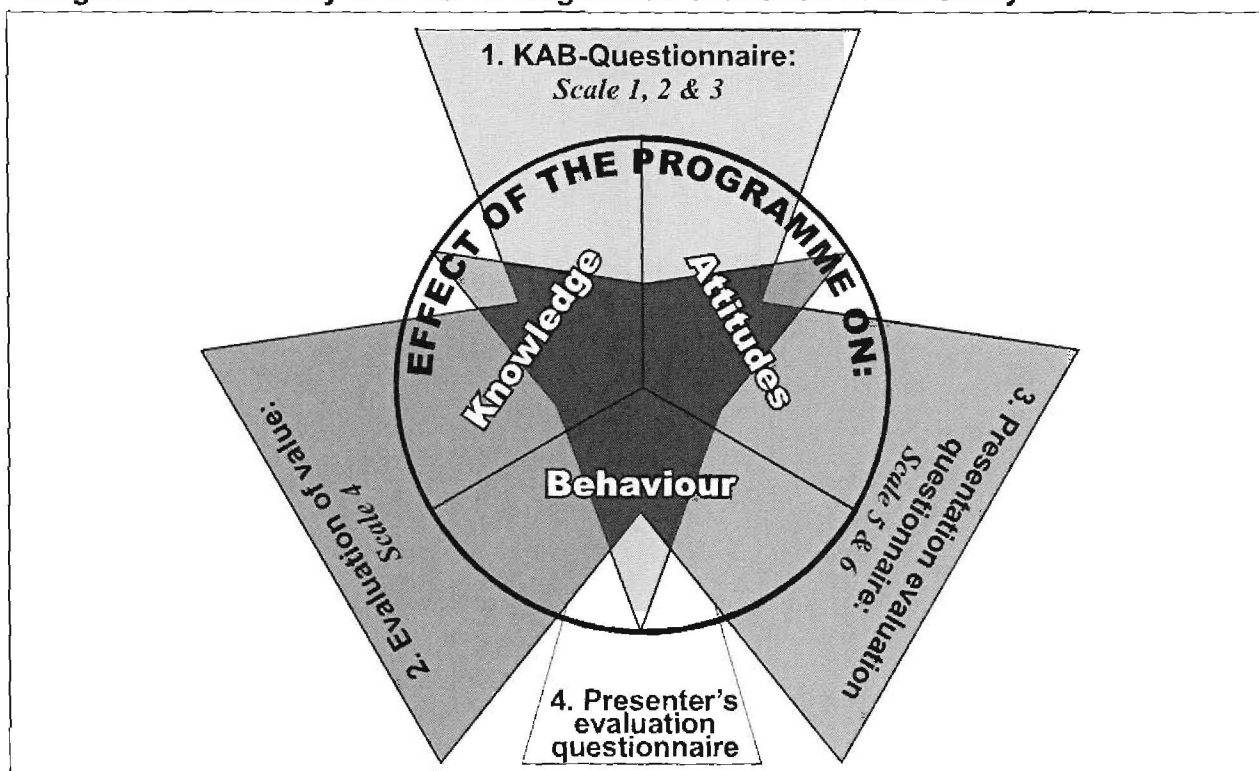
Due to the unique nature of the programme, it was not feasible to use standardised questionnaires in the study. Consequently three categories of questionnaires were utilised. They were the KAB questionnaire, the presentation evaluation questionnaire and presenter's evaluation questionnaire. In order to bridge potential shortcomings in the individual instruments, triangulation was used. For the purpose of the study, triangulation was seen as "the combination of two or more theories, data sources, methods or investigators in one study of a single phenomenon to converge on a single construct" (Hilton,2003). In this regard the so-called 'within-method (Bryman 2003:67) of triangulation was used, since multiple instruments were employed to measure the same phenomenon, namely, the effect of the programme (cf Mark, 1996:220; Patton,2002:556,559-560).

The following six scales were used in the study:

- The Knowledge, Attitude, Behaviour (KAP) questionnaire with its three primary scales (Scales 1 to 3) completed by both the experimental and comparison
- The programme value scale (Scales 4 formed part of the post-test KAP questionnaire (that was completed by the experimental group only)
- The programme relevance scale(Scale 5 formed part of the presentation evaluation questionnaire that was only completed by the experimental groups)
- The quality of the programme presentation scale(Scale 6) formed part of the presentation evaluation questionnaire that was only completed by the experimental groups.

The manner in which the different questionnaires and scales were utilised during the study is portrayed in Diagram1.

**Diagram 1: The way in which triangulation was used in the study**



The nature and content of the data collection instruments will now be viewed closely.

## **6.1 THE KAB QUESTIONNAIRE**

KAB studies are based on the premise that human functioning can be divided into three dimensions, namely, the cognitive, affective and conative (behavioural) (Thompson,2002 :xvii). They are further based on the premise that the three dimensions are connected, but not necessarily in a linear manner. Change in one dimension(e.g attitudes) is, for example not necessarily a prerequisite for change in the other dimension (e.g conduct) (cf Akade,2001:248-251);McCann&Sharkey,1998:268-9; Elkin,1993:171). It would, therefore be possible to determine with the aid of the KAB scales, to what extent the HIV and AIDS Peer Education programme impacted on each of the three dimensions individually.

Four KAB questionnaires were designed for the programme. The experimental groups completed two of the questionnaires on a pre-intervention and post-intervention basis ( cf Appendixes 1 & 2. The comparison groups completed a similar questionnaires during the same period(see Appendixes 3).

The questionnaires consisted of both closed (e.g true/false) and Likert- type questions( e.g strongly agree/ disagree and agree/disagree) (cf Jackson,2003:61).

## **6.2 THE PRESENTATION EVALUATION QUESTIONNAIRE**

A single presentation questionnaire was developed for the entire CPCB project ( CF Appendix 4). It also went through a process of pilot testing before being administered to the experimental group members after presentation of the programme. The questionnaire consisted of 23 items and focussed on the respondent's experience of the presenter and his/her presentation skills, as well as learning experience and programme content (cf Appendix 4).

## **6.3 THE PRESENTER'S EVALUATION QUESTIONNAIRE**

Social workers who presented the programme were requested to complete the presenter's evaluation questionnaire to enable them to reflect on and evaluate their presentation skills as well as the relevance of the programme. It also afforded them the opportunity for input on the improvement of the programme.

## **7. DATA PROCESSING**

The data collected during the study were analysed in conjunction with the Statistical Consultation Services of the North - West University: Potchefstroom Campus and with the aid of the SAS computer package(SAS Institute Inc,1999). Before the data could be analysed it was necessary to firstly determine whether the measuring scales were indeed reliable, secondly whether the questions were valid and lastly whether the scales were able to measure the change. The procedures and formulas that were used for these purposes will be discussed briefly.

### **7.1 PROCEDURES AND FOMULAS FOR THE CALCULATION OF RELIABILITY**

The Cronbach alpha coefficient was calculated to determine the reliability of the applicable measuring instruments (Gravetter & Forzano,2003:455). A score of 0.50 or higher was accepted as an appropriate reliability coefficient (Jackson, 2003:87-91).

### **7.2 PROCEDURES FOR THE CALCULATION OF VALIDITY**

The content, face and validity of the individual questions and scales were initially determined by means of a pilot study. The main study was and its concomitant triangulation of results, should however, be viewed as the most important step in this process.

### **7.3 PROCEDURES AND FORMULAS FOR THE CALCULATION OF CHANGE /EFFECT**

Cohens's formula for the calculation of effect size was used to measure practical significant change. This type of effect size is also referred to as Cohen's d- value (Cohen, 1988:207; Steyn,2000:1-3). The decision to use the formula was informed by the following:

- A probability sample could not be drawn in the study. It was, therefore, only possible to view the respondents as a sub-population of the planned target population. Consequently,

it was not possible to generalize the results to the target population by means of inferential statistics.

- To determine if the programme did change the knowledge, attitudes and behaviour of SAPS personnel in practice, the standardised difference was used as effect size (Gravetter & Forzano, 2003:454). This entailed dividing the difference between two averages (or averages of a given mean) by the standard deviation. According to Steyn (2000:3), this is a natural criterion for drawing conclusions regarding significance.

A four step procedure was followed in the calculation of the size of the effect that the programme had on the respondents. The first step was the calculation of the d-values of the scales and questions that were administered to the experimental group alone. The following formula was used for this purpose:

$$d = \frac{\mu_{diff}}{\sigma_{diff}}$$

Where:

d = effect size

$\mu_{diff}$  = average difference of scores in the experimental group (abbreviated with " $\mu_1$ ")

$\sigma_{diff}$  = standard deviation of difference score.

The second step was to determine whether or not there were significant differences between the pretest and posttest scores of the experimental and comparison groups, or as Jackson (2003:175) states, "how big a role the conditions of the independent variable play in determining scores on the depended variable".

In order to do so, it was necessary to determine if the experimental (group 'e') and comparison groups (group 'c') were comparable prior to the intervention programme. This was done by calculating and comparing the d values per scale of the two groups' pretest measurements. The difference had to be smaller than 0.5. In cases where there was a bigger difference, a co-variance analysis had to be performed. In this research, however, all the scales met the requirements.

To compute the net difference per scale, Cohen's formula for calculating the effect size between two groups was utilised. The formula is as follows (Cohen, 1988:20-7; Steyn, 2000:1-3):

$$d = \frac{\mu_1 - \mu_2}{\sigma}$$

Where:

d = effect size

$\mu_1$  = average difference score in the experimental group (e)

$\mu_2$  = average difference score in the comparison group (c)

$\mu_1 - \mu_2$  = difference between average difference

$\sigma$  = maximum standard deviation of difference scores.

The following guidelines were used for the interpretation of the d values:

- d = 0.2: This indicates a small effect, implying that the research should be repeated in order to confirm if there is actually an effect
- d = 0.5: This indicates a medium effect, implying that the result can be viewed as significant, but also that better planned research could produce even more significant results
- d = 0.8: This indicates a large effect which is significant and of practical value
- Since there are no absolute boundaries between the three d - values, concepts such as 'small to medium effect' and 'large effect' can be used (Cohen, 1969:22-25; Spatz, 2001:74-5; Steyn, 1999:3).

The last step was to conduct an effect size-analysis (McWhirter, 1999:97) on scales 4, 5 and 6, in order to determine the respondents' experience of the value and relevance of the programme, together with the influence of the quality of the presentation. The same formula that was used to determine the effect size within the group was used for this purpose. It was:

$$d = \frac{\mu_{diff}}{\sigma_{diff}}$$

Besides effect size (d - value), descriptive statistics such as totals, percentages and averages were utilised for the interpretation of certain scales and questions.

#### **7.4 PROCEDURES AND FORMULAS USED FOR THE CALCULATION OF ROI**

The results of the main study, as well as an analysis of the costs involved in the implementation of the programme were used to determine the programme's ROI. The views of Meyer et al (2003:5) were taken into consideration and the following formula was utilized:

$$\text{ROI (\%)} = \frac{\text{Net Programme Benefits (benefits - costs)}}{\text{Programme Costs}} \times 100$$

Where:

- Net Programme benefit = Total benefits minus costs
- Benefits = Improvements in quality of service + labour and other cost savings
- Programme cost = Financial costs + manpower/time inputs (cf Moonen,2003:147-165)

### **8. ETHICAL ASPECTS**

The South African Police Service granted permission for the research to be conducted within the organisation. The research focussed solely on the effect of the programme on the organisation as a whole and not on the personnel as a "clinical" population.

Participation was voluntary and each respondent was informed of the nature and implications of the research. A system of secret codes was implemented to link pretest with posttest questionnaires without disclosing the identity of the participants. Value judgements in respect of cultural aspects were avoided (cf De Vos,1998:30).

## **9. DEFINITIONS**

A number of concepts which are continuously used throughout this research, will be briefly explained.

### **9.1 PERSONNEL CAPACITY BUILDING PROGRAMMES**

The concept "personnel capacity building programme", or "capacity building programme" refers to a structured intervention mechanism used by social workers to empower SAPS personnel with knowledge, attitude and behaviour which they required to become resilient (Stutterheim & Weyers,2002:10 ; Rooth,2000:34;Thompson,2002:xvii).

### **9.2 EFFECT ANALYSIS**

The concept of effect analysis referred to both the process and results obtained through the use of Cohen's formula for the calculation of effect size. In this regard "effect" refers to the magnitude of change brought by the programme with respect to the respondents knowledge, attitudes and/or behaviour.

### **9.3 PARTICIPANTS**

The study further necessitated a differentiated between the various types of people who were involved. The following three concepts were used for this purpose:

- The word "participant" refers to all persons who participated in the study and who contributed to the data (Gravetter & Forzano,2003:462). In this study the participants were the respondents and the social workers who presented the programme.
- The word "respondent" referred to the personnel who participated in the experimental group and comparison group.
- The word "presenters" referred to the social workers who presented the programmes.

### **9.4 PEER EDUCATION**

The concept "Peer education" referred to a communication channel, a methodology a philosophy, and a strategy (UNAIDS, 1999: 5). The English word "peer" referred to someone of equal standing to another or one belonging to the same societal group, based on age, education or status. The word "education" referred to the development, training or persuasion of a given person or thing, or knowledge resulting from the educational process (Oxford Dictionary, 2002). Within the context of the South African Police Services, peer education is viewed as a strategy to effect change amongst people of equal standing.

### **9.5 KNOWLEDGE, ATTITUDE AND BEHAVIOUR**

There are various connotations to the words knowledge, attitude and behaviour . The following definition has been formulated for the purpose of this study:

### **9.5.1 Objective and subjective knowledge**

Knowledge can be referred to the comprehension of facts with regard to a specific phenomenon. The concept "objective knowledge" as used in this text will refer to the participant's actual comprehension of the facts regarding a certain subject that can be measured by means of typical true/false questions. "Subjective knowledge" will designate the participant's (subjective) perceptions regarding the extent to which he or she has mastered certain subject matter (Jarvis, 1990:323).

### **9.5.2 Attitude**

Jarvis (1990:33) define an attitude as "an orientation towards some phenomenon, having cognitive, evaluative and connotative components", while Barker (1995:29) views it as "a mental predisposition or inclination to act or react in a certain way". For the purpose of this study, the concept 'attitude' will cover both these components and will, therefore, refer to both an orientation and a predisposition or inclination.

### **9.5.3 Behaviour**

Behaviour refers to "an action or response by an individual" (Barker, 1995:33). In measuring the effect of the programme, the focus will be on the individual's current and intended or envisaged action/responses (McCormarck & Hill, 1997:69).

## **9.6 RETURN ON INVESTMENT**

A return on investment (ROI) study can be defined the scientific measurement of the monetary benefits obtained by an organisation over a specified period of time in return for a given investment in a service delivery programme (cf Meyer et al., 2003:5; Weyers, 2005:3). It is, therefore, the "ratio of income produced by an asset divided by its investment cost" (Bridgefield, 2006: 136), usually expressed as a percentage.

## **10. LIMITATIONS OF THE RESEARCH**

The PCBP project proved to be an extremely difficult task to complete successfully. In terms of the scope it involved staff from all 10 SAPS Provinces throughout South Africa, as well as 146 social workers and 9 researchers. Some logistical problems resulted in a reasonably high percentage of spoiled questionnaires (8.54%) and a reasonably poor response rate in terms of presenter's evaluation questionnaires. These types of problems were also experienced in the HIV and AIDS Peer Education's study.

The use of higher order statistical analysis for questionnaire which were not completely standardised also presented minor problems. Among others, it manifested in low Cronbach alpha and / or d-value measurements for some of the scales/sub-scales. These problems were anticipated and curbed by means of triangulation.

## 11. PRESENTATION OF THE EPORT

The research report is divided into four sections:

- The first section provides an orientation to the subject matter, as well as an overview of the research methodology that was used
- The second section contains three articles. Their titles are
  - “The nature of the HIV and AIDS Peer Education Programme of the South African Police Service”
  - “An evaluation of the HIV and AIDS Peer Education Programme of the South African Police Service”
  - A return on investment (ROI) analysis of the HIV and AIDS Peer Education Programme of the South African Police Services”.
- Section 3 presents the main findings of the study, as well as recommendations for the improvement of the programme
- The appendixes from the concluding section. They include, amongst others, the various questionnaires used, a list of presenters and a profile of the SAPS population.

In order to make each article a functional unit, each will provide with its own bibliography. A comprehensive bibliography will, however, be provided at the end of the manuscript. Note should be taken of the fact that, in order to make each article a functional unit, duplication of information occur in the three articles. Attempts have been however made to ensure minimum duplication.

**SECTION 2:  
THE JOURNAL ARTICLES**

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## ARTICLE 1

**Khumalo, CT**

Department of Home Affairs

**Rankin, P**

School for Psychosocial Behavioural Sciences, Potchefstroom Campus of the North-West University

### **THE NATURE OF THE HIV AND AIDS PEER EDUCATION PROGRAMME OF THE SOUTH AFRICAN POLICE SERVICE**

#### **Abstract**

**Background:** *HIV and AIDS is the most prevalent and destructive pandemic to occur in South Africa's recorded history. Annual surveillances conducted by the Department of Health have shown that among pregnant women attending public health clinics for antenatal care, the seroprevalence rate increased to 25% in 2003. Due to the increase of infection and death rates within the South African Police Services (Ask Africa, 1998 :28), the South African Police Services entered into an alliance with the South African Defence Force, the Department of Correctional Services and Health, under the umbrella of the South African Civil Military Alliance. The alliance resulted in the HIV and AIDS Peer Education programme of the South African Defence Force, being aligned by an external consultant, to meet SAPS specific and unique challenges.*

**Objectives:** *To ascertain the degree to which the content and presentation guidelines of the Peer Education programme adhered to existing principles for peer education and programme presentation.*

**Method:** *The outcomes, content and presentation of the programme were analysed and evaluated with the help of existing theory on the subject. In this regard, the focus was on the theoretical constructs on principles underlying peer education, adult learning, experiential learning cycle and programme presentation.*

**Results:** *It was found that the HIV and AIDS Peer Education programme adhered to existing principles of peer education and adult learning and that the programme's content and presentation have the same features as other successful programmes in the field. (The extent to which these characteristics translate into effective service delivery will be addressed in a subsequent article).*

## **1. INTRODUCTION**

The evaluation of the HIV and AIDS Peer Education programme formed part of a larger research project, whose aim was to determine the impact of 15 of these proactive interventions on SAPS personnel. The purpose of this article is to explain the nature and implementation of

the HIV and AIDS programme, while the measurement of the programme's effects will be dealt with in a subsequent article.

## **2. EFFECTS OF HIV AND AIDS ON PRODUCTIVITY**

HIV infection is a devastating disease for individuals and society. The economic burden of employees with HIV infection is a matter of increasing concern for employers. The review of literature has found consensus that suggest that the HIV pandemic has a potentially sizeable economic cost to business, primarily due to increased costs for employment based insurance premiums, lost productivity, new hiring and training, and a downsized economy.

The HIV and AIDS pandemic primarily affects working adults between 20 and 39 years of age, the most productive age cohort (Liu *et al.*,2004:1182). The global rate of HIV infection in individuals between the ages of 15 and 49 years, considered prime working age, is approximately 1% . According to the AIDS Cost and Services Survey (ACSUS) conducted in the United States of America, 53% of HIV infected patients changed from full time to part time status between 1991 and 1992,while 37% quit the labour force within one year. A survey conducted in Thailand in 1999 showed that 12% of businesses fired their HIV infected employees.

The following are findings of reviewed studies from four aspects:

- Cost due to increased insurance premiums paid by employer
- Cost due to increased benefits paid by employer
- Cost due to lost and reduced productivity
- Other costs relevant to an employer, including cost due to new training and hiring, and economy-wide cost due to HIV and AIDS induced downsizing of the labour market.

Although the direct costs of HIV and AIDS in the South African Police Services as an employer is not known , an assumption can be made that SAPS experience the same economic effects.

### **2.1 COSTS TO EMPLOYERS**

#### **2.1.1 Increased insurance premiums**

From an employer's standpoint, a significant portion of the costs arising from the HIV pandemic are due to increases in employment based insurance premiums for the employed (Liu *et al.*,2004:1185). Employers may have to pay higher medical and life insurance for employees infected with HIV and their co-workers. While the current literature provides little direct empirical data about changes in insurance premiums due to HIV infections, an impact based on the principle of insurance premium computation is predicted (Sendi, 2004:791). As such it appears plausible to assume that health insurance premiums increase proportionally as medical expenses increase for HIV infected individuals relative to people without the disease.

The South African Police Services health insurance i.e Polmed is not immune to the devastating effects of HIV and AIDS. The restructuring of the health insurance , necessitated that SAPS employees , employed under the South African Police Act, contribute towards the health insurance. Prior to restructuring the health insurance was solely the responsibility of the employer. The restructuring also resulted in a disease management programme being established Polmed's wing to meet the needs of employees with chronic illnesses, HIV and AIDS included.

### **2.1.2 Increased employment based benefits**

In addition to insurance , employers usually provide other benefits to employees, including sick leave, life insurance, funeral expenses and retirement or pension benefits. In South Africa, benefit costs are expected to rise from 7% of the wage compensation in 1995 to 19% by 2005 (Liu *et al*,2004:1186). Aids related costs to the mining industry are anticipated to increase by 15 fold between 1995 and 2010. A study conducted by the Institute for Security Studies (2000:25) anticipated that employment based benefits in the South African Police Service will increase by 20% by 2010. Healthier workers will have to work overtime - increasing direct overtime costs and possibly indirect costs, such as stress, low morale and reduced efficiency among overworked workers. A study conducted by UNAIDS(2002:8) reported the costs of AIDS in three African manufacturing firms in Africa, and indicted that benefit costs accounted from 38% to 47% of total costs(not including income) paid by the firms in 1997. Those benefits include pensions, sick leave, absenteeism, dismissal , severance package and funeral costs.

The introduction of Highly Active Antiretroviral Therapy (HAART) in 1996 helped individuals living with HIV and AIDS to live longer and remain more productive at work (UNAIDS,2002:15). Nevertheless, the direct acquisition of cost of HAART is very high, leading to increased financial barriers and disparities in access to effective therapy. This is especially true for HIV infected populations in resource poor countries or businesses with production operations in developing countries, where access to antiretroviral therapy is highly constrained because of limited financial resources. In these cases, employment based insurance coverage for antiretroviral drug therapy is optional.

Considering the substantial cost variation in care of HIV infected workers with different insurance policies, it is crucial for businesses to better understand the downstream costs of HIV infected workers under different benefit and employment strategies

### **2.1.3 Lost productivity**

The impact of HIV and AIDS infection on the workplace can be a sizeable economic loss to a business due to high mortality and morbidity (Liu et al, 2004:1187).

Productivity loss corresponds to the reduction in work of sick employees. Typically, HIV infected workers are likely to become less productive and need more time off work, especially

as the disease progresses. If worker's family members are affected by HIV infected related illnesses, work hours may also be lost to meet care needs.

*Productivity loss in the South African Police Services manifested in the form of high rate of absenteeism which necessitated that actions to remedy the situation ne undertaken.*

#### **2.1.4 Increased cost due to new training and hiring**

The business workforce has experienced a rise in staff turnover in countries and regions where the HIV prevalence is high since the 1980's (Liu et al, 2004:1188). As a result of severe complications and the high mortality rate among HIV infected employees, it is not uncommon for businesses to loose skilled staff members. The staff turnover forces business to recruit more new employees in order to maintain business productivity and growth. The loss of skilled staff employees may involve at least three aspects of economic costs: (i) cost of business and technological "know-how", (ii) cost of recruitment for a replacement employee, and (iii) cost of training of new employee.

The loss of a skilled employee is very costly for a firm, but there is limited literature to explore this economic cost. It may be difficult for a firm to replace skilled positions, and the firm may be taken over by inexperienced individuals. Demand for skilled workers may increase, further increasing recruitment costs and inflating wages, while the HIV pandemic adds additional degrees of uncertainly as businesses make recruitment decisions.

The results of a survey conducted in thousands of firms in sub-Saharan Africa, concluded that the impact of HIV and AIDS on staff turnover exhibited a problem, although this situation could change as the epidemic matures (Biggs and Shah,2002:62). Difficulties in replacing professionals staff was found to be one of the significant problems, with firms taking 24 weeks to replace a deceased professional, compared with 2 or 3 weeks for less skilled staff. Another study reported that new training costs accounted for 12% of productivity in an African company (Lui et al, 2004:1189).

While it is conceptually appealing, empirical data on training and hiring costs were lacking in the literature reviewed, especially in the case of South African business.

Although costs due to new training and hiring are not known to SAPS, an assumption can be made that the turn over rate increased and costs associated with replacing and training new employees also increased.

#### **2.1.5 Other cost considerations**

The advocacy by Organised labour and AIDS groups resulted in many companies providing anti-HIV treatment for their employee (Marseille, 2000:7). Heineken, De Beers and other international companies have supplied treatment to their workers, since the end of 2002 or early 2003, according to NAPWA, an organisation for people living with HIV and AIDS in South Africa. Many firms in South Africa are responsible for funeral costs and face additional costs as

other workers attend funerals .Due to the progression of the pandemic people are opting to bury their loved one's during week days as cemeteries are congested during weekends.

Given the constrained resources in many societies, the increased costs of the HIV epidemic may reduce spending on other important projects and services, especially on infrastructure investment and educational programmes. This pattern will ultimately have a negative impact on private and public sector performance.

In 1998, the JD Group (South Africa leading furniture retailer) performed its own research on the potential impact of the HIV epidemic on its markets and customers base (Schneider, 2000:3). An increase in HIV prevalence among its customers was forecast, from 15% in 2000 to 27% in 2015. They estimated that by 2015 changes in demography would reduce the customer base by 18%. Other estimates suggest that South Africa's population was 23% smaller in the year 2000 than it would have been without AIDS. With increasing illness and death, customers will have less to spend and be less credit worthy.

In the absence of reliable and consistent data from empirical studies, it is apparent that the understanding of HIV and AIDS costs to employers remains far from satisfactory. Given the potential devastating costs of HIV and AIDS to patients and employers, a conclusion can be made that in addition to the continued basic and clinical research on HIV and AIDS, future research is needed to strengthen economic cost and outcome assessments. This would contribute a great deal to understanding of the full economic impact of HIV and AIDS epidemic on patients, businesses and society at large (Liu *et al* 2004: 1188).

Certain conclusions can be drawn from the discussion, which will have implications for the South African Police Services as an employer; namely

- increased insurance premiums
- increased employment benefits
- increased costs due to lost and reduced productivity
- increased costs due replacing and training of new employees

Before the content of the HIV/AIDS Peer education programme is examined, its background , that is, from where the programme derives and what it entails, will be discussed. This will be followed by an explanation of the principles on which the different areas of the programme are based.

### **3. THE BACKGROUND OF THE HIV/AIDS PEER EDUCATION PROGRAMME**

Due to the restructuring of the SAPS and changes to certain of its policies, an external research consultant, Ask Africa, was requested to do extensive research on the rendering of

social work services in the SAPS (Stutterheim & Moruane, 2002:172). The aim of this research was to determine the needs of police officials in terms of social work services, and what the perception among police social workers was regarding police officials' need for such services. A comparison was drawn between these two aspects.

The research was conducted in 1997, and the final report reached the SAPS in 1998 (Ask Africa, 1997). It clearly indicated that there was a need for both reactive (therapeutic) and proactive (capacity building) social work services within the organisation. The management of HIV and AIDS was found to be one of the fields in which there was a dire need for proactive intervention.

The HIV and AIDS prevention/awareness programme was developed in response to the increase in HIV and AIDS infections and death rates within the South African Police Services (Ask Africa, 1998:28). The aim in developing this programme was to increase the knowledge of SAPS members regarding HIV and AIDS, with the intention of preventing the spread of this virus.

In response to the reported impact of HIV and AIDS, the South African Police Services entered into partnership with the South African Civil Military Alliance, which resulted in the Peer Education of the South African Defence Force being aligned by an external consultant, to meet the unique challenges faced by SAPS. This resulted in the Peer Education programme as a strategy to combat HIV and AIDS within the South African Police Services (Stutterheim & Moruane, 2002: 172).

Two hundred and twenty-five (225) peer educators were trained by Mx Health, which translated into 25 per province. In addition, Police Social Work Services trained 857 peer educators. The purpose of the training of the peer educators was to carry out the following responsibilities (SACMA, 2000:14):

- Peer education regarding issues concerning Sexually Transmitted Infections and HIV and AIDS
- Participation in and planning of awareness raising campaigns
- Referrals to members of the Employee Assistance Professions and networking with other community resources
- Role modelling for their peers.

The nature and content of the complete programme will now be discussed. This will be followed by an overview of the theoretical principles on which it is based.

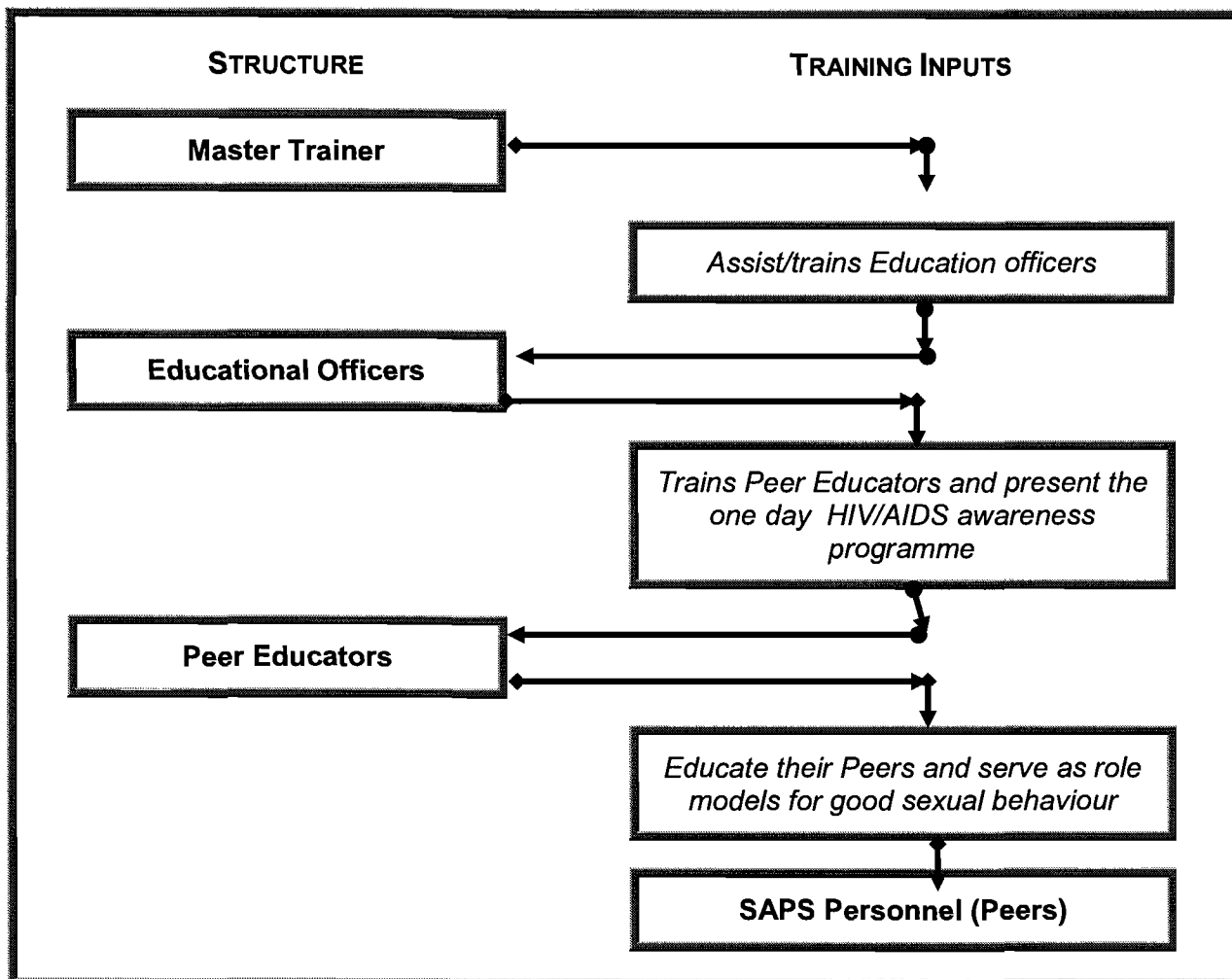
#### **4. THE OUTCOMES AND STRUCTURE OF THE HIV AND AIDS PEER EDUCATION PROGRAMME**

In order to provide a clear picture of the nature and content of the programme, its outcomes and structure will be discussed. The way in which these elements fit into the programme package will also be covered.

## 4.1 THE STRUCTURE OF THE PROGRAMME

The South African Police Service HIV/AIDS training structure is depicted in Diagram 1.

**Diagram 1: The South African Police Service HIV/AIDS Training Structure**



The training structure indicates three levels of training. These are:

- The Master trainers who assist and where possible train the Educational Officers
- The Educational Officers who train and assist the Peer Educators (this course) and
- The Peer Educators who train and influence their peers through training and modelling on issues pertaining to HIV and AIDS and sexually transmitted infections .

## 4.2 THE OUTCOMES OF THE PROGRAMME

The programme purposefully focuses on equipping participants with the core knowledge, attitudes and skills that they will need with the following outcomes:

- To implement the HIV and AIDS programme within the South African Police Services
- To reduce the risks of HIV transmissions in the workplace .

The specific outcomes relate to the specific subjects that are dealt with during the programme (SAPS, 2002: 5). These outcomes entail that the participants should be able to:

- Understand the core knowledge about HIV and AIDS as well as sexuality
- Understand and demonstrate the principles of adult learning and education
- Understand Occupational Health and Safety issues, as applied in the South African Police Services and internationally
- Understand the elements of the SAPS HIV and AIDS programme as well as how peer education fits into the structure.

### **4.3. THE PROGRAMME CONTENT**

The programme's point of departure is that education is the key to bringing about change in knowledge, attitudes and behaviours (SAPS, 2002: 1).

Since HIV and AIDS education within the South African Police Services is most often aimed at adults, it is appropriate to start any overview with a brief look at the nature of adult education and learning. The duration of the programme is three days, and the content covers four areas:

- The first area focuses on the nature of adult learning and education
- The second area focuses on the core knowledge regarding HIV and AIDS and sexuality
- The third area deals with occupational health and safety issues ,and
- The fourth area concerns programme management.

#### **4.3.1 Part 1: Adult learning**

Part 1 focuses on adult education and learning. The focus is not only to establish a general knowledge base, but also to equip participants with the necessary skills for enhancing learning in adults

In part one, the following are discussed:

- Principles of adult learning
- The experiential learning cycle

##### **4.3.1.1 Principles of Adult Learning**

As far as HIV/AIDS education is concerned, the target population of SAPS personnel will in most cases be adults. Participants are therefore encouraged to take cognisance of the principles involved in the enhancement of adult learning (Kadushin ,1990: 7). The following principles are emphasised:

- Principle 1: People learn best if they are highly motivated
- Principle 2: People learn best if they can devote most of their energy to the learning
- Principle 3: People learn best when they are actively involved in the learning process
- Principle 4: People learn best if the content is meaningfully presented
- Principle 5: People learn best when the learning is attended by positive reinforcement

#### **4.3.1.2 The Experiential Learning Cycle**

Apart from the fact that educators should remember to apply the principles of adult learning, participants are also taught about the nature of the experiential learning cycle and how to implement it.

The experiential learning cycle requires that the participants should progress through the four different phases of the learning process, namely direct experience, reflecting on experience, generalisation about the experience and application. Effective learning would imply the ability to apply (Phase 4) the things one has learned in Phase 3, where one forms principles based on one's analysis in Phase 2, of an experience one had in Phase 1. A detailed discussion on the experiential learning cycle will follow in the next section.

#### **4.3.2 Part 2 : Core knowledge of HIV and AIDS and Sexuality**

HIV and AIDS is an issue that should not be seen in isolation, but rather against the background of sexually transmitted infections and sexual behaviour as such (Department of Health, 1998: 2). For this reason, of the programme focuses on the nature of sexually transmitted infections, the specific nature of HIV (definitions, clinical symptoms, transmission, testing) and the sexual anatomy of both males and females. In addition, the global HIV and AIDS picture and sexual slang are also dealt with. Although most of this section is merely information sharing, participants are afforded the opportunity to demonstrate the use of both male and female condoms, something which, to many, may be an uncomfortable to do. The theoretical constructs underlying Part 2 will be discussed in the next section.

#### **4.3.3 Part 3: Legislation governing HIV/AIDS**

Part 3 contain a broad overview of the issue of occupational exposure, health and safety, with an emphasis on HIV and AIDS and the workplace, legislation governing the management of HIV and AIDS and the various SAPS policies and related documents that deal with this infection and its ramifications. Participants are afforded the opportunity to analyse the South African Police Service's HIV and AIDS policy and to make constructive inputs, which will facilitate implementation.

#### **4.3.4 Part 4: Programme management**

Programme management covers a wide range of issues of general interest, as well as those that specifically relate to HIV and AIDS and the South African Police Services. These include the management strategies for the prevention of HIV and AIDS infections and the South African Police Services' Five Year Strategic Plan to combat HIV and AIDS. The South African Police Services' workplace programme is discussed at length with the participants, to enable them to get a picture of where the organisation is in terms of implementing the strategic plan.

The subject of programme management is discussed in detail in the last section of this article.

## 4.4 THE PROGRAMME PACKAGE

All the material elements required for the presentation of the HIV and AIDS Peer education programme are contained in a single programme package's contents (SAPS, 2002). The package's contents are summarised in Table 1 below.

**Table 1: The contents of the programme package**

CODE	COMPONENTS
TM3	<p><b>HIV Peer Educators Training: Study Guide for Peer Educators</b></p> <ul style="list-style-type: none"> <li>▪ The study guide provides clear instructions on how to study the contents of the programme package</li> </ul>
WBI	<p><b>HIV Peer Educators Training: Workbook for Peer Educators</b></p> <ul style="list-style-type: none"> <li>▪ The workbook provide a more generalised overview of what HIV and AIDS is all about, as well as background information on the nature of HIV and AIDS related training. It specifically focuses on adult learning, core knowledge about HIV and sexuality, occupational exposure and programme management.</li> </ul>
HB	<p><b>HIV and AIDS Training Awareness: A Handbook</b></p> <ul style="list-style-type: none"> <li>▪ The handbook contains core HIV knowledge and is used for distribution by Peer Educators during the presentation of the awareness workshop.</li> </ul>
PDS	<p><b>Personal Data Sheet</b></p> <ul style="list-style-type: none"> <li>▪ The personal data sheet affords participants in the programme an opportunity to fill in their personal details in terms of name, age, gender and unit of employment</li> </ul>
CEI	<p><b>Course Evaluation Form</b></p> <ul style="list-style-type: none"> <li>▪ This form comprises a pre and post test questionnaire. The peer educators complete before pre-test questionnaire before , and it assist the presenter in assessing the knowledge base, attitude as well as behavioural practices of the participants with regard to HIV and AIDS. The post- test questionnaire assists the presenter in assessing whether or not learning has taken place .</li> </ul>
SE	<p><b>Peer Educators Self – Evaluation Form</b></p> <ul style="list-style-type: none"> <li>▪ The self evaluation form is used by the participants to assess whether or not learning has indeed taken place.</li> </ul>

In conclusion, each SAPS social worker (educational officer) who presents the programme receives a complete programme package. The programme, however, is subject to copyright and remains the property of the SAPS Social Work Services.

It is imperative to align the HIV and AIDS Peer Education Programme with theoretical principles as found in the literature. The next section focuses on the theoretical principles regarding Peer Education.

## **5. PRINCIPLES UNDERLYING PEER EDUCATION**

This section focuses on the definition of peer education as well as the theoretical principles underlying the concept.

### **5.1 DEFINING PEER EDUCATION**

Peer education is a popular concept that implies a communication channel, a methodology a philosophy, and a strategy (UNAIDS, 1999: 5). The English word “peer” refers to someone of equal standing to another or one belonging to the same societal group, based on age, education or status. The word “education” refers to the development, training or persuasion of a given person or thing, or knowledge resulting from the educational process (Oxford Dictionary, 2002).

In practice, peer education has taken on a range of definitions and interpretations concerning who a peer is and what education is (for example, advocacy, counselling, facilitating discussion, drama, lecturing, distributing materials, making referrals to services, providing support, etc) (Shoemaker et al, 1998:2). Peer education typically involves the use of members of a given group to effect change among other members of the same group (UNAIDS, 1999: 5). Peer education is often used to effect change on an individual level, by attempting to modify a person’s knowledge, attitudes, beliefs, or behaviours. However, peer education can also effect change on an individual level by modifying norms and stimulating collective action that leads to changes in programmes and policies.

Peer education also seeks to empower lay people by placing knowledge with in their power (Campbell & Mzaidume ,2002: 229). This increases the likelihood that people will feel that they have some control over their health. Peer education succeeds in terms of extent to which it promotes two forms of social capital , namely, bonding and bridging (Campbell & Mzaidume, 2002: 230). Bonding social capital refers to trusting and cooperative relationships within homogeneous peer groups, which are necessary for collective debate and empowerment. Bridging social capital refers to collaboration between diverse groups of stakeholders who might not otherwise have had contact with one another and whose collaboration increases the likelihood of the programme being successful.

The use of trained individuals from a particular target group to educate their peers is an increasingly popular strategy for bringing about behavioural change (Harrison & Meyer, 2000: 287). Peer education programmes empower people as well as educating them.

Firstly, they transfer the control of knowledge from the hands of experts to lay members of the community, thereby making the educational process more accessible and less intimidating. Secondly, they allow for group debate and negotiation of messages and behaviours, thus leading to the development of new collective norms of behaviour rather than seeking to convince individuals to change their own behaviour based on the notion of rational decision-making.

From the above definition, one can conclude that peer education is used as a behavioural change intervention strategy to influence people's norms, attitudes and behaviour, either on an individual or societal level. During the interaction, characterised by collaboration, skills and knowledge are exchanged, thereby empowering all stakeholders.

## **5.2 THEORETICAL CONSTRUCTS UNDERLYING PEER EDUCATION**

Theoretical constructs are used to understand why individuals engage in high risk behaviours and to help change those behaviours, in order to reduce the risk of HIV infection. The constructs to be discussed are primarily psychosocial (for example, changes in attitudes and norms) and cognitive-behavioural theories. These are theories that have primarily been used to validate the effectiveness of specific HIV prevention interventions in achieving behavioural change. Writers such as Amaro (1995:5) identify at least four factors that are important for behavioural change:

- Social and peer norms that create and support behavioural change
- Cognitive and behavioural skills that foster self efficacy
- Perceived vulnerability to the disease in question
- Situational, social and structural factors that affect behaviour. Usually it is a combination of concepts applied in a cohesive pattern, rather than any one concept alone that is needed for effective interventions and outcomes.

The major theoretical constructs used in peer education are:

- The social cognitive theory
- The theory of reasoned action
- The diffusion of innovation theory
- The theory of participatory education

### **5.2.1 The Social Cognitive theory**

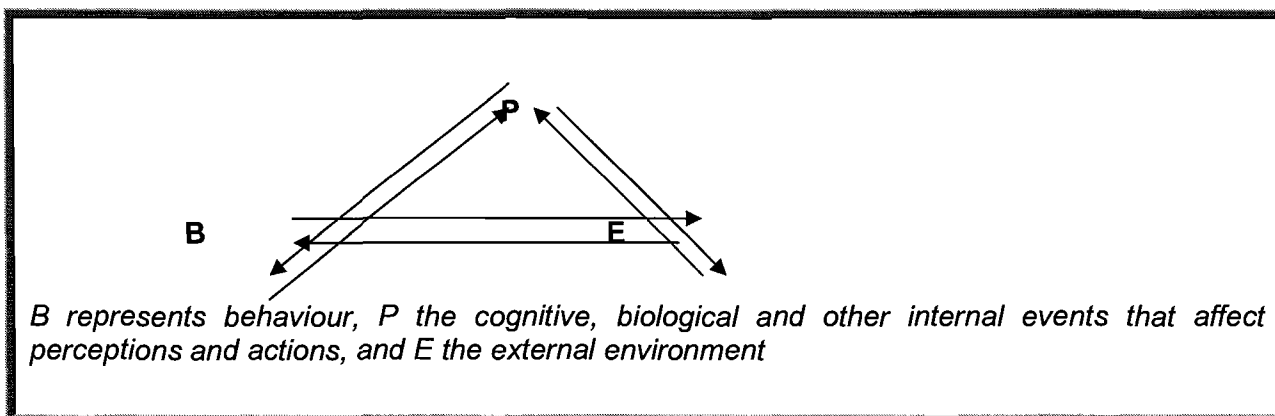
The Social Cognitive theory is primarily behavioural skills-oriented, but also includes elements of information and motivation. Central to this theory is the concept of self-efficacy. People's belief that they can motivate themselves and regulate their own behaviour plays an important role in determining whether they can consider altering habits that are detrimental to their health (Bandura, 1989:9). They will see little point in even trying if they believe that they cannot exercise control over their own behaviour and that of others.

#### **5.2.1.1 Components of effective self-directed change**

The Social Cognitive theory explains human functioning in terms of triadic reciprocal causation (Bandura, 1989:10). In this causal model, which is summarised schematically in Diagram 2, personal determinants in the form of cognitive, affective and biological factors, behavioural and environmental influences, all operate as interacting determinants of each other.

An effective program for widespread change in detrimental health practices includes four major components aimed at altering each of the three classes of interacting determinants. The first is information, designed to increase people’s awareness and knowledge of the health risks. The second is concerned with the development of social and self-regulatory skills needed to translate informed concerns into effective preventative action. The third component is aimed at skills enhancement and building of resilient self-efficacy by providing opportunities for guidance practice and corrective feedback in applying the skills to high risk situations. The final component involves enlisting how each of the four components would apply to self-directed change of behaviours that pose a high risk in terms of HIV and AIDS infection.

**Diagram 2: Schematisation of triadic reciprocal causation.**



**5.2.1.2 Information component**

Efforts to encourage people to adopt health practices rely heavily on persuasive communication in health education campaigns. People need sound information on how HIV and AIDS is transmitted, guidance on how to regulate their behaviour, and a firm belief in their personal ability to turn concerns into effective actions (Bandura, 1994:12). Responding to these needs requires a shift in emphasis from trying to scare people into adopting healthy behaviour, to equipping them with the tools to exercise personal control over their health habits.

The Peer Education programme is based on the assumption that knowledge is power. The programme comprises core knowledge on HIV and AIDS and sexually transmitted infections. The programme covers aspects such as HIV transmission as well as clinical symptoms of HIV and AIDS and other sexually transmitted infections. Life skills training is incorporated in the programme to instil confidence in peoples’ ability to protect themselves against HIV infection and for those who are already infected, to learn to live positively with the virus.

**5.2.1.3 Development of Self Protective skills and controlling Self Efficacy**

It is not enough to convince people that they should alter risky behaviour. People also need guidance on how to translate their concerns into effective actions (Bandura, 1994:22). The ability to learn by social modelling provides a highly effective method for increasing human

knowledge and skills. The special power of modelling is that it can simultaneously transmit knowledge and valuable skills to a large number of people. Knowledge of modelling processes identifies a number of factors that can be used to enhance the instructive power of modelling. Application of modelling principles should focus on how to manage interpersonal situations and one's own behaviour in ways that afford protection against infection with HIV virus. Both self-regulative and risk reduction strategies for dealing with a variety of situations that could promote risky behaviour should be modelled to convey general guidelines that can be applied and adjusted to fit changing circumstances.

The influence of modelling on beliefs about one's capabilities relies on comparison with others. People judge their own capabilities, in part, by how well those whom they regard as similar to themselves exercise control over situations. People develop a stronger belief in their own capabilities and will more readily adopt modelled ways if they see other models like themselves solve problems successfully with the modelled strategies, than if they see other models as very different to themselves (Bandura, 1989:59). To increase the effectiveness of modelling, the characteristics of models, such as their age, sex, and status, the types of problems with which they cope, and the situations in which they apply their skills, should be made to appear similar to the people's own circumstances.

The selection of peer educators in the South African Police Service is regarded as paramount for the success of the programme. There are standard criteria used for their selection, and among the attributes and competencies required, fellow peers are interviewed to find out how they view the prospective applicants before training. It is important that peer educators are respected and are seen as role models who can positively influence their peers.

#### **5.2.1.4 Enhancement of Social Proficiency and Resiliency of Self Efficacy**

Once people gain new skills and social strategies, they need guidance and opportunities to perfect those skills. Initially, people practice in simulated situations where they need not fear making mistakes or appearing inadequate (Bandura, 1994:25). This is best achieved through role-playing, whereby they practice handling the types of situations they will have to manage in their social environment. They receive informative feedback on how they are doing and the corrective changes that need to be made. The simulated practice is continued until the skills are spontaneously performed.

Not all the benefits of guided practice are due to skill improvement. Some of the gains result from raising people's beliefs in their capabilities (Bandura, 1989:60).

Experiences in exercising control over social situations serve as self-efficacy builders. This is an important aspect of self-directed change, because if people are not fully convinced of their personal efficacy, they will undermine their efforts in situations that tax capabilities, and readily abandon the skills they have been taught if they fail to get quick results or suffer setbacks. It is resiliency in perceived efficacy that is important in the maintenance of changes in health

habits. The higher the perceived self-efficacy, the greater the success in maintenance of health promoting behaviour (Bandura , 1994 :29).

The Peer education programme in the South African Police Services offers peer educators the opportunity to practise and role play the skills they have acquired. The training is experiential thereby ensuring that peer educators are afforded the opportunity to learn through practice. By means of coaching and support from peer educators, their confidence is restored. The programme has an after- care element known as mentorship, which is aimed at supporting the peer educators.

#### **5.2.1.5 Social Supports for Personal Change**

People achieve self directed change when they understand how their personal habits threaten their well being, are taught how to modify them, believe in their capability to marshal the effort and resources needed to exercise control, and have the incentive to do so. However, personal change occurs within a network of social influences. Depending on their nature, social influences can aid, retard, or undermine personal change efforts.

In Social Cognitive theory, normative influences regulate behaviour through two regulatory systems, namely social sanctions and self sanctions (Bandura,1994:62). Social norms influence behaviour anticipatorily through the social consequences that they provide. Behaviour that violates prevailing social norms results in social censure or other punishing consequences, whereas behaviour that fulfils socially valued norms is approved and rewarded. People do not behave like weather vanes, however, constantly shifting their behaviour to conform to whatever others might want.

Rather, they adopt the consequences that they create for themselves. Social norms convey standards of behaviour. Adoption of personal standards creates a self regulatory system that operates largely through internalised self- sanction (Bandura , 1989 :63). People behave in ways that give them self – satisfaction, and they refrain from behaving in ways that violate their standards because this will cause self – censure. Anticipatory self – sanctions thus keep behaviour in line with internal standards.

Normative consensus strengthens both modelling and sanctioning functions. The normative influences that foster preventive measures centre on the behavioural practices through which HIV is transmitted, and on the cultural patterning of social relationships. Because of their proximity, immediacy and prevalence, the interpersonal influences operating within one's immediate social network have a stronger regulatory function than do general normative sanctions. The norms of the larger society are more distal and only infrequently applied to the behaviour of any given individual, because unfamiliar others are usually not around to react to it. Even when they are, if the norms of one's immediate network are at odds with those of the larger group, the reactions of outsiders carry less weight and may be altogether disregarded.

The Peer education programme in the South African Police Services equip peer educators with basic knowledge on HIV and AIDS as well as the necessary skills to modify their behaviour.

### **5.2.2 The theory of reasoned action**

The theory of Reasoned Action is primarily a motivation model which deals with the relationships between attitudes, social norms, and behavioural intentions. Attitudinal and normative elements influence intentions for behavioural change. In terms of this theory, changing one's behaviour is a matter of changing attitudes and perceived social norms (Fishbein et al, 1994:26).

The theory of Reasoned action applies to SAPS Peer education programme which is based on the premise that attitudes are key for behaviour change. The programme also take cognisance of the fact that employees of the South African Police Services do not exist in a vacuum and are influenced by prevailing social norms and values.

### **5.2.3 The diffusion of innovation theory**

The Diffusion of Innovation theory assume that certain individuals from a given population act as agents of behavioural change by disseminating information and influencing group norms in their community (Rogers, 1983:20).

The HIV and AIDS Peer Education programme draws elements from each of the above - mentioned theories, as it implicitly asserts that certain members of a given peer group (peer educators) can be influential in eliciting behavioural change among their peers. The recruitment and selection of peer educators within the South African Police Services is regarded as a critical element for the success of the programme. A selection strategy that is becoming more popular is the use of social networks analysis and nomination techniques to identify peer educators. This involves talking to members of a given group to identify who they feel most comfortable talking to, and receiving messages about HIV and AIDS related issues. In the South African Police Services, peer educators must be acceptable to and respected by the intended audience, and have a personality conducive to training and suited to the work environment. The following skills and qualities are examined when recruiting and selecting peer educators:

- Share similar qualities with the target audience, which may include age, gender, nature of work, etc.
- Able to speak the language predominantly spoken by the target audience
- Able to communicate clearly and persuasively with their peers
- Good interpersonal skills
- Willing to learn about and teach peers about HIV and AIDS
- Confident
- Compassionate, caring and respectful towards people infected/affected by HIV and AIDS
- Have the potential to be a "safer sex "model for their peers (South African Police Services, 2002: 18).

## **5.2.4. The theory of participatory education**

The theory of Participatory Education has also been instrumental in the development of peer education programmes. This theory posits that ‘powerlessness at the community or group level, and the economic and social conditions inherent in the lack of power are major risk factors of poor health’ (Freire, 1970:3). Empowerment, according to Freire, (1970:3) results from the full participation of the people affected. Through dialogue, the affected community collectively plans and implement, a response to the problem in question. Many advocates of peer education claim that this horizontal process of peers (equals) talking among themselves and determining a course of action , is key to peer education’s influence on behavioural change.

There are two important issues to be kept in mind as far as peer educators and participant-centred education is concerned (Brundage and Mackeracher,1980:2 ).They are:

- The principles of adult learning should be applied during training
- The experiential learning cycle should be implemented during training

### **5.2.4.1 Principles of adult learning**

There are numerous principles involved in the enhancement of adult learning. The five most common principles are as follows:

#### **5.2.4.1.1 People learn best if they are highly motivated to learn**

People learn best when they are stimulated or motivated to an optimum level through internal or external sources. The stimulation should not be in a form of pressure or demands from the trainer. Instead what is required is support in order to channel their motives into learning rather than self - defence.

Motivation is an all- purpose term which can be defined as the tendency within a person to produce organised behaviour. This behaviour allows the individual to adopt to his internal or external environment so as to ensure his own communal group’s survival and satisfaction (Brundage & Mackeracher, 1986:4). Motivation can be described as being either the drive for the reduction of unmet needs, or the drive for positive growth. The reduction of unmet needs describes those motives that arise when something is absent or deficient in the individual’s life. The drive for positive growth presupposes, not an adverse set of existing conditions which need to be changed, but a potential positive outcome which will reward the individual when he seeks and obtains it. Maslow (Brundage & Mackeracher,1986:4), suggests that people cannot move towards these positive goals until the aversive conditions have been reduced. The aversive conditions are described as “deficit needs” and the positive goals as “growth or being needs”. Deficit needs focus on survival and security tendencies, growth needs on belongingness, self - esteem and self - actualisation tendencies.

Motivation can be described as the individual's organising behaviour in terms of two basic tendencies:

- A tendency to function autonomously or independently in one's environment, and to control the conditions of one's existence within the environment and;
- A tendency to function harmoniously in interdependent relationships with others

The trend towards autonomous behaviour is variously referred to as achievement needs while independent behaviour is variously referred to as application needs. Motivation is concerned both with success in reaching desired outcomes or changing adverse conditions and feelings of satisfaction or dissatisfaction which attend to such progress. Satisfaction and success are not separate issues. Both are related to progression away from empty conditions to anticipated or desired conditions. Lam (Brundage and Mackeracher,1980:5) states that satisfaction is derived from group processes and formal and informal interpersonal interactions, and not from the increased comprehension and absorption of information. The process of clarifying educational needs which can be met through specific learning activities, and for which specific feedback can be provided, is essential for eventual feelings of satisfaction.

In terms of the South African Police Services' HIV and AIDS Peer education programme, the following techniques are used to apply this principle:

- The usefulness of the content to be taught is explained to the participant. It has been observed that motivation increases as the usefulness of the content becomes clear
- The participants' individual motives and needs are assessed and learning is structured accordingly
- Learning aids, in the form of activities, appropriate techniques, visual aids etc, are used to create a desire for or curiosity about the learning to be offered. Rather than being passive, as in the case of a lack of motivation, the trainer acts as a catalyst for change by creating tension that needs to be distributed in receptivity to learning, to be stimulated (Knowles, 1990:79).

#### **5.2.4.1.2 People learn best when they can devote most of their energies to learning**

The energy needed to defend against rejection, anxiety, guilt, shame, fear, attacks on autonomy or uncertain expectations, is energy deflected from learning (Kadushin ,1990:25). The amount of energy available for learning is maximised in the following ways during the SAPS' Peer Education programme:

- The ground rules with regard to time, pace, roles, expectations, obligations and objectives are clearly established at the beginning of the training
- A conducive atmosphere which promotes risk- taking and greater concentration on learning rather than defence, is established
- The learners' prior knowledge and experience is acknowledged. This decreases anxiety, since it suggests that the learner can draw on what he/she already knows
- The trainer moves from the familiar to the unfamiliar

- The trainer demonstrates confidence in the learner’s ability to learn. Sufficient time is given for reflection, absorption, and consolidation of the learning.
- The trainer prepares thoroughly for the training and demonstrates that he/she is knowledgeable about the subject matter.

**5.2.4.1.3 People learn best when the content is meaningfully presented**

During peer education training in the South African Police Services, the trainer teaches material that elicits the interest of the participants. The trainer understands that some content requires more attention, emphasis and repetition than others (Kadushin, 1985:25).

**5.2.4.1.4 People learn best when they are actively involved in the learning process**

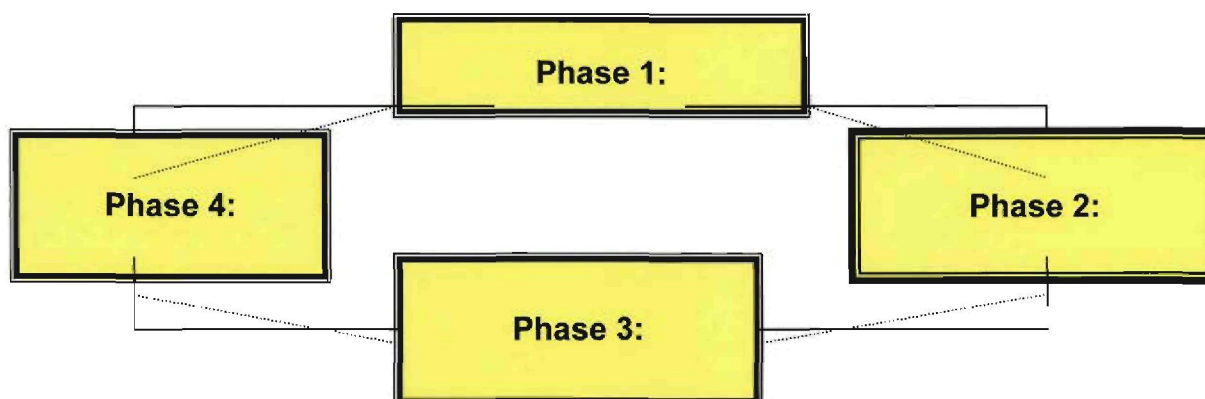
The following is done to apply this principle during the HIV and AIDS peer education training:

- Participants are encouraged to participate in planning the agenda for the training. It is observed that active participation in the training tends to heighten the commitment to learning.
- Participants are encouraged to participate actively in the learning by asking questions, discussing, objecting and expressing doubts.
- Participants are encouraged to utilise and apply the knowledge they have acquired. A practical example of this is to demonstrate how to use a male and female condom. “We learn by doing, but successful action reinforces learning” (Kadushin, 1990: 26).

**5.2.5 The experiential learning cycle**

The experiential learning cycle requires that the participants should progress through the four different phases of the learning process ( SANDF, 2000 : 30). Effective learning would imply the ability to apply (Phase 4) the things learnt in Phase3, where one formulates principles based on one’s analysis in Phase 2, of an experience had in Phase 1. The phases are depicted in Diagram 3.

**Diagram 3: The experiential learning cycle**



The role of the trainer is to help the participants through this process of learning. A good trainer must have the competencies to understand what goes on in each phase and to facilitate the learning process. For this reason, only a summary (see Table 2) is provided of the nature of each phase, the role of the trainer, as well as the training activities.

**Table 2: Phases of the experiential learning cycle ( SANDF, 2000 : 35)**

<b>PHASE</b>	<b>TRAINER'S ROLE</b>	<b>TRAINING ACTIVITIES</b>
<p><b>Phase 1: Direct experience</b> The learner uncovers new information that requires a response on his/her part</p>	<p><b>Structurer :</b></p> <ul style="list-style-type: none"> <li>▪ Provide clarity with regard to objectives, norms, rules&amp; time limits</li> <li>▪ Present information in a meaningful way to stimulate interest</li> </ul>	<ul style="list-style-type: none"> <li>▪ Group problem solving</li> <li>▪ Skills practice</li> <li>▪ Case study</li> <li>▪ Games</li> <li>▪ Role plays</li> <li>▪ Group tasks</li> <li>▪ Field visits</li> </ul>
<p><b>Phase 2: Reflection on the experience</b> The learners sort out information gained in Phase 1. They will use the information to develop key learning about the subject matter in the next phase, but first they need to analyse the experience</p>	<p>The trainer's role is to help the learner reflect on what happened during Phase 1, and what the experience meant.</p>	<ul style="list-style-type: none"> <li>▪ Small group discussions</li> <li>▪ Large group discussion</li> <li>▪ Participant presentations</li> <li>▪ Reporting from small groups</li> </ul>
<p><b>Phase 3: Generalisation about the experience</b> The learners interpret what was discussed during Phase 2, to determine what it means, what lessons can be learned and to design/draw principles</p>	<p><b>Educator:</b></p> <ul style="list-style-type: none"> <li>▪ Provide guidance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Demonstration</li> <li>▪ Lectures</li> <li>▪ Reading assignment</li> <li>▪ Synthesis of discussion in large groups</li> </ul>
<p><b>Phase 4: Application</b> The learner makes a connection between the training environment and the real world. This link can be strengthened through practice and planning for application after training.</p>	<p><b>Coach:</b></p> <ul style="list-style-type: none"> <li>▪ Provides advice and encourages the learner to improve new skills</li> </ul>	<ul style="list-style-type: none"> <li>▪ Action planning</li> <li>▪ Practising new skills</li> <li>▪ Field visits</li> <li>▪ Discussions</li> </ul>

## **6. THEORETICAL CONSTRUCTS UNDERLYING CORE HIV AND AIDS KNOWLEDGE AND SEXUALITY**

The South African Police Services' HIV and AIDS Peer Education programme is based on the assumption that education is the key to change knowledge, attitudes and behaviours (SAPS, 2002:50). Information on HIV and AIDS and Sexually transmitted infections is essential in

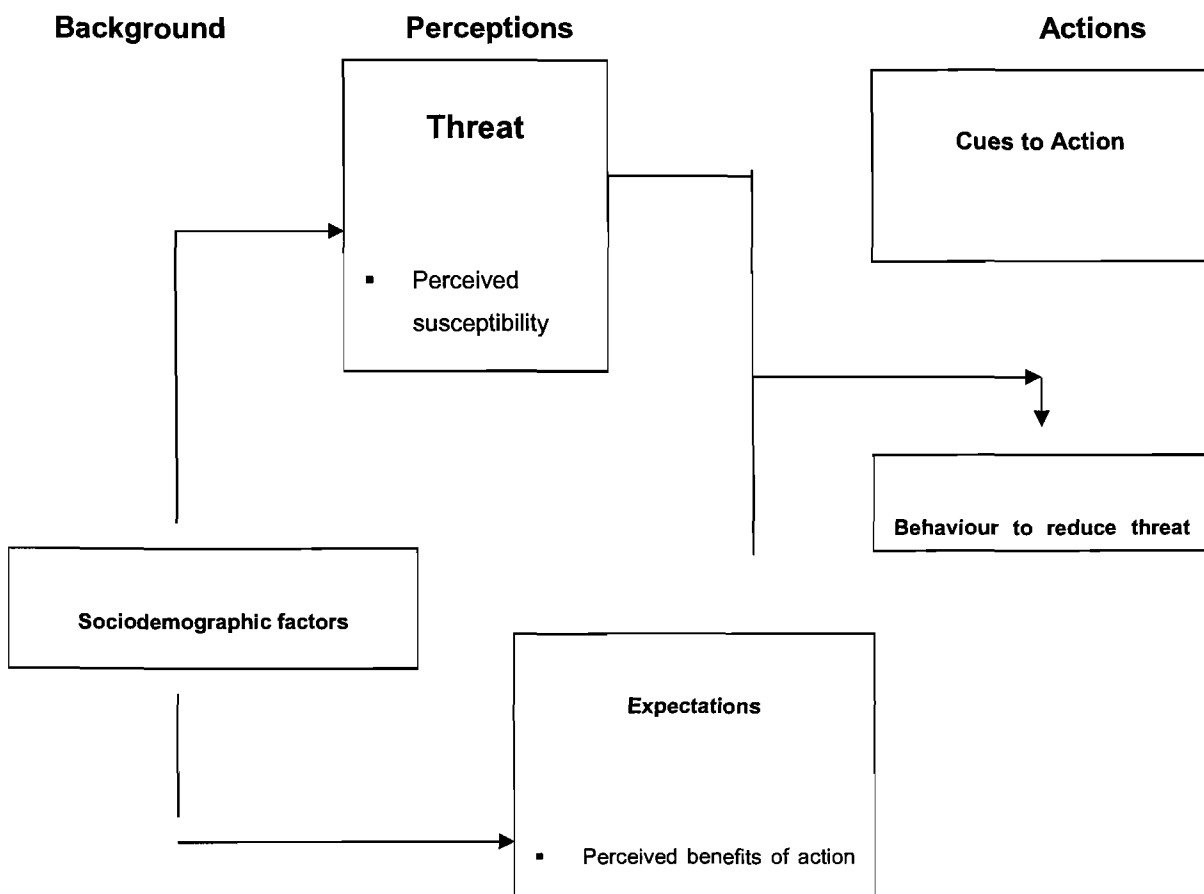
order for people to make informed decisions on the matter. The following constructs underlie the core knowledge on HIV/AIDS and STI's :

- The Health Belief Model
- Information, motivation and behaviour skills theory
- The Stages of change theory

## 6.1 THE HEALTH BELIEF MODEL

The Health Belief Model is a value expectancy theory (Rosenstock *et al.*, 1994: 5). Individuals will take action to ward off, screen for, or control ill health conditions, if they regard themselves as susceptible to the condition. They will also take action if they believe the health condition to have potentially serious consequences, that a course of action available to them would be beneficial in reducing either the susceptibility to or the severity of the condition, and that the anticipated barriers to taking this action are outweighed by its benefits. Each component of the model is described in greater detail below.

**Diagram 4. Schematic diagram of the components of the health belief model**



Source: (Rosenstock, 1974).

**Perceived susceptibility**

This dimension refers to one's subjective perception of the risk of contracting a health condition. In the case of medically established illnesses, it has been reformulated to include acceptance of the diagnosis, personal estimates of resusceptibility, and susceptibility to illness in general.

### **Perceived severity**

Feelings concerning the seriousness of contracting an illness or of leaving it untreated include evaluations of both medical and clinical consequences (death, pain and disability) as well as possible social consequences, such as effects of the condition on work, family life, and social relations.

### **Perceived benefits**

While the acceptance of personal susceptibility to a condition also believed to be serious (perceived threat) produces a force leading to behaviour, the particular course that will be taken depends upon beliefs regarding the effectiveness of the various available actions in reducing the disease threat, termed the 'perceived benefits' of taking health action. Thus, an individual exhibiting an optimal level of beliefs in susceptibility and severity would not be expected to accept any recommended health action, unless that action was perceived as potentially effective.

### **Perceived barriers**

The potential negative aspects of a particular health action or its perceived barriers may act as impediments to undertaking the recommended behaviour. The individual engages in a cost-benefit analysis wherein he/she weighs the action's benefits against perceptions that it may be expensive, dangerous having negative side effects or outcomes), unpleasant (painful, difficult, upsetting), inconvenient, time-consuming etc. Thus, the combined levels of susceptibility and severity provide the energy or force to act, and the perception of benefits provides a preferred path of action (Rosenstock, 1974: 83).

### **Cues for action**

In various early formulations of the Health Belief Model, the concept of cues that trigger action were discussed and may ultimately prove to be important, but they have not been systematically studied.

### **Other variables**

Diverse demographic, socio-psychological, and structural variables may affect the individual's perceptions and thus indirectly influence health-related behaviour. In particular, socio-demographic factors, especially educational attainment, are believed to have an indirect effect on behaviour by influencing the perceptions of susceptibility, severity, benefits and barriers.

## **6.2 THE STAGES OF CHANGE THEORY**

The Stages of Change theory is based on the assumption that people go through a process of change. They don't change overnight. They move through a series of stages that lead up to a point in time when true change takes place and then continues afterwards into the future (Prochaska *et al.*, 1992 : 1102).

The Stage of Change theory essentially helps one to identify in what stage a person is and to get them to move one stage on in the process. These are brief descriptions of each of the five stages:

### **Stage 1 : Precontemplation**

Precontemplation is the stage in which there is no intention to change behaviour in the foreseeable future. Many individuals in this stage are unaware of their problems. If they are perhaps aware of a problem, it is affecting other people but not themselves. To start telling them to change their behaviour makes no sense, because according to them, nothing is wrong.

### **Stage 2: Contemplation**

This is the stage which people are aware that a problem exists and are seriously thinking about overcoming it, but have not made a commitment to take action (Pochasks et al, 1992: 1102). People can remain in the contemplation stage for a long period. An important aspect during this stage is the weighing of the pros and cons of the problem and its solution.

### **Stage 3: Preparation**

Preparation is the stage between transition, contemplation and action. Individuals in this stage are intending to take action in the next month, and have unsuccessfully taken action in the past year (Pochasks et al, 1992: 1103).

### **Stage 4 : Action**

This is the stage in which people take concerted, deliberate and whole hearted action to change. Often, a powerful experience is required to push people into this stage – a powerful encounter with someone, a fight, the death of a loved one, a severe medical condition, etc (Prochaska et al, 1992:1103). Action requires a huge amount of energy, time and commitment, and often the person will need a lot of support and belief in the importance of making this change.

### **Stage 5: Maintenance**

Maintenance is the stage in which people work to prevent a relapse and consolidate the gains attained during the action (Proschaska et al, 1992: 1104 ). Traditionally, maintenance has been viewed as a static stage. However, maintenance is a continuation, not an absence, of

change. Stabilising behavioural changes and avoiding relapses are the hallmarks of maintenance.

### **6.3 INFORMATION, MOTIVATION AND BEHAVIOUR SKILLS THEORY**

The South African Police Services HIV and AIDS Peer Education programme acknowledges that, for the programme to be successful, its employees, who are at various stages in terms of change (Stages of Change theory) , need to be constantly informed of the serious threat of the pandemic to themselves and society as a whole (Health Belief Model), (South African Police Services, 2002: 18).The pre-test and the risk assessment questionnaires serve as examples. The programme further acknowledges that for people to succeed in protecting themselves against the pandemic, they should be equipped with the necessary skills and motivated to maintain the behavioural change (Information, Motivation and Behaviour skills and Stages of Change theories). For instance, awareness is done on a continual basis and life skills training is part of the programme.

Aspects covered in the programme include sexually transmitted infections ( types, clinical signs and symptoms, the 4 C's of STI's), the definition of HIV and AIDS , HIV transmission, HIV testing, clinical signs and symptoms of HIV and AIDS and condom usage.

## **7. LEGISLATION GOVERNING HIV AND AIDS**

There are various acts that have a direct and indirect bearing on HIV and AIDS. The main provisions of these acts, as presented in the SAPS Peer Education programme, will be summarised below.

### **7.1 THE CONSTITUTION OF SOUTH AFRICA**

The Constitution of South Africa , Act No. 108 of 1996, is the supreme law of the country with which all other laws must comply . The Bill of Rights within the Constitution sets out a number of provisions that protect workplace rights. Section 23 (1) states that “ Everyone has the right to fair labour practices”. There are also more general rights which apply to the employment relationship, such as the right to equality and non discrimination (Section 9) and privacy (Section 14).

The implications of the Constitution on the South African Police Services is that any workplace response to HIV and AIDS , must be based on an understanding of the rights of persons infected and affected by HIV and AIDS. The Peer education programme is based on the premise that employees have the right to information and skills to empower them to deal with the scourge of HIV and AIDS.

### **7.2 THE OCCUPATIONAL HEALTH AND SAFETY ACT, NO 85 OF 1993**

The South African Police Services abides by the Occupational Health and Safety Act, No. 85 of 1993 ,which states that it is the obligation of the employer to ensure that its employees are

working in a safe and healthy environment. The Act is based on the principle that dangers in the workplace must be addressed through cooperation between both employer and employee. Measures that promote a safe and supportive work environment include :

- Education of employees concerning occupational risks, preventative methods with regard to HIV and other infectious diseases, and procedures for reporting exposure
- Provision of protective equipment such as gloves, goggles, plastic aprons, gowns, and other protective devices
- Provision of appropriate devices to clean up spilling of bodily and other body fluids
- Increasing the accessibility of puncture-resistant, sharp containers
- Ensuring that universal precautions are implemented, monitored and evaluated
- Providing post-exposure counselling, treatment, follow-ups and care, (Occupational and Safety Act, No 85 of 1993).

### **7.3 THE LABOUR RELATIONS ACT**

The Labour Relations Act, No. 66 of 1995, regulates the relationships between employees, employers and trade unions. The Act further protects employees against being dismissed on the basis of their HIV and AIDS status, as well as against being discriminated against with regard to employee benefits.

### **7.4 THE EMPLOYMENT EQUITY ACT**

The Employment Equity Act, No. 55 of 1998, ensures equitable representation in the workplace, and makes it illegal to discriminate against people living with HIV and AIDS. This is done through anti discriminatory measures and affirmative action provisions. It also contains two clauses which specifically refer to HIV and AIDS:

- A prohibition on unfair discrimination based on ‘HIV status’ and
- A prohibition on HIV testing without labour court authorisation.

The Peer education programme embraces all employees as equal. The South African Police Services does not practice pre employment testing and prohibits unfair discrimination of employees based on their HIV and AIDS status.

### **7.5 THE COMPENSATION FOR OCCUPATIONAL INJURIES ACT**

The Compensation for Occupational Injuries Act No, 130 of 1993 gives every employee the right to apply for compensation if injured in the course and scope of their employment. This would include compensation for HIV infection, if it can be proven that the employee was infected in the course and scope of their employment.

The South African Police Service as an employer abide to the principles of this Act and therefore treats any occupational injury as stipulated.

## **7.6 EMPLOYEES OF THE SOUTH AFRICAN POLICE SERVICE LIVING WITH HIV AND AIDS**

The policy on Employees of the South African Police Services (SAPS, 2000:2), is informed by the abovementioned Acts and relevant collective agreements. The policy aims at protecting the rights of infected employees, as well as creating a conducive workplace for those infected and affected by HIV/AIDS. The policy further seeks to empower employees with the necessary resources to prevent infections and to provide care and support to those infected.

The Peer Education programme is derived on the principles of programme management. The next section focuses on the theoretical principles

## **8. PRINCIPLES UNDERLYING PROGRAMME MANAGEMENT**

In this section, the principles underlying programme management will be discussed.

### **8.1 DEFINING PROGRAMME MANAGEMENT**

The Peer Education programme of the South African Police Service is a strategy in response to the scourge of HIV and AIDS. The programme is informed by the Policy on Employees of the South African Police Services living with HIV and AIDS and the South African Police Services Strategic Plan for 2000-2005. The programme is embedded on the principles of programme management, which is defined as the utilisation of project management and its inherent processes to effectively manage a collection of closely interrelated projects in a controlled and structured manner to achieve some clearly defined objectives identified as strategic needs (Young, 2003: 18).

Programme management is essentially the control system used to achieve the desired results or outcomes. The following are the objectives of programme management:

- To achieve benefits required by the organisation strategic objectives
- To manage and review the performance of a large number of interdependent projects that may change with time
- To manage risks and issues across the projects to minimise their impact on the programme's performance
- To create an environment that sets the conditions for all the projects in the programme.

### **8.2 HOW PROGRAMMES ARE DERIVED**

As mentioned earlier, a programme is a vehicle for carrying change to its intended conclusion, which is to give an organisation something it does not currently have but strongly desires. In order to identify how programmes are derived, it is appropriate to examine their sources in the organisation (Young, 2003: 22).

#### **Business Planning**

Every organisation engages in business planning to some extent. It is common to have a three year or five year corporate/strategic plan. The corporate/ strategic plan sets the future direction of the organisation and establishes broad targets.

### **Step change growth**

Most programmes activity in an organisation starts with someone recognising the importance of addressing specific needs or opportunities so as to yield increased defined benefits in the future. The purpose is to give the organisation something that does not yet exist but is clearly defined as essential or highly desirable in order to support the process of achieving the strategic plan for the year.

### **Incremental growth**

Greater efforts will be directed towards achieving the operational targets for the year. Everyone whose job contributes to achieving the growth of current operations set out in the strategy ,seeks to improve their performance. Continuous improvement is not to be undertaken via an initiative or campaign. It should be part of everyday work and a way of life for everyone.

## **8.3 THE DYNAMIC LIFE CYCLE OF PROGRAMMES**

All programmes that are given initial approval, go through a similar life cycle, comprising four fundamental phases (Young, 2003: 24):

- **Definition:** Phase one involves identifying needs and defining the programme to address these needs. Attempts should be made to get consensus from all stakeholders.
- **Planning:** Phase two is the processes of planning to come up with a realistic schedule, taking into account all the constraints that can be identified at this stage.
- **Execution:** Phase three involves launching the actual work, ensuring that everyone understands the plan, the controls imposed on the plan, and making sure that the plan is always up to date with any changes that occur.
- **Closure:** Formal closure is agreed on with the client. During this phase, all work is completed and the acceptance and handover signed off. Any follow-up activities are identified and signed for and the evaluation process is completed.

The Peer Education programme went through a similar life cycle indicated above.

- The organisation undertook a need scoping exercise which informed the nature and character of interventions in response to HIV and AIDS.
- A detailed project plan was developed with clear time frames, deliverables and responsible persons.
- Consultation with relevant stakeholders and marketing of the programme was conducted to ensure buy in.
- During implementation of the programme, monitoring was also done, to ensure that it addresses its intended objectives.

## **8.4 THE SOUTH AFRICAN POLICE SERVICES HIV AND AIDS PEER EDUCATION PROGRAMME**

The South African Police Services HIV and AIDS programme focuses on two pillars namely programmes that aims to prevent or reduce new infections(prevention programmes) and programmes that provide care and support to employees infected and affected by HIV and AIDS (care and support). These pillars have been identified as crucial for successfully combating the spread of the pandemic (Department of Health, 1998: 2).

### **8.4.1 Prevention programmes**

The prevention programmes aim at reducing or preventing new HIV infections, changing high risk behaviour and providing services to support the above.They entail the following:

#### **8.4.1.1 Peer Education**

Peer Education can be seen as a grassroots intervention that allows members of the SAPS to discuss their concerns and questions with regard to HIV with individuals who are considered to be peers (UNAIDS,2000:2). As alluded to in the previous section, peer educators are carefully selected and undergo formal training. They are furthermore expected to meet certain deliverables such as educating their peers on HIV and AIDS and sexually transmitted infections issues, monitoring the distribution of condoms, distributing promotional material, and participating in awareness campaigns. Other elements of SAPS HIV and AIDS programme include, awereness campaigns,voluntary counselling and testing and condom distribution.

#### **8.4.1. 2 Awareness Campaigns**

Awareness campaigns have been designed to address the SAPS' specific vulnerability and susceptibility factors and to move beyond awareness to actual behavioural change. Awareness entails the following:

- Commemoration of special days on the HIV and AIDS calendar such as Sexually transmitted infections Week, Candle light memorial and World AIDS day.
- Presentation of a one day workshop by social workers and peer educators.
- Ongoing awareness raising activities such as the distribution of promotional material.

#### **8.4.1.3 Voluntary Counselling and Testing**

Voluntary counselling and testing is one of the standard services that must be available in any HIV/AIDS programme. Voluntary counselling and testing is regarded as an entry point to HIV prevention. The objective of a voluntary counselling and testing programme is to facilitate access for staff to HIV testing services, so that they can establish their HIV status and receive support in dealing with the outcome of the test (Department of Public Services and Administration, 2002: 84). SAPS members use ATTIC, clinics, hospitals and nearby clinics.

#### **8.4.1.4 Condom distribution**

Condom distribution entails establishing guidelines for condom dispenser placement, acquisition and maintenance, ensuring that condoms dispensers are kept full at all times ,and that condom use is monitored (Department of Public Services and Administration, 2002: 85). Peer educators in the South African Police Services are responsible for the maintenance and monitoring of condom dispensers and condom use.

#### **8.4.2 Care and support programmes**

Care and support programmes include support groups for employees living with HIV and AIDS and Employee assistance services . These programmes aim to improve the quality of life of employees living with HIV and AIDS, help affected employees to cope with the additional emotional,financial and other denabds placed on them by the pandemic and help employees to plan for their future.

### **8.5 PRINCIPLES UNDERLYING CAPACITY BUILDING PROGRAMMES**

The effectiveness of a personnel capacity building programme does not only depend on the programme itself, but also on the competence of the presenter. Being technically proficient in the content area and the learning process by which the instruction is directed is paramount, as are the abilities to plan and administer the programme. Being technically proficient is not enough, however, as the presenter must also possesses personality traits and interpersonal skills that engender an image of caring, trust and encouragement. If one merges these desired characteristics then an effective and meaningful educational experience can occur, both for the presenter and the participants (Knowles, 1990: 4). The principles that form the basis of some of these requirements will be discussed briefly.

#### **8.5.1 The presenter**

In reviewing the literature, a list of general characteristics and exemplary principles that a presenter should have, emerges. Knox (1980:5) suggests that a presenter should posses three specific areas of knowledge: knowledge of content, knowledge of learners, and knowledge of methods. The personality traits of the presenter should suggest a sense of confidence, informality, enthusiasm, responsiveness and creativity. Draves (1984: 25) echoes the same sentiments by stating that a presenter must have understanding, flexibility, patience, humour, practicality, creativity and preparation. The acquisition and acceptance of these diverse and varied traits suggest that an effective presenter plays many roles, including that of counsellor, content resource person, learning guide and facilitator. The primary role of the presenter is to guide each participant through the experiential learning cycle. A good presenter must especially understand what goes on during the four phases of the cycle, namely direct experience, reflection on the experience, generalisation about the experience, and application, and be able to facilitate the learning process accordingly (SANDF, 2000).

In the case of the HIV/AIDS Peer education programme in which adults form the target group, presenters must be able to operationalize at least the following principles of adult learning :

- People learn best when they can devote most of their energy to the learning
- People learn best when the learning is attended by positive reinforcement, i.e. when it is successful and rewarding
- People learn best when they are actively involved in the learning process
- People learn best when the content is meaningfully presented (SANDF, 2000).

### **8.5.2 The learning process**

The learning process in the presentation of capacity building programmes is based on the assumption that learning is a singular internal act carried out by and under the control of an individual learner, who is unique in terms of his/her past experiences, personal meanings, values, skills and strategies that he/she brings to the process (Rogers, 1983: 56). Learning can therefore be influenced, but not controlled by external persons and conditions. It is of paramount importance that the programme focuses on what the learner needs and wants.

The HIV and AIDS Peer education programme basically adheres to the principles contained in the experiential learning cycle, as discussed in the previous section, namely:

- direct experience is followed by
- reflection, which leads to
- the formation of abstract concepts and generalisations, which leads to
- application of the newly acquired skills

In order to be effective, the process must enable participants to create, acquire and transfer knowledge, and to reflect on the new knowledge and insights they have gained (Osland *et al.*, 2001:43). They must be able to understand how people generate the concepts, rules and principles that guide their behaviour in new situations, and how they modify these concepts to improve their effectiveness.

The learning cycle model is, to a large extent, operationalised in the HIV and AIDS Peer Education programme. It exposes participants to a sound knowledge base on HIV and AIDS and sexuality, occupational health and safety issues, as well as adult learning. It also creates a conducive atmosphere in which participants can learn through modelling and practice the newly acquired skills necessary for discharging their peer education duties.

### **8.5.3 The learning context**

A third important determinant of the effectiveness of any personnel capacity building programme is the context within which it is presented. On the one hand, it involves the 'concrete' context, such as the quality of the learning material, the effectiveness of the teaching media and the suitability of the venue. On the other hand, it has to do with the relevance of the issues that are addressed.

The mere fact that a programme has been developed and presented does not necessarily make it a relevant intervention instrument. It is, therefore, important to take cognisance of a recent review of research into peer education conducted by UNAIDS (2000). The research cited various pieces of research showing that peer education is an effective strategy in mitigating the impact of HIV and AIDS, either in the workplace or in the broader community. It is, however, still an unanswered question as to whether the peer education programme had the same effect in reducing HIV infections in the South Africa Police Services. This issue will be addressed in the next article.

## **9. CONCLUSION**

As is the case with personnel capacity building programmes in general, the HIV and AIDS Peer Education programme was developed to mitigate the impact of HIV and AIDS in the South African Police Services and to correct certain deficiencies the organisation's Social Work Services.

Its ultimate goal was to curb the spread of the virus and reduce new infections among all SAPS personnel, and to ensure that they were fully equipped to deal with the challenges posed by the virus in their daily lives.

From an analysis of its content and presentation guidelines, it became clear that the programme was well-conceived and that it complied with the principles contained in available theory.

It ought, therefore, to contribute significantly to reduced HIV infections among SAPS personnel, thereby enhancing their productivity and professional service rendering to the communities in South Africa.

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## ARTICLE 2

**Khumalo, C T**

Department of Home Affairs

**Rankin, P**

School for Psychosocial Behavioural Sciences

### **THE EVALUATION OF THE HIV/AIDS PEER EDUCATION PROGRAMME OF THE SOUTH AFRICAN POLICE SERVICES**

#### **Abstract**

**Background:** *In view of the restructuring of the South African Police Services in 1996, as well as other factors, Police Social Work Services decided to broaden the scope of its services to include proactive capacity building interventions. This resulted in the development of 15 personnel capacity building programmes by 1999. The need arose for a comprehensive impact assessment of these programmes, and the Evaluation of Personnel Capacity Building Programmes (EPCBP) study was subsequently launched in 2001. The evaluation of the HIV and AIDS Peer Education Programme formed part of this research.*

**Aim:** *The primary aim of this study was to determine the effect of the HIV and AIDS Peer Education Programme on the SAPS personnel's knowledge, attitudes and behaviour.*

**Method:** *In this research, a comparison group, pretest and posttest design, and triangulation were used. Six measurement scales and a presenter's evaluation questionnaire were developed and used. This research involved 324 experimental group respondents, 57 comparison group members, and 32 presenters.*

**RESULTS:** *The programme had a significant impact on the respondents' knowledge, attitudes and behaviour and changed their personal and professional lives in a very positive manner.*

## **1. INTRODUCTION**

The need for personnel capacity building programmes in the South African Police Services (SAPS) arose for two reasons. The first was the SAPS' policy documents and reports which emphasised the importance of the empowerment of personnel in order to render an effective service within the context of a changing organisation and society. After April 1994, this change formed part of the organisation's new focus on a proactive, client-centred service to the community (cf. Stevens & Yach, 1995:6). The second reason was the high incidence of social problems among personnel. These problems could not be dealt with in a cost-effective way with the available social workers and predominant approach. Consequently, an alternative to the therapy-centred service delivery paradigm that had previously been in operation, had to be found.

As a result of the identified needs, various personnel capacity building programmes were developed and implemented by Police Social Work Services (where applicable abbreviated to PSWS) from 1999 to 2001. This led to the start of the Evaluation of Personnel Capacity Building Programmes (EPCBP) research project in 2001. The research pertaining to the HIV and AIDS Peer Education programme formed part of this project. In order to put this area of the research into perspective, three issues will first have to be addressed. They are: the background and development of the programme, important aspects of the programme, and the research procedure that was followed in order to measure the effects and quality of the programme presentation.

## **2. BACKGROUND AND DEVELOPMENT OF THE PROGRAMME**

Owing to the restructuring of the SAPS and changes to certain of its policies, an external consultant, Ask Africa, was requested to conduct extensive research on the rendering of social work services in the SAPS (Stutterheim & Moruane, 2002:172). The aim of the research was to determine the need of police officials for social work services and what the perception is among police social workers regarding police officials' need for social work services. A comparison was then drawn between these two sets of expectations.

The research was conducted in 1997, and the final report reached the SAPS in 1998 (Ask Africa, 1997). It research clearly indicated that there was a need for both reactive (therapeutic) and proactive (capacity building) social work services within the organisation. The management of HIV and AIDS was found to be one of the fields in which there was a need for proactive intervention.

The HIV and AIDS prevention/awareness programme was developed in response to the increase in HIV and AIDS infections and death rates within the South African Police Services (Ask Africa, 1998: 28). The aim in developing this programme was to increase the knowledge of SAPS members about HIV and AIDS, with the intention of preventing the spread of this virus.

In response to the reported impact of HIV and AIDS, the South African Police Services entered into partnership with the South African Civil Military Alliance, which resulted in the Peer Education of the South African Defence Force being aligned, to meet the unique challenges faced by SAPS. This resulted in the Peer Education programme as a strategy to combat HIV and AIDS within the South African Police Services (Stutterheim & Moruane, 2002: 172).

Two hundred and twenty five (225) peer educators were subsequently trained by Mx Health, i.e 25 per province. In addition, the PSWS trained 857 peer educators. The responsibilities of the peer educators included:

- Peer education regarding matters relating to STIs and HIV/AIDS
- Participation in awareness raising campaigns
- Referrals and networking
- Role modelling

For the development of the Capacity building programmes, with the exception of the Peer Education programme, various project teams were established. Each team consisted of social workers representing every SAPS province, and their task was to evaluate the best practices and come up with standardised capacity building programmes. They produced 6 comprehensive programmes, respectively titled “Managing Stress Effectively”, “Substance Dependency”, “Be Money Wise”, “HIV and AIDS Awareness”, “Colleague Sensitivity”, and “Life Skills” (covering subjects such as self-knowledge, conflict management, anger management, assertiveness, planning of goals and problem-solving) and “HIV and AIDS Peer Education” . Subsequent to that initiatives were taken to implement of these programmes.

The Peer Education programme was developed as a result of the partnership with the South African Civil Military Alliance. The Alliance comprised of the following: The Department of Health, the South African Defence Force and the Department of Correctional Services. As a partner in the Alliance, the South African Defence force gave permission for its HIV and AIDS Peer Education programme to be aligned to meet the unique challenges and needs of participating members, including the South African Police Service. An external consultant was appointed to align the programme to meet the unique challenges experienced by the South African Police Services. In 2001, it was decided to undertake a comprehensive research project to determine the impact of the programmes on all of the organisation’s personnel. It therefore had to include staff who had been appointed in terms of both the South African Police Services Act (Act No 68 of 1995) and the Public Services Act (Act No 103 of 1994). Before the research design and procedures used for this are explained, a more in-depth look will first be taken at the contents and presentation of the programme.

### **3. NATURE OF THE PEER EDUCATION PROGRAMME**

The need for a Peer Education programme in the South African Police Services can generally be attributed to the increase in HIV infections and death rates within the organisation.

The HIV/AIDS pandemic is the most prevalent and destructive one to occur in South Africa’s recorded history. Annual surveillance conducted by the Department of Health has shown that, among pregnant women attending public health clinics for antenatal care, the zero prevalence rate had increased to 25% in 2003.

The development and testing of this programme was based on the premise that education is the key to change in knowledge, attitudes and behaviour.

The Peer education programme is divided into four parts. They are the following:

- Part 1 focuses on the nature of adult learning and education
- Part 2 focuses on the core knowledge about HIV and AIDS and Sexuality
- Part 3 deals with Occupational Health and Safety
- Part 4 focuses on programme management

Due to its comprehensive nature, a police social worker first has to undergo thorough training before being allowed to present this programme. Issues that are covered include: the theory on HIV and AIDS, the programme plan and the procedure to be followed in its presentations. The programme runs over three working days and is ideally presented to no more than 20 people at a time.

Diagram 1 depicts the training structure of the Peer Education programme.

The training structure illustrates three levels of training. These are:

- the master trainers who assist and where possible train the Educational Officers
- the educational officers who train and assist the Peer educators (this course), and
- the peer educators who influence their peers.

The specific procedures that were followed to determine the programme's effects will now be discussed. In terms of this, the focus will be on the research design and procedure.

## **4. RESEARCH DESIGN AND PROCEDURE**

The research targeted the entire South African Police Services (SAPS). Male and female personnel from various racial groups and across all ranks/positions in all ten provinces (Head Office is also an SAPS province), were included in this study.

### **4.1 AIM AND OBJECTIVES**

The primary aim of this study was to determine the effect of the Peer Education programme on the knowledge, attitudes and behaviour of SAPS personnel.

In order to achieve this aim, three objectives were pursued. They were:

1. to measure the HIV/AIDS Peer Education Programme's **effect** on SAPS personnel's knowledge, attitudes and behaviour.
2. to determine the **influence of the quality of the presentation** of the programme's impact.
3. to conduct a cost-benefit analysis of the Peer education programme.

### **4.2 RESEARCH DESIGN**

In the empirical research, a comparison group pretest-posttest design was used. This is equivalent to a classical experiment, but according to Fouche & De Vos (1998:132), without the "random assignment of subjects to the groups".

It was deemed the most appropriate design because it makes it possible to statistically determine the effect of programmes in circumstances where it is not possible to comply with all the prerequisites of a classical experiment (cf. Bailey, 1994:236-7; Cohen, 1977:56; Strydom, 1999:110).

## **4.3 PROCEDURE**

The research procedure consisted of four basic steps. These were: a literature study, the designing and testing of the measuring instrument, the measurement of the effect of the programme, and analysing and interpreting the data.

### **4.3.1 Step 1: Literature study**

An extensive literature study was conducted into (1) theoretical constructs underlying peer education (2) the nature of adult learning and education (3) the generic features of capacity building programmes and (4) the characteristics of impact analysis. The available policy documents of the South African Police Services regarding capacity development were also included. The resources utilized included SAPS documentation as well as books and magazines of both South African and international origin.

### **4.3.2 Step 2: Design and testing of measurement instruments**

Three types of questionnaires were used in this research. They were: a KAB questionnaire, a presentation evaluation questionnaire, and a presenter's evaluation questionnaire.

The KAB questionnaires, which were designed by the researcher, were based on the unique contents of the programme as well as relevant theory. They comprised a pretest and a posttest questionnaire for both the experimental and comparison groups. The questionnaires consisted of 33 mostly closed and Likert-type questions specifically aimed at measuring the respondents' knowledge, attitudes and behaviour (KAB). In the case of the posttest questionnaire for the experimental group, three items were added in order to enable the respondents to evaluate the contents of the programme.

Before the start of the empirical research, the KAB-questionnaires were first tested during two consecutive pilot studies. These studies were done in Potchefstroom and Pretoria. They were structured in such a way that male and female respondents came from different racial groups and ranks/positions, and represented different urban and rural settings. After each pilot study, questions were adapted and changed until the measurement package showed acceptable levels of validity and reliability.

The presentation evaluation questionnaire was developed by the ECPBP research team. It was based on the evaluation instruments contained in the programme, as well as those of various training institutions (cf. Academic Services, 2000) and theoreticians (cf. Kirkpatrick, 1998:26-28). The instrument consisted of 32 items, and focused on the respondents' experience of the presenters and their presentation skills, as well as the learning experience, the relevance of the programme, and the presentation context.

By using Cronbach's alpha coefficient (Jackson, 2003:42-3; Gravetter & Forzano, 2003:391) during piloting, it was determined that the instrument had a high reliability factor.

A third questionnaire that had to be completed by the presenters after they had presented the programmes' was also included. It enabled presenters to rate their own performance, preparation and use of training aids. It also gave them the opportunity to make recommendations, to specify the themes that could be dropped from or added to the programme, and to identify the material that was most and least helpful in the presentation. Because this questionnaire was based on the presentation evaluation questionnaire, there was no need to pilot test it beforehand.

#### **4.3.3 Step 3: Measurement of the effect of the HIV /and AIDS Peer Education programme**

The main empirical study commenced once the results of the pilot-testing phase had been analysed and the questionnaires had been finalised.

During the main study, the various experimental groups were identified and mobilised. The respondents completed a KAB questionnaire directly before and after the intervention (the independent variable) took place. Afterwards, the respondents also completed the presentation evaluation questionnaire, and the presenters had the opportunity to complete the presenter's evaluation questionnaire.

#### **4.3.4 Step 4: Analysing and interpreting the data**

The fourth step entailed the analysis and interpretation of all the data.

### **4.4 THE RESEARCH GROUP**

A total of 4 303 participants were involved in the overall EPCBP research project. It consisted of 3 437 respondents for the experimental groups, 720 respondents for the comparison groups, and the 146 social workers who had presented the programmes. The participants represented 3,25% of the workforce of the SAPS, which totalled 132 482 at the time. This is more than the required minimum sample size of 1% to 2% recommended by Stoker (in Strydom & De Vos, 1998:102). All the SAPS personnel in South Africa who attended the programmes between 3 February 2003 and 28 May 2003 formed part of the experimental groups. The different provinces were also requested to simultaneously submit comparison groups to the equivalent of the pretests and posttests. As the comparison groups were relatively small, basic guidelines were provided for the rank, gender and racial composition of these groups. These guidelines were based on the personnel profile of the SAPS at the time. Because it was impossible to randomly form the comparison groups, they could only be viewed as the result of availability sampling.

In order to make both the experimental and comparison groups as representative of the total SAPS population as possible, four main criteria were used. These were: rank/position, race, gender and province.

By using province as a criterion, it was possible to ensure that attributes such as language distribution, geographical location (deep rural, semi-rural, rural, urban) historical background and different sections of the organisation, would also be covered.

A note must be made of the fact that the SAPS consist of personnel appointed in terms of both the South African Police Services Act (Act No 68 of 1995) and the Public Services Act (Act No 103 of 1994). The personnel appointed in terms of the Police Services Act are on ten different rank levels, ranging from constable to national commissioner. For the purposes of this research, the ranks of constable, sergeant and inspector were dealt with separately, as they had distinctive training needs. The other ranks, from captain upwards, were combined into one category, namely officers. This distinction was drawn mainly because these ranks form part of the managerial cadre.

The personnel appointed in terms of the Public Services Act (Act 103 of 1994) can be divided into 40 different posts. These include secretaries, registration clerks, data typists, administration clerks, typists, cleaners and personnel practitioners. For the purposes of this study, all the Public Service Act personnel were put into one category. No distinction was therefore drawn between the 40-odd post levels and categories that they could be divided into.

In the evaluation of the HIV and AIDS Peer Education program, the experimental and comparison groups consisted of 228 and 62 members respectively. The composition of these groups in terms of rank/post is given in Table 1 below.

**Table 1: A profile of the experimental and comparison groups in terms of rank**

GROUPS	CONSTABLE	SERGEANT	INSPECTOR	OFFICERS	CIVIL ACT PERSONNEL	NOT DETERMINED	TOTAL (N)
Experimental group	5 (2.20%)	37 (16.22%)	87 (38.15%)	26 (11.44%)	72 (31.57%)	1 (.43%)	228
Comparison groups	1 (1.61%)	2 (3.23%)	9 (14.52%)	30 (48.39%)	17 (27.41%)	3 (4.83%)	62
Total SAPS population	13936 (10.52%)	17478 (13.19%)	56671 (42.78%)	15008 (11.33%)	29304 (22.11%)	85* (0.06%)	132482 (100%)

\*Undetermined: Unspecified ranks/ posts on data base

The composition of both research groups was generally in accordance with the rank/post criterion used to ensure the representivity of the total SAPS population. There were two notable exceptions. The number of Inspectors in the experimental group (38.15%) was generally higher than in the comparison group (14.52%). This is also the case with of members employed under the Public Services Act, with 22.0% being represented in the experimental group. Of special interest is the increasing number of officers who are part of the management echelon, being represented in both groups (0.44%) in the experimental group and 48.39% in the comparison group). From the analysis of the data, it does not seem as if these deviations had any marked negative impact on the outcome of the research.

The race and gender distribution of the experimental and comparison groups, as well as that of the total SAPS population, is contained in Table 2.

**Table 2: A profile of the experimental and comparison groups in terms of race and gender**

GROUPS	BLACK MALE	BLACK FEMALE	COLOURED MALE	COLOURED FEMALE	WHITE MALE	WHITE FEMALE	INDIAN MALE	INDIAN FEMALE	TOTAL (N)
EXPERIMENTAL GROUP	76 (33.48%)	83 (35,56%)	9 (3,96%)	12 (5,29%)	16 (7,05%)	24 (10,57%)	4 (1,76%)	3 (1,32%)	227 (100,00)
COMPARISON GROUPS	26 (42,62%)	11 (18,03%)	5 (8,20%)	1 (9,84%)	5 (8,20%)	11 (18,03%)	1 (1,64%)	1 (1,64)	61 (100,00%)
TOTAL SAPS POPULATION	63466 (47,91%)	17150 (12,95%)	9006 (6,80%)	4392 (3,32%)	20429 (15,42%)	12753 (9,63%)	3516 (2,65%)	1343 (1,01%)	132482 100%

The distribution of race and gender compared relatively well with race distribution within the South African Police Services. The representation of Black males and females is a reflection of the fact that this population group is in the majority within the South African Police Services.

The representation of Indian males and females was generally in line with the distribution of this particular race group within the SAPS. White males were underrepresented in the experimental group (7.05%), although their number increased in the comparison group (8.20%).

The possibility that this may have affected the outcome of the research was investigated. It was found that the programme does not discriminate between the gender and racial groups, and that it can be presented to all SAPS personnel. The final primary criterion that was used as a determination of the representivity of the experimental and comparison groups, was the province from which the respondents originated. The results, together with the total number of presenters, are summarised in Table 3.

**Table 3: A profile of the experimental and comparison groups in terms of provinces**

PROVINCE	TOTAL PERSONNEL IN EXPERIMENTAL GROUP	%	TOTAL PERSONNEL IN COMPARISON GROUPS	%	TOTAL PRESENTERS	%
GAUTENG	25	10.96	12	19.35	6	19.35
WESTERN CAPE	16	7.01	3	4.83	3	9.67
EASTERN CAPE	29	12.71	6	9.67	2	6.45
KWAZULU-NATAL	33	14.47	5	8.06	7	22.58
FREESTATE	23	10.08	15	24.19	2	6.45
NORTHWEST	23	10.08	6	9.67	6	19.35

LIMPOPO	26	11.40	4	6.45	2	6.45
MPUMALANGA	28	12.28	6	9.67	1	3.22
HEAD OFFICE	25	10.96	5	8.06	2	6.45
TOTAL	228	100	62	100	31	100

The results indicated that the total number of respondents in both the experimental and comparison groups was relatively representative of the total population of each province. The exception was the Northern Cape Province which did not participate in the study. The indication is that the national coverage and inclusion of respondents in the research was representative of the entire population of the SAPS in South Africa.

The data collection instruments will now be discussed in more detail.

#### 4.5 DATA COLLECTION INSTRUMENTS

As a result of the uniqueness of the programme, standardised measuring instruments could not be used. Consequently, new measuring instruments that address the unique needs of the HIV and AIDS Peer Education programme, had to be designed and standardised during the pilot studies and the main research. Although pilot studies were used in an attempt to standardise the questionnaires, the process proved to be difficult and did not succeed in all respects. It was found, during data analysis, that some scales and sub-scales were formulated in such a way that they could not substantially measure the effect. In these cases, it was not possible to prove whether change, actually took place or not (cf. Elmes *et al*, 2003:59-60, 144-5; Zechmeister & Posavec, 2003:194-7). Triangulation was used to ensure that deficiencies of this kind were dealt with.

For the purpose of this study, the following definition of triangulation by Hilton (2003:90) was used as the point of departure: "Triangulation in research refers to the combination of two or more theories, data sources, methods or investigators in one study of a single phenomenon to converge on a single construct." In this particular instance, the so-called "intra-method" (Sarantakos, 1998:186) or "within-method" (Bryman, 2003:115) of triangulation was used. This entailed the use of multiple instruments to measure the same phenomenon, viz. the different types of changes that the programme brought about (cf. Mark, 1996:220; Patton, 2002:556, 559-560). The purpose was "[to] capture a more complete, holistic and contextual portrayal and reveal the varied dimensions of a given phenomenon" (Hilton, 2003:91), and to test the constancy of measurement (Patton, 2002:248).

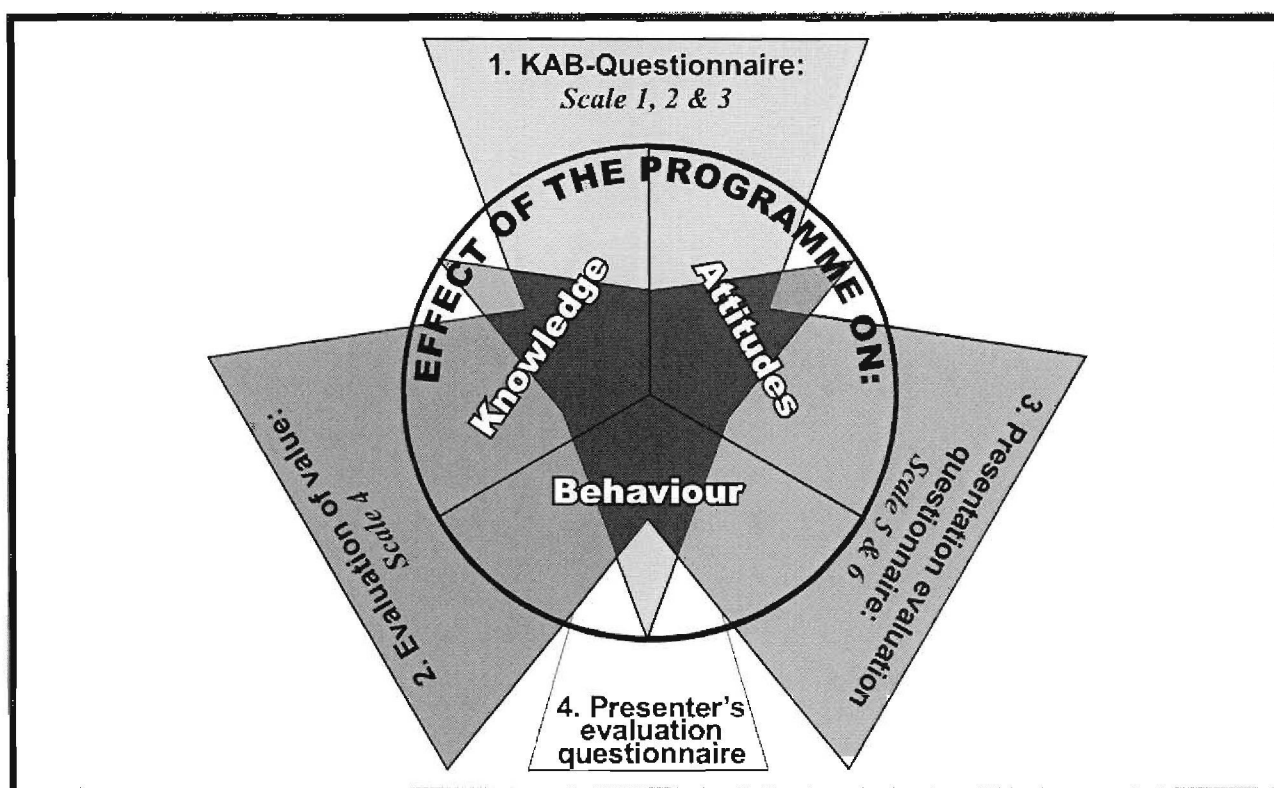
In the study, the primary measuring instruments that were used on the intra –method basis were the KAB questionnaires. They included the following:

- the KAB questionnaire comprising three (1,2,3) primarily scales, which was completed by both the experimental and comparison groups.
- the value scale (4) , formed part of the posttest KAB questionnaire and was completed by the experimental group only, and

- the programme relevance scale (5), formed part of the presentation evaluation questionnaire and was only completed by the experimental groups.
- the length of the programme, tempo of presentation, balance between presentation and group participation and language used the most in the presentation scale (6), which formed part of the presentation evaluation questionnaire and was completed by the experimental groups.

The fourth questionnaire, namely the presenters' evaluation questionnaire, was viewed and used as a secondary measurement instrument. This entailed that it could not be subjected to the same high-level statistical analysis as in the case of the others. The fit between the different questionnaires and scales is illustrated in Diagram 1.

**Diagram 1: The way in which triangulation was used in the study**



#### 4.5.1 The KAB questionnaires

KAB or KAP (Knowledge, Attitudes and Behaviour or Practices) analyses are widely used in education-oriented research in the fields of health, education, economics, social marketing and social development (Berger *et al.*, 1994; Mitchell & Kaufman, 2002; Donati *et al.*, 2000; WPDCE, 1999; Weinreich, 1999). They are based on the premise that human functioning can be divided into three interrelated but not necessarily dependent dimensions. These are: the cognitive (thinking), affective (feeling) and conative (behaviour/doing) dimensions (Thompson, 2002:xvii).

The results from studies conducted indicates that change in one dimension does not necessarily bring about change in another dimension (for example, an increase in knowledge does not necessarily change attitudes), the accomplishment of change in one dimension (for example, attitudes) is not necessarily a prerequisite for change in another dimension (for example, behaviour) (Akade, 2001: 248-251; McCann & Sharkey, 1998: 268-9; Elkind, 1993:17). Some researchers also find it necessary to divide behaviour into certain categories or types such as skills, role acceptance, customs and especially, practices (Babbie, 2001:275-7; WPDCE, 1999:16).

For the purpose of this study, the KAB questionnaires were based on the content of the programme and the available literature. It consisted of three sections namely:

- Section 1 consisted of questions which measured respondents' knowledge on the following themes: basic facts of HIV and AIDS, SAPS' HIV and AIDS policy, and adult learning.
- Section 2 consisted of questions which measured respondents' attitudes on the following themes: HIV and AIDS and safer sex.
- Section 3 targeted the respondent's present and intended sexual behaviour. The nature of the questionnaire is summarised in Table 4.

**Table 4: The composition of the KAB questionnaires**

<b>DIMENSION</b>	<b>SCALE NO.</b>	<b>FACETS THAT WERE MEASURED</b>
<b>KNOWLEDGE</b>	<i>SUB SCALE 1.1</i>	Knowledge on basic facts on HIV and AIDS
	<i>SUB SCALE 1.2</i>	Knowledge on SAPS HIV and AIDS policy
	<i>SUB SCALE 1.3</i>	Knowledge on adult learning
<b>ATTITUDE</b>	<i>SUB SCALE 2.1</i>	Attitudes regarding HIV and AIDS
	<i>SUB SCALE 2.2</i>	Attitude regarding safe sex
<b>BEHAVIOUR</b>	<i>SCALE 3</i>	Safe sex related behaviour

The questionnaires consisted of closed (e.g. true or false) and Likert-type questions (e.g. strongly disagree, disagree, agree, strongly agree) (cf. Jackson, 2003:61). They were formulated in such a way that they would determine the respondents' existing (in terms of the pre test) and newly acquired (in terms of post test) knowledge, attitudes and behaviour. The effect that the programme had on the respondents was determined by administering the questionnaires prior to and immediately after the presentation. The comparison groups simultaneously completed the pre and post-test questionnaires. This made it possible to discount any environmental influences when determining the effect of the programme (intervention/independent variable) on the experimental groups.

#### 4.5.2 The presentation evaluation questionnaire

The presentation evaluation questionnaire was developed for this research by members of the EPCBP research project. It was based on a literature study as well as an analysis of existing measurement instruments. The questionnaire was tested and standardised during the pilot phase of the research. It consists of 31 questions and was divided into six sections (see Table 5).

**Table 5: The composition of the presentation evaluation questionnaire**

SECTION	FACETS THAT WERE COVERED	QUESTIONS
<b>Section 1</b>	Evaluation of the presenter	Question 1 - 5
<b>Section 2</b>	Evaluation of the presenter's presentation skills	Question 6 -10
<b>Section 3</b>	Evaluation of the learning process	Question 11-17
<b>Section 4</b>	Evaluation of the context within which the programme was presented	Question 18-21
<b>Section 5</b>	Evaluation of the relevance of the programme (Scale 5)	Question 22 - 27
<b>Section 6</b>	General (Length of the programme, tempo of presentation, balance between presentation and group participation, language used the most in the presentation)	Question 28 - 31

The questionnaire was administered to the experimental group immediately after the HIV and AIDS Peer Education programme had been presented. The aim of sections 1 to 4 together with section 6, was to establish the extent to which the nature and quality of the presentation influenced the effect of the programme. Section 5, which focused on the relevance of the programme, formed part of the triangulation of measurements. In this text, it will be referred to as Scale 5: "Relevance of the programme".

#### 4.5.3 The presenter's evaluation questionnaire

The last measurement instrument developed for the purpose of this study , was the presenter's evaluation questionnaire. Each social worker who participated in the presentation of the programme was requested to complete this questionnaire. This afforded them the opportunity to evaluate their own presentation skills and the relevance of the programme, and to make recommendations regarding the improvement of the programme (see Table 5). Comparisons could therefore be drawn between the two sets of data.

**Table 6: Composition of the presenter's evaluation questionnaire**

<b>SECTIONS</b>	<b>ASPECTS THAT WERE COVERED</b>	<b>QUESTIONS</b>
<b>Section 1</b>	Self-evaluation (of knowledge, enthusiasm, ability to encourage participation of attendees, explain difficult material, and to adapt according to the knowledge-base of attendees)	Question 1 - 5
<b>Section 2</b>	Self-evaluation of presenter's presentation skills	Question 6 - 10
<b>Section 3</b>	Evaluation of the learning process	Question 11 - 17
<b>Section 4</b>	Evaluation of the context within which the programme was presented	Question 18 - 21
<b>Section 5</b>	Evaluation of the relevance of the programme	Question 22 - 27
<b>Section 6</b>	General (Length of programme, tempo of presentation, balance between presentation and group participation, language used the most during presentation, subjects that need to be added or taken away, aspects that need more attention elements the programme that were the most/least of valuable and explanatory notes)	Question 28 - 36

#### **4.6 PROCEDURES AND FORMULAS USED IN DATA ANALYSIS**

The data collected during this study, was analysed in conjunction with the Statistical Consultation Services of the Potchefstroom University for CHE, and with the aid of the SASS computer programme (SAS Institute Inc., 1999). Prior to the data and questionnaires being analysed, it was essential to answer three important questions, namely: Were the measurement scales reliable? Were the questions valid? Were the scales able to measure change effectively? The procedures and formulas used for this purpose will be discussed briefly.

##### **4.6.1 Procedures and formulas for the calculation of reliability**

In order to determine the reliability of the appropriate measurement instruments, the Cronbach alpha coefficient (from now on abbreviated as 'Cronbach alpha' or simply " $\alpha$ ") of every scale and subscale were calculated. (Gravetter & Forzano, 2003:455). A score of 0.50 or higher was accepted as an appropriate reliability coefficient (cf. Jackson, 2003:87-91). All the scales used in the research complied with this criterion.

##### **4.6.2 Procedures for the calculation of validity**

The two pilot studies conducted, were used to ascertain the validity of the individual questions. This process was essential to increase the face, content and criteria validity of the questions (cf. Jackson, 2003:44-5; Creswell, 2003:157-8; Elmes *et al.*, 2003: 55-59). The main study and its results, however, should be viewed as the most important step in this process.

### 4.6.3 Procedures and formulas for the calculation of change/effect

In order to measure the extent to which the programme brought about change, Cohen's formula for the calculation of effect size ("d") was used. This type of effect size is also known as Cohen's d value (Cohen, 1988:20-7; Steyn, 2000:1-3). The reasons for this choice were the following:

- A probability sample could not be drawn in this research. Hence, it was only possible to view the respondents as a sub-population of the planned target population. This implied that it was not possible to generalise the results to the target population by means of inferential statistics and the utilisation of statistical significance (e.g d-values).
- In order to determine if the impact of the programme on knowledge, attitudes and behaviour of SAPS personnel, the standardised difference was used as the effect size (cf. Gravetter & Forzano, 2003:454). This entailed dividing the difference between two averages (or averages of a given mean) by the standard deviation. According to Steyn (2003:3), this is a natural criterion for drawing conclusions regarding significance.

A four-step procedure was followed in calculating the size of the effect that the programme had on the respondents. The first step was to calculate the d-values of the scales and questions that were administered to the experimental group alone.

This indicated that influence the intervention had on a group. The following formula was used for this purpose:

$$d = \frac{\mu_{\text{diff}}}{\sigma_{\text{diff}}}$$

Where:

d = effect size

$\mu_{\text{diff}}$  = average difference of scores in the experimental group (abbreviated with " $\mu_1$ ")

$\sigma_{\text{diff}}$  = standard deviation of difference score.

The second step was to determine whether or not there were significant differences *between* the pretest and posttest scores of the experimental and comparison groups, or as Jackson (2003:175) states, "how big a role the conditions of the independent variable play in determining scores on the depended variable".

In order to do so, it was necessary to determine if the experimental (group 'e') and comparison groups (group 'c') were comparable prior to the intervention programme. This was done by calculating and comparing the d-values per scale of the two groups' pretest measurements. The difference had to be smaller than 0.5. If there were cases where there was a bigger difference, a co-variance analysis had to be performed. In this research, however, all the scales met the requirements.

To compute the net difference per scale, Cohen's formula for calculating the effect size *between* two groups was utilised. The formula is as follows (Cohen, 1988:20-7; Steyn, 2000:1-3):

$$d = \frac{\mu_1 - \mu_2}{\sigma}$$

Where:

- d = effect size
- $\mu_1$  = average difference score in the experimental group (e)
- $\mu_2$  = average difference score in the comparison group (c)
- $\mu_1 - \mu_2$  = difference between average difference
- $\sigma$  = maximum standard deviation of difference scores.

The following guidelines were used for the interpretation of the d-values:

- d = 0.2: This indicates a small effect, implying that the research should be repeated in order to confirm if there is actually an effect
- d = 0.5: This indicates a medium effect, implying that the result can be viewed as significant, but also that better planned research could produce even more significant results
- d = 0.8: This indicates a large effect which is significant and of practical value
- Since there are no absolute boundaries between the three d values, concepts such as 'small to medium effect' and 'large effect' can be used (Cohen, 1969:22-25; Spatz, 2001:74-5; Steyn, 1999:3).

The last step was to conduct an effect size-analysis (McWhirter, 1999) on scales 4, 5 and 6. This was done to determine the respondents' experience of the value and relevance of the programme, together with the influence of the quality of the presentation. The same formula that was used to determine the effect size within the group was used, namely:

$$d = \frac{\mu_{diff}}{\sigma_{diff}}$$

Besides effect size (d-value), descriptive statistics such as totals, percentages and averages were utilised for the interpretation of certain scales and questions.

#### **4.7 PROBLEMS ENCOUNTERED IN THE RESEARCH**

The EPCBP research project was extensive and presented certain challenges particularly with regard to logistical requirements and standards of measurement. Most of these were also prevalent in the evaluation of the HIV and AIDS Peer Education programme. The ideal of having a representative sample for the entire SAPS population in terms of rank, gender and provincial profile, could not be fully realised. Due to lack of capacity in the Northern Cape, the research could not be undertaken in that province. The sample that was utilised, however, met the requirements of the research design.

The undertaking of this research study in all the province, except the Northern Cape, involving a total number of 4 157 respondents, 146 social workers and nine researchers, presented various logistical problems. It resulted in a relatively high percentage of spoiled questionnaires (8.18%) and a reasonably poor response rate in respect of the presenters' evaluation questionnaires. The 1 039 spoiled questionnaires (out of a total of 11 658) were due to the respondents' incorrect completion of secret codes. This made the matching of their pretest and posttest questionnaires difficult and to some extent impossible. Consequently, the total number of correctly filled questionnaires from some provinces was somewhat low. The 10 619 questionnaires and the 322 166 individual measurements/items generated by the study however, prevented the abovementioned factors from impacting significantly on the results and influencing the outcome of the research.

A second general problem emanated from the fact that existing practices required that the same programme be presented to all SAPS personnel. This entailed that all the personnel from the lowest job levels such as cleaners, up to senior staff such as directors, had to be targeted.

During data analysis, it was ascertained that the members of the experimental group derived differentiated value from the programme because of differences in their educational levels. This may have impacted negatively on the results obtained for the HIV and AIDS Peer Education programme.

In spite of minor shortcomings, the research results showed that the HIV and AIDS Peer Education programme still had a significant effect on the respondents. The basis of this conclusion will be explained in detail below.

## **5. THE RELIABILITY OF THE MEASUREMENT INSTRUMENTS**

The formula for the calculation of the Cronbach alpha coefficients (Gravetter & Foranzo, 2003:455) was utilised in to determine the reliability of the different scales and subscales were used in this research. In the study undertaken, one of the scales/sub scales did not meet the Cronbach alpha coefficient requirement(cf. Table 7: Scale 2).

In this instance, only the effect size of some of the individual questions contained in the scale could be used as an indicator of change. All other scales showed an acceptable level of reliability.

Table 8 provides a summary of the results of this process, as well as the questions that were used in some of the scales.

**Table 8: Cronbach alpha coefficient ( $\alpha$ ) for the reliability of the measurement instruments**

SCALES AND QUESTIONS	$\alpha$ <sup>1</sup>
<b>Scale 1: Knowledge</b>	<b>.60</b>
<b>Scale 2: Attitudes</b>	
1. It will do no harm to work with a colleague living with HIV and AIDS	.275
2. SAPS employees are at a higher risk of contracting HIV and AIDS than the general population	.460
3. People getting infected with HIV and AIDS are promiscuous	.313
4. I feel comfortable demonstrating to my peers how to use a condom(male and female)	.664
5. I believe that I am at risk of contracting HIV and AIDS	.224
<b>Scale 3: Safe Sex related behaviour</b>	<b>0.75</b>
<b>Scale 4: The value of the programme</b>	<b>0.75</b>
<b>Scale 5: The Relevance of the programme</b>	<b>0.83</b>
<b>Scale 6: Quality of the programme presentation</b>	<b>-</b>
Subscale 6.1: Evaluation of the <i>presenter</i>	0.79
Subscale 6.2: Evaluation of the presenter's <i>presentations skills</i>	0.80
Subscale 6.3: Evaluation of the <i>learning process</i>	0.87
Subscale 6.4: Evaluation of the presentation context	0.73
<i>*Reliable measurement instrument</i>	

The next section focuses on the effect of the programme as measured by means of these scales.

## **6. THE EFFECT OF THE PROGRAM**

In establishing the effect of the programme, it was firstly accepted that all personnel would have gained a certain level of knowledge, developed particular attitudes, and adopted specific behaviour practices and skills in the course of their lives( Nelson – Jones, 1991: 25). These levels were established by means of the pretest. The experimental group were exposed to the programme and their newly acquired levels of knowledge, attitudes, and behaviour were measured by the posttest questionnaire.

The comparison group was simultaneously subjected to a pre test and post test. This comparison provided the opportunity to determine the net effect of the intervention (programme). The results obtained through this process are discussed in more detail below.

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<sup>1</sup>  $\alpha$  = Cronbach alpha coefficient

## 6.1 THE EFFECT OF THE PROGRAMME ON RESPONDENTS' KNOWLEDGE OF HIV AND AIDS

The questions that were used in Scale 1 measured the impact that the programme had on the respondent's knowledge regarding various themes, including basic facts of HIV and AIDS, SAPS' HIV and AIDS policy and adult learning. The different scores obtained for the experimental and comparison groups, as well as the eventual effect size, are summarised in Table 8.

**Table 8: Effect size of Scale 1: Knowledge OF HIV AND AIDS**

Experimental Group (e)		Comparison Group (C)		$\sigma$	EFFECT SIZE (d value)
n	U1	n	U2		
231	.1017	66	-.041	.261	.547

The d value (.547) for Scale 1 indicates that the programme had a large effect on the respondents' level of knowledge. Within the context of the nature and aim of the programme, this result can be viewed as important. The results indicate that the respondents had substantial knowledge regarding HIV and AIDS .

The fact that the respondents seemed to have substantial knowledge regarding HIV and AIDS can be partly attributed to the 'contamination' effect of aggressive media campaigns by the government and other stakeholders on HIV and AIDS. SAPS publications such as the *SAPS Journal* and *Servamus* from time to time give coverage to HIV and AIDS and its impact on the workplace because of the magnitude of the pandemic in the country as well as the organisation itself.

The data analysis brought another important trend to the fore. This was, namely, that officers tended to exhibit more knowledge on the subject than non-commissioned officers and personnel employed under the Public Services Act. This could be attributed to differences in literacy levels and the fact that officers had been exposed to more information on the subject.

In the light of the abovementioned factors, the effect of the HIV and /AIDS Peer Education programme on the respondents' knowledge was more than one would originally have expected. Hence, there is room in the organisation's programmes to improve the personnel's knowledge of the subject even further, and to intensify efforts to turn the tide against the pandemic.

## 6.2 THE EFFECT OF THE PROGRAMME ON RESPONDENTS' ATTITUDES REGARDING HIV AND AIDS

The questions in Scale 2: Attitudes were based on Barker's (1995:290) view of an attitude as a "...mental predisposition or inclination to act or react in a certain way". For the purpose of this study, this would imply the respondents perceptions regarding HIV and AIDS as well as safer sex behaviour. Although twelve of the questions contained in this scale produced measurable effect sizes (see Table 9), the scale as a whole did not achieve an acceptable level of reliability. It was therefore only possible to analyse the results of some individual questions.

**Table 9: Effect size of Scale 2: Attitudes regarding HIV AND AIDS**

Experimental Group (e)		Comparison Group (C)		$\sigma$	EFFECT SIZE (d value)
n	U1	n	U2		
208	.0769	50	.0207	2.55	0.6

Five of the twelve questions used to measure attitudinal change produced a medium to large effect size. If taken as a whole, the results indicate that change did occur, but could have been more significant if the measuring instrument was better formulated.

From the results obtained in Scale 2, it was concluded that there are some indications of a medium to large effect, but that the scale is not reliable enough to prove this tendency beyond a reasonable doubt. Some individual questions, however, produced significant effects, which gives an indication of the effect of some aspects of the programme.

This means that, in follow-up studies, attention should be given to the questions producing a less than desired effect, or that certain aspects of the programme should be reviewed.

## 6.3 THE EFFECT OF THE PROGRAMME ON SAFER SEX BEHAVIOUR

The primary purpose of the HIV and AIDS Peer Education programme was to bring about change in the respondents' behaviour.

The questions that were used in Scale 3: Safer Sex behaviour focused primarily on safe sex practices. The results that were achieved for these questions are summarised in Table 10.

**Table 10: Effect size of Scale 3: SAFE SEX related behaviour**

Experimental Group (e)		Comparison Group (C)		$\sigma$	EFFECT SIZE (d value)
n	U1	n	U2		
231	.0411	66	.027	.4539	0.2

A d-value of .0.2 generated in Scale 3 indicates that the programme brought a small to medium level of change in respondents' safer sex behaviour. Three of the four questions that aimed to measure change produced a small to medium effect size, while question 24 produced an acceptable effect size (above 2). From an analysis of the questions from which the data was obtained, it became apparent that they did not cover all the relevant aspects of safer sex practices. The required skills to empower participants in the programme were not sufficiently dealt with. This could have had a negative impact on the results of this particular scale.

Based on the above analysis from the application of the three KAB scales, it is concluded that the scale as a whole brought about significant change in the respondents' knowledge, attitudes and intended behaviour, and went beyond the medium effect level. However, some individual questions did show this change. The second conclusion, and the reason for some of the relatively low impact levels is that some of the questions used in the KAB questionnaire were somewhat flawed. In spite of their apparent shortcomings, the KAB scales also give an indication that the programme was of particular value to the respondents and was relevant to their personal lives.

## 7. THE VALUE OF THE PROGRAMME

The post-test questionnaire administered to the experimental group contained three additional Likert-type questions. These were specifically aimed at determining the value that the programme had for respondents. They rated the value of the programme as a whole and its four constituent parts on a four point scale that ranged from "It had no or little or no value" to "It had a lot of value". The results are contained in Table 11.

**Table 11: Effect size and distribution of Scale 4: The value of the programme**

Questions	n	Choices and reponses				$\mu$ diff.	odiff	Effect size (d)
		<i>It had no or little value</i>	<i>It had below average value</i>	<i>It had above average value</i>	<i>It had a lot of value</i>			
34. What was the overall value of the programme/course?	217	-	1 (.46%)	48 (22.11%)	168 (77.41%)	3.76	0.43	2.93
35. What value did the following component have for you: Adult learning?	218	1 (.45%)	5 (2.29%)	60 (27.52%)	152 (69.72%)	3.66	0.54	2.13
36. What value did the following component have for you: "HV AND AIDS core knowledge?"	218	1 (.45%)	4 (1.83%)	61 (27.98%)	152 (69.72%)	3.66	0.53	2.18

Average		2	10	169	472	3.69	0.50	2.43
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The data contained in Table 11 indicates an exceptionally positive evaluation of the value of the HIV and AIDS Peer Education programme as a whole, as well as its individual themes. The d-values of the questions are much higher than the 0.8 that Spatz (2001:74-5) and Steyn(1999:3) viewed as a practically significant effect size. This is further substantiated by the fact that the majority of respondents were of the opinion that the programme had either an “above average value” or “a lot of value”. The following comments can be made on the individual questions:

- Question 35 dealt with the issue of adult learning and, therefore, focused on the knowledge and the skills dimensions of the programme. The question produced an effect size of 2.13, which is fair above the acceptable d- value. This confirms the results of Scale 1, which produced an effect size of 0.547.
- Question 36 dealt with the issue of core HIV and AIDS knowledge, and focused on the knowledge dimension of the programme. The question produced an effect size of 2.18, which confirms that the programme in general had a practically significant effect size on participant’s knowledge on HIV and AIDS.

The following conclusions can be drawn from the results produced by Scale 4:

- All the components of the HIV and AIDS Peer Education programme contributed to the exceptionally positive evaluation of the programme as a whole.
- The effect size measures generated from the value of components indicated a practical significance.
- The effect was constantly substantiated by the percentage of respondents who were of the opinion that the programme had either an “above average value” or “a lot of value”.
- The data obtained in Scale 4 supported the outcomes of knowledge and behaviour change. This confirms the positive effect of the programme, in spite of the shortcomings experienced in the scales and sub -scales of the KAB questionnaires.
- The big effect sizes achieved in Scale 4 somewhat contradicts the small to medium effect sizes obtained in the attitude-related questions. It can therefore be concluded that the programme had a larger effect on attitudes than as reflected in Table 11.

The results of Scale 4 proved that some components of the HIV and AIDS Peer Education programme were of great value to the respondents and confirmed that the programme did have a significant effect, especially on their knowledge and behaviour.

## **8. THE RELEVANCE OF THE PROGRAMME**

The experimental group’s view of the relevance of the programme was the fifth aspect that was measured in this study. The reason for also focusing on this aspect was the fact that any given programme can have a large effect on its participants, but when compared to other available capacity building and general training programmes, not be considered as a main priority. It was, therefore, necessary to determine whether the HIV and AIDS Peer Education programme

had any relevance to SAPS personnel's professional and personal lives. This measurement also formed part of the triangulation process.

The relevance scale (Scale 5) was included in the presentation evaluation questionnaire and comprised of six questions. These questions dealt with issues such as the extent to which the programme stimulated the respondents' creative thinking, and the extent to which they could use the newly gained knowledge and insights in their jobs. The collected data was subjected to the same type of statistical analysis used in the measurement of effect size within groups (cf. 4.6.3). The only difference was that the formula for the calculation of d-values had to be adjusted to make provision for a single post – measurement of one group. The formula consisted of the following:

$$d - \text{value} = \frac{\text{Mean per scale minus the central point of the scale}}{\text{Standard deviation}} \quad (\text{Cohen in Steyn, 1999:5})$$

In order to compare the relevance of the HIV and AIDS Peer Education programme with that of capacity building programmes in general, the collective mean score of all the programmes was calculated and recorded in Table 13. This comparison was not aimed at showing which capacity building programme was of most or least relevance, but rather to provide additional criteria against which different dimensions of relevance could be measured. The focus will be on the HIV and AIDS Peer Education programme, and the information regarding capacity building programmes in general will be discussed as an aspect of secondary importance.

The effect size of the relevance scale is set out in Table 12.

**Table 12: Effect size of Scale 5: Relevance of the programme**

HIV and AIDS Peer Education Programme						Capacity building programmes as a whole		
Scales/ questions	n	$\mu$	$\sigma$	Effect size (d)	$\alpha$	n	Effect size (d)	$\alpha$
<b>Scale 5</b>	227	3.65	0.355	3.23	0.75	2326	2.19*	0.88 ■
22.The course/programme stimulated my creative thinking.	224	3.544	0.508	2.06		2298	1.57*	
23.I will be able to apply the new knowledge and insights that I have gained in my job.	226	3.646	0.488	2.34		2310	1.65*	
24.I feel that the course/programme will help me to do my job better.	227	3.581	0.511	2.11		2303	1.55*	
25.I will be able to apply the new knowledge and insights that I have gained in my daily life.	226	3.66	0.473	2.45		2311	1.76*	
26.I feel that the course/programme will help me to live my life in a better way.	226	3.756	0.450	2.80		2313	1.77*	
27.All SAPS personnel should receive this course/programme.	227	3.757	0.459	2.73		2308	2.28*	

■ Reliable scales according to CA (Cronbach alpha coefficient) \* Practical significant

The effect size of 2.19, as indicated in Table 12 confirmed that the HIV and AIDS Peer Education programme was perceived to be extremely relevant. This is substantiated by the fact that it had noticeably a higher rating (3.23) than that of the capacity building programmes as a whole ( $d = 3.23$  vs.  $d = 2.19$ ). There could be two possible reasons for this. The first is that the programme addresses an issue that represents a felt need within the organisation. This conclusion is substantiated by the fact that the effect size in the case of Question 27: "All SAPS personnel should receive this course/programme" is a remarkable 2.73 (see Table 12).

The second reason for the programme's success could be that it provides personnel not only with knowledge, but also with the necessary skills to minimise the risk of contracting HIV and to transfer these skills to their peers and significant others.

The following conclusions were reached when the effect size of the other questions was compared to those of the capacity building programmes as a whole:

- The third highest impact that the HIV and AIDS Peer Education programme had was reflected in Question 25, which produced a d-value of 2.45. This was substantiated by the d-value of 2.80 for Question 26, which specifically focused on the influence the programme had on the way a person lives his/her life. The implications are that the programme should not only be seen as a workplace programme ,but also as a personal empowerment tool .
- Questions 23 to 26 also deal with knowledge, attitudes and behaviour change. In terms of triangulation, their extremely high effect sizes further vindicates the conclusions reached regarding flaws in some of the questions. It is therefore clear that the HIV and AIDS Peer Education programme must have had a high practically significant effect on respondents' knowledge, attitudes and behaviour.

The following conclusions were drawn regarding the relevance of the HIV and AIDS Peer Education programme:

- The d- values of Questions 22 to 26 were highly significant.
- The mean scores of all the questions resorted under the category “strongly agree”.
- The d-values produced by the programme were positive and and much better than those of the Capacity Building programmes in general.
- The programme is appropriate for all personnel in the South African Police Services regardless of rank, race, gender or province.
- It is a personal empowerment tool.

## **9. THE INFLUENCE OF THE QUALITY OF THE PROGRAMME PRESENTATION**

Apart from the measurement of the direct effect of the programme, it was also necessary to determine the influence that the quality of the programme presentation had on its effect. In this regard, it was assumed that possible differences in quality could have been caused by the fact that it was presented under varying circumstances in SAPS provinces by a total of 32 different social workers.

In order to determine the overall quality of the programme presentation, a specific scale was developed and included in the presentation evaluation questionnaire. This scale, entitled “Scale 6: Quality of the programme presentation”, consisted of four subscales. Sub-scales 6.1 and 6.2 were used to evaluate the presenters and focused on both their expertise and presentation skills. According to Rooth (2000:89), these are two of the qualities that are essential for effective programme presentation. Sub-scale 6.3 dealt with the quality of the learning process, and Sub-scale 6.4 deal with the presentation context. The latter included the quality of the venue, learning material and teaching media.

The data that was generated by Scale 6 is summarised in Table 13. For the purpose of interpretation of the results, a look will also be taken at the equivalent results from the EPCBP project as a whole.

**Table 13: Effect size of Scale 6: Quality of programme presentation**

HIV/AIDS Peer Education Programme						Capacity building programmes as a whole		
Subscale/ questions	n	$\mu$	$\sigma$	Effect size (d)	$\alpha$	n	Effect size (d)	$\alpha$
<b>Sub-scale 6.1: Evaluation of the presenter</b>	230	3.727	0.391	3.13	0.80 <sup>■</sup>	2354	2.06*	0.85 <sup>■</sup>
1. The presenter was knowledgeable about the subject that he/she taught.	230	3.808	0.483	2.70		2334	1.84*	
2. The presenter could link the material to the participants' level of knowledge.	230	3.673	0.585	2.0		2337	1.57*	
3. The presenter was able to explain difficult and abstract concepts.	230	3.691	0.572	2.08		2339	1.53*	
4. The presenter succeeded in keeping me interested in the subject.	229	3.742	0.476	2.60		2337	1.71*	
5. The presenter was enthusiastic about the subject he/she taught.	222	3.729	0.474	2.60		2308	1.62*	
<b>Sub-scale 6.2: Evaluation of the presenter's presentation skills</b>	230	3.984	0.339	4.37		2354	2.27*	0.86 <sup>■</sup>
6. I could clearly hear what the presenter was saying (i.e. it was loud enough and in an accent that I could understand).	230	3.752	0.515	2.62		2346	1.75*	
7. The presenter was skilful in the use of the teaching media (e.g. transparencies and or writing on newsprint/the blackboard).	230	3.713	0.490	2.47		2340	1.60*	
8. The presenter encouraged participant involvement (e.g. by asking questions and or promoting discussions).	228	3.859	0.395	3.44		2340	1.96*	
9. The presenter prepared himself/herself thoroughly for the presentation.	229	3.803	0.469	2.77		2330	1.74*	
10. What is your overall rating of the presenter's	227	4.81	0.414	4.61		2324	2.77*	

presentation skills?								
<b>Sub-scale 6.3: Evaluation of the learning process</b>	230	3.692	0.377	3.16	0.88 <sup>■</sup>	2353	2.06*	0.91 <sup>■</sup>
11. In the beginning, the presenter gave a clear overview of what we could expect during the course/programme.	230	3.639	0.507	2.24		2351	1.48*	
12. The presenter made sure that participants understood a subject before continuing on to a next subject.	230	3.760	0.437	2.00		2350	1.75*	
13. At the end, the presenter gave a summary of the material that was covered.	229	3.655	0.503	2.29		2332	1.54*	
14. The presenter was able to communicate on my level.	229	3.733	4.462	0.28		2335	1.76*	
15. It was easy to understand the material that was presented.	230	3.678	0.504	2.33		2342	1.72*	
16. The material that was covered will be useful.	229	3.676	0.577	2.03		2334	1.68*	
17. The course stimulated my interest in the subject.	230	3.713	0.499	2.43	0.88	2349	1.69*	
<b>Subscale 6.4: Evaluation of the presentation context</b>	227	4.33	0.511	3.59	0.72	2326	2.49*	0.81
18. How would you rate the venue?	226	3.876	0.900	1.53		2308	1.36*	
19. How would you rate the quality of the learning material that was presented?	226	4.429	0.623	3.09		2317	2.41*	
20. How would you rate the quality of the teaching media (e.g. transparencies and or handouts)?	224	4.513	0.613	3.29		2316	2.36*	
21. How well was the course/ programme organised?	223	4.520	0.642	3.15		2311	2.34*	

The implication of each sub-scale will be discussed below.

## **9.1 THE INFLUENCE OF THE PRESENTER**

The overall rating ( $d=3.13$ ) of the presenter's level of expertise was very high (c.f Table 13). The difference between this rating and the capacity building programmes as a whole is an indication that the 11 Social Workers who presented the HIV and AIDS Peer Education programme were better equipped for this task than the rest. This could be attributed to the fact that in terms of the SAPS HIV and AIDS training structure, only Social Workers who have undergone training as HIV and AIDS Educational Officers are allowed to train Peer educators.

- The  $d$ -value of 2.70 generated by Question 1 is much higher than the 0.8 which Spatz (2001: 74) and Steyn (1999:3) consider to be a practically significant effect size. Consequently, the 11 social workers who presented the programme were determined to be extremely knowledgeable on the subject matter. The mentioned effect size was also higher than the 2.06 produced by all the capacity building programmes collectively. This could indicate that the programme requires presenters to be extremely knowledgeable in order for them to focus not only on the content, but also to observe the group dynamics.
- Question 4 produced the second highest effect size (2.60) related to the HIV and AIDS Peer Education programme. This rating is relatively higher in comparison with the other capacity building programmes, which indicated that the presenters succeeded in keeping the participants interested in the subject since they have undergone intensive training as HIV and AIDS Educational Officers
- The HIV and AIDS Peer Education programme managed to generate much higher  $d$ -values from Question 2 and 3. The presenter's ability to link the material to the participant's level of knowledge was rated as 2.0 as opposed to the 1.57 collectively generated by the capacity building programmes, while the ability to explain difficult concepts scored 2.08 vs. 1.53. These ratings substantiate the need for presenters to be skilled in presenting the programme. Finally the presenter's enthusiasm was also rated higher than that of the collective programmes (2.60 vs. 1.62).

Since all the effect size ratings were above 0.8, it is clear that the quality of the presenter's skills in terms of the presentation of the HIV and AIDS Peer education programme were of a high quality.

Hence, it can be concluded that a high level of expertise was demonstrated in the presentation of the programme, and that this factor would not have had a detrimental effect on the programme's impact.

## **9.2 THE INFLUENCE OF THE PRESENTER'S PRESENTATION SKILLS**

The overall  $d$ -value of 4.37 generated by Sub-scale 6.2 indicated a practically significant effect in this dimension (cf Spatz 2001: 74-5; Steyn, 1999: 3). This measurement differs markedly from the 2.27 collectively obtained by the programme. The presenter's presentation skills were therefore determined to be of an extremely high quality. The following could be deduced from some of the individual questions that constitute the sub-scale:

- Question 10 which focused on the overall presentation skills of the presenter, generated the highest d-value (4.61) in the sub – scale. The difference between this rating and that of the capacity building programmes in general (2.77) is relatively high. This can be attributed to the specialised training that Social Workers who presented the programme underwent in order to be regarded as HIV and AIDS Educational Officers.
- Question 8 which focussed on the encouragement of participant involvement, obtained the second highest d-value of 3.44. The effect size rating was significantly higher than the 1.96 of the collective programmes.
- The d-value (2.77) generated by Question 9 indicates that the presenters of the HIV and AIDS Peer education programme acknowledged the importance of thorough preparation. This d-value was higher than the d-value of (1.74) generated collectively by the programmes.
- The presenter's use of media and any other teaching aids (Question 7) was rated higher than the collective capacity building programmes (2.47 vs. 1.60). The detailed design of the programme which is based on the principles of participatory learning and peer education, could have contributed to this difference.

Since all the sub-scales' questions generated significant d-values that were mostly higher than that of the capacity building programmes, it is clear that the very nature of the HIV and AIDS Peer Education programme requires certain expertise. Presenters seemed to have acknowledged this, and were consequently thoroughly prepared. This therefore impacted on their ability to attain the objectives of the programme.

### **9.3 THE INFLUENCE OF THE LEARNING PROCESS**

The overall effect size of 3.16 generated by sub - scale 6.3 (c.f Table 13) is exceptionally high and is basically in line with the effect size of 2.06 for the capacity building programmes as a whole. The following conclusions can be drawn from the individual questions which constituted this sub-scale:

- It would seem that the factor which contributed most towards the successful presentation of the programme was the fact that participants understood the subject matter at all times. Question 12 generated a d-value of 2.00, which is higher than the 1.75 collectively produced by the programmes .
- Questions 17's d-value of 2.43, the highest in this sub–scale, indicated that the programme stimulated participants' interest in the subject. This was also the case with the other programmes, since they produced a d-value of 1.69.
- Question 15's d-value of 2.33, the second highest in the sub-scale, indicated that the material covered in the HIV and AIDS Peer Education programme was easy to understand in comparison with the other programmes collectively.
- Questions 13 which generated a d-value of 2.29, indicated that the presenter gave a summary of the material covered.
- The d-value (0.28) for Question 14, which is significantly different from the collective programmes, presented certain challenges for the programme. The low ratings

obtained in this question could be attributed to the content of the programme and the specific requirements for being trained as a peer educator, namely literacy level. This entails that there is a definite need to assess the literacy level of prospective peer educators, and to customise the programme according to the different groups.

## 9.4 THE INFLUENCE OF THE PRESENTATION CONTEXT

Sub –scale 6.4 generated a high d-value of 3.59 in comparison to the 2.49 obtained by the collective programmes. This reflects a positive difference in effects size. It indicates that the deliverables were of a high quality and better than that of the other programmes.

- Questions 19 and 20 generated the second and third highest d-values (3.09 and 3.29) respectively in the sub-scale. This indicated that the participants were content with the quality of the learning material and other teaching aids used during the presentation.
- Question 21 generated a d-value of 3.15, which is generally higher than the d –value (2.34) of the collective programmes. This indicated that the respondents perceived the programme/course to be professional and well organised.
- Question 18 generated a d-value of 1.53, which is significantly higher than that of the collective programmes (1.36). This indicated that the venue used for the presentation was conducive to learning.

## 9.5 OTHER INFLUENCES

The presentation evaluation questionnaire also covered a number of other issues that could have had a positive or a negative influence on the programme's effect. These entailed the length (duration) of the programme, its pace, the balance between presentation and group involvement, and the language in which the programme was conducted. Because of the type of questions used, it is only possible to interpret the data by means of descriptive statistics.

Respondents evaluated the length of the programme by completing a five-point scale. The results of the ratings are reflected in Table 14.

**Table 14: The length of the programme presentation**

QUESTION 28	HOW WOULD YOU RATE THE LENGTH OF THE COURSE/PROGRAMME?					AVERAGE OF HIV AND AIDS PEER EDUCATION PROGRAMME	AVERAGE OF CAPACITY BUILDING PROGRAMMES AS A WHOLE
	1. It was much too long	2. It was a little too long	3. The length was just right	4. It was a little too short	5. It was much too short		
Response (n =225)							
Frequency	1	10	135	56	23	3.40	3.15
Percentage	0.44%	4.44%	60.00%	24.89%	10.22%		

The programme mean score of 3.40 is above the mid point of the category. The length was just right. This compared favourably with the collective capacity building programmes (3.15). Some respondents (24.89%) indicated that the length of the programme was a little too short;

while 10.22% indicated that the programme was much too short. This is an indication that there is a need to revisit the duration of the programme in order to ensure that respondents are afforded ample opportunity to learn and apply the in learning.

The respondents were also requested to complete Question 29 in which they had the opportunity to judge the pace of the presentation with the help of a five-point scale. The results are depicted in Table 15.

**Table 15: The pace of the presentation**

QUESTION 29	HOW WILL YOU RATE THE PACE OF THE PRESENTATION?					AVERAGE OF HIV AND AIDS PEER EDUCATION PROGRAMME	AVERAGE OF CAPACITY BUILDING PROGRAMMES AS A WHOLE
	<i>1. The pace was much too slow</i>	<i>2. The pace was a little slow</i>	<i>3. The pace was just right</i>	<i>4. The pace a little too fast</i>	<i>5. The pace was much too fast</i>		
<b>Response</b> (n = 224)							
Frequency	-	6	186	29	3	3.12	3.07
Percentage	-	2.68%	83.04%	12.95%	1.34%		

The programme's mean score of 3.12 falls slightly above the mid – point of the “just right” category. This could be attributed to the fact that 14.29% of the respondents were of the opinion that the pace of the programme was a little too fast or much too fast.

Respondents were also required to complete a scale on the balance between the presentation of information and group participation (see Table 16).

**Table 16: The balance between the presentation of information and group participation**

QUESTION 30	HOW WOULD YOU RATE THE BALANCE BETWEEN THE TIME SPENT ON THE PRESENTATION AND TIME SPENT ON GROUP INVOLVEMENT?				AVERAGE OF HIV AND AIDS PEER EDUCATION PROGRAMME	AVERAGE OF CAPACITY BUILDING PROGRAMMES AS A WHOLE
	<i>1. Too much time was spent on the presentation</i>	<i>2. The was a good balance the two</i>	<i>3. Too much time was spent on group involvement</i>	<i>4. There was no group involvement</i>		
<b>Response</b> (n = 227)						
Frequency	6	202	18	1	2.07	2.08
Percentage	2.64%	88.99%	7.93%	0.44%		

With regard to Question 30, 88.99% of respondents viewed the presentation of information and group involvement as being good. This, together with a mean score of 2.07, indicates that the mentioned aspect of the programme compared favourably with the d-value of the collective programmes (2.08).

It is significant that an overwhelming 89.97% of the respondents awarded “A good balance” rating to this issue, indicating that this aspect had a positive influence on achieving the outcomes of the programme.

The final aspect that was covered in this particular questionnaire was the language in which the presentations were delivered. In accordance with the SAPS’s Education, Training and Development Policy (3/34/2 dated 2003-07-02), every personnel capacity building programme should be conducted in English only. If other languages were used it would impact on the presentation, since presenters would constantly need to translate information. The teaching media (transparencies, handouts and exercises) would have then been inappropriate and consequently, the length of the programme would have been influenced. However, the results would indicate if there is a need to have the programme translated. The results obtained in this regard are tabulated in Table 17.

**Table 17: The language that was used during the presentation of the programme**

QUESTION 31	WHICH LANGUAGE WAS USED THE MOST IN THE PRESENTATION OF THE COURSE/PROGRAMME?					
	<i>Afrikaans</i>	<i>English</i>	<i>Sotho</i>	<i>Tswana</i>	<i>Zulu</i>	<i>Others</i>
RESPONSE (n = 225)						
Frequency	-	222	3	-	-	-
Percentage	-	98.67%	1.33%	-	-	-

Although 98.67% of the presentations were conducted in English, another language featured predominantly in 1.33% of the presentations. This is a matter of concern, because it indicates that at least 3 respondents could not enjoy the complete potential value of the programme. It should also be taken into account that if any other languages are used during the programme, the length/duration of the programme will be affected negatively and most handouts, transparencies, checklists etc will be irrelevant. Consideration should therefore be given to addressing this issue.

## 10. THE PRESENTERS’ EVALUATION OF THE PROGRAMME

The presenters of the programme also had to complete the presenter’s evaluation questionnaire. This questionnaire, which was similar to the presentation evaluation questionnaire, enabled them to evaluate their own expertise and presentation skills, as well as the learning process, the learning context, and the relevance of the programme. Open-ended questions such as “what should be added to/dropped from the programme?” and “what was the most/least helpful?” were included to make provision for recommendations regarding

themes covered or that needed to be included, positive or negative aspects of the programme, and ways in which the programme could be improved. Although the required data could not be subjected to higher order statistical analysis, it was still possible to draw comparisons between these results and those of the presentation evaluation questionnaire.

The results obtained regarding the relevance of the programme are tabulated in Table 18.

**Table 18: The relevance of the programme**

QUESTIONS	PRESENTERS (N= 16*)				RESPONDENTS N=2326	
	Choices and responses			Programme		
	Strongly disagree (%)	Disagree (%)	Agree (%)	Strongly agree (%)	Average	Average
22. The programme stimulated the participants' creative thinking.	-	-	40%	60%	3.25	3.38
23. The participants will be able to apply the new knowledge and insights that they have gained in their jobs.	-	-	50%	50%	3.48	3.43
24. I feel that the programme will help the participants to do their jobs better.	-	-	60%	40%	3.50	3.42
25. The participants will be able to apply the new knowledge and insights that they have gained in their daily lives.	-	-	60%	40%	3.49	3.46
26. I feel that the programme will help participants to live their lives in a better way.	-	-	40%	60%	3.50	3.45
27. All SAPS personnel should do this programme.	-	-	24.00%	76.00%	3.55	3.70

From the above results, it is clear that the presenters viewed the programme as of particular relevance to the SAPS and that all personnel should attend the HIV and AIDS Peer Education programme.

This idea correlates with the respondents' opinion (see Table 18) and substantiates the findings that the programme is applicable to all races, genders and ranks/positions.

The presenters' ratings, as indicated in the case of Question 23-26 also confirmed the assumption that personnel who attended the programme would be able to apply the new knowledge, insight and skills in their daily lives, including sharing the information and skills with their peers. Consequently this would help them live better lives and perform better at work.

The following table (Table 19) contains the results of the presenters' assessment of themselves in terms of knowledge, ability to link material to respondents' level of knowledge, ability to explain difficult concepts, etc.

**Table :19 The presenter's self-assessment**

QUESTIONS	(PRESENTERS (n = 16*))				PROGRAMME	RESPONDENTS N= 2354)
	CHOICES AND RESPONSES					Average
	Strongly disagree (%)	Disagree (%)	Agree (%)	Strongly agree (%)		
1. I am knowledgeable about the subject that I taught.	-	-	35%	65%	3.71	3.55
2. I was able to link the material to the participants' level of knowledge.	-	-	35%	65%	3.52	3.43
3. I was able to explain difficult and abstract concepts.	-	-	35%	65%	3.50	3.45
4. I succeeded in keeping participants interested in the subject.	-	-	25%	75%	3.55	3.49
5. I was enthusiastic about the subject that I taught.	-	-	35%	65%	3.70	3.46

In general, the presenters were of the opinion that they were knowledgeable about the subject, were able to link the material to level of the respondents' knowledge, and also were able to keep them interested in the subject. Question 1 generated the highest mean score (3.71), and Question 5(enthusiasm about the subject) the second highest. This was followed by Question 4(keeping participants interested) and Questions 2 and 3 respectively (ability to link the material to the participant's knowledge level and ability to explain difficult concepts).

The same tendencies were found in the respondents' evaluations. Therefore, a conclusion can be drawn that the presenters' self assessments were accurate.

Table 20 reflects the results of the presenters' evaluation of their presentation skills. It also includes their overall self-ratings.

**Table 20: The presenters' evaluation of their own presentation skills**

QUESTIONS	PRESENTERS (N =16)*					RESPONDENTS (N = 2354)	
	Choices and Responses				Programme		
	<i>Strongly disagree (%)</i>	<i>Disagree (%)</i>	<i>Agree (%)</i>	<i>Strongly agree (%)</i>	<i>Average</i>	<i>Average</i>	
6. Participants could clearly hear what I was saying	-	-	20%	80%	3.80	3.52	
7. I am skilful in the use of the teaching media.	-	-	20%	80%	3.76	3.45	
8. I encouraged participant involvement.	-	-	28%	92%	3.66	3.58	
9. I prepared myself thoroughly for the presentation.	-	-	28%	92%	3.80	3.54	
<b>QUESTION 10</b>	<i>Poor (%)</i>	<i>Fair (%)</i>	<i>Average (%)</i>	<i>Good (%)</i>	<i>Very good (%)</i>	<i>Average</i>	<i>Average</i>
10. What is your overall rating of your own presentation skills?	-	-	-	25%	75%	4.61	4.18

All the mean scores of the abovementioned questions resorted within the "strongly agree" category, which suggested that the presenters evaluated their presentation skills as being good. There is a remarkable similarity between the results in the above mentioned table and those of the respondents' evaluations, as indicated in Table 13. Both rated the overall presentation skills as outstanding, and both indicated that the presenters encouraged participation and were thoroughly prepared for the presentation. The respondents also agreed that the presenters were audible and were skilful in the use the teaching media.

The presenters were also requested to evaluate the learning process. The results are tabulated in Table 21.

**Table 21: The presenters' evaluation of the learning process**

QUESTIONS	PRESENTERS (n = 16)*				RESPONDENTS (n = 2353)	
	CHOICES AND RESPONSES				PROGRAMME	Average
	Strongly disagree (%)	Disagree (%)	Agree (%)	Strongly agree (%)	Average	
11. In the beginning, I gave a clear overview of what participants could expect during the course/ programme.	-	-	48%	52%	3.47	3.38
12. I made sure that participants understood a concept before moving on to the next subject.	-	-	24%	76%	3.60	3.48
13. At the end, I gave a summary of the material that was covered.	-	-	8%	92%	3.50	3.42
14. I was able to communicate on the participants' level.	-	-	40%	60%	3.55	3.51
15. It was easy for participants to understand the material that was presented.	-	0.16%	23.84%	76%	3.55	3.48
16. The material that was covered will be useful. *	-	-	40%	60%	3.61	3.49
17. The course stimulated participants' interest in the subject.	-	-	8%	92%	3.60	3.50

The mean scores of the different aspects of this sub-scale of the presenters' evaluations questionnaire resorted within the "strongly agree" category. This is an indication that the presenters regarded the learning process as efficient. They succeeded in setting an overall goal at the start of the process and summarised the material covered at the end of the programme. They also made sure that the respondents understood the information before moving on to the next topic.

It was also apparent that they felt that the respondents could use the information that was provided.

There was, however, one area which the views of the presenters and respondents differed markedly. This concerned the material's level of difficulty (see Question 15, Table 23). From an analysis of the data, it became apparent that the presenters tended to underestimate the respondents' ability to comprehend the material. There could be various possible causes for this trend. These include the language question, the quality of the learning material or simply the potentially complex nature of the subject matter.

Both the presenters' and respondents' evaluation of the presentation context are contained in Table 22.

**Table 22: The presenters' evaluation of the presentation context**

QUESTIONS	PRESENTERS (N = 16)*					RESPONDENTS (N = 2326)	
	Choices and Responses				Programme	Average	
	Very bad (%)	Bad (%)	Average (%)	Good (%)	Very good (%)		Average
18. How would you rate the venue?	-	-	8%	48%	44%	4.00	3.92
19. How would you rate the quality of the learning material that you presented?	-	-	-	80%	20%	4.50	4.23
20. How would you rate the quality of the teaching media?	-	-	12%	76%	12%	4.30	4.28
21. How well was the programme organised?	-	-	32%	18%	50%	4.60	4.30

The results of the presenters' evaluation indicated that they were content with the context within which the presentations took place. There were differences with regard to perceptions about the venue, with 8% of the presenters view being that it was average. 12% of the respondents were of the opinion that the quality of the teaching material was average, while 32% of the presenters were of the opinion that the programme was not well organised. The conclusion that can be drawn from these results is that the venue, quality of teaching media and manner in which the programme was organised, presented some challenges for most presenters. However, they seem to have managed well, since these challenges did not hamper the learning context to a great extent.

The presenters' questionnaire included a section of open-ended questions where presenters could make recommendations about subjects that should be added to/dropped from the programme, subjects that should be covered in greater detail, and the most and least helpful aspects of the programme. An opportunity was also provided for presenters to make suggestions on how the programme could be improved.

The following exposition gives the gist of the responses to these questions:

❖ **Question: "I want to clarify the following responses to the presenters' evaluation of presentation questionnaire"**

There were different opinions with regard to the length of the programme. One presenter was of the view that the three days allocated to the programme is sufficient. However, there was

another presenter who was of the opinion that the three days allocated was not enough. She said that in the end, five days were utilised because respondents wanted more information. One presenter made an overall remark that respondents enjoyed the presentation and that their knowledge had improved dramatically.

❖ **Question: “Topics that need to be added to the programme”**

The presenters recommended that the following topics should be added to the programme:

4. Transparencies on pictures depicting the various types of STI's
5. More comprehensive discussions on transmission, immune system and STI's
6. Stages of infection
7. Awareness training
8. Motivation for being a peer educator
9. Basic counselling skills
10. Referral skills
11. Peer educators should be given time to practice the newly acquired skills while in training
12. Positive living

❖ **Question: “Topics that need to be covered in greater depth in the programme”**

There were divergent views with regard to the topics that are already covered by the programme, but that should receive more attention. It seemed as though there was a need for the following topics to be covered in more depth:

13. Facilitation
14. Occupational health especially the role of Polmed
15. Sexuality
16. The role of anti retrovirals
17. The role of voluntary counselling and testing
18. Home based care
19. The role of peer educators after training
20. Support and care
21. Rights of people living with HIV
22. Women and HIV and AIDS
23. Workplace policies and how they involve managers
24. The subject of condoms( various types and their transportation)

All the suggestions are valid and should be taken into consideration in the further development of the programme. In this regard, it is important to remember that the extent to which each subject is dealt with depends on the type and size of the target groups. A mechanism should therefore be found to determine each target group's needs prior to presentation, and then to customise the programme accordingly.

❖ **Question: “Topics that should be dropped from the programme”**

Various suggestions were made regarding topics that could be dropped from the programme. These were:

25. Programme management: Only a brief summary of the bigger picture should be provided, since peer educators will be co – facilitating.

❖ **Question: “The things that were most and least helpful in presenting the course”**

There was some agreement among presenters about the elements of the programme that they found to be the most and the least helpful. These were the following:

26. Most helpful:
  - a. Availability of material
  - b. Transparencies
  - c. Videos
  - d. Having a co-facilitator
  - e. Course content
27. Least helpful:
  - a. Core knowledge on STI’s and HIV/AIDS
  - b. The terminology used is too abstract for participants

❖ **Question: “Improvements that could be made to the course”**

The questionnaire also provided the presenters with the opportunity to make any other recommendations regarding ways in which the programme and its presentation could be improved. This brought the following recommendations to the fore:

28. Add videos, transparencies on STI’s
29. Handouts for participants
30. Information on the what virus looks like
31. Provide an opportunity beforehand for peer educators to practise their presentation skills
32. Posters
33. Managers should attend the course.

If taken as a whole, the written comments on the possible improvement of the HIV/AIDS programme did not bring any far-reaching or unanimous recommendations to the fore. There were, however, a number of smaller issues that seem to require further attention. These will be taken into account in the guidelines for the improvement of the programme.

## 11. FINDINGS AND IMPLICATIONS

In the discussion of the findings and implications of the programme, the focus will only be on the most prominent issues. These will include the research design and procedure, as well as the results that were obtained with the different measurement instruments and questionnaires.

The EPCBP research project involved a total of 4 303 participants. It consisted of 3 437 respondents who formed part of the experimental groups, 720 personnel who were involved in the comparison groups, and the 146 social workers who facilitated the presentations. The above mentioned participants of the programme represented 3.25% of the total workforce of the SAPS (during the time that the research was conducted). This is more than the minimum sample size of 1% to 2% required for studies of this nature (Stoker, in Strydom & De Vos, 1998:192 –193).

In the measurement of the HIV and AIDS Peer Education programme, the experimental group comprised of 229 respondents, while the comparison group consisted of 66 (cf Tables 3-5). In the case of both groups, sampling was based on availability (Strydom, 1999:55; Zechmeister & Posav, 2003:11) .

The profiles of the experimental and comparison groups used for the purpose of this research, matched the general profile of the SAPS population. The differences that were observed were not of such a magnitude, that the outcome of the research would be impacted in a negative way. It can, therefore, be concluded that the findings of the research could be generalise to the SAPS population, irrespective of their rank/position, race, gender or province of origin. The exclusion of the Northern Cape province, due to factors beyond the control of the research team, did not seem to have had a significant impact on the outcomes of the research.

A total number of six measurement scales and a presenters' evaluation questionnaire were utilised during the research. The measuring instruments were designed and standardised by means of various pilot studies. Triangulation was use to bridge possible shortcomings in the individual instruments . This implied that three measuring instruments were used on an intra-method basis. These were: the KAB questionnaires that covered knowledge, attitudes and behavioural change, an assessment of value scale, and a presentation evaluation questionnaire with programme relevance and programme quality scales. The fourth questionnaire, the presenters' evaluation questionnaire, was viewed as a secondary measuring instrument, as it could not be subjected to the same high level of statistical analysis as the others.

The reliability of the particular measuring instruments was determined by calculating the Cronbach alpha coefficient of each scale or sub-scale. A score of 0.5 or higher was considered to be an acceptable reliability coefficient. In the evaluation of the HIV and AIDS Peer education programme, one of the scales, Scale 2(which focused on attitudes) did not meet this requirement. This scale produced an alpha coefficient/CA of .33. Consequently, some of the individual questions in this particular scale were used to indicate change.

The effect of the programme on the respondents' knowledge, attitudes and behaviour, was determined by administering a pre test and post test questionnaire. The respondents in the experimental group were then subjected to the programme and their new levels of knowledge, attitudes and behaviour were measured by means of a post-test questionnaire. The two sets of results were then compared to determine the net effect of the intervention.

From all the measurements taken, it can be concluded that the HIV and AIDS Peer Education programme brought about a marked increase in the experimental groups' knowledge about HIV and AIDS, adult learning and SAPS policy, and safe sex behaviour. Due to deficiencies in the measuring instrument, no conclusive results were obtained with regard to the extent to which the programme impacted on the recipients' attitudes. Individual questions, however, indicated a medium to large effect.

The data generated by the KAB questionnaires indicated that the programme was of particular value to the respondents, and was relevant to their personal and professional lives.

The results in terms of the influence of the quality of the presentations and the presenters' evaluation of the programme were compared, and the following conclusions were reached. The respondents' results confirmed that the presenters were informed and extremely knowledgeable on the subject, and could keep participants interested. The presenters' evaluation of their presentation skills was confirmed by the respondents' results. Therefore, it can be concluded that the presenters' overall presentation skills were of a high standard. They encouraged participant's involvement and prepared thoroughly. Their skilful use of teaching media was also confirmed by the respondents.

The results concerning the presenters' evaluation of the learning process were also confirmed by the respondents' questionnaire. Presenters made sure that the participant understood information before continuing, and were able to give a summary of the material covered. The lowest d-value and mean were obtained for the ability of presenters on communicate at the participants' level.

With regard to the presentation context, the results of the two measurement instruments compared favourably. This indicated that the quality of the teaching media was good and that planning for the presentations was of a high standard. The respondents' evaluation of the pace and length of the programme, which was viewed as being either too fast or too slow, and that more time should be allocated, were put into perspective by the presenters' clarifying notes. One presenter commented that instead of three days, five days were utilised for the programme. The majority of presenters were, however, content with the length and pace of the presentations. Respondents were, however, of the opinion that there was a balance between presentations and group involvement.

Through completion of the open ended questions, presenters indicated that the compilation of the programme was sufficient, but that there was a need to add certain aspects to the content

and discuss certain aspects in more depth. The presenters recommended that certain valuable topics, as well as transparencies and pictures, be added to the programme.

From all the measurements taken it can be concluded that the HIV and AIDS Peer Education programme had a significant effect on participants' knowledge, attitudes and behaviour. It was also abundantly clear that it did not only enrich their personal lives, but also improved their job performance and functioning. The recommendations made by both presenters and respondents, indicated that there is a definite need for all SAPS employees to attend the programme.

In spite of its success, the content and presentation of the HIV and AIDS Peer Education programme was, however, not without its shortcomings. The research results were, therefore, also used as a basis to formulate guidelines for its further improvement.

## **12. GUIDELINES FOR IMPROVING THE PROGRAMME**

The following guidelines can be divided into two components. The first one contains those pertaining to the contents of the programme, and the second to its presentation.

### **❖ Guidelines for improving the contents of the programme**

Due to a number of smaller problems that the presenters experienced with the programme, as well as deficiencies that came to the fore through the measurement scales, the following three steps can be taken to improve its contents:

- The presenters' recommendations should be utilised in the next revision of the HIV/AIDS programme. In this regard, special attention should be given to the elements of the programme that they found least helpful and most cumbersome. Attention should also be given to those aspects/topics that need to be added and those that need to be covered in greater depth. This also applies to the teaching media and the learning material.
- It should become standard practice to revise and update the programme every 12 to 18 months. This will ensure that it stays on the cutting edge of new developments in the field of HIV/AIDS, adult learning and peer education.
- The possibility of the modularisation of the programme should be further investigated. This could be done in such a way that it could target different types of groups (e.g. management vs. cleaners) without losing its core functionality.

### **❖ Guidelines for improving the presentation of the programme**

The measures that can be taken to improve the presentation of the programme cover a wide variety of issues. They include the following:

- The nature and presentation of the HIV and AIDS Peer Education programme makes it imperative that only suitably qualified social workers trained as educational officers,

should present the programme. The research data gave a strong indication that the programme would be a “dangerous weapon” in the hands of the wrong person.

- In order to ensure a high presentation standard, the continuous and further training of presenters should receive a priority rating. All presenters should complete a train-the-trainer programme and an advanced facilitation and presentations skills course before being allowed to present the HIV and AIDS Peer Education programme.
- Presenters should attend a work session every 12 to 18 months to assist with the evaluation and updating of the programme, and to ensure that they are up to date with new developments.
- The KAB scales should be further developed and standardised and used on a continual basis in order to determine the effect of each programme presentations. This will help to ensure that all SAPS personnel receive the same high standard of service delivery.

### **13. CONCLUDING REMARKS**

The Evaluation of Personnel Capacity Building Programmes (EPCBP) research project was the most comprehensive study ever undertaken by Police Social Work Services. The study is important for the credibility of the social work profession, particularly within the SAPS. The evaluation of the HIV and AIDS Peer Education programme formed a core part of this project. It was, therefore, quite significant that the research showed that the programme is a highly effective intervention mechanism, which enables SAPS to turn the tide against HIV and AIDS.

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## ARTICLE 3

**Khumalo, C.T.**

Department of Home Affairs

**Rankin, P.**

School for Psychosocial Behavioural Sciences, Potchefstroom Campus of the North-West University

**Weyers, M.L.**

School for Psychosocial Behavioural Sciences Potchefstroom Campus of the North-West University

### **THE RETURN ON INVESTMENT (ROI) OF THE SOUTH AFRICAN POLICE SERVICE'S HIV AND AIDS PEER EDUCATION PROGRAMME**

#### **Abstract**

**Background:** *Internationally, there has been an increased need for the social work profession to demonstrate the effectiveness and efficiency of this services. This also applies to the Police Social Work Services who were faced with the challenge of determining the impact of its HIV and AIDS Peer Education programme in enhancing the resilience and conduct of members and to determine whether or not the programme was a worthwhile investment for the organisation. To that effect, a return on investment analysis of the programme was undertaken. The results of the study will be covered in this article.*

**Objectives:** *To measure the return on investment of the SAPS's HIV and AIDS Peer Education programme.*

**Method:** *The results of an effective measurement study (see article 2) were combined with organisational data and the results of various other studies to complete the return on investment framework developed by Meyer et al. (2003). The cost of the programme is assessed by means of a form of cost-benefit analysis, in which the estimated value of the programme's output is contrasted with the estimated resources needed to maintain the programme.*

**Results:** *The results indicates that the benefits derived from the Peer Education Programme outweigh the costs incurred in establishing and sustaining it.*

## **1. INTRODUCTION**

Although issues relating to cost and cost containment have assumed an increasingly important role in the delivery of services, relatively few attempts have been made to assess the cost and benefits of social work interventions (Berger & Health, 1992:1). The need for the social work profession to demonstrate the effectiveness and efficiency of its programmes has increased considerably. This demand for programme evaluation and cost-benefit analyses is largely due

to two factors, namely, tightening economic conditions and demands made by clients for quality services (Compton & Galaway, 1989:691).

Similarly the need to determine the return on investment of the South African Police Service's HIV and AIDS programme, was informed by the need to account for the resources allocated for the programme, to increase the knowledge base of the social work profession and to offer value based quality services to SAPS employees.

In this article, the result of the return on investment analysis of the HIV and AIDS Peer Education programme of the South African Police Service will be discussed. It will include an overview of the basis in which the calculations were made, the research procedure that was followed, the results that were achieved and the implications of these results for the SAPS and social work in general.

## **2. THE BASIS FOR THE CALCULATION OF THE PROGRAMME'S RETURN ON INVESTMENT (ROI)**

The calculation of the effects of social work interventions falls under the broad category of programme evaluation. Within the context of this article, programme evaluation can be defined as the application of agreed upon standards (which can either be implicit or explicit) to systematically assess the operations and outcomes of a social work service (De Vos, 2002:375; Weiss, 1998:4). With reference to social work practice, the purpose of this course of action is primarily fourfold, viz:

- To increase social work's knowledge base (e.g. by developing and testing theories about social problems and interventions)
- To guide decision making processes across all levels
- To prove accountability; and
- To ensure that the recipients of social work services receive quality services (Rankin, 2005:4-5).

From the above, it can be presumed that programme evaluation is a precondition for social work as an efficient, effective and accountable profession. It serves as a vehicle to solicit and advocate support from donors, government or other professions and, in the case of Police Social Work Services, from the organisation itself.

There are different types or categories of programme evaluation, many of which are interrelated or overlapping (Rankin, 2005:5-11). These include summative and formative evaluation, needs assessment, evaluability assessment, programme monitoring, outcome evaluation and efficiency evaluation. The latter can take on two forms, namely cost-effectiveness analysis and a cost-benefit analysis. In a cost-effectiveness analysis, the benefits of the intervention are usually expressed in non-monetary terms, while such a criterion is a prerequisite for a cost-benefit study (Kee, 2004:550). A return on investment (ROI) study can be viewed as an advanced form of cost-benefit analysis.

In this overview, the focus will first be on the rationale for undertaking such an advanced form of cost-benefit analysis as far as the HIV and AIDS Peer Education programme is concerned. The basic nature of ROI's, the context within which the calculations took place and the assumptions, on which it was based, will then briefly be covered.

## **2.1 THE NEED FOR A ROI ANALYSIS**

Internationally and locally, the need for the social work profession to demonstrate the efficiency and effectiveness of its programmes has increased tremendously (Compton & Galaway, 1989: 691). The demand for programme evaluation is largely due to tightening economic conditions. Because of financial constraints, politicians have begun to question the amount of money budgeted for social programmes and as a consequence, the social work profession has been put under pressure to demonstrate the cost-effectiveness of its programmes. Rising unemployment, fiscal restraints and changes in family structures provided a particular challenge for programme administrators and social work practitioners alike (Russell, Lankford & Grinnel, 1983). A second factor contributing to the demand for programme evaluation is the consumer movement (Tripodi, 1983: 67). The days of unquestioned faith in professionals are gone. The public is now demanding quality services from all professionals, including social workers and their agencies. Conditions within the Social Work profession have also increased the need for programme evaluation. Social Work, like other professions, must develop credibility by demonstrating professional competency, both at an individual level and at the aggregate level, through its agencies and programmes. The emphasis in this new era is on the delivery of excellent social service programmes that can demonstrate that they provide much needed, beneficial and competent services to clients.

In spite of this international trend, very little effectiveness and efficiency research has been undertaken in South Africa (Mitchell, 2005: i-ii). The study undertaken in collaboration with the Police Social Work Services (abbreviated as PSWS) to evaluate the Capacity Building Programmes, of which the HIV and AIDS Peer Education programme is a part, was an exception. The reasons why this study included an ROI analysis are based on the need to build a business case to solicit management support.

The resources allocated to the HIV and AIDS Peer Education Programme is indicative of the organisational belief that people are critical for the attainment of its strategic objectives. It concedes to the fact that the development of its employees does not only serve the interest of the service, but also the requirements of the society within which it operates. The question is, however, whether the HIV and AIDS Peer Education capacity building programme actually contributes to the development of human capital and if it provides an adequate return on investment in terms of money, time and effort. A study into the effects of the programme proved that it developed human capital (see Article 2). To ascertain if this contribution represented a cost effective effort, the calculation of the programme's return on investment (ROI) also had to be done.

There are also various other reasons for measuring the HIV and AIDS Peer Education programme's ROI. These include the following:

- The effectiveness and efficiency of the programme has not yet been proven. The challenge faced by the Police Social Work Services is to ascertain whether or not the programme is effective and above all, whether it is worth the investment or not. The outcome of the exercise will inform the need to pursue other strategies.
- Measuring the return on investment of the programme will provide management with scientific evidence of the value of its investments in financial terms. It will enable the Police Social Work Services to provide answers to the following questions :(1) Does the programme achieve its success at a reasonable cost? (2) For every rand invested in the programme how many does the organisation get back? In finding these answers, the Police Social Work Services will comply with its accountability responsibility.

## **2.2 THE NATURE OF ROI ANALYSIS**

The concepts commonly used to describe the cost and benefits of an intervention are cost-effectiveness evaluations, cost-benefit analysis and efficiency assessments (De Vos, 2002:385). These, however, apply mainly to more informal or impressionistic forms of measurement. Within the context of this study, it was decided to rather make use of the more advanced "return on investment" (ROI) concept and to use the considerable body of knowledge and well-tested formulas that have been created with regard to this procedure.

A ROI study can be defined as the scientific measurement of the monetary benefits obtained by an organisation over a specified period in return for a given investment in a service delivery programme (Weyers et al., 2005:134). It is, in other words, the extent to which the intervention's benefits (outputs) exceed its costs (inputs). The formula that is used in the calculation of a ROI is the annual net programme benefits divided by programme costs, where the net benefits are the monetary value of the benefits minus the costs of the programme. In percentage terms, this can be formulated as:

$$\text{ROI (\%)} = \frac{\text{Net Programme Benefits (benefits - costs)}}{\text{Programme Costs}} \times 100$$

Where:

- Net programme benefits = Total benefits minus costs
- Benefits = Improvements in quality of service + labour and other costs savings.
- Programme Cost = Financial costs + manpower/time inputs (Meyer et al., 2003:5)

## **2.3 THE CONTEXT WITHIN WHICH THE CALCULATION OF THE ROI TOOK PLACE**

The calculation of the HIV and AIDS Peer Education programme's ROI was based on two interrelated issues, viz. the effects of the programme on its recipients and the benefits that the organisation derived from this intervention. The effect measurement has been sufficiently dealt with in Article 2. Some of the findings will, however, be utilised in this article as part of the measurement of the programme's return on investment (ROI). The only available

comprehensive South African ROI analysis done in a social work setting was that of Weyers, Huisamen and Williams (2005:131-181). Because their research was done in the SAPS and covered the ROI of a personnel capacity building programme, much of their procedures and data were used as a basis in this study. It was augmented by a comprehensive measurement framework and formulas that were developed by Meyer, Opperman and Dyrbye (2003).

## **2.4 THE BASIC ASSUMPTIONS ON WHICH THE CALCULATION OF THE ROI WERE BASED**

HIV infection is a devastating disease for individuals and society. In South Africa, the Department of Health (2006:38) estimated that 60,2% of women attending public antenatal facilities were HIV positive in 2005. This translates into 22.8 % of the population. The World Health Organisation/UNAIDS (2006:25) has estimated that more than 302 000 South Africans, or more than 800 people a day, died from AIDS in 2005 (Mail and Guardian, 2006:8; 25-31 )

The economic burden of employees with a HIV infection is a matter of increasing concern for employers (Liu et al., 2004:1185). A review of literature indicated that the HIV pandemic is and will increasingly be a sizeable economic cost item to the public and private sector. This will, amongst others, be caused by the lower productivity of sick employees ; increased expenditure on medical treatment, HIV and AIDS related absenteeism and skyrocketing replacement costs. The accurate costing of the pandemic is, however, complicated by the very nature of the disease. It lies in the fact that the initial phase of the infection (approximately five to seven years) could be completely asymptomatic, that the active AIDS phase with its secondary infections could last for between three to five years and with the appropriate use of medication can be prolonged for much longer, and that it could take considerable time before an employee has to be replaced (Liu et al, 2004:1186). The prevention of one HIV infection could, therefore, take more than 5 years to bear any financial fruit for an organisation such as the SAPS. The same applies to services that supports HIV positive personnel members and which is, *inter alia*, aimed at keeping them as healthy as possible 'production units'.

The only mechanism that can, technically, be used to overcome the time-to-benefit lag in HIV and AIDS related services, is to restrict the benefit period to three year. In the ROI calculations it will, therefore, be accepted that the benefits of the intervention will only last for three years but that these would occur immediately after each intervention. If the same principle is applied in consecutive interventions and ROI studies, it will not produce skewed results.

A second problem in determining the return on investment of the HIV and AIDS Peer Education programme is inherent in the type of work done by peer educators. Within the SAPS, they basically have the following functions:

- To distribute HIV/AIDS awareness raising material (pamphlets and flyers)
- To distribute 5 000 condoms per month per province, in strategic areas
- To participate in the arrangements and to attend the launch of Provincial Voluntary Counselling and Testing (VCT) programmes

- To attend 1 supervision session per month
- To co-facilitate awareness workshops
- To informally disseminate HIV and AIDS and Sexually transmitted infections related information to fellow peers .

Because the cost-benefit analysis of the HIV/AIDS Awareness Programme is excluded from this study, only the peer educators' contribution to the prevention of infections and to the support of HIV positive personnel members can be included in the calculations.

It is impossible to scientifically determine the number of staff members that peer educators come into contact with per annum and the magnitude of the effect that they might have on these individuals. General behaviour patterns in organisations and research findings on the impact of staff members on each other had to be used as indicators of these tendencies. The results are included basic assumptions on which calculations of the HIV and AIDS Peer Education Programme's ROI were based (see Table 2).

There were various other assumptions that had to be made in the calculation of the programme's ROI. These included the following:

- That, due to the vast differences in the tasks that personnel perform, the complexities of the SAPS as a mega-organisation and various other factors, it is practically impossible to work with individual measurements when calculating the programme's ROI. The only answer would be to extrapolate from trends that already exist in the organisation and elsewhere and to do the calculations on the basis of these trends.
- That the results of the programme's effect measurements (see Article 2) can be used as a basis for the calculation of its benefits. In this regard, it will be accepted that the average net change that the programme brought about in peer educators' knowledge, attitudes and behaviour, coupled with its ascribed value and relevance, would be an indicator of the magnitude of its effect.
- That the calculation of some of the programme's individual benefits could be flawed. However, any overestimation of a benefit or overlapping between benefits will be more than compensated for by the fact that it was practically impossible to cover all of the programme's benefits in the calculations (see Table 1 for the comprehensive list of all benefits that could be gained).

Because the SAPS are a non-commercial and service oriented organisation, it is not possible to use income generation or financial profit in the calculation of the programme's ROI (Weyers et al., 2005:147-8). The alternative would be to utilise the saving that such an intervention would bring about. These savings pertain to the three production factors i.e personnel (labour), operations (methods) and time, and outcomes ( products). Some examples of these are included in Table 1. Note should be taken of the fact that a direct Rand value can only be assigned to some of these benefits.

**Table 1: Matrix of the potential benefits of an intervention**

<b>PRODUCTION FACTOR 1: PERSONNEL ('LABOUR')</b>	<b>PRODUCTION FACTOR 2: OPERATIONS AND TIME (METHODS)</b>	<b>PRODUCTION FACTOR 3: OUTCOMES ('PRODUCTS')</b>
<ul style="list-style-type: none"> <li>• Improved morale</li> <li>• Improved decision-making</li> <li>• Improved work behaviour</li> <li>• Improvement in employee quality of life and wellbeing</li> <li>• High employee motivation</li> <li>• Improved social functioning and self-esteem</li> <li>• Reinforced job security and stability at work</li> <li>• Improved job satisfaction</li> <li>• Improved teamwork and supervisor and peer relationships</li> <li>• Increased organisational commitment</li> <li>• Reduction in the negative effect of personal and family problems</li> <li>• Reduced employee turnover</li> <li>• Reduced replacement costs</li> <li>• Reduced recruitment costs</li> <li>• Reduced training/ retraining cost</li> <li>• Reduced absenteeism</li> <li>• Reduced medical benefit claims/ healthcare costs</li> <li>• Reduced disability claims</li> <li>• Reduced workers compensation costs (including: days of lost work and "light duty" work)</li> <li>• Reduced early retirements</li> </ul>	<ul style="list-style-type: none"> <li>• Improved job performance and worker productivity</li> <li>• Improved response time to requests</li> <li>• Increase in the number of requests handled</li> <li>• Increased time spent on value-adding tasks (e.g. to resolve complaints/ process requests)</li> <li>• Decrease in rework/ redo time</li> <li>• Decrease in the number of errors</li> <li>• Decrease/elimination of tardiness</li> <li>• Reduced production lost due to sickness</li> <li>• Reduced production lost due to sick leave</li> <li>• Reduced production lost due to visits to medical practitioners</li> <li>• Reduced production lost due to disciplinary actions</li> <li>• Reduced production lost due to conflict and bullying</li> <li>• Reduced production lost due to inappropriate use of supervisors time</li> <li>• Reduction in negative workflow</li> <li>• Reduced production lost due to on-the-job accidents</li> <li>• Reduced production lost due to time required to fill vacant positions</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting the social responsibility of the organisation</li> <li>• Benefit the community's overall well-being</li> <li>• Saved lives and families</li> <li>• Decreased customer dissatisfaction</li> <li>• Enhanced corporate reputation and image (internal and external)</li> <li>• Improved management-union relations</li> <li>• Reduction of co-worker and supervisory anxiety</li> </ul>

\* Based on Weyers et al., 2005:148

In the calculation of the programme's ROI, use will especially be made of savings in terms of personnel (production factor 1) and time (production factor 2).

❖ **Personnel saving**

The cost of personnel is the single highest expense item in the organisation's budget (SAPS, 2005). Any form of savings in terms of personnel that can be achieved by a programme would obviously contribute to the improvement of an organisation's cost-output ratio and should, therefore, be included in the ROI analysis.

Workforces in countries and regions with a high HIV prevalence rate have experienced a rise in staff turnover since the 1980's (Liu et al., 2004:1188). The staff turnover forces organisations to recruit more new employees in order to maintain productivity and growth. Such replacements are very expensive as it involves a loss of know-how/expertise and production, an investment in hiring and new training, and considerable pressures on managers and existing staff in the interim period. These are some of the reasons why the DMI (2001) have conservatively estimated that the replacement cost of an employee is equal to 150% of that individual's annual compensation.

In this study, the calculation of personnel cost savings will focus on the direct measurable costs involved. Consequently, use will be made of savings in staff turnover as a main benefit item.

#### ❖ **Time savings**

A second major category of benefits that will be used in the analysis is that of time savings. In these calculations, the average production time that will be lost due to certain behavioural patterns and that could have been used for value adding activities, will be costed. Two concepts will be used to describe this phenomenon, viz. absenteeism and presenteeism.

Absenteeism occurs when an employee does not stay away from work due to scheduled time off, illness, injury, or any other reason (McElroy et al., 1995:91). It has been found that the hourly cost of absenteeism is equal to 130% of a skilled employee's hourly costs (DMI, 2001). The extra cost is due to additional supervisory time spent on the handling of absenteeism (e.g. for filling out the required paperwork) multiplied by the average hourly cost of a supervisor (Weyers et al., 2005:150). Typical examples of the cost of absenteeism are the production lost due to sick leave, visits to medical practitioners and the inappropriate use of supervisors' time.

Presenteeism refers to the loss of production that occurs when employees are at work but are not producing to their full or required capacity or are spending time on activities that do not pertain to their job requirements (Bagwell, 2000:25). Examples of this phenomenon are production lost due to sickness and on-the-job accidents, the time spent on talking to colleagues and others over their personal or family problems and the use of the employer's time to attend to personal matters.

All the above assumptions on which the calculation of the programme's ROI were based, as well as some of the implications of these assumptions, are summarised in Table 2.

**Table 2: Ten basic assumptions on which calculations of the programme's ROI were based**

ASSUMPTIONS	NATURE OF THE ASSUMPTIONS AND THEIR IMPLICATIONS
Assumption 1 (Generalisation of characteristics)	<ul style="list-style-type: none"> <li>• That the peer educators and the personnel members that they will come into contact with ("contact persons"), will exhibit the same characteristics as is currently present in the organisation as a whole               <ul style="list-style-type: none"> <li>○ This assumption makes it possible to generalize the data pertaining to existing personnel (e.g. in terms of their sick leave patterns, staff turnover rates and HIV prevalence rates) to these individuals</li> </ul> </li> </ul>
Assumption 2 (Cost per hour)	<ul style="list-style-type: none"> <li>• That the average personnel cost for the organisation as a whole can be used as a basis in the calculation of all costs and benefits               <ul style="list-style-type: none"> <li>○ The assumption makes it possible to use the average employee cost of R65 per hour (SAPS, 2005:161) in all the ROI calculations</li> </ul> </li> </ul>
Assumption 3 (Costing practices)	<ul style="list-style-type: none"> <li>• That the general costing practices used in ROI and other measurement could also be applied to the SAPS               <ul style="list-style-type: none"> <li>○ The assumption implies that the various costing procedures followed and assumptions used in other studies could be used in this research.</li> <li>○ It could, therefore, be assumed that the replacement cost of a SAPS employee will be 150% of his/her annual compensation (remuneration) and that the hourly cost of absenteeism is equal to 130% of an employee's hourly cost.</li> </ul> </li> </ul>
Assumption 4 (Trends)	<ul style="list-style-type: none"> <li>• That international and national trends can be made applicable to South Africa and the SAPS               <ul style="list-style-type: none"> <li>○ The assumption, firstly, implies that the situation of the SAPS will not differ markedly from the trends found in South African society as a whole and in other South African organisations.</li> <li>○ It secondly implies that, on the whole, there ought not to be a marked difference between research findings in other countries and the situation that would exist in the SAPS.</li> <li>○ It would, therefore, be possible to assume that research findings re the effect of HIV and AIDS in a foreign country or in another organisation could, with the necessary adaptations, be made applicable to the SAPS.</li> </ul> </li> </ul>
Assumption 5 (Use of indicators)	<ul style="list-style-type: none"> <li>• That it is possible to make use of indicator measurements in ROI               <ul style="list-style-type: none"> <li>○ Due to the fact that it is impossible to measure all the issues directly, it is assumed that those that could be measured will be an indication of a certain trend or of the extent of a problem.</li> </ul> </li> </ul>
Assumption 6 (HIV/AIDS prevalence rates)	<ul style="list-style-type: none"> <li>• That there will not be a marked difference between the HIV/AIDS prevalence rate for the adult population of South Africa and that of the SAPS. In the calculations, however, a conservative route will be followed and it will be accepted that the latter rate will currently not be higher than 20%</li> </ul>
Assumption 7 (Generalisation of measurements to trends)	<ul style="list-style-type: none"> <li>• That, although measurements will be done as if they pertain to individuals, the resultant data should rather be seen as indicative of a trend.               <ul style="list-style-type: none"> <li>○ This assumption, for example, implies that although it would be stated in a calculation that only 46% of the peer educators would be affected by an intervention, the results should be seen as the average effect on all the recipients combined.</li> </ul> </li> </ul>
Assumption 8 (Effect on the peer educators)	<ul style="list-style-type: none"> <li>• That the effect of the programme on the peer educators would be equivalent to the average net changes that it brought about in their KAB and the value and relevance that they ascribed to the intervention. This came to 46% (see Article 2)               <ul style="list-style-type: none"> <li>○ This assumption, <i>inter alia</i>, implies that only 46% of the peer educators that are trained will change their behaviour to such an extent that they will not become HIV infected.</li> </ul> </li> </ul>

<p>Assumption 9 (Effect of the peer educators)</p>	<ul style="list-style-type: none"> <li>• That each peer educator will only come into contact with three HIV/AIDS 'vulnerable' colleagues per annum and that their effect on these individuals would be equal to 50% of the effect that the Peer Educator programme had on them. <ul style="list-style-type: none"> <li>○ This assumption, firstly, implies that a peer educator will only come in contact with 15 'new' colleagues very 12 months and that three of these (i.e. 20%) will fall in the HIV/AIDS 'vulnerable' group.</li> <li>○ They will, secondly, only be able to bring about a 23% (i.e. 46% x 50%) change in these three colleagues' behaviour <sup>(1)</sup></li> </ul> </li> </ul>
<p>Assumption 10 (Contracting of benefit period)</p>	<ul style="list-style-type: none"> <li>• That for calculation purposes, the benefit period of an intervention will be restricted to three years and that this period will start immediately after the presentation.</li> </ul>
<p><b>Notes:</b>  <sup>(1)</sup> Calculation especially based on the following studies: Kathuria et al. (1998), Katzenstein et al. (1998), Morisky et al. (1998) and Rietmeijer et al. (1996)</p>	

### 3. THE RESEARCH OBJECTIVES, DESIGN AND PROCEDURE

The ROI calculation reported on in this article formed part of a broader study reported on in the other articles. This article will mainly focus on the actual calculations of the ROI of the HIV and AIDS Peer Education Programme.

#### 3.1 AIM

The aim of the analysis on reported on in this article was to determine the return on investment (ROI) of by the HIV and AIDS Education Programme of the South African Police Services (SAPS).

#### 3.2 HYPOTHESIS

This research is based on the hypothesis that the HIV and AIDS Peer Education Programme will provide a positive return on investment for the SAPS.

#### 3.2 RESEARCH DESIGN

The purpose of this article is to report on the calculations of the ROI of the HIV and AIDS Peer Education Programme of the SAPS. An evaluative design (Grinnell, 3001:29) was thus used .

#### 3.3 PROCEDURE

The ROI measurement represents phase 4 of the bigger project of which the ROI measurement forms a part. The procedure of this part of the investigation consisted of the following steps:

- An identification of the assumptions on which the study could be based
- An identification of potential benefits accruing to the intervention programme.
- The identification of the input assumptions on which the ROI calculations could be based
- The calculation of the costs of the input factors

- The calculation of the total year-on-year cost of the programme
- The calculation of the benefits and ROI of the programme.

### **3.4 EXPERIMENTAL SUBJECTS**

This part of the research are to a great extent independent of the KAB-section and mainly consisted of calculations. The research participants in this case was the respondents in the KAB section of the study because most of the information gained from them was used in the ROI calculations.

### **3.5 MEASURING INSTRUMENTS**

The main measuring instrument in this project was the formula used to determine the ROI of the programme. The formula used was the following:

$$\text{ROI (\%)} = \frac{\text{Net Programme Benefits (benefits – costs)}}{\text{Programme Costs}} \times 100$$

Where:

- Net programme benefits = Total benefits minus costs
- Benefits = Improvements in quality of service + labour and other costs savings.
- Programme Cost = Financial costs + manpower/time inputs (Meyer et al., 2003:5)

### **3.6 PROCEDURES AND FORMULAS USED IN DATA ANALYSIS**

Various procedures and formulas were used in the analysis of the ROI. The following important calculations were done:

- The calculation of the costs of the input factors
- The calculation of the total year-on-year cost of the programme
- The calculation of the benefits and ROI of the programme.

In the case of the ROI measurements, use was primarily made of the comprehensive Microsoft Excel based ROI framework and formulas developed by Meyer et al (2003). These were supplemented by the views and formulas developed by other authors (Davidove & Schroeder, 1992:70-1; Goldwasse, 2001:82-8; Moonen, 2003: 147 – 165), the results achieved in the programme's effect measurements, and the findings of other studies.

In the following presentation of the ROI analysis, the calculation of the programme's costs, benefits and return on investment will be dealt with separately.

## **4. THE COSTS OF THE PROGRAMME**

In describing the cost involved in the development and presentation of the programme, the expenditure items will be divided into five categories. These are the gap analysis, the design and development of learning material, the presentation/facilitation costs, the assessment and evaluation costs, and the fixed costs of training. The input assumptions, on which all these calculations are based, are provided in Worksheet 1:

**WORKSHEET 1: INPUT ASSUMPTIONS ON WHICH THE ROI CALCULATIONS WERE BASED**

<b>Input Assumptions</b>	<b>Year 1 (2003/04)</b>	<b>Year 2 (2004/05)</b>	<b>Year 3 (2005/06)</b>
1) Number of peer educators that participate in the programme per annum <sup>(1)</sup>	874	819	818
2) What is the number of productive weeks per annum? <sup>(2)</sup>	48		
3) What is the number of productive hours per week?	40		
4) What is the annual organisational turnover per employee?			
a) Number of employees in the organisation? <sup>(3)</sup>	135,406	143,139	149,139
b) Annual <i>personnel budget</i> for the organisation? <sup>(4)</sup>	R 16,363,695,000	R 17,772,460,000	R 19,726,920,000
5) What is the average personnel cost per employee?	R 120,849	R 124,162	R 132,272
6) What is the current interest rate?	8%		
7) How many courses/presentations are currently offered? <sup>(5)</sup>	55		
<b>Result</b>			
8) The number of productive hours per employee per annum are:	1,920		
9) The employee cost per hour is:	R 63	R 65	R 69
<b>Notes:</b>			
(1) The average number of peer educators that will be trained per annum is estimated at 830			
(2) 52 week minus 4 week annual leave			
(3) Net increase estimated at 6000 employees per annum from base of 143,139 in 2004/05 (cf. SAPS Annual Report, 2004/05:114)			
(4) Based on SAPS Annual Report (2004/2005:144) plus projected increase of 11%			
(5) Based on an average group size of 15 members, an average of approximately 55 courses will be presented per annum			

#### 4.1 THE COST OF THE GAP ANALYSIS

The concept “gap” refers to the difference between the peer educators’ HIV and AIDS related knowledge, attitudes and behaviour before the start of the programme and that which is ultimately required for their effective functioning within the organisation. A gap analysis should, therefore, identify the changes that must be brought about by the intervention/programme.

In the case of the HIV and AIDS Peer Education Programme, a two-step gap analysis process was followed. As a first step, the developer of the programme (an external consultant) did his own gap analysis and utilised it as a basis in the design of the intervention instrument. The cost of this step was not specified separately but included in the overall design and development cost. As a second step, his concept programme was given to a panel of experts. This panel consisted of 20 members of Police Social Work Services and it was their task to verify that the assumptions on which the programme was based was correct and that it would bring about the required changes in the peer educators competencies. The changes recommended by the panel was utilised in the finalisation of the programme by the service

provider. In terms of the costing of the gap analysis, only the inputs of the panel of experts can be included (see Worksheet 2).

## WORKSHEET 2: COST OF THE PROGRAMME'S GAP ANALYSIS

Gap Analysis (Panel of experts – 20 members)			
	Hourly rate	Number of Hours	Cost
1) What is the hourly rate for the persons doing the gap analysis?	R 63		
2) How many hours did it take to do the gap analysis?		80	R 5,035
3) Other costs incurred by the panel of experts <sup>(1)</sup>			R 1,365
		<b>Total</b>	<b>R 6,400</b>

**Notes:**

(1) Proportion of the cost incurred for travel and overnight expenses

## 4.2 THE COSTS OF THE LEARNING MATERIAL

The costs of the learning material entailed the expenditure incurred in its design and development and the duplication cost itself.

The services of an external service provider were utilised to design and develop the programme. The costs covered the design of the presenter's training package, the transparencies and the participants' workbooks (see worksheet 3). The duplication cost of the training package and the cost of each peer educator's workbooks are also included. The latter cost item will be automatically multiplied by the number of peer educators who underwent the training in the final calculation of the programme's ROI.

## WORKSHEET 3: COST OF THE LEARNING MATERIAL

COST OF LEARNING MATERIAL (including design, development and duplication of training packages)		
Item	Cost per item	Total
1. Design & development <sup>(1)</sup>		R 16,641
2. Duplication of 20 training packages <sup>(2)</sup>		R 9,200
a. Training Manuals	R 63.00	
b. Sets of coloured & black and white transparencies	R 165.00	
c. Sets of Survival Tips - A2 posters	R 187.00	
d. File divisions	R 27.00	
e. File covers & side panels	R 18.00	
3. Material duplication cost per user/peer educator <sup>(3)</sup>		R 27
a. Workbooks	R 26.00	
b. Course Evaluations	R 1.00	

**Notes:**

(1) One-off cost item

(2) One-off cost item (two packages per province, including Head Office). The same training packages were used for the three year training cycle.

(3) Input cost per user

### 4.3 THE COST OF PRESENTING THE PROGRAMME

The cost of having the social workers present to HIV and AIDS Peer Education programme to the prospective peer educators over a five day period was the next category of expenditure that was covered by the return of investment calculations. During the period covered in the study, the programme was presented to 228 SAPS employees from 10 provinces (Head Office being regarded as the tenth province) by 11 social workers. The data generated by this study, as well as information provided by an analysis of peer educator files, the organisation's annual reports and by Laubscher and Montsi (2006: personal interviews), was used as a basis to extrapolate existing cost to the cost that would be incurred to presenting the programme per annum. In the calculations, especially the following data was used as a basis:

- that an average of 830 peer educators will be trained per annum (see Worksheet 1),
- that an average of 55 training sessions of 40 hours each will be held per annum (see Worksheet 1),
- that the hourly rate of both the presenters (social workers) and attendees (peer educators) were R 63 for 2003/04, R 65 for 2004/05 and R 69 for 2005/06. The average of R65 will be used in the calculations (cf Worksheet 1),
- that an average of 5% training sessions would have occurred so far from the presenters and attendees place of work that it would have acquired the organisation to cover the cost of their travel and overnight stay and to provide them with a daily allowance of R44.00,
- that the average accommodation cost would be R150 per night for four days (the participants arrive on a Monday morning and depart on Friday afternoons)
- that the average travel cost of a presenter will work out to R250 per five day training session (it was taken into account that presenters often travel alone) and
- that the average travel cost of an attendee would be R150 per training session (it was taken into account that busses are often used to transport the peer educators).

#### WORKSHEET 4: THE COST OF PRESENTING THE PROGRAMME PER ANNUM

Cat.	Item	Unit	Cost	Year 1	Year 2	Year 3
<b>Trainer's cost</b>	Trainer/s cost per hour to run course	R 68	R 2,713			
	Accommodation cost(2)		R 86.50			
	Travel costs		R 250			
	Daily allowance(1)		R 31.70			
	Total cost per course		R 3,081			
	Cost to present annual courses			R 169,468	R 157,143	R 157,143
<b>Delegate cost</b>	Productivity loss			R 2,600	R 2,600	R 2,600
	Accommodation cost(2)		R 86.50	R 1,375	R 1,288	R 1,286
	Travel costs		R 150.00	R 2,384	R 2,409	R 2,406
	Daily allowance(1)		R 31.70	R 504	R 509	R 508
	Total cost per course		R 268	R 4,262	R 4,206	R 4,201
	Cost to present annual courses			R 234,407	R 214,504	R 214,242

**Notes:**

- (1) Calculated on the basis that an average of 5% training sessions would occur so far from the presenters' and attendees' place of work that it would acquire the organisation to provide them with a daily allowance.
- (2) Calculated on the basis that an average of 5% training sessions would occur so far from the presenters' and attendees' place of work that it would acquire the organisation to cover their accommodation costs.

#### 4.4 THE COST OF THE ASSESSMENT AND EVALUATION

The assessment and evaluation cost cover the costs involved in the development and duplication of the KAB, presentation evaluation and presenters' evaluation questionnaires, and the interpretation of all the data generated by them. The costs of the different items are summarised in Worksheet 5.

## WORKSHEET 5: COSTS OF THE ASSESSMENT AND EVALUATION

ITEM	[A] TIME SPENT: PERSONNEL INVOLVED	[B] TIME SPENT: RESEARCH SUPERVISOR/S & OTHERS	COST OF [A]	COST OF [B]	TOTAL COST
	<i>Hourly Rate: R63</i>	<i>Hourly Rate: ±R120</i>			
Design & Development of KAB questionnaires (hours)	40	20	R 2,520.00	R 1,260.00	R 3,780.00
Design & Development of presentation and presenter's evaluation questionnaires	2	10	R 126.00	R 630.00	R 756.00
Duplication cost of KAB questionnaires (pilot study) (R0.25 per page X 10 pages per questionnaire X 2 questionnaires X 20 respondents)					R 100.00
Duplication cost of KAB questionnaires (main study) [R0.25 per page X 10 pages per questionnaire X 2 questionnaires X 290 respondents (228 experimental group + 62 comparison group)]					R 1,450.00
Duplication cost of presentation and presenter's evaluation questionnaires (main study) [R0.25 per page X 6 pages per questionnaire X 248 respondents (228 experimental group + 20 presenters)]					R 372.00
Cost of data input (SAS) and consultation with statisticians					R 3,000.00
Total cost					R 9,458.00
Average cost per respondent (2511 respondents) over 3 years					R 3.77

### 4.5 THE FIXED COSTS

The calculation of the actual fixed cost involved in presenting the programme was complicated by the fact that in such circumstances use is often made of SAPS facilities. The facilities do not require any additional expenditure. Where computers and other hardware (e.g. overhead projectors) are required, use is made of the equipments that is already in the possession of the organisation or that came included in the venues that are rented. Therefore, only the expenditure on the rental of floor space and meals are included in Worksheet 6.

## WORKSHEET 6: FIXED COSTS

ANNUAL FIXED COST FOR THE PROGRAMME	COST
Rental of floor space (venues)	R 20,000
Meals	R 43,700
<i>Total</i>	<b>R 63,700</b>

### 4.6 THE TOTAL COSTS OF THE PROGRAMME

The total year-on-year costs of the programme is summarised in Table 3. It basically contains all the data generated by Worksheets 1 to 6.

**TABLE 3: THE TOTAL YEAR-ON-YEAR COST OF THE PROGRAMME**

ITEM	INITIAL COST	YEAR 1	YEAR 2	YEAR 3
Gap Analysis	R 6,400			
Design and Development	R 49,439			
Cost of presenters		R 169,468	R 157,143	R 157,143
Delegate cost - lost productivity		R 2,272,400	R 2,129,400	R 2,126,800
Delegate cost - other		R 234,407	R 219,656	R 219,388
Cost of assessment & evaluation		R 3,409	R 3,194	R 3,190
Fixed costs		R 63,700	R 63,700	R 63,700
	<b>R 55,839</b>	<b>R 2,743,384</b>	<b>R 2,573,093</b>	<b>R 2,570,221</b>

## 5. THE BENEFITS AND ROI OF THE PROGRAMME

This section will focus on the results of the analysis of the benefits of the programme and its return on investment (ROI), net present value (NPV), payback period, internal rate of return (IRR), training cost per peer educator and the programme's cash flow statement.

In the discussion, the following summary of the benefits of the programme (see Worksheet 7) will be used as a basis.

**WORKSHEET 7: THE BENEFITS OF THE HIV AND AIDS PEER EDUCATORS PROGRAMME**

<b>BENEFIT DERIVED FROM THE PROGRAMME</b>	<b>RESULT 2003/04</b>	<b>RESULT 2004/05</b>	<b>RESULT 2005/06</b>
<b>Variable 1a:</b> Expected reduction in HIV AND AIDS related deaths and ill health retirements: Peer educators (see Table 4)	R 622,876	R 564,696	R 521,916
<b>Variable 1b:</b> Expected reduction in HIV AND AIDS related deaths and ill health retirements: Other personnel members ("contact persons") (see Table 4)	R 932,604	R 847,044	R 782,874
<b>Variable 2a:</b> Sick leave reduction: Peer educators) (see Table 5)	R 543,558	R 509,353	R 508,731
<b>Variable 2b</b> Sick leave reduction: Other personnel members ("contact persons") (see Table5)	R 815,337	R 764,029	R 763,096
<b>Variable 3a:</b> Expected reduction in HIV AND AIDS related visits to medical practitioners/clinics: Peer educators) (see Table 6)	R 209,060	R 195,905	R 195,666
<b>Variable 3b:</b> Expected reduction in HIV AND AIDS related visits to medical practitioners/clinics: Other personnel members ("contact persons") (see Table 6)	R 313,591	R 293,857	R 293,498
<b>Total personnel and time saving</b>	R 3,437,026	R 3,174,884	R 3,065,781

### 5.1 LABOUR AND OTHER COST SAVINGS

With regard to the calculation of possible labour and other cost savings due to the presentation of the programme, only the following three variables or indicators were used:

- Variable 1: The Rand equivalent of expected reduction in HIV and AIDS related deaths and ill health retirements
- Variable 2: The Rand equivalent of expected reduction in HIV and AIDS induced sick leave
- Variable 3: The Rand equivalent expected reduction in HIV and AIDS related visits to medical practitioners/clinics

The net contribution that the programme will make to cost reduction will be included in the calculations.

### 5.1.1 Variable 1: Expected reduction in HIV and AIDS related deaths and ill health retirements

In order to calculate the costs related to HIV and AIDS related deaths and ill health retirements for the SAPS, it was first necessary to identify the percentage of personnel who would probably be involved.

From an analysis of the organisation's annual reports for the years 2003 to 2005, Weyers et al. (2005:169) found the average death rate (deaths on duty were excluded) to be 0.81% of the SAPS population. It came to 1097 for 2003/04, 1159 for 2004/05 and 1208 for 2005/06. According to Thandile Report (2006), 5187 ill health retirement applications were assessed during the financial year July 2003 to June 2004, 5074 for July 2004 to June 2005 and 2540 for July 2005 to February 2006 (projected to 5000 for 12 months).

The second step in the process was to ascertain what percentage of the deaths and ill health retirements could be attributed to HIV and AIDS. In this regard, use was made of Schönreich's (2003:2) finding that the number of employees who 'left' the Department of Safety and Security due to these factors increased by 18% between 1999 and 2001. It was accepted that a large proportion of this increase was probably due to the accumulated effect of HIV and AIDS in the pre 1999 era and that it will continue to exert an effect. The formula that could, therefore, be used in the calculations was that 18% of the deaths and ill health retirements could be attributed to HIV and AIDS. This figure is also in line with the estimated infection rate of 20%.

The replacement cost of a skilled employee was used to calculate the cost of this phenomenon. The DMI (2001) conservatively estimated that it is equal to 150% of that individual's annual compensation. This estimate is based on the formula that the replacement cost should include:

- administrative and production loss,
- *plus* total replacement costs (hiring cost and expenses),
- *plus* total training costs (orientation, formal training and trainers) ,
- *plus* net differential of performance between leaver and replacement (former worker's production minus the new worker's production level).

In calculating the cost of HIV and AIDS related deaths and ill health retirements, use was made of the data available in the organisation's annual reports. The results of the process are contained in Table 4.

**TABLE 4: VARIABLE 1: EXPECTED REDUCTION IN HIV AND AIDS RELATED DEATHS AND ILL HEALTH RETIREMENTS**

ITEM	CALCULATION	RESULT 2003/04	RESULT 2004/05	RESULT 2005/06
(a) Workforce:		135,406	143,139	149,139
(b) Number of peer educators who were trained		874	819	818
(c) Total number of deaths (deaths on duty excluded)		1,097 members	1,159 members	1,208 members*
(d) Percentage of total workforce effected:		0.81%	0.81%	0.81%
(e) Total number of ill health retirement applications:		5187 members	5074 members	5000 members*
(f) Percentage of total workforce effected:		3.83%	3.54%	3.35%
(g) Estimated average number of peer educators who would die per annum:	$0.81\% \times (b) =$	7.1 peer educators	6.6 peer educators	6.6 peer educators
(h) Estimated number who will die due to HIV and AIDS:	$18\% \times (g) =$	1.28 peer educators	1.2 peer educators	1.2 peer educators
(i) Estimated average number of peer educators who would go on ill hearth retirement:	$3.83\% \times (b) =$	33.5 peer educators	30 peer educators	27.4 peer educators
(j) Estimated number who will go on ill hearth retirement due to HIV/AIDS:	$18\% \times (g) =$	6 peer educators	5.4 peer educators	4.9 peer educators
(k) Total number of peer educators affected:	$(h) + (j)$	7.28	6.6	6.1
(l) Total cost of staff turnover due to their HIV and AIDS related deaths and ill health retirement:	$(k) \times R124,000$ (average compensation) $\times 150\%$ (replacement cost) =	R1,354,080	227,600	R1,124,600
(m) Savings if the programme has a 46% success rate:	$(l) \times 46\%$	<b>R 622,876</b>	<b>R 564,696</b>	<b>R521,916</b>
(n) Estimated number of other personnel members that peer educators are in contact with ("contact persons") that could die or go on ill health retirement due to HIV and IDS:**	$(k) \times 3$ contact persons	21.8 contact persons	19.8 contact persons	18.3 contact persons
(o) Total cost of staff turnover due to their HIV and AIDS related deaths and ill health retirement:	$(n) \times R124,000$ (average personnel cost) $\times 150\%$ (replacement cost) =	R4,054,800	3,682,8000	R3,403,800
(p) Savings if the peer educators has a 23% success rate:***	$(o) \times 23\%$	<b>R 932,604</b>	<b>R 847,044</b>	<b>R782,874</b>

\* Estimates based on existing trends. \*\* See Table 2, Assumption 9. \*\*\* See Table 2, Assumption 9.

## 5.1.2 Variable 2: Expected reduction in HIV and AIDS induced sick leave

The absenteeism costs due to sick leave, incapacity leave and hospitalisation related to HIV and AIDS can be enormous (UNAIDS, 2002:8). In a comprehensive analysis done by Weyers et al., (2005:170-1), it was concluded that the average additional number of sick days that SAPS personnel who are living with HIV and AIDS will annually take because of their illness, is at least 13 days. These days include days for hospitalisation, but exclude time spent on visits to medical practitioners and clinics. The results of the calculations in which this estimated was applied, are summarised in Table 5.

**TABLE 5: VARIABLE 2: EXPECTED REDUCTION IN HIV/AIDS INDUCED SICK LEAVE**

ITEM	CALCULATION	RESULT 2003/04	RESULT 2004/05	RESULT 2005/06
(a) Number of peer educators who were trained		874	819	818
(b) Estimated number of peer educators that could become HIV positive per annum:	20% of (a) =	174.8 peer educators	163.8 peer educators	163.6 peer educators
(c) Number of days sick leave of peer educators if they become HIV positive:	174.8 x 13 days =	2272.4 days	2129.4 days	2126.8 days
(d) Total potential cost of HIV and AIDS induced sick leave (peer educators)	2272.4 days x 8 hours x R65 (hourly cost) =	R1,181,648	R1,10,7288	R1,105,936
(e) Savings if the programme has a 46% success rate:	R 1,181,648 x 46% =	<b>R 543,558</b>	<b>R509,353</b>	<b>R 508,731</b>
(f) Estimated number of "contact persons" that could become HIV positive per annum:	(a) x 3 x 20% =	524.4 contact persons	491.4 contact persons	490.8 contact persons
(g) Number of days sick leave of contact persons if they become HIV positive:	349.6 x 13 days =	6817.2 days	6388.2 days	6380.4 days
(h) Total potential cost of HIV and AIDS induced sick leave (peer educators)	(g) x 8 hours x R65 (hourly cost) =	R3,544,944	R3,321,864	R3317808
(i) Savings if the peer educators has a 23% success rate:	R 2,363,296 x 23% =	<b>R 815,337</b>	<b>R 764,029</b>	<b>R 763,096</b>

### 5.1.3 Variable 3: Expected reduction in HIV and AIDS related visits to medical practitioners/clinics

An absenteeism related cost item that is often overlooked, is the time that employees spend on visits to medical practitioners and clinics. Because the average durations of the time spent away from work on such visits are 4 hours, it can accumulate to 10.6 workdays lost per employee per annum (Liu et al., 2004: 1187; Weyers et al., 2005:171). For the purpose of the calculation of the programme's benefits, this number will be more than halved to five days. The resultant calculations are contained in Table 6.

**TABLE 6: VARIABLE 3: EXPECTED REDUCTION IN HIV/AIDS RELATED VISITS TO MEDICAL PRACTITIONERS/CLINICS**

ITEM	CALCULATION	RESULT 2003/04	RESULT 2004/05	RESULT 2005/06
(a) Number of peer educators who were trained		874	819	818
(b) Estimated number of peer educators that could become HIV positive per annum:	20% of (a) =	174.8 peer educators	163.8 peer educators	163.6 peer educators
(c) Number of workdays they will loose due to HIV/AIDS related visits to medical practitioners/clinics:	(b) x 5 days =	874 days	819 days	818 days
(d) Total potential cost of HIV/AIDS related visits to medical practitioners/clinics:	(c) x 8 hours x R65 (hourly cost) =	R 454,480	R425,880	R425,360
(e) Savings if the programme has a 46% success rate:	(d) x 46%	<b>R 209,060</b>	<b>R 195,905</b>	<b>R 195,666</b>
(f) Estimated number of "contact persons" that could become HIV positive per annum:	(a) x 3 x 20%=	524.4 contact persons	491.4 contact persons	490.8 contact persons
(g) Number of workdays they will loose due to HIV and AIDS related visits to medical practitioners/clinics:	(f) x 5 days =	2622 days	2457 days	2454 days
(h) Total potential cost of HIV and AIDS induced sick leave (peer educators)	(g) x 8 hours x R65 (hourly cost) =	R1,363,440	R1,277,640	R1,276,080
(i) Savings if the peer educators has a 23% success rate:	(h) x 23%	<b>R 313,591</b>	<b>R 293,857</b>	<b>R 293,498</b>

#### **5.1.4 Other cost items not included in the calculations**

There are numerous other potential costs reduction effects of the programme that were excluded from the calculations. These include the following:

- lower productivity levels due to sickliness
- lower productivity levels due to loss of experience and vital skills
- an increased contribution of the organisation to the personnel's medical aid fund (in the case of SAPS it will be Polmed) to cover the rising cost of AIDS related treatment
- increased disability payments
- production loss due to personnel attending the AIDS related funerals of colleagues
- increased accidents caused by the sickness of sufferers and the inexperience of new employees
- the cost of the disruption of productivity
- depressed morale and motivation
- the cost of strained labour relations
- the increased time that senior management will have to spend in dealing with HIV and AIDS related issues

The exclusion of the above benefits could be seen as a counterweight to any overestimation of the effect of the programme or the effect that peer educators will have on their colleagues.

#### **5.2 THE PROGRAMME'S ROI, NVP, PAYBACK PERIOD, IRR AND LEARNING COST PER ATTENDEE**

The results of the calculation of programme's return on investment (ROI), net present value (NVP), payback period, internal rate of return (IRR) and learning cost per peer educator are contained in Worksheet 8. These calculations are based on the programme's year-on-year's costs (see Table 3) and benefits (see Worksheet 7).

## WORKSHEET 8: ROI AND ASSOCIATED MEASUREMENTS OF THE PROGRAMME

	YEAR 1 (2003/04)	YEAR 2 (2004/05)	YEAR 3 (2005/06)
<b>ROI</b> (Return on Investment)	1150%	2074%	2779%
<b>NPV</b> (Net Present Value)	R 542,984	R 1,020,704	R 1,384,956
<b>Payback Period</b> (months)	0.97		
<b>IRR</b> (Internal Rate of Return)	1142%	1224%	1228%
<b>Learning cost per peer educator</b> (lost productivity included)	R 3,163		
<b>Learning cost per peer educator</b> (loss in productivity excluded)	R 563		
<b>Note:</b> The costs and benefits on which calculations are based, are contained in Table 3 and Worksheet 7			

Each of the ROI, NVP, payback period, IRR and learning cost per peer educator calculations has their own strengths and weaknesses. To provide a clear and complete picture of the return that the SAPS received on their investment in the programme, the nature and results of each of these measurements will be discussed separately.

The ROI represents the percentage return on the intervention over the period of three years. It equals the present value of the accumulated net benefits (gross benefits less ongoing costs) over the three years divided by the initial costs. Three years is used as the time span because the programme could become obsolete after this time and also because the benefit period was limited to three years (see Table 1, Assumption 10). The calculations entail the following:

- with the initial total cost of R55,839 (see Worksheet 9)
- the ROI would be 1150% (year 1), 2074% (year 2) and 2779% (year 3).
- This implies that for every R1 spent on this programme, the return for the SAPS will be R1150 (year 1), R2074 (year 2) and R2779 (year 3).

While the ROI provides the percentage return on investment over the three years, it does not say anything about the magnitude of the project. For example, a 100% return may seem attractive initially, but a 50% return on a R300 000 investment would be much better than a 100% return on a R10 000 programme. This is the reason for also calculating the net present value.

Net present value (NPV) provides the Rand value of the expected return and, therefore, indicates the magnitude of the programme. It is calculated by adding the present value of the net benefits for each year over a specified period of time and then subtracting the initial costs of the project. In the case of this programme, the value came to R 542,984 (year 1), R 1,020,704 (year 2) and R 1,384,956 (year 3). These amounts can also be viewed as the Rand value of the savings that the programme has for the SAPS.

A downside of the NPV is that it does not indicate when the savings will occur. This is determined by the payback period. As indicated in Worksheet 8, the SAPS will basically recoup its investments in the programme within 0.97 months (0.97 x 22 workdays ≈ 21.3 workdays).

The internal rate of return (IRR) is the most sophisticated of the above metrics and is used to analyse multi-year investments. It equals the percentage rate by which to discount the net benefits for the time period until the point that they equal the initial costs. For this programme, the IRR or investment rate was equal to 1142% (year 1), 1224% (year 2) and 1228% (year 3).

The last calculation that was done, were the learning cost per peer educator. It is calculated by dividing all the costs incurred in the development, presentation and evaluation of a programme by the number of peer educators to whom the programme will be presented over the three years. It came to R 563 per peer educator. If the lost production which is incurred when the peer educators attend the sessions is taken into account, the cost will be R 3,163 per person.

### **5.3 THE PROGRAMME'S CASH FLOW STATEMENT**

The final worksheet (Worksheet 9) that will be covered is the cash-flow statement that was generated from the programme. It contains information that was generated by the various "input" worksheets and provides an overview of how the SAPS's "bank account" will benefit (or not benefit) from implementing the programme. The cash-flow statement is viewed over three years, with an initial cost or investment that had to be made to enable the programme to be developed and become operational. The bank balance at the beginning of the period will be zero and become negative due to the initial cost. During the three years, the monetary return on the investment (the initial cost) will be realised and the bank balance will return to positive figures. This will be as long as the cost of operating the programme is not more than the benefits derived from it (Meyer et al. 2003:114).

## WORKSHEET 9: CASH FLOW STATEMENT FOR THE PROGRAMME

	INITIAL COST	YEAR 1 (2003/04)	YEAR 2 (2004/05)	YEAR 3 (2005/06)	TOTAL
Bank balance at beginning of the year	R0	(R55,839)	R637,803	R1,239,594	
<b>Income</b>					
Labour and time savings	R0	R3,437,026	R3,174,884	R3,065,781	R9,677,691
<b>Payments</b>					
Gap Analysis	R6,400	R0	R0	R0	R6,400
Design and Development	R49,439	R0	R0	R0	R49,439
Presenters' costs	R0	R169,468	R 157,143	R 157,143	R483,755
Peer educators' costs	R0	R2,506,807	R2,349,056	R2,346,188	R7,202,050
Assessment & Evaluation	R0	R3,409	R3,194	R3,190	R9,793
Fixed Costs	R0	R63,700	R63,700	R63,700	R191,100
<b>Total</b>	R55,839	R2,743,384	R2,573,093	R2,570,221	R7,942,537
<i>Surplus/shortfall</i>	(R55,839)	R693,642	R601,791	R495,560	
<i>Bank balance at end of the year</i>	(R55,839)	R637,803	R1,239,594	R1,735,154	

The row "Bank balance at the end of the year" (Worksheet 9) shows the accumulated surplus of the programme. Even with the extremely conservative approach that was followed in the calculation of the programme's benefits, this amounted to an astonishing R1, 735,154 in 3 years.

## 6. MAIN FINDINGS

The results of the calculation of the programme's return on investment (ROI), net present value (NVP), payback period, internal rate of return (IRR), learning cost per peer educator and cash flow statement proved that this intervention is a very lucrative investment for the South African Police Service. It shows that this intervention is not only effective capacity-building instruments (see Article 2), but also a large financial asset.

## **7. CONCLUSION**

An analysis of the local and international literature that formed the basis of this study, indicates that, the implementation of ROI analyses in social work practice and peer educator programmes, is still in its infancy. It is, however, expected to grow in “popularity” as the required advancements are made in the general field of programme evaluation and cost-effectiveness studies and as accountability pressures on the social work profession mount. The ROI study of the HIV and AIDS Peer Educator Programme of the Police Social Work Services has shown that the undertaking of a ROI analysis in social work is both feasible and important. It not only proves that social workers can make a difference in the lives of those they serve, but also that their services could be a financial asset for the organisations that employ them.

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**SECTION 3  
CONCLUSIONS, GUIDELINES AND  
RECOMMENDATIONS**

## **1. INTRODUCTION**

The rationale behind the research was the process of transformation as well as increase in HIV infections and deaths rates in the South African Police Services. These prompted that a pro-active approach towards Service delivery improvement be embraced by the Police Social Work Services, which resulted in the development of several capacity building programmes, including the HIV and AIDS Peer Education Programme. In November 2001, an EPCBP research project was launched to determine the impact and the return on investment of the programme.

The basic objectives of the study were:

- to determine the extent to which the HIV and AIDS Peer Education programme adhere to theoretical principles set for personnel capacity building programmes
- to measure, by means of empirical research, the effect of the HIV and AIDS Peer Education programme on SAPS' s personnel knowledge, attitude and behaviour (KAB)
- to determine the programme's return on investment (ROI) for the SAPS
- to provide recommendation for the improvement of the programme.

The two hypothesis that were tested were:

- that the HIV and AIDS Peer Education programme would have a practical significant effect on the knowledge , attitude and behaviour of SAPS' s personnel
- that the programme would provide a positive return on investment.

The results obtained through the empirical research has been extensively covered in three articles (see Section 2). This section will therefore only present the main conclusions and recommendations for the improvement of the programme. It will include the research design and procedure, the effect of the programme, the quality of the presentations, the return on investment and guidelines for the improvement of the programme and its implementation.

## **2. CONCLUSION REGARDING THE RESEARCH DESIGN**

The research results proved that the choice of a comparison group pretest and posttest design was an appropriate departure point to determine the effect of the HIV and AIDS programme. The use of inferential statistics and triangulation ensured that the risks that are inherent in the use of non standardised measurement instrument could be curbed. It can therefore be concluded that the selected design and procedure could be effectively applied in the measurement of similar types of research.

### **3. CONCLUSION REGARDING THE DESIGN OF THE HIV AND AIDS PEER EDUCATION PROGRAMME**

The literature study indicated that the programme's theoretical base is sound, that it adhered to the principles of experiential and adult learning and complied with the requirements set for successful personnel capacity- building programmes. It can therefore be concluded that the programme possessed the innate potential to empower SAPS's personnel to effectively mitigate the impact of HIV and AIDS in the organisation.

### **4. CONCLUSION REGARDING THE QUALITY OF THE PROGRAMME PRESENTATIONS**

The results of the presentation and presenters' evaluation questionnaire` indicated that the presentations were of exceptionally high standard. The data confirmed that the presenters were informed and extremely knowledgeable on the subject and kept participants interested.

### **5. CONCLUSIONS REGARDING THE EFFECT OF THE HIV AND AIDS PROGRAMME**

The main objective of the study was to determine the effect of the programme on the knowledge, attitude and behaviour of SAPS personnel. The analysis and triangulation of the data generated by the study formed the basis for the following conclusion:

- That the programme had a practical significant effect on the knowledge, attitude and behaviour of SAPS personnel
- That the programme did not only enhance their optimal personal functioning but also their professional efficiency .

### **6. CONCLUSIONS REGARDING THE ROI OF THE PROGRAMME**

The results of the calculation of the programme's overall return on investment(ROI), net present value(NVP), payback period, internal rat of return(IRR), presentation cost per peer educator and cash flow proved that the intervention is a good investment for the South African Police Service and is therefore a financial asset.

The data generated by the research brought the following three major findings to the fore:

- That the HIV and AIDS Peer Education programme adhere to the theoretical principles for personnel capacity building programmes
- That it had a practical significant effect on SAPS personnel knowledge, attitude and behaviour
- That it provided a positive positive return on the investment of time, money and effort.

Based on these findings, a conclusion can be drawn that the study undertaken on the Evaluation of the HIV and AIDS Peer Education Programme in the South African Police Services attained its objective.

## **7. GUIDELINES AND RECOMMENDATIONS**

The following guidelines and recommendations based on the study are proposed:

### **7.1 GUIDELINES AND THE RECOMMENDATIONS FOR THE IMPROVEMENT OF THE PROGRAMME**

Due to a number of smaller problems that the presenters experienced with the programme, as well as deficiencies that came to the fore through the measurement scales, the following three steps can be taken to improve its contents:

- The presenters' recommendations should be utilised in the next revision of the HIV/AIDS programme. In this regard, special attention should be given to the elements of the programme that they found least helpful and most cumbersome.
- Attention should also be given to those aspects/topics that need to be added and those that need to be covered in greater depth. This also applies to the teaching media and the learning material.
- It should become standard practice to revise and update the programme every 12 to 18 months. This will ensure that it stays on the cutting edge of new developments in the field of HIV/AIDS, adult learning and peer education.

The possibility of the modularisation of the programme should be further investigated. This could be done in such a way that it could target different types of groups (e.g. management vs. cleaners) without losing its core functionality.

### **7.2 GUIDELINES AND RECOMMENDATIONS FOR THE IMPROVEMENT OF THE PRESENTATION OF THE PROGRAMME**

The measures that can be taken to improve the presentation of the programme cover a wide variety of issues. They include the following:

- The nature and presentation of the HIV and AIDS Peer Education programme makes it imperative that only suitably qualified social workers trained as educational officers, from Police Social Work Services should present the programme. The research data gave a strong indication that the programme would be a "dangerous weapon" in the hands of the wrong person.
- In order to ensure a high presentation standard, the continuous and further training of presenters should receive a priority rating. All presenters should complete a train-the-

trainer programme and an advanced facilitation and presentations skills course before being allowed to present the HIV and AIDS Peer Education programme.

- Presenters should attend a work session every 12 to 18 months to assist with the evaluation and updating of the programme, and to ensure that they are up to date with new developments.
- The KAB scales should be further developed and standardised further and used on a continual basis in order to determine the effect of each programme presentations. This will help to ensure that all SAPS personnel receive the same high standard of service delivery.

### **7.3 GUIDELINES AND RECOMMENDATIONS FOR THE USE OF ROI'S IN SOCIAL WORK**

One of the lessons learnt through the return on investment analysis of the HIV and AIDS Peer Education programme is that it is both a feasible and valuable exercise to undertake. The study enhanced the credibility of the social work profession and affirmed its role in the upliftment of the lives of individuals , organisation and communities as a whole. It is therefore recommended that studies of this nature should be undertaken in other social work sectors. The body of knowledge contained in this thesis could be used as a basis for such research.

## **8. CONCLUDING REMARKS**

The Evaluation of Personnel Capacity Building Programmes (EPCBP) research project was the most comprehensive study ever undertaken by Police Social Work Services. The study is important for the credibility of the social work profession, particularly within the SAPS . The evaluation of the HIV and AIDS Peer Education programme formed a core part of this project. It was, therefore, quite significant that the research showed that the programme is a highly effective intervention mechanism, which not only enables SAPS personnel to function optimally, but also improves their personal well-being. Through this empowerment process, they are able to render a better service to all communities of South Africa, and also help to turn the tide against HIV and AIDS.

**SECTION 4  
APPENDIXES**

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**APPENDIX 1:  
HIV AND AIDS PEER EDUCATION PROGRAMME:  
PRETEST QUESTIONNAIRE OF THE EXPERIMENTAL GROUP**



## The HIV and AIDS Peer Education Training Programme

(This questionnaire must be completed **BEFORE** the: HIV and AIDS PEER EDUCATION COURSE)

### 1. INTRODUCTION

You are about to complete the “HIV and AIDS Peer Education Training” Program. This program forms part of a large and expensive initiative. Therefore we must know how effective it is in meeting your needs and interests. For this we need your input. Please complete the following questionnaire honestly and in full, and please don’t guess. We need your personal views – it will help us to serve you better.

### 2. INSTRUCTIONS FOR THE COMPLETION OF THIS QUESTIONNAIRE

The following “HIV and AIDS Peer Education Training” Questionnaire covers various issues relating to stress and its management.

- 2.1 This questionnaire must be completed **before** the course is presented.
- 2.2 Mark all answers on this questionnaire by making a **cross [x]** in the appropriate blocks.
- 2.3 Mark only **one** answer per question and answer **all** questions.
- 2.4 Do not make your cross outside of the block.
- 2.5 Complete the questionnaire **quickly** and on **on your own**. Give your honest opinions.

This questionnaire contains several personal questions. *Don’t write your name anywhere on the questionnaire* .However for the research purposes we need you to generate a secret identification (ID) code. This code will be used to match this questionnaire to others that you will of have completed. It will not identify you as a person. When you have completed the questionnaire, please seal the answer sheet in an envelope, write the title of the program and the date/dates of the course on the envelope and return it to the Presenter who gave it to you.

### 3. HOW TO START

Section I to Section VIII is designed to link you with a specific course, a province, etc. In addition, these answers will be used to generate your **secret identification (ID) code** that only you will know.

#### **PART I: COURSE PARTICULARS**

- ◆ In the first row, write the initials and surname of the person/persons that presented this programme.
- ◆ In the second row, write the date/dates on which the programme was presented.
- ◆ In the third row, write the venue where the programme was presented.

PRESENTER/S	
Date (s)	
Venue	

**PART II: Province & Secret Code (a)**

In the next row, indicate the Province in which the training course was presented. Each Province is allocated a number – ranging from 0 to 9. Make a cross (X) in the block of the appropriate.

0	1	2	3	4	5	6	7	8	9
GAU-TENG	WES-TERN CAPE	EAS-TERN CAPE	NOR-THERN CAPE	KWA-ZULU-NATAL	FREE STATE	NORTH WEST	LIMPO-PO	MPUMA-LANGA	HEAD OFFICE

**PART III: PART OF SECRET CODE (b)**

In the next two blocks, indicate the last two numbers of your **Persal Number** that is the number before and the number after the dash (-). For example, if your number is 319326-4, write 6 and 4.

Male	Female
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**PART IV : PART OF SECRET CODE (c)**

In the last two row, indicate the last two numbers of the year of your birth. For example, if you were born in 1968, write 6 and 8.

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**PART V: GENDER AND SECRET CODE (d)**

Next, indicate your gender.

MALE	FEMALE
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**PART VI: RACE**

Information regarding your race is required for statistical purposes only. Please mark the appropriate block

BLACK	COLOURED	WHITE	INDIAN
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**PART VII: RANK/POSITION**

Please write your rank on the block that is provided. In the case of Civil Act personnel, please write your position.

<b>RANK/POSITION</b>	
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**Next:** Write your choice of answers to the following questions/statements by making a cross [x] in the appropriate blocks. Give only one (1) answer per question. Please don't guess.

**PART VIII: KNOWLEDGE: BASIC HIV AND AIDS FACTS**

1. HIV infection and AIDS are the same thing	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
2. An HIV antibody test will show the presence of the HI virus	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
3. Even an HIV positive mother should breastfeed her baby	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
4. A person who has been infected with HIV will become seriously ill after a very short while.	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
5. Night sweats and swollen glands could be signs of HIV infection	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
6. A female condom has to be inserted an hour before sexual intercourse	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>

**PART IX: KNOWLEDGE: HIV/AIDS POLICY**

7. The Occupational and Safety Act is the primary act that deals with HIV and AIDS	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
8. Pre employment testing for HIV is practiced in SAPS	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
9. An employer has the right to divulge the status of employees living with HIV and AIDS	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>

**PART X: ATTITUDE HIV/AIDS**

10. SAPS should not dismiss people infected with HIV and AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
11. It will not harm to work with a colleague living with HIV and AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
12. I believe that people with HIV and AIDS should be isolated	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
13. SAPS employees have high HIV infection rates than the general population	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
14. Compulsory HIV and AIDS testing should be carried out	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>

15. People getting infected with HIV and AIDS are promiscuous	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
16. Homosexuals are primarily responsible for the spread of HIV and AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
17. A list of people who have HIV and AIDS should be available to anyone	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>

**PART XIII: ATTITUDE: SAFER SEX**

18. I do feel not responsible to challenge and advice my peers when they are taking sexual risks	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
19. I feel comfortable demonstrating to my peers how to use a condom (male and female)	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
20. I believe that I am at risk of contracting HIV/AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
21. People are unwilling to change their sexual behaviour	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>

**PART XIV: BEHAVIOUR: SAFER SEX**

22. I will share with my partner my concerns regarding HIV and AIDS	1 Yes	2 No
23. I should discuss with partner the use of condoms (male/female) during sexual intercourse to prevent sexually transmitted infections	1 Yes	2 No
24. I will use condoms when having sexual intercourse	1 Yes	2 No
25. It will be to my benefit if I undergo a HIV test	1 Yes	2 No

**PART XV: KNOWLEDGE: ADULT LEARNING**

26. People learn best when they behave as passive observers	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
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27. The media is a powerful tool for sharing information and support messages	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
28. During presentations the participant's retention of information is not great unless followed with more practical techniques.	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
29. A group contract can be drawn alone without the involvement of members	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
30. Sub-groups can be destructive to the group process by creating tension and splits in the group.	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
31. Energizers are fun activities that energise the group especially when the energy is high	1 <i>True</i>	2 <i>False</i>	3 <i>Uncertain</i>
32. The facilitator of an AIDS training need not be sensitive to the varied meaning of non verbal communication in different cultures	1 <i>True</i>	2 <i>False</i>	3 <i>Uncertain</i>
33. A fishbowl is an enactment of a real life situation that sometimes involve a team of actors and a group of observers.	1 <i>True</i>	2 <i>False</i>	3 <i>Uncertain</i>

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**APPENDIX 2:  
HIV AND AIDS PEER EDUCATION PROGRAMME: POSTTEST  
QUESTIONNAIRE OF THE EXPERIMENTAL GROUP**



## The HIV and AIDS Peer Education Training Programme

(This questionnaire must be completed **AFTER** the: HIV and AIDS PEER EDUCATION COURSE)

### 1. INTRODUCTION

You have completed the “HIV and AIDS Peer Education Training” Program. This program forms part of a large and expensive initiative. Therefore we must know how effective it is in meeting your needs and interests. For this we need your input. Please complete the following questionnaire honestly and in full, and please don’t guess. We need your personal views – it will help us to serve you better.

### 2. INSTRUCTIONS FOR THE COMPLETION OF THIS QUESTIONNAIRE

The following “HIV and AIDS Peer Education Training” Questionnaire covers various issues relating to stress and its management.

- 2.1 This questionnaire must be completed **after** the course is presented.
- 2.2 Mark all answers on this questionnaire by making a **cross** [x] in the appropriate blocks.
- 2.3 Mark only **one** answer per question and answer **all** questions.
- 2.4 Do not make your cross outside of the block.
- 2.5 Complete the questionnaire **quickly** and on **on your own**. Give your honest opinions.

This questionnaire contains several personal questions. *Don’t write your name anywhere on the questionnaire* .However for the research purposes we need you to generate a secret identification (ID) code. This code will be used to match this questionnaire to others that you will of have completed. It will not identify you as a person. When you have completed the questionnaire, please seal the answer sheet in an envelope, write the title of the program and the date/dates of the course on the envelope and return it to the Presenter who gave it to you.

### 3. HOW TO START

Section I to Section VIII is designed to link you with a specific course, a province, etc. In addition, these answers will be used to generate your **secret identification (ID) code** that only you will know.

#### PART I: COURSE PARTICULARS

- ◆ In the first row, write the initials and surname of the person/persons that presented this programme.
- ◆ In the second row, write the date/dates on which the programme was presented.
- ◆ In the third row, write the venue where the programme was presented.

PRESENTER/S	
Date (s)	
Venue	

**PART II: Province & Secret Code (a)**

In the next row, indicate the Province in which the training course was presented.

Each Province is allocated a number – ranging from 0 to 9. Make a cross (X) in the block of the appropriate.

0 GAU- TENG	1 WES- TERN CAPE	2 EAS- TERN CAPE	3 NOR- THERN CAPE	4 KWA- ZULU- NATAL	5 FREE STATE	6 NORTH WEST	7 LIMPO- PO	8 MPUMA- LANGA	9 HEAD OFFICE
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**PART III: PART OF SECRET CODE (b)**

In the next two blocks, indicate the last two numbers of your **Persal number** that is the number before and the number after the dash (-). For example, if your number is 319326-4, write 6 and 4.

--	--

**PART IV : PART OF SECRET CODE (c)**

In the last two row, indicate the last two numbers of the year of your birth. For example, if you were born in 1968, write 6 and 8.

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**PART V: GENDER AND SECRET CODE (d)**

Next, indicate your gender.

MALE	FEMALE
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**PART VI: RACE**

Information regarding your race is race is required for statistical purposes only. Please mark the appropriate block

BLACK	COLOURED	WHITE	ASIAN
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**PART VII: RANK/POSITION**

Please write your rank on the block that is provided. In the case of Civil Act personnel, please write your position.

<b>RANK/POSITION</b>	
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**Next: Write your choice of answers to the following questions/statements by making a cross [x] in the appropriate blocks. Give only one (1) answer per question. Please don't guess.**

### PART VIII: KNOWLEDGE: BASIC HIV/AIDS FACTS

1. HIV infection and AIDS are the same thing	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
2. An HIV antibody test will show the presence of the HI virus	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
3. Even an HIV positive mother should breastfeed her baby	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
4. A person who has been infected with HIV will become seriously ill after a very short while.	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
5. Night sweats and swollen glands could be signs of HIV infection	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
6. A female condom has to be inserted an hour before sexual intercourse	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>

### PART IX: KNOWLEDGE: HIV/AIDS POLICY

7. The Occupational and Safety Act is the primary act that deals with HIV and AIDS	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
8. Pre employment testing is practiced in SAPS	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
9. An employer has the right to divulge the status of employees living with HIV and AIDS	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>

### PART X: ATTITUDE HIV/AIDS

10. SAPS should not dismiss people infected with HIV/AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
11. It will not harm to work with a colleague living with HIV/AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
12. I believe that people with HIV and AIDS should be isolated	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
13. SAPS employees have higher infection HIV infection rates than the general population	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
14. Compulsory HIV and AIDS testing should be carried out	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
15. People getting infected with HIV and AIDS are promiscuous	1 <i>Strongly</i>	2 <i>Agree</i>	3 <i>Strongly</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>

	<i>agree</i>		<i>disagree</i>		
16. Homosexuals are primarily responsible for the spread of HIV and AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
17. A list of people who have HIV and AIDS should be available to anyone	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>

### **PART XIII: ATTITUDE: SAFER SEX**

18. I do feel not responsible to challenge and advice my peers when they are taking sexual risks	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
19. I feel comfortable demonstrating to my peers how to use a condom (male and female)	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
20. I believe that I am at risk of contracting HIV/AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
21. People are unwilling to change their sexual behaviour	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>

### **PART XIV: BEHAVIOUR: SAFER SEX**

22. I will share with my partner my concerns regarding HIV/AIDS	1 <i>Yes</i>	2 <i>No</i>
23. I should discuss with partner about the use of condoms (male/female) during sexual intercourse	1 <i>Yes</i>	2 <i>No</i>
24. I will use condoms when having sexual intercourse in future	1 <i>Yes</i>	2 <i>No</i>
25. It will be to my benefit if I undergo an HIV test	1 <i>Yes</i>	2 <i>No</i>

### **PART XV: KNOWLEDGE: ADULT LEARNING**

26. People learn best when they behave as passive observers	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
27. The media is a powerful tool for sharing information and support messages	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
28. During presentations the participant's retention of information is not great unless followed with more practical techniques.	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>

29. A group contract can be drawn alone without the involvement of members	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
30. Sub groups can be destructive to the group process by creating tension and splits in the group.	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
31. Energizers are fun activities that energise the group especially when the energy is high	1 <i>True</i>	2 <i>False</i>	3 <i>Uncertain</i>
32. The facilitator of an AIDS training need not be sensitive to the varied meaning of non verbal communication in different cultures	1 <i>True</i>	2 <i>False</i>	3 <i>Uncertain</i>
33. A fishbowl is an enactment of a real life situation that sometimes involve a team of actors and a group of observers.	1 <i>True</i>	2 <i>False</i>	3 <i>Uncertain</i>

#### **PART XVI: EVALUATION OF THIS COURSE**

34. What was the overall value of the workshop/course	1 <i>It had no value</i>	2 <i>It had below average value</i>	3 <i>It had average value</i>	4 <i>It had a lot of value</i>
35. What value did the following component had for you: "Adult"	1 <i>It had no value</i>	2 <i>It had below average value</i>	3 <i>It had average value</i>	4 <i>It had a lot of value</i>
36. What value did the following component had for you HIV and AIDS	1 <i>It had no value</i>	2 <i>It had below average value</i>	3 <i>It had average value</i>	4 <i>It had a lot of value</i>

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**APPENDIX 3:  
HIV AND AIDS PEER EDUCATION PROGRAMME: PRETEST  
QUESTIONNAIRE OF THE COMPARISON GROUP**

Code:KAP (BF) [1]

SAPS – HIV and AIDS Peer Education  
questionnaire



## The HIV and AIDS Peer Education Training Programme

This QUESTIONNAIRE FOR THE COMPARISON GROUP MUST BE COMPLETED FIRST.

### 1. INTRODUCTION

The South African Police Services is currently embarking on "HIV and AIDS Peer Education " Training Program which forms part of a large and expensive initiative. It is important that the organisation know how effective it is in meeting your needs and interests. For this we need your input. Please complete the following questionnaire honestly and in full, and please don't guess. We need your personal views – it will help us to serve you better.

### 2. INSTRUCTIONS FOR THE COMPLETION OF THIS QUESTIONNAIRE

The following "HIV and AIDS Peer Education " Questionnaire covers various issues relating to HIV and AIDS .

2.6 This questionnaire must be completed first.

2.7 Mark all answers on this questionnaire by making a **cross** [x] in the appropriate blocks.

2.8 Mark only **one** answer per question and answer **all** questions.

2.9 Do not make your cross outside of the block.

2.10 Complete the questionnaire **quickly** and on **on your own**. Give your honest opinions.

This questionnaire contains several personal questions. *Don't write your name anywhere on the questionnaire* .However for the research purposes we need you to generate a secret identification (ID) code. This code will be used to match this questionnaire to others that you will of have completed. It will not identify you as a person. When you have completed the questionnaire, please seal the answer sheet in an envelope, write the title of the program and the date/dates of the course on the envelope and return it to the Presenter who gave it to you.

### 3. HOW TO START

Section I to Section VIII is designed to link you with a specific course, a province, etc. In addition, these answers will be used to generate your **secret identification (ID) code** that only you will know.

#### **PART I: COURSE PARTICULARS**

- ◆ In the first row, write the initials and surname of the person/persons that presented this programme.
- ◆ In the second row, write the date/dates on which the programme was presented.
- ◆ In the third row, write the venue where the programme was presented.

PRESENTER/S	
Date (s)	
Venue	

**PART II: Province & Secret Code (a)**

In the next row, indicate the Province in which the training course was presented. Each Province is allocated a number – ranging from 0 to 9. Make a cross (X) in the block of the appropriate.

0 GAU- TENG	1 WES- TERN CAPE	2 EAS- TERN CAPE	3 NOR- THERN CAPE	4 KWA- ZULU- NATAL	5 FREE STATE	6 NORTH WEST	7 LIMPO- PO	8 MPUMA- LANGA	9 HEAD OFFICE
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**PART III: PART OF SECRET CODE (b)**

In the next two blocks, indicate the last two numbers of your **Persal number** that is the number before and the number after the dash (-). For example, if your number is 319326-4, write 6 and 4.

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**PART IV : PART OF SECRET CODE (c)**

In the last two row, indicate the last two numbers of the year of your birth. For example, if you were born in 1968, write 6 and 8.

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**PART V: GENDER AND SECRET CODE (d)**

Next, indicate your gender.

MALE	FEMALE
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**PART VI: RACE**

Information regarding your race is race is required for statistical purposes only. Please mark the appropriate block .

BLACK	COLOURED	WHITE	ASIAN
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**PART VII: RANK/POSITION**

Please write your rank on the block that is provided. In the case of Civil Act personnel, please write your position.

<b>RANK/POSITION</b>	
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**Next:** Write your choice of answers to the following questions/statements by making a cross [x] in the appropriate blocks. Give only one (1) answer per question. Please don't guess.

**PART VIII: KNOWLEDGE: BASIC HIV/AIDS FACTS**

1. HIV infection and AIDS are the same thing	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
2. An HIV antibody test will show presence of the HI virus	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
3. Even an HIV positive mother should breastfeed her baby	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
4. A person who has been infected with HIV will become seriously ill after a very short while.	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
5. Night sweats and swollen glands could be signs of HIV infection	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
6. A female condom has to be inserted an hour before sexual intercourse	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>

**PART IX: KNOWLEDGE: HIV/AIDS POLICY**

7. The Occupational and Safety Act is the primary act that deals with HIV and AIDS	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
8. Pre employment testing for HIV and AIDS is practiced in SAPS	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
9. An employer has the right to divulge the status of employees living with HIV and AIDS	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>

**PART X: ATTITUDE HIV/AIDS**

10. SAPS should not dismiss people infected with HIV and AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
11. It will not harm to work with a colleague living with HIV and AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
12. I believe that people with HIV and AIDS should be isolated	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
13. SAPS employees have higher HIV infection rates than the general population	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
14. Compulsory HIV and AIDS testing should be carried out	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>

15. People getting infected with HIV and AIDS are promiscuous	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
16. Homosexuals are primarily responsible for the spread of HIV and AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
17. A list of people who have HIV and AIDS should be available to anyone	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>

### **PART XIII: ATTITUDE: SAFER SEX**

18. I do feel not responsible to challenge and advice my peers when they are taking sexual risks	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
19. I feel comfortable demonstrating to my peers how to use a condom (male and female)	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
20. I believe that I am at risk of contracting HIV and AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
21. People are unwilling to change their sexual behaviour	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>

### **PART XIV: BEHAVIOUR: SAFER SEX**

22. I share my concerns regarding HIV and AIDS with my partner	1 <i>Yes</i>	2 <i>No</i>
23. I discuss with partner about the use of condoms (male/female) during sexual intercourse	1 <i>Yes</i>	2 <i>No</i>
24. I use condoms when having sexual intercourse in future	1 <i>Yes</i>	2 <i>No</i>
25. It is to my benefit if I undergo a HIV test	1 <i>Yes</i>	2 <i>No</i>

### **PART XV: KNOWLEDGE: ADULT LEARNING**

26. People learn best when they behave as passive observers	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
27. The media is a powerful tool for sharing information and support messages	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
28. During presentations the participant's retention of information is not great unless followed with more practical techniques.	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>

29. A group contract can ..... be drawn alone without the involvement of members	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
30. Sub groups can be destructive to the group process by creating tension and splits in the group	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
31. Energizers are fun activities that energise the group especially when the energy is high	1 <i>True</i>	2 <i>False</i>	3 <i>Uncertain</i>
32. The facilitator of an AIDS training need not be sensitive to the varied meaning of non verbal communication in different cultures	1 <i>True</i>	2 <i>False</i>	3 <i>Uncertain</i>
33. A fishbowl is an enactment of a real life situation that sometimes involve a team of actors and a group of observers	1 <i>True</i>	2 <i>False</i>	3 <i>Uncertain</i>

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**APPENDIX 4:  
HIV AND AIDS PEER EDUCATION PROGRAMME: POSTTEST  
QUESTIONNAIRE OF THE COMPARISON GROUP**

Code:KAP (BF) [1]

SAPS – HIV and AIDS Peer Training  
Education questionnaire



## The HIV and AIDS Peer Education Training Programme

This QUESTIONNAIRE FOR THE COMPARISON GROUP MUST BE COMPLETED LATER

### 1. INTRODUCTION

The South African Police Services is currently embarking on “*HIV and AIDS Peer Education*” Training Program which forms part of a large and expensive initiative. It is important that the organisation know how effective it is in meeting your needs and interests. For this we need your input. Please complete the following questionnaire honestly and in full, and please don't guess. We need your personal views – it will help us to serve you better.

### 2. INSTRUCTIONS FOR THE COMPLETION OF THIS QUESTIONNAIRE

The following “*HIV and AIDS Peer Education Training*” Questionnaire covers various issues relating to HIV and AIDS .

- 2.11 This questionnaire must be completed first.
- 2.12 Mark all answers on this questionnaire by making a **cross** [x] in the appropriate blocks.
- 2.13 Mark only **one** answer per question and answer **all** questions.
- 2.14 Do not make your cross outside of the block.
- 2.15 Complete the questionnaire **quickly** and on **on your own**. Give your honest opinions.

This questionnaire contains several personal questions. *Don't write your name anywhere on the questionnaire* .However for the research purposes we need you to generate a secret identification (ID) code. This code will be used to match this questionnaire to others that you will of have completed. It will not identify you as a person. When you have completed the questionnaire, please seal the answer sheet in an envelope, write the title of the program and the date/dates of the course on the envelope and return it to the Presenter who gave it to you.

### 3. HOW TO START

Section I to Section VIII is designed to link you with a specific course, a province, etc. In addition, these answers will be used to generate your **secret identification (ID) code** that only you will know.

#### PART I: COURSE PARTICULARS

- ◆ In the first row, write the initials and surname of the person/persons that presented this programme.
- ◆ In the second row, write the date/dates on which the programme was presented.
- ◆ In the third row, write the venue where the programme was presented.

PRESENTER/S	
Date (s)	
Venue	

**PART II: Province & Secret Code (a)**

In the next row, indicate the Province in which the training course was presented. Each Province is allocated a number – ranging from 0 to 9. Make a cross (X) in the block of the appropriate.

0 GAU- TENG	1 WES- TERN CAPE	2 EAS- TERN CAPE	3 NOR- THERN CAPE	4 KWA- ZULU- NATAL	5 FREE STATE	6 NORTH WEST	7 LIMPO- PO	8 MPUMA- LANGA	9 HEAD OFFICE
-------------------	---------------------------	---------------------------	----------------------------	-----------------------------	--------------------	--------------------	-------------------	----------------------	---------------------

**PART III: PART OF SECRET CODE (b)**

In the next two blocks, indicate the last two numbers of your **Persal number** that is the number before and the number after the dash (-). For example, if your number is 319326-4, write 6 and 4.

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**PART IV : PART OF SECRET CODE (c)**

In the last two row, indicate the last two numbers of the year of your birth. For example, if you were born in 1968, write 6 and 8.

--	--

**PART V: GENDER AND SECRET CODE (d)**

Next, indicate your gender.

MALE	FEMALE
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**PART VI: RACE**

Information regarding your race is race is required for statistical purposes only. Please mark the appropriate block .

BLACK	COLOURED	WHITE	ASIAN
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**PART VII: RANK/POSITION**

Please write your rank on the block that is provided. In the case of Civil Act personnel, please write your position.

<b>RANK/POSITION</b>	
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**Next:** Write your choice of answers to the following questions/statements by making a cross [x] in the appropriate blocks. Give only one (1) answer per question. Please don't guess.

**PART VIII: KNOWLEDGE: BASIC HIV/AIDS FACTS**

1. HIV infection and AIDS are the same thing	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
2. An HIV antibody test will show presence of the HI virus	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
3. Even an HIV positive mother should breastfeed her baby	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
4. A person who has been infected with HIV will become seriously ill after a very short while.	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
5. Night sweats and swollen glands could be signs of HIV infection	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
6. A female condom has to be inserted an hour before sexual intercourse	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>

**PART IX: KNOWLEDGE: HIV/AIDS POLICY**

7. The Occupational and Safety Act is the primary act that deals with HIV and AIDS	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
8. Pre employment testing for HIV is practiced in SAPS	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>
9. An employer has the right to divulge the status of employees living with HIV and AIDS	1 <i>True</i>	2 <i>False</i>	3 <i>Unsure</i>

**PART X: ATTITUDE HIV/AIDS**

10. SAPS should not dismiss people infected with HIV and AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
11. It will not harm to work with a colleague living with HIV and AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
12. I believe that people with HIV and AIDS should be isolated	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
13. SAPS employees are higher rising HIV and AIDS than the general population	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
14. Compulsory HIV and AIDS testing should be carried out	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>

15. People getting infected with HIV and AIDS are promiscuous	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
16. Homosexuals are primarily responsible for the spread of HIV and AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
17. A list of people who have HIV and AIDS should be available to anyone	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>

### **PART XIII: ATTITUDE: SAFER SEX**

18. I do feel not responsible to challenge and advice my peers when they are taking sexual risks	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
19. I feel comfortable demonstrating to my peers how to use a condom (male and female)	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
20. I believe that I am at risk of contracting HIV and AIDS	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>
21. People are unwilling to change their sexual behaviour	1 <i>Strongly agree</i>	2 <i>Agree</i>	3 <i>Strongly disagree</i>	4 <i>Disagree</i>	5 <i>Uncertain</i>

### **PART XIV: BEHAVIOUR: SAFER SEX**

22. I will share with my partner my concerns regarding HIV and AIDS	1 Yes	2 No
23. I will discuss with partner about the use of condoms (male/female) during sexual intercourse	1 Yes	2 No
24. I will use condoms when having sexual intercourse in future	1 Yes	2 No
25. It is to my benefit if I undergo a HIV test	1 Yes	2 No

### **PART XV: KNOWLEDGE: ADULT LEARNING**

26. People learn best when they behave as passive observers	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
27. The media is a powerful tool for sharing information and support messages	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
28. During presentations the participant's retention of information is not great unless followed with more practical techniques.	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>

29. A group contract can ..... be drawn alone without the involvement of members	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
30. Sub groups can be destructive to the group process by creating tension and splits in the group.	1 <i>Always</i>	2 <i>Sometimes</i>	3 <i>Never</i>
31. Energizers are fun activities that energise the group especially when the energy is high	1 <i>True</i>	2 <i>False</i>	3 <i>Uncertain</i>
32. The facilitator of an AIDS training need not be sensitive to the varied meaning of non verbal communication in different cultures	1 <i>True</i>	2 <i>False</i>	3 <i>Uncertain</i>
33. A fishbowl is an enactment of a real life situation that sometimes involve a team of actors and a group of observers.	1 <i>True</i>	2 <i>False</i>	3 <i>Uncertain</i>



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**APPENDIX 5:  
PRESENTATION EVALUATION QUESTIONNAIRE**

# Presentation Evaluation Questionnaire

All SAPS personnel that participated in one of the Capacity Building Programmes should complete this questionnaire *directly after each programme*.

## 1. INTRODUCTION

You have just completed one of the Personnel Capacity Building Programmes. These programmes are a large and expensive initiative; therefore we must know how effective they are in meeting your needs and interests. For this we need your input. Please complete the following questionnaire honestly and in full it will help us to serve you better.

## 2. GENERAL INSTRUCTIONS

This questionnaire contains various questions regarding the *presentation* and *contents* of the programme that you have just attended.

- 2.1 Mark **all answers** on this questionnaire by making a **cross [x]** in the appropriate blocks.
- 2.2 Mark only **one** answer per question and answer **all** questions.
- 2.3 Please make your cross **inside** the block.
- 2.4 Complete the questionnaire **quickly** and on **your own**. *Give your honest opinions.*

The questionnaire contains several personal questions. *Don't write your name anywhere on the questionnaire.* However, for research purposes we need you to generate a **secret identification (ID) code**. This code will be used to *match this questionnaire to others* that you will or have completed. **It will not identify you as a person.**

When you have completed the questionnaire, place it in the envelope that will be provided and return it to the Presenter who gave it to you.

## 3. HOW TO START

Section 1 to Section 8 of the questionnaire is designed to link you with a specific programme, a province, etc. In addition, some of the answers will generate your **secret identification (ID) code** that only **you** will know.

### SECTION 1: COURSE PARTICULARS

- In the first row below, write the initials and surname of the person or persons that presented the programme.
- In the second row, write the date/dates on which the programme was presented.
- In the third row, write the venue (place and town/city) where the programme was presented.

**Presenter/s:**

**Dates:**

**Venue:**


**SECTION 2: PROVINCE & SECRET CODE [a]**

In the section below, indicate the province in which the training course was presented by making a cross  in the block of the appropriate province.

0 <i>Gauteng</i>	1 <i>Western Cape</i>	2 <i>Eastern Cape</i>	3 <i>Northern Cape</i>	4 <i>Kwazulu Natal</i>	5 <i>Free State</i>	6 <i>North West</i>	7 <i>Limpopo (Northern Province)</i>	8 <i>Mpumalanga</i>	9 <i>Head Office</i>
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**SECTION 3: PART OF SECRET CODE [b]**

In the next two blocks, indicate the last two numbers of your Peral number: that is the number *before* and the number *after* the dash ("-"). For example, if your number is 319326-4, write 6 and 4.

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**SECTION 4: PART OF SECRET CODE [c]**

Next, indicate the last two numbers of the year of your birth. For example, if you were born in 1968, write 6 and 8.

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**SECTION 5: GENDER AND SECRET CODE [d]**

Indicate your gender.

1. Male	2. Female
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**SECTION 6: RACE**

Information regarding your race is required for statistical purposes only. Please make a cross  in the appropriate block.

1. <i>Asian</i>	2. <i>Black</i>	3. <i>Coloured</i>	4. <i>White</i>
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**SECTION 7: RANK/POSITION**

Write your rank on the block below. In the case of Civil Act personnel, please write your position.

<b>RANK/POSITION</b>	
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**SECTION 8: COURSE/PROGRAMME BEING EVALUATED**

**Mark only one answer for each of the questions by making a cross  in the appropriate block.**

Please make a cross  in the block of the course/programme whose presentation you are evaluating.

1. <i>Assertiveness</i>	2. <i>Be Money Wise</i>	3. <i>Colleague Sensitivity</i>	4. <i>Conflict Management</i>	5. <i>Coping with Change</i>	6. <i>Anger Management</i>	7. <i>Healthy Life-Style</i>	
8. <i>HIV/AIDS Awareness Programme</i>	9. <i>HIV/AIDS: Peer Educators Training</i>	10. <i>Planning Your Goals</i>	11. <i>Self Knowledge</i>	12. <i>Managing Stress Effectively</i>	13. <i>Substance Depen-dency</i>	14. <i>Time Manag-ement</i>	15. <i>Problem-solving</i>

## SECTION 9: EVALUATION OF THE PRESENTER

1. The presenter is <b>knowledgeable</b> about the subject that he/she taught.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
2. The presenter could <b>link</b> the material to the participants' level of knowledge.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
3. The presenter was <b>able to explain</b> difficult and abstract concepts.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
4. The presenter succeeded in <b>keeping me interested</b> in the subject.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
5. The presenter was <b>enthusiastic</b> about the subject that he/she taught.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>

## SECTION 10: EVALUATION OF THE PRESENTER'S PRESENTATION SKILLS

6. I could clearly <b>hear</b> what the presenter was saying ( <i>e.g. it was loud enough and in an accent that I could understand</i> ).	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>	
7. The presenter was skilful in the <b>use of the teaching media</b> ( <i>e.g. transparencies and or writing on newsprint/the blackboard</i> ).	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>	
8. The presenter encouraged <b>participant involvement</b> ( <i>e.g. by asking questions and or promoting discussions</i> ).	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>	
9. The presenter <b>prepared</b> himself/herself thoroughly for the presentation.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>	
10. What is your <b>overall rating</b> of the presenter's presentation skills?	1 <i>Poor</i>	2 <i>Fair</i>	3 <i>Average</i>	4 <i>Good</i>	5 <i>Very good/excellent</i>

## SECTION 11: EVALUATION OF THE LEARNING PROCESS

11. In the beginning, the presenter gave us a <b>clear overview</b> of what we could expect during the course/programme.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
12. The presenter made sure that participants <b>understood</b> a subject before continuing on to the next subject.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>

13. At the end, the presenter gave a <b>summary</b> of the material that was covered.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
14. The presenter was able to <b>communicate on my level</b> .	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
15. It was <b>easy to understand</b> the material that was presented.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
16. The material that was covered will be <b>useful</b> .	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
17. The course stimulated <b>my interest</b> in the subject.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>

#### SECTION 12: EVALUATION OF THE PRESENTATION CONTEXT

18. How would you rate the <b>venue</b> ?	1 <i>Very bad</i>	2 <i>Bad</i>	3 <i>Average</i>	4 <i>Good</i>	5 <i>Very good</i>
19. How would you rate the <b>quality of the learning material</b> that was presented?	1 <i>Very bad</i>	2 <i>Bad</i>	3 <i>Average</i>	4 <i>Good</i>	5 <i>Very good</i>
20. How would you rate <b>quality of the teaching media</b> (e.g. transparencies and or handouts)?	1 <i>Very bad</i>	2 <i>Bad</i>	3 <i>Average</i>	4 <i>Good</i>	5 <i>Very good</i>
21. How well was the course/programme <b>organised</b> ?	1 <i>Very bad</i>	2 <i>Bad</i>	3 <i>Average</i>	4 <i>Good</i>	5 <i>Very good</i>

#### SECTION 13: EVALUATION OF THE RELEVANCE OF THE COURSE/PROGRAMME

22. The course/programme <i>stimulated</i> my <b>creative thinking</b> .	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
23. I will be able to <i>apply</i> the new knowledge and insights that I have gained <b>in my job</b> .	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
24. I feel that the course/programme will help me <b>do my job better</b> .	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
25. I will be able to <i>apply</i> the new knowledge and insights that I have gained <b>in my daily life</b> .	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
26. I feel that the course/programme will help me <b>to live my life in a better way</b> .	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>

27. All SAPS personnel should receive this course/programme.

1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
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**SECTION 14: GENERAL**

28. How will you rate the <b>length</b> of the course/programme?	1 <i>It was much too long</i>	2 <i>It was a little too long</i>	3 <i>The length was just right</i>	4 <i>It was a little too short</i>	5 <i>It was much too short</i>	
29. How will you rate the <b>pace</b> of the presentation?	1 <i>The pace was much too slow</i>	2 <i>The pace was a little too slow</i>	3 <i>The pace was just right</i>	4 <i>The pace was a little too fast</i>	5 <i>The pace was much too fast</i>	
30. How will you rate the <b>balance</b> between the time spent on the presentation and time spent on group involvement?	1 <i>Too much time was spent on the presentation</i>	2 <i>A good balance</i>	3 <i>Too much time was spent on group involvement</i>	4 <i>There was no group involvement</i>		
31. Which <b>language</b> was used <i>the most</i> in the presentation of the course/programme?	1 <i>Afrikaans</i>	2 <i>English</i>	3 <i>Sotho</i>	4 <i>Tswana</i>	5 <i>Zulu</i>	6 <i>Others</i>

**Thank you for completing this questionnaire.**



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**APPENDIX 6:  
PRESENTER'S EVALUATION QUESTIONNAIRE**

# Questionnaire: Presenter's Evaluation of Programme Presentation

**Note:** All presenters of Capacity Building Programmes must complete the following presentation evaluation questionnaire *at the end of each* programme. In cases where two presenters are involved with the presentation of one programme, each must complete a *separate* questionnaire.

## 1. INTRODUCTION

You have just **presented** one of the Personnel Capacity Building Programmes. These programmes are a large and expensive initiative. Therefore we must know your views on their effectiveness, as well as your perceptions on the quality and effectiveness of your presentation and the circumstances under which they were conducted. Only in this way can we improve the programmes and the overall quality of their presentation.

**Please complete the questionnaire honestly. You will not be identified in person in any research or other report.** Your personal details are only required to link different presentations to each other.

## 2. GENERAL INSTRUCTIONS

The Presenter's Evaluation of Programme Presentation questionnaire contains various questions regarding the presentation and contents of the programme, as well as the circumstances under which it was presented. Answer them on this questionnaire.

**2.1 Mark the answers by making a cross ☒ in the appropriate block.** The cross mustn't touch the outline of the block.

**2.2 Mark only **one** answer per question and answer **all** questions.**

**2.3 Complete the questionnaire on your own and at the same time that the participants complete their Presentation Evaluation Questionnaires.**

**2.4 Under no circumstances may you look at the participants' Presentation Evaluation Questionnaires. Their, as well as your own questionnaires, are confidential.**

**2.5 In cases where two presenters are involved with the presentation of one programme, each must individually complete a separate questionnaire. Do not discuss the answers with each other. *We need your personal views.***

**2.6 Attached you will also find the form titled "Written Comments re Presentation". Please complete it and **staple it to the back of this questionnaire.****

When you have completed the questionnaire and form, seal it in an envelope, write the title of the programme and the date/dates of the programme on the envelope and return it to Head Office.

## 3. TO START

### SECTION 1: Programme Particulars

- In the first row, write your initials and surname.
- If there was a second presenter, write his or her initials and surname in the second row.

- In the third row, write the date/dates on which the programme was presented.
- In the fourth row, write the venue (place) where the programme was presented.

Presenter:

Co-presenter/s:

Dates:

Venue:


For office use	

## SECTION 2: PROVINCE

In the section below, indicate the province in which the training course was presented by making a cross  in the block of the appropriate province.

0	1	2	3	4	5	6	7	8	9
Gauteng	Western Cape	Eastern Cape	Northern Cape	Kwazulu Natal	Free State	North West	Limpopo (Northern Province)	Mpumalanga	Head Office

## SECTION 3: COURSE/PROGRAMME BEING EVALUATED

Please make a cross  in the block of the course/programme whose presentation you are evaluating.

1. Assertiveness	2. Be money wise	3. Colleague sensitivity	4. Conflict management	5. Coping with change	6. Handling anger	7. Healthy life-style
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8. HIV/AIDS Awareness Programme	9. HIV/AIDS: Peer Educators Training	10. Planning your goals	11. Self knowledge	12. Managing Stress Effectively	13. Substance Dependency	14. Time management
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## SECTION 4: SELF-ASSESSMENT

1. I am <b>knowledgeable</b> about the subject that I taught.	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree
2. I was <b>able to link</b> the material to the participants' level of knowledge.	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree
3. I was <b>able to explain</b> difficult and abstract concepts.	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree
4. I succeeded in <b>keeping participants interested</b> in the subject.	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree

5. I was <b>enthusiastic</b> about the subject that I taught.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
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### SECTION 5: SELF-EVALUATION OF PRESENTATION SKILLS

6. Participants could clearly <b>hear</b> what I was saying ( <i>e.g. it was loud enough and in an accent that they could understand</i> ).	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>	
7. I am skilful in the <b>use of the teaching media</b> ( <i>e.g. transparencies and or writing on newsprint/the blackboard</i> ).	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>	
8. I encouraged <b>participant involvement</b> ( <i>e.g. by asking questions and or promoting discussions</i> ).	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>	
9. I <b>prepared</b> myself thoroughly for the presentation.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>	
10. What is your <b>overall rating</b> of your presentation skills?	1 <i>Poor</i>	2 <i>Fair</i>	3 <i>Average</i>	4 <i>Good</i>	5 <i>Very good/ excellent</i>

### SECTION 6: EVALUATION OF THE LEARNING PROCESS

11. In the beginning, I gave a <b>clear overview</b> of what participants could expect during the course/programme.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
12. I made sure that participants <b>understood</b> a subject before continuing on to a next subject.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
13. At the end, I gave a <b>summary</b> of the material that was covered.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
14. I was able to <b>communicate on the participants' level</b> .	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
15. It was <b>easy for participants to understand</b> the material that was presented.	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
16. The material that was covered will be <b>useful</b> .	1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>

17. The course stimulated **participants' interest** in the subject.

1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
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### SECTION 7: EVALUATION OF THE CONTEXT

18. How would you rate the **venue**?

1 <i>Very bad</i>	2 <i>Bad</i>	3 <i>Average</i>	4 <i>Good</i>	5 <i>Very good</i>
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19. How would you rate the **quality of the learning material** that you presented?

1 <i>Very bad</i>	2 <i>Bad</i>	3 <i>Average</i>	4 <i>Good</i>	5 <i>Very good</i>
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20. How would you rate **quality** of the **teaching media** (e.g. transparencies and or handouts)?

1 <i>Very bad</i>	2 <i>Bad</i>	3 <i>Average</i>	4 <i>Good</i>	5 <i>Very good</i>
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21. How well was the course/programme **organised**?

1 <i>Very bad</i>	2 <i>Bad</i>	3 <i>Average</i>	4 <i>Good</i>	5 <i>Very good</i>
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### SECTION 8: EVALUATION OF THE RELEVANCE OF THE COURSE/PROGRAMME

22. The course/programme stimulated the participants' **creative thinking**.

1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
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23. The participants will be able to **apply** the new knowledge and insights that they have gained in their **jobs**.

1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
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24. I feel that the course/programme will help the participants **do their jobs better**.

1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
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25. The participants will be able to **apply** the new knowledge and insights that they have gained in **their daily lives**.

1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
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26. I feel that the course/programme will help participants **to live their lives in a better way**.

1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
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27. **All SAPS personnel** should **receive** this course/programme.

1 <i>Strongly disagree</i>	2 <i>Disagree</i>	3 <i>Agree</i>	4 <i>Strongly agree</i>
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**SECTION 9: GENERAL**

28. How will you rate the <b>length</b> of the course/programme?	<p><b>1</b> <i>It was much too long</i></p>	<p><b>2</b> <i>It was a little too long</i></p>	<p><b>3</b> <i>The length was just right</i></p>	<p><b>4</b> <i>It was a little too short</i></p>	<p><b>5</b> <i>I was much too short</i></p>	
29. How will you rate the <b>tempo</b> of the presentation?	<p><b>1</b> <i>The tempo was much too slow</i></p>	<p><b>2</b> <i>The tempo was a little too slow</i></p>	<p><b>3</b> <i>The tempo was just right</i></p>	<p><b>4</b> <i>The tempo was a little too fast</i></p>	<p><b>5</b> <i>The tempo was much too fast</i></p>	
30. How will you rate the <b>balance</b> between the time spent on the presentation and time spent on group involvement?	<p><b>1</b> <i>Too much time was spent on the presentation</i></p>		<p><b>2</b> <i>A good balance</i></p>	<p><b>3</b> <i>Too much time was spent on group involvement</i></p>	<p><b>4</b> <i>There was no group involvement</i></p>	
31. Which <b>language</b> did you use <i>the most</i> in the presentation of the course/programme?	<p><b>1</b> <i>Afrikaans</i></p>	<p><b>2</b> <i>English</i></p>	<p><b>3</b> <i>Sotho</i></p>	<p><b>4</b> <i>Tswana</i></p>	<p><b>5</b> <i>Zulu</i></p>	<p><b>6</b> <i>Others</i></p>

# Form: Written Comments re Presentation

**Instructions:** Please provide your written comments in the spaces provided below and staple this form to the "Presenter's Evaluation of Programme Presentation" questionnaire. If the space provided isn't sufficient, please write on the back of this form.

1. I WANT TO CLARIFY THE FOLLOWING RESPONSES TO THE "PRESENTER'S EVALUATION OF PROGRAMME PRESENTATION" QUESTIONNAIRE. (Please specify the section number or question number to which your responses relate.)

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2. TOPICS THAT NEED TO BE ADDED TO THE PROGRAMME:

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3. TOPICS THAT NEED TO BE COVERED IN GREATER DEPTH IN THE PROGRAMME:

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**APPENDIX 7:  
INSTRUCTIONS TO AUTHORS: SOCIAL WORK/ MAATSKAPLIKE WERK**

## SOCIAL WORK/ MAATSKAPLIKE WERK

Die Suid-Afrikaanse tydskrif vir maatskaplike werk "*Social Work/Maatskaplike Werk*" (ISSN – 0037-8054) voorsien die volgende instruksies aan outeurs:

### INSTRUCTIONS TO AUTHORS

The Journal publishes articles, short communications, book reviews and commentary on articles already published from any field of social work. Contributions relevant to social work from other disciplines will also be considered. Contributions may be written in English or Afrikaans. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and addressee(s) of the author(s) and preferably not exceed 5 pages. The whole manuscript plus one clear copy as well as a diskette with all the text, preferably in MS Windows (Word or WordPerfect) or ASCII must be submitted. Manuscripts must be typed double spaced on one side of A4 paper only. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "... (Berger 1967:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors. Note the use of capitals and punctuation marks in the following examples.

### VOORSKRIFTE AAN OUTEURS

Die Tydskrif publiseer artikels, kort mededelings, boekbesprekings en kommentaar op reeds gepubliseerde artikels uit enige gebied van die maatskaplike werk asook relevante bydraes uit ander dissiplines. Bydraes mag in Afrikaans of Engels geskryf word. Artikels in Afrikaans moet vergesel wees van 'n Engelse opsomming van ongeveer 200 woorde. Alle bydraes sal krities deur ten minste twee keurders beoordeel word. Beoordeling is streng vertroulik. Manuskripte sal na die outeurs teruggestuur word indien ingrypende hersiening vereis word of indien die styl nie ooreenstem met die tydskrif se standaard nie. Kommentaar op artikels wat in die Tydskrif gepubliseer is, moet van toepaslike titels, die naam(name) en adres(se) van die outeur(s) voorsien wees en verkieslik nie langer as 5 bladsye wees nie. 'n Disket met die hele teks, verkieslik in MS Windows of ASCII moet die hele manuskrip en een duidelike kopie daarvan vergesel. Manuskripte moet slegs op een kant van die bladsy in dubbelspasiëring getik word. Verwysings moet volgens die Harvard-stelsel geskied. Verwysings in die teks: Wanneer woordelike sitate, feite of argumente uit ander bronne gesitater word, moet die van(ne) van die outeur(s), jaar van publikasie, en bladsynommers tussen hakies in die teks verskyn, bv. "... (Berger, 1967:12). Meer besonderhede omtrent bronne moet alfabeties volgens die vanne van die outeurs aan die einde van die manuskrip onder die opskrif "Bibliografie" verskyn. Let op die gebruik van hoofletters en leestekens by die volgende voorbeelde.

TWO AUTHORS/TWEE OUTEURS: SHEAFOR, BW & JENKINS, LE 1982. *Quality field instruction in social work*. Program Development and Maintenance. New York: Longman.

COLLECTION/BUNDEL ARTIKELS: MIDDLEMAN, RR & RHODES, GB (eds) 1985. *Competent supervision, making imaginative judgements*. New Jersey: Prentice-Hall.

ARTICLE IN COLLECTION/ARTIKEL IN BUNDEL: DURKHEIM, E 1977. On education and society. In: KARARABEL, J & HALSEY, AH (eds) **Power and ideology in education**. New York: Oxford University Press.

JOURNAL ARTICLE/ARTIKEL IN TYDSKRIF: BERNSTEIN, A 1991. Social work and a new South Africa: Can social workers meet the challenge? **Social Work/Maatskaplike Werk**, 27(3/4):222-231.

THESIS/TESIS: EHLERS, DMM 1987. Die gebruik van statistiese tegnieke vir die ontleding van gegewens in maatskaplikewerk-navorsing. Pretoria: Universiteit van Pretoria. (M tesis).

MINISTRY FOR WELFARE AND POPULATION DEVELOPMENT 1995. Draft White Paper for Social Welfare. **Government Gazette**, Vol. 368, No. 16943 (2 February). Pretoria: Government Printer.

NEWSPAPER REPORT/KOERANTBERIG: MBEKI, T 1998. Fiddling while the AIDS crisis gets out of control. **Sunday Times**, 8 March, 18.

As a guide, articles should be between 4 000 and 6 000 words (10 to 15 pages) in *length*. A *title* of not more than ten words should be provided. An *autobiographical note* should be supplied including name, affiliation and e-mail address. A *structured abstract* must be included under 4-6 sub-headings: Purpose; Methodology; Findings; Research limitations/implications (if applicable); Practical implications (if applicable); and the originality/value of the paper. Maximum is 250 words. In addition, provide up to six *keywords*, which encapsulate the principle topics of the paper. Categorise your article under one of these *classifications*: research paper; viewpoint; technical paper; conceptual paper; case study; literature review or general review.

Where there is a *methodology* it should be described under a separate heading. *Headings* must be short, clearly defined and not numbered. Notes should only be used if absolutely necessary and must be identified in the text by consecutive numbers, enclosed in square brackets and listed at the end of the article.

All *figures* (tables, diagrams and line drawings) should be submitted in both electronic form and hard copy originals. Figures should be of clear quality, black and white and numbered consecutively with arabic numerals.

Electronic figures should be copied and pasted or saved and imported from the origination software into a blank Microsoft Word document. Figures created in MS PowerPoint are also acceptable. Acceptable standard image formats are: .eps, .pdf, .ai and .wmf. If you are unable to supply graphics in these formats then please ensure that they are .tif, .jpg, .bmp, .pcx, .pic, .gif or .pct at a resolution of at least 300 dpi and at least 10cm wide.

In the text of the paper the preferred position of all figures should be indicated by typing on a separate line the words "Take in figure (No)". Supply succinct and clear captions for all figures.

*Tables* must be numbered consecutively with roman numerals and a brief title. In the text, typing on a separate line the words "Take in Table IV" should show the position of the table.

*References* to other publications must be in Harvard style and checked for completeness, accuracy and consistency. You should include all authors' names and initials and give any journal title in full.

You should cite publications in the text: (Adams, 1997) using the first named author's name. At the end of the paper a reference list in alphabetical order should be supplied.

*Books*: last name, initials, (year), *title of book*, publisher, place of publication, e.g. Swanepoel, H. and De Beer, F. (1996) *Community Capacity Building*, Johannesburg: Thomson Publishing.

*For book chapters*: last name, initials, (year), "chapter title", editor's last name, initials, *title of book*, publisher, place of publication, pages, e.g. Boult, B.E. (1998), "Adoption", in Bezuidenhout, F.J. (Ed.), *A reader in selected social issues*, Pretoria: van Schaik Publishers, Second Edition, 41-52.

*For journals*: last name, initials, (year), "title of article", *Journal name*, volume, number, pages, e.g. Mda, C. J. (2004), "Population ageing and survival challenges in rural Ghana", *Journal of Social Development in Africa*, Vol. 19 No. 2, 90-112.

*For electronic sources*: If available online the full URL should be supplied at the end of the reference.

### **Final submission of the article**

Once accepted for publication, the final version of the manuscript must be provided, accompanied by a 3,5" disk. Alternatively, the final version can be sent as an attached file to an e-mail.

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**APPENDIX 8:  
PROFILE OF SAPS PERSONNEL: APRIL 2003**

**APPENDIX 9A: SAPS: TOTAL POLICE ACT PERSONNEL IN TERMS OF RANK**

DESCRIPTION	WHITE		INDIAN		COLOURED		AFRICAN		TOTAL		TOTAL
	M	F	M	F	M	F	M	F	M	F	M+F
NONE/INVALID	7	4	2	0	11	13	25	23	45	40	85
CONST	1 166	492	319	101	1 817	658	6 948	2 435	10 250	3 686	13 936
SERGEANT	1 572	365	454	90	1 467	168	12 183	1 179	15 676	1 802	17 478
INSPECTOR	11 801	3 045	1 697	233	3 844	604	32 494	2 953	49 836	6 835	56 671
CAPTAIN	3 013	1 255	516	135	680	191	3 296	935	7 505	2 516	10 021
SUPERINTENDENT	1 453	544	169	34	165	36	832	141	2 619	755	3 374
SNR SUPT	463	97	65	15	58	11	313	68	899	191	1 090
DIRECTOR	167	27	28	3	24	3	138	14	357	47	404
ASSISTANT COMM	37	5	6	0	5	0	40	2	88	7	95
PROVINCIAL COMM	0	0	0	0	1	0	6	0	7	0	7
DIVISIONAL COMM	4	1	1	0	1	0	3	2	9	3	12
DEPUTY COMM	2	0	0	1	0	0	1	0	3	1	4
NATIONAL COMM	0	0	0	0	0	0	1	0	1	0	1
<b>TOTAL</b>	<b>19 685</b>	<b>5 835</b>	<b>3 257</b>	<b>612</b>	<b>8 073</b>	<b>1 684</b>	<b>56 280</b>	<b>7 752</b>	<b>87 295</b>	<b>15 883</b>	<b>103 178</b>

**APPENDIX 9B: SAPS: TOTAL CIVIL ACT PERSONNEL IN TERMS OF OCCUPATIONAL CLUSTERS**

DESCRIPTION	WHITE		INDIAN		COLOURED		AFRICAN		TOTAL		TOTAL
	M	F	M	F	M	F	M	F	M	F	M+F
SECRETARY	0	158	0	19	2	32	2	95	4	304	308
REGISTRATION CLERK	42	289	8	20	21	66	154	244	225	619	844
DATA TYPIST	70	454	39	63	75	367	513	1 554	697	2 438	3 135
ADMIN CLERK	297	3 268	125	389	369	1 031	1 576	3 385	2 367	8 073	10 440
TYPIST	9	945	2	55	26	226	57	624	94	1 850	1 944
PERSONNEL OFFICER	55	534	12	56	47	122	228	391	342	1 103	1 445
ADMIN OFFICER	360	480	44	24	56	54	444	234	904	792	1 696
CLEANER	13	11	12	2	264	285	1 537	1 581	1 826	1 879	3 705
CHAPLAIN	31	7	9	1	14	0	98	8	152	16	168
TELCOM OPER	30	84	3	11	12	79	59	165	104	339	443
MESSENGER	9	2	0	0	18	7	132	30	159	39	198
PROV ADMIN CLERK	97	691	26	47	72	99	323	316	518	1 153	1 671
AUXILIARY WORKER	13	18	2	2	64	13	211	14	290	47	337
LEGAL ADMIN OFFICER + MEDICO LEGAL ASSISTANT	54	19	2	8	4	6	46	15	106	48	154
FOREMAN	2	0	0	0	33	21	139	58	174	79	253
GENERAL STOREMAN/ ASSIST.	6	2	2	0	26	7	166	25	200	34	234
ACCOUNTING CLERK	62	340	25	28	37	78	168	205	292	651	943
FOOD SERVICE AID	7	56	0	18	29	193	411	472	447	739	1 186
GARAGE ARTISAN	232	0	22	0	19	0	94	1	367	1	368

TOTAL	1389	7358	333	74 3	1188	2686	6358	9417	9265	20204	29472
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**APPENDIX 9C: SAPS: TOTAL EMPLOYEES: POLICE ACT PERSONNEL AND CIVIL ACT PERSONNEL**

DESCRIPTION	WHITE		INDIAN		COLOURED		AFRICAN		TOTAL		TOTAL
	M	F	M	F	M	F	M	F	M	F	M+F
CIVILACT	744	6918	259	731	933	2708	7186	9398	9122	19755	29304
POLICEACT	19685	5835	3257	612	8073	1684	56280	7752	87295	15883	103178
TOTAL: CIVIL+POLICE	20429	12753	3516	1343	9006	4392	63466	17150	96417	35638	132482

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**APPENDIX 9:**  
**LIST OF PROGRAMME PRESENTERS: EPCBP-RESEARCH PROJECT**

1. Andrews, G.
2. April, H.
3. Basupeng, P.
4. Beukes, C.
5. Botha, M.
6. Carrim, R.
7. Chetty, P. K.
8. Cornelius, S.
9. Dalasile, N. Q.
10. Danilson, D.
11. De Beer, M.
12. De la Cruz, L.
13. De Villiers, A.H.
14. De Winnaar, E.
15. Dedericks, E.
16. Dyaliwane, M.
17. Everton, Wilma
18. Fortuin , M.
19. Fourie, D.
20. Gabanakgosi, K. A.
21. Giqwa, N.N.N.
22. Goliath, B.
23. Gumede, J.
24. Heslinga, S.
25. Heunis, D.
26. Heymans, A.
27. Hlatshwayo, S.
28. Hlongwane, W.
29. Hoosein, F.

30. Jansen van Vuuren, A.
31. Jele, L.
32. Jonas, N.M.
33. Josie, J.
34. Joubert, J.
35. Kander, M.
36. Kango N
37. Kapp, T.
38. Kara, U.
39. Keshebang, F.K.
40. Khati, S. C.,
41. Khumalo, T. A.
42. Kinnear, S.
43. Kleingeld, C.
44. Kotze, M.
45. Krishna, D.
46. Kubheka, P. H.
47. Kwayiba, M J
48. Laubscher, M.
49. Ledwaba, L.
50. Ledwaba, S.M.
51. Mahlangu, T.
52. Maitse, D.B.
53. Makala, I.
54. Makgotlwe, B.B.
55. Malakane, R.
56. Maleka, M. M.
57. Mangena, A.
58. Masangane, K.
59. Mashego, R.
60. Matlala. T
61. Matvene, D.
62. Mavuso, W.
63. Mbeki, T.

64. Mdakani, M. E. L.
65. Mdiya Z.
66. Merafi, M.
67. Meyer, M.
68. Mntonga, F.
69. Moeketsi, E.
70. Moeketsi, T.
71. Mogale, S.
72. Montsi, M.
73. Montsiwagae, M.
74. Moodley A.
75. Moredi, M.
76. Morena, M.
77. Morris, I.
78. Motswenyane A.T.
79. Mphosi, D.
80. Mphuthi, S.T.
81. Mtambeka, P.
82. Mthembu, P.J.
83. Mtshaki, J.
84. Myburg, M.
85. Mzimela, T.Y.
86. Naidoo, J.
87. Naude, A
88. Ndlovu, H. S.
89. Nel, C.
90. Nel, H.
91. Njozela, P.
92. Nkomonde, P
93. Ntili, R.K.
94. Ntshiba, N.H.
95. Ntsoetsanyane, P.
96. Page, J.
97. Pelzer, E.

98. Petersen, B.
99. Philander, M.
100. Phokojoe, N.P.
101. Pieters, L
102. Potgieter,
103. Priest, N.
104. Prinsloo, C.
105. Qhobela, M.
106. Quinn, A.
107. Ramajoe, M.
108. Ramphal, S.
109. Rapalo, M.
110. Raphalu, M.N.
111. Raphlan, N
112. Ryan, C
113. Sapula, P
114. Saunders, Y.
115. Scheepers, A.
116. Sedumedi, N.
117. Segalo, M.
118. Seitsang, E. M.
119. Senoge, S.
120. Sibiya, P.J.
121. Sofika, N.
122. Somo, T.
123. Stadler, I.
124. Steenkamp, A.
125. Stone, M.J.
126. Strydom, L.
127. Swart, E.
128. Thabethe, E.
129. Thebe, K.
130. Tromp, M.
131. Tsabalala, P.

132. Van der Merwe, J.
133. Van der Merwe, R.
134. Van der Westhuizen, J.
135. Van Onselen H.
136. Van Rensburg H.E
137. Van Rooyen, K.
138. Van Vuuren, T.
139. Van Wyk, A.C.
140. Van Zyl, G.
141. Van Zyl, M.
142. Venter, R.
143. Vermaak, L.
144. Von Wielligh, T.
145. Vorster, M.
146. Willemse, S.

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