

Report on the Peer Education Conference Western Cape Departments of Education & Health

19-20 November 2009
Cape Town

Final Report



Peer Education Conference:

Improving on the past seven years: planning ahead for the next seven

“Prevention!!! Prevention!!! Prevention!!!”

What is required is a “massive change in behaviour and attitude targeting especially the youth”

Dr Aaron Motsoaledi, Minister of Health – Media Briefing: 10 November 2009

Final Report submitted to WCED

1 Executive Summary

The Western Cape Peer Education conference, 19 – 20 November 2009, provided the opportunity for a range of education and health stakeholders – including 23 NGOs – to assess the impact of the province’s peer education strategy over the past four years. It was an occasion to reflect on the successes and challenges of the past in order to build the best possible programme for the future.

The Western Cape Education MEC and the Head: Education have agreed with the Department of Health for the WCED to co-fund the expansion of the Peer Education initiative over the next six years, and to fully fund it thereafter – subject to the successful Global Fund bid and a performance and impact-based evaluation at the end of the initial three years. This amounts to a considerable investment by Education into peer education and its role in HIV prevention and related health risk-reduction initiatives.

The various inputs that made up the first part of the conference were made by a range of stakeholder experts: from education, health, the Global Fund and peer education. These speakers’ collective insight provided a comprehensive picture not only of HIV prevalence within the province, but also the successes and failures of peer education activities over the past seven years within the region. What also became clear during the opening session was an overwhelming support for the continuance and expansion of the peer education initiative in order to reach as many learners as possible within the province.

By way of preparation for the Global Fund bid, the conference firstly sought to ensure that the province achieves buy-in and commitment from both implementers and beneficiaries. Secondly, much discussion centred on the need to streamline the implementation of peer education as well as to ensure that sufficient dosages of peer education are given to ‘most at risk’ learners and that this educational engagement is consistent across the province.

At the operational heart of the conference were six commissions that examined past challenges, especially in areas where peer education interfaces with the day-to-day educational purpose of schools. These commissions then fed back their findings into the plenary and these were, in turn, incorporated into the final Global Fund bid.

2 Background

The Western Cape Province is home to almost one million learners in almost 1,500 schools, of which almost one third are in secondary schools. There are 140 000 Grade 10-11 learners. The WCED first began piloting peer education in schools in 2002, and by November 2003 had developed a collaborative model in partnership with about fifteen implementing organisations (NGOs). Currently, there are 3,644 junior peer educators (Grade 10), 2,394 senior peer educators (Grade 11) and 1,488 peer 'mentors' (Grade 12) at 150 schools, as well as a further 195 'young leaders' in 88 schools. In the broader programme, there are also 580 registered primary school Soul Buddyz clubs, as well as 10 FET College campus programmes.

The Western Cape Peer Education programme is considered by some, despite its unique implementation challenges, to be close to the cutting-edge of international good practice – at least in terms of providing a delivery framework. However, it is notoriously difficult to measure behaviour change directly – at best it is only possible to measure proxies. That said, the 50% reduction in ante-natal teenage prevalence levels in the Western Cape over the 4-year period 2003 to 2007 can be attributed to a number of interventions of which peer education is a vital component. An analysis by Health of the possible impact of Peer Education has shown that, where it has been implemented in Western Cape schools over the past five years, teenage HIV prevalence levels decreased in those areas. In areas where Peer Education has not been implemented, teenage HIV prevalence levels have increased.

3 Objectives

- To present Peer Education as a youth strategy for dealing with the prevention and mitigation of HIV/AIDS, TB, teenage pregnancy, substance abuse, stigma, vulnerability and gender based violence;
- To present the new Peer Education Draft Implementation Framework based on past experience and assessment to date;
- To solicit input for further refinement of the Framework as well as the refinement of the Global Fund proposal;
- To strengthen collaboration between Education, Health, NPOs and other partners;
- To obtain buy-in from district officials for a district-based implementation and management plan, and to explore ways of expanding Peer Education beyond the formal school setting.

4 Inputs

What follows is a brief synopsis of the inputs made by the various speakers.

4.1 DDG Health - Dr Joey Cupido

Dr Cupido began his input by welcoming this peer education initiative. In particular, he reiterated his support for the collaboration between the departments of Health and Education.

Although the Western Cape may be setting a precedent for effective prevention interventions within the country – as witnessed by the low prevalence within the province – this should not be an occasion for complacency. In fact, the opposite should be the case. Education and



Health may have very different approaches, structures and even a different sense of how to deal with the epidemic, but this partnership (unique within South Africa) will be about bringing our respective strengths to bear on a problem neither department can address on its own.

Cupido went on to address peer education within a broader context. Peer education is not a unique intervention that exists outside of other forms of social interaction. The ability to change behaviour, to develop and modify social norms – these are intrinsic to the socialisation process. In this sense peer education belongs to those interpersonal relations that include parenting, modelling of behaviour on the actions of peers and the influence that teachers and the community have on our children. In short, peer education has always existed and is one of the crucial ways in which young people learn about the world.

On a more personal note, Cupido spoke of the particular difficulties of being a parent within a society where social and sexual mores are changing constantly and where our youth are exposed to strong pro-sex messages at younger and younger ages. This is exacerbated by the fact that both parents are often working and therefore unable to spend as much time with their children as perhaps was the case in the past; and media messaging that also encourages a premature awareness of adult behaviour.

Peer education, argued Cupido, thus becomes a crucial addition to the mechanisms society needs to use to raise healthy and informed children and, by extension, adults.

4.2 MEC Education – Donald Grant¹

The MEC painted a bleak picture of education in South Africa (and particularly the Western Cape) today. With a falling matriculation rate within the province, disturbing literacy and numeracy rates and a decline in the learners who are even able to access Grade 12, he acknowledged that the challenges facing the Department were many and varied. In a frank admission he made the salient point – one shared by all those in government irrespective of their political affiliation – that this situation impacts negatively on the need to create an active citizenry. Not only active in the political and social sense, but also “active in their communities in creating opportunities for their fellow citizens.”

The implication of this argument is that without a clear sense of what it is to be a citizen within the country, there is a diminished sense of social and private responsibility. This, in turn, leads to risky behaviour – as is indicated by the high incidence of drug and alcohol abuse among our youth – and opens them up to poor life choices.

Grant went on to commend the work of peer educators that has occurred so far and point out that while increased distribution of ARVs is to be welcomed, the future health of the province’s citizenry can only be achieved via prevention. In conclusion, he noted that peer education is an important contributing factor if the country is to meet the target set out in a National Strategic Plan for HIV and AIDS – to bring about a 50% reduction in HIV incidence.

4.3 Dr John Frankish – Western Cape Global Fund Programme Manager

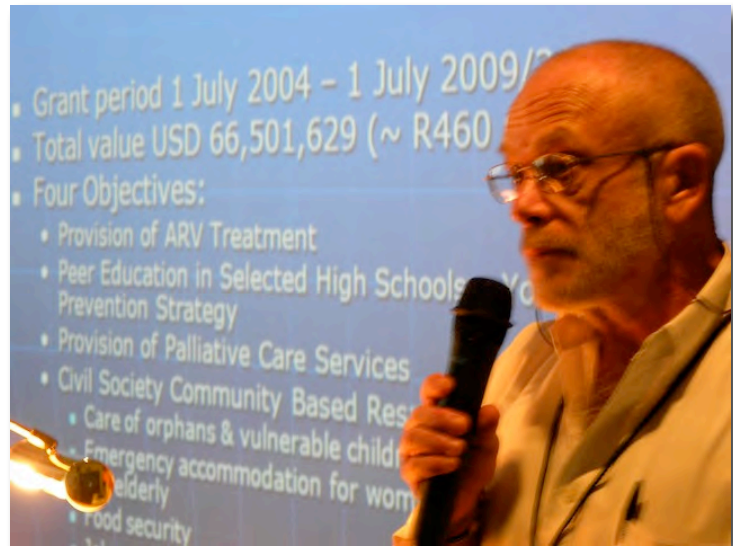
Dr Frankish set the tone for the conference by presenting an impartial assessment of the role that peer education has played within the Western Cape Province since 2004 when it first received Global Funding. Although peer education received the smallest component

¹ Donald Grant was unable to attend, but had prepared a note of welcome that was read to all participants.

(R460 million) of the overall budget, he provided a critical reading of what has been achieved so far, the lessons learned and went on to explore the possibility of further funding via the Rolling Continuation Channel that will come into effect in June 2010.

As part of the Global Fund process, the UCT Adolescent Health Research Institute was tasked with evaluating the outcomes and impact of the implementation process. Looking back over the past five years it is evident that the target numbers – over a range of indicators – have largely been exceeded. The number of young people reached with peer education (supervised NPO and loveLife activities) was 1,679,157, some 137% above the target number. However, peer education is more than a matter of reach.

The UCT study provided a less flattering analysis of the impact of peer education. In the areas of sexual debut, condom usage and general knowledge about HIV there were insignificant differences between the control group and those who had gone through the peer education process. In fairness it must also be noted that the UCT study experienced its own technical difficulties which partly undermined its conclusions. A questionnaire carried out by WCED staff painted a far more optimistic view of the efficacy of peer education at school level. Perhaps one of the most interesting and unexpected outcomes of the peer education process has been the positive impact it has had on the culture of schools and the internal support mechanisms within those schools, an improvement that has positive implications for the province over time. Moreover, the response to the survey is overwhelmingly positive and supportive of the continuation of the programme in the future.



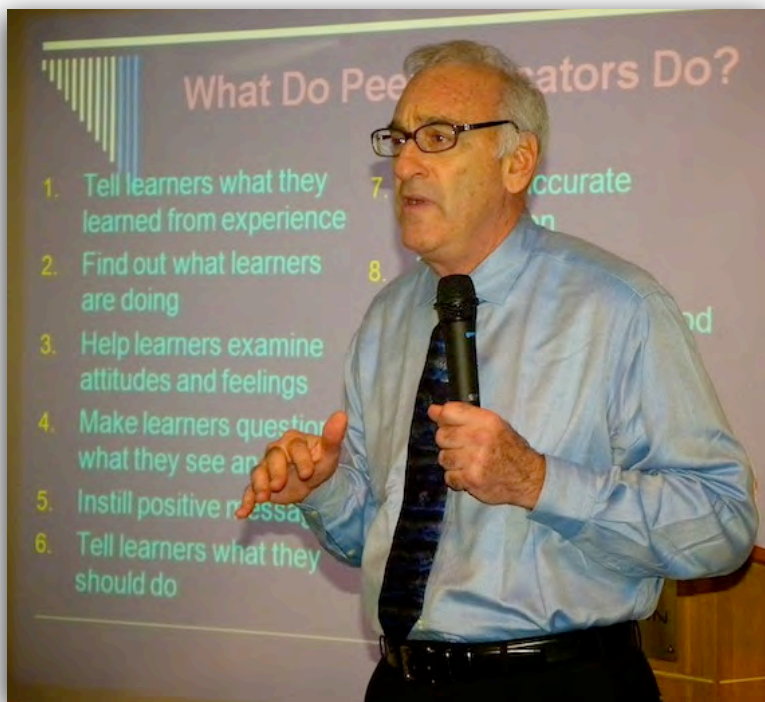
In summing up, Frankish offered an astute assessment of what still needs to be in place in order for peer education to have maximum impact. For this to happen, any extension via the Global Fund initiative will need to:

- be structured so that the focus of the programme is on the reach to the learners and not on the Peer Educators themselves;
- aim at younger learners (Grades 8 and 9);
- use older learners as the Peer Educators;
- be formalised into the normal daily life of the school;
- integrate into the curriculum-based life orientation teaching programme of the school;
- integrate into the range of extra-curricular activities of the school;
- extend the content to other health and social issues relevant to that school community;
- contribute to a better functioning school community;
- build links to local community programmes (HIV, health and other);
- build links to other HIV prevention activities in the school (e.g. VCT);

- roll-out throughout the province;
- be implemented at district/sub-district level;
- ensure that standards are monitored and are maintained as roll-out takes place;
- build in sustainability; and
- build in a rigorous system of monitoring and evaluation.

This is not simply a wish list or 'nice to have'. These are base requirements for a future peer education that will be sustainable, uniform in its impact and professional in its quality assurance. Throughout the presentation, Frankish repeatedly alluded to the need for a new era for the implementation of peer education.

4.4 Dr Charles Deutsch – Principal Investigator, Harvard School of Public Health and Centre for the Support of Peer Education (CSPE)



Dr Deutsch began an in-depth elaboration on some of the themes that Frankish had briefly touched upon. Specifically this keynote address offered an unwavering analysis of the difficulties surrounding peer education as a concept and as a 'deliverable'. As he himself pointed out "this is harder than rocket science." The fundamental problem that has dogged peer education is the difficulty in measuring behaviour change. Moreover, even when it

can be measured over time, it is almost empirically impossible to establish a direct causality between peer education and that indicator of change. That said – and this is the paradox of peer education – it offers boundless opportunities for cognitive, attitudinal and emotional change.

There is a sound theoretical and practical basis for peer education and it has long been utilised in many traditions to address a range of health issues. Deutsch offered a basic definition as "the part of prevention delivery system whose priority is to enable beneficiaries to help one another." He then elaborated on this definition in order to explore what peer education is particularly good at:

- improvement within the school's culture;
- improvement of a learner's connection to the school;
- Contributing to a sustainable integrated prevention system;
- building a healthier social environment; and in the process

- supporting better health outcomes.

Digging deeper into peer education, Deutsch proceeded to examine the underpinning of education: Education happens when our preconceptions and prejudices about the world are interrogated and found not to hold up to scrutiny. "To unsettle and to unlearn" is a crucial first step in the education process and is achieved when peer educators ask good questions, help learners examine attitudes and feelings, supply a safe environment and provide accurate information on areas where learners may still be toiling under false impressions about the world. In a world of inherited and unexamined ideas about sexuality, gender, and how we reduce risk of harm, this "unsettling and unlearning" must precede the acquisition of new attitudes and behaviours.

The presentation moved from an examination of this educational underpinning onto a more general understanding of how peer educators can practically assist learners. This he broke down into five roles:

1. Deliver planned, scheduled, structured education.
2. Recognize and refer those in need of additional help.
3. Informally influence.
4. Advocate for resources, services, and opportunities to contribute.
5. Lead psychosocial support groups.

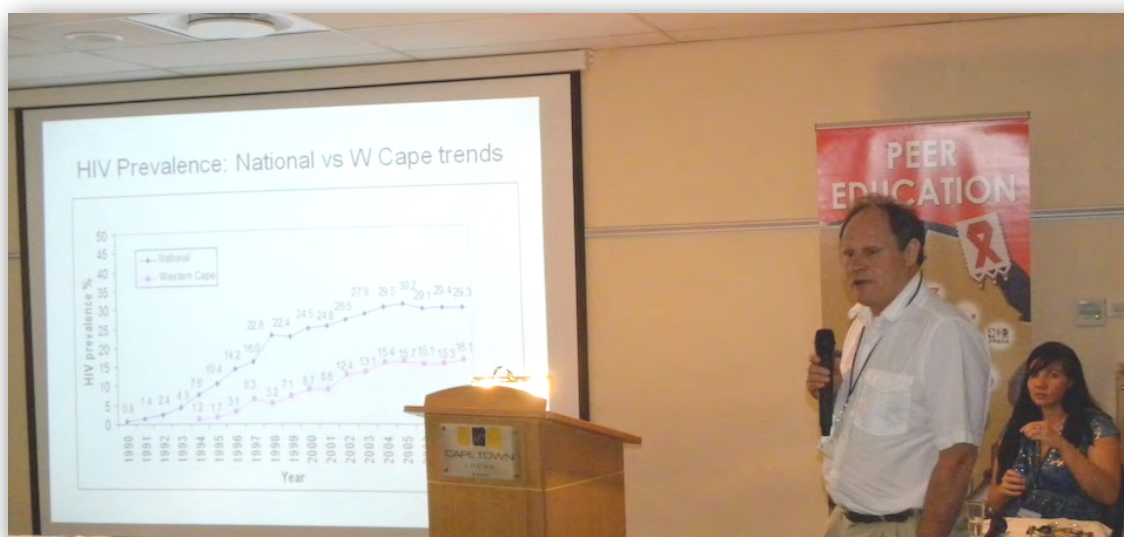
Guided by the *Rutanang* standards, these five roles allow for a systematic, planned and proactive helping process. A diverse group of peer educators can be drawn from the school's sub-cultures who are able to reach out to all learners whether they are fashion yuppies, techies or Yizo-Yizo.

Deutsch then proceeded to expand his discussion to include the wider community and the support that would be required not only from the Departments of Education and Health in the Western Province but also the Department of Social Development, the relevant implementing organisations, the districts, the schools and CSPE. Coordination between these entities will be crucial if the anticipated continuation of the project is to achieve its measurable outputs. By way of conclusion Deutsch outlined the basic components that would need to be in place in order to achieve the targets agreed upon. These include:

- Strong adult infrastructure.
- High standards and the necessary support that would be needed in order to ensure the standards are upheld.
- Integration of peer education into Grade 8 and 9 life orientation classes.
- Integration of health themes and linkages.
- Integration with other education strategies.
- Clear contracts (with detailed roles and responsibilities) between WCED, districts, schools, CSPE and implementing organisations.

Deutsch also used this opportunity to outline the agenda for the parallel commissions that will follow the speaker inputs. The substantive work of the conference would be to generate a better understanding as to how to operationalise the above components in such a way as to achieve successful implementation. For this reason, six parallel commissions would be used to 'clear the ground' of past obstacles and bottlenecks, and to offer a full review lessons learned and solutions for the future.

4.5 Peter Fenton -- Chief Education Specialist: Life Skills and HIV/AIDS Programmes



Peter Fenton began his presentation by asking a single question – how is it possible that with a national HIV prevalence figure of 29.3% the Western Cape is presently sitting at 16.1%. What, he asked, is the province doing better than the rest of the country? Although never going so far as to draw a direct correlation between peer education at school level and HIV prevalence, he made a convincing argument for the efficacy of prevention education within the school setting.

Picking up on a point made by Donald Grant earlier, he emphasised the crucial importance of an active and healthy citizen. Education's primary role is to create a citizenry that is economically productive, politically aware and socially active. The failure to produce these kinds of citizens generates a chain reaction leading to unemployed youth with few opportunities, poverty, crime, alcohol and drug abuse, a proclivity for high risk behaviours, a sense of fatalism and finally the marginalisation of our country's youth. It is Fenton's argument that peer education plays an important part in stopping that chain reaction from taking place and creating, rather, a virtuous cycle of behaviour within those schools that are implementing peer education properly.

That is not to say that there are not significant challenges, which Fenton acknowledged:

- HIV prevention is not the core mandate of Education and has a low priority status within the department.
- Education, Health and Social Development bureaucracies have difficulty collaborating and coordinating with one another, as well as with critical partners such as NGOs, faith-based and other community-based organisations.
- Prevention resources have, in the past, been devoted to mass media advertising, events and campaigns. Although the strategy may raise awareness it is ineffective unless it is integrated into sustainable and systematic social strategies.
- Few school principals and teachers understand HIV and AIDS and many teachers are uncomfortable helping learners think and talk about HIV and related sensitive topics.
- Life Orientation is generally overloaded, inadequately staffed and poorly taught.

However, these challenges need to be offset against the successes over the past seven years which have seen peer education programmes implemented in 150 secondary schools by 2008.

The remainder of Fenton's presentation looked toward the future. What, for example, would need to be in place if the province was to expand its programme to 250 schools through Global Fund support? Based on lessons learned and best practices gleaned, Fenton put forward a framework for future peer education implementation. Fundamental to this streamlined framework are a number of prerequisites for success:

- There needs to be a single model of delivery coupled with a generic monitoring and evaluation system.
- Approximately 50% of youth that start Grade 1 drop-out by Grade 9 and the programme will contribute to keeping these kids in school.
- Responsibility for implementation needs to be devolved to the district and sub-district levels.
- Reporting of activities will be school based with support from the allocated IO and District DoE staff.
- Peer education must be integrated into care and support, management and governance and other community-based prevention strategies.
- Lessons will be standardised and based on the NCS.
- Lessons will be delivered by selected and trained Grade 10 and 11 peer educators targeting Grade 8 and 9 learners.
- Teachers and NGOs will provide supervision and additional support.
- There will be four peer educators working as a team per each Grade eight and nine class.
- CSPE will be contracted to provide a range of services: training and technical assistance, materials development, programme oversight and monitoring and evaluation.
- Linkages will be made to community structures such as clinics and Welfare support, Community Centres, sports facilities and others
- Expansion of the programme will be phased-in over three years and will be prioritised to target areas on the basis of HIV prevalence and socio-economic vulnerability.
- Over a three-year period, there will be an incremental transfer of peer education responsibilities from the Department of Health to the Western Cape Education Department.
- Continued support from the Global Fund will be granted if significant progress and evidence of benefit is seen at the school level.
- Quarterly reporting shall be carried out at circuit, district and province level. This will form the basis of a three-year outcome and impact assessment.

Questions and Comments

At the end of this session the floor was opened to discuss general and specific questions relating to the anticipated implementation of the extended programme.

1. How do we ensure that everyone speaks in one voice?
 - Messaging should be consistent because the same people are being targeted.
 - SAG will only fund programmes that are in line with the plans of government; therefore only organisations that are willing to work on the one message will be funded.
 - If there are organisations that feel the SAG message is not in line with what they would like to promote, then they can choose not to get involved with the new phase of the initiative.

2. Some education districts are not working with IOs and this will make it difficult for the programme to be sustainable. How are these districts feeling about the programme? Are they willing to take the programme on?
 - The contractual relationship will happen at district level; therefore districts have to be involved, because they have to contract the IOs.
 - All health department districts need to link with the DoE districts.
 - The PAC (Provincial AIDS Council) will be chaired by the Premier in future. This will enhance accountability because currently MECs are unable to oversee each other's work.
3. One organisation per district?
 - The province has 32 sub-districts, and not all of them will be covered by IOs because there are not enough organisations with the capacity to do the scale of work that is expected.
 - The departments have considered allocating two organisations in sub-districts that cover large areas, however, this will be part of the planning process in 2010.
 - Confusion and competition among multiple organisations in one school was an issue in the past. In order to prevent this, only one organisation has been allocated per sub-district.
 - Education districts already have a lot of work to do in the schools and one organisation per sub-district will make it manageable for districts, unlike managing multiple organisations working in schools.

5 Commissions

Each Commission was given a series of guiding questions and points for discussion that were intended to offer a platform for discussion and debate. These are listed below.

5.1 Commission 1: Managing the Peer Education Programme and HIV Prevention at the Health-Education interface in Districts. Facilitator - Eugene Daniels

- What existing systems and structures are used by schools to link to health facilities (is there an existing referral system)?
- What health and social issues are schools facing?
- How can peer educators identify these and refer?
- Linkage between school-based prevention activities to DoH prevention activities.
- What training and technical assistance will DoE and DoH need in order to fulfil their role in implementation
- What anticipated challenges will DoE and DoH encounter when trying to link more closely?
- What are the benefits of the linkages?
- What are the structures within DoE -- at district and circuit level -- responsible for providing support to the peer education programme?
- What do we need to know and understand about health status in the school's broader community, and how do we co-ordinate and synergize needs and services?

The Commission began by assessing those districts and circuits that were working well. In these cases there is evidence of strong structures and access to information about the programme. Those areas – like Metro South – where implementation has been most effective show a strong coordination between the district coordinator, field worker and HIV coordinator in each school. Likewise where there are Health Committees and Institutional Level Support Teams, there is

the added advantage of being able to identify problems in schools and to refer these to the relevant structures. Implementation had also been more successful when all stakeholders had been properly briefed as in the case at Eden where the DoH came to address organisations at schools and explained what is expected of them.

The lack of formalised interaction between the Departments of Health and Education in the West Coast, Overberg and Eden has proved challenging in the districts concerned. There was a clear sense from this Commission that DoH/DoE interaction needs to be improved. From the WCED perspective there was a call for more role-players to be involved from Education, not only at DoE Head Office but at district level as well. Multi Sectoral Action Teams (MSAT) are mandated provincially but currently the only DoE representative is the District HIV/ AIDS coordinator. This should be extended to other representatives from the curriculum component, IMG and Specialised Support.

For the future success of the programme the interface between the two departments and other role-players will have to be improved:

- Presently there are different names for the same type of managers and a way will need to be found to allow for a common designation between departments.
- The issue of different geographical boundaries between DoE and DoH will need to be resolved so that collective responsibility can be enforced.
- There is a concern that there may be (within certain areas) a lack of support of the peer education programme. This will require ongoing advocacy on the part of the technical support team that is used.
- Principals will need additional training on policies and M&E responsibilities.
- Health workers need training on how to be more accessible to the youth and how to demonstrate constructive attitudes towards the youth.
- Officials within the circuit need training in order to support the peer educators.
- Peer educators will need to be given information about family planning so they can facilitate referrals to clinics.
- Peer education needs to be done in a coordinated manner across sectors so that there can be maximum impact, i.e. schools need to link up with church-based interventions in the same community because it is the same people being targeted and success depends on consistent messages in multiple settings.

5.2 Commission 2: Peer education implementation strategies: Improving on past experience; laying the foundation. Facilitator - Marcus Coetzee

- Benefits of targeting grade 8 and grade 9 for reach; and grade 10 and 11 for peer educators.
- Aspects of a cascade model (emphasis on adult infrastructure i.e. the selection and training of supervisors; Master-trainers)

- Schools' differing readiness to implement the programme: Applying a context-specific developmental improvement process.



- How to articulate the roles and accountability structures within the schools and district structures.
- What kind of reporting system needs to be in place to ensure information flow?
- How does the programme obtain and maintain school leadership support and the school's holding to its end of the bargain: Advocacy, specific agreements, feedback loops, etc.
- Peer education system: linkages between Implementing Organisations, District Staff, DoH, Provincial Departments.

As was the case with other Commissions (see Commission Four) there is sensitivity and tension between the Department of Education and NGOs on the question of access to learners within school hours. There were those within this Commission who felt that in some schools NGOs were given too much freedom to choose lessons to implement, and were actually disruptive to the timetable. Also, in some schools there are simply too many NGOs conducting different kinds of interventions.

However, there was broad agreement on the importance of an expanded peer education programme and it was generally felt that the envisaged intervention could resolve many of these tensions because it would give the WCED the authority to more closely coordinate and oversee NGO activity within schools. It will allow the department to monitor what lessons are administered to learners and to ensure overall quality within the programme.

Based on prior experience, it was also the case that the more dysfunctional the school – in terms of governance, the experience and quality of teachers and infrastructure – the more likely that a school would have multiple programmes with conflicting goals and methods, and the less likely it was the peer education programmes would succeed.

The commission put forward the following recommendations:

- In some cases Grade 9 peer educators could work with Grade 8 classes.
- There needs to be a coordinator from the implementing organisation working with the school on scheduling – to ensure that the lessons were smoothly integrated into the existing timetable.
- Principals must be targeted for advocacy.

- Sessions should be relevant to the issues most directly challenging the school and consistent with the learning objectives for that grade..
- Other teachers need to be involved in the programme, not just LO teachers.
- Other structures in the school should be involved, e.g. SGB.
- It is a District responsibility to ensure that schools accept and implement peer education in the school.
- There needs to be a two-way reporting system. Reports should be discussed, not just sent to province.
- Advocacy initiatives should be done at the beginning of every year and there needs to be quarterly reporting to the school management team.

5.3 Commission 3: Interface with other HIV prevention, treatment, care and support strategies: Expanding the peer education programme beyond the formal school environment. Facilitator - Dr Mickey Chopra

- What health issues are schools facing?
- How can peer educators identify these and refer?
- How does the school identify and track children with special needs – specifically those with psycho-social challenges such as the loss of a mother or child-headed households.
- How do schools link identified vulnerable children to services?
- Linkages beyond the school environment: How can this contribute to the reduction in teenage pregnancy, substance abuse, violence etc.?
- How can the school keep track of referrals beyond the school environment and report on progress?

As in other commissions, coordination among multiple stakeholders is the most critical issue.. However well-meaning HIV organisations are, without clear roles and responsibilities there is inevitably an overlap of activities which can undermine the efficacy of overall HIV interventions. Schools face a wide range of health issues – nutrition, HIV and AIDS, STIs, TB, abuse (whether it be physical, sexual, or emotional), bestiality and anal sex – and it is not possible to have one channel or mechanism to which all these issues can be referred.

For peer educators to act as an early warning system for learner distress, it is necessary to involve external experts from youth or social work, Community safety, the South African Police, Social Development, Correctional Services, NGOs, Justice, Health and Education. This Commission constructed a 'referral chain' that begins with the peer educator and works outwards until an appropriate structure/expert is found to deal with a learner's problem. This referral chain would require the following components:

- Peer educators refer problems to teachers and school management
 - Peer educators would have a database of services available as well as other referral information.
 - Peer educators will act as an early warning system to refer distressed learners to appropriate resources. A strict code of conduct and observance of confidentiality would guide this process.
- Schools to link vulnerable children to services
 - Once teachers have been informed they would facilitate access between the learner and a school social worker or psychologist.

- In a case where there is no response from the teacher, peer educators, with the permission of the affected learners, would access services from the Department of Social Development's social workers.
- Schools would utilise (where present) existing protocols in order to facilitate the peer educator's role as the link between learners, educators and SGBs.
- Linkages beyond the school environment
 - Schools have two powerful bodies that have the learner's interest at heart: RCL and peer educators. These are also important couriers for affected learners to access NGOs and MSATs operating in the community.
 - Community safety is the usual method of addressing issues pertaining to abuse and they are, in turn, linked to social workers and the Health Department.
- Keeping track of referrals
 - Out of school youth have to have representation in the MSATs so as to be able to know more about managing challenges faced by learners and who does what in these communities.
 - The tracking system will become the record of how the school is managing the issues facing them. SMT and SGB should link with MSAT and other bodies working outside the school to facilitate access for the most vulnerable.

5.4 Commission 4: Classroom-based implementation (Delivering peer education through the curriculum). Facilitator – Sophia Neves

- What are the considerations in selecting peer educators?
- How should peer education lessons be linked to NCS outcomes?
- Should schools be able to choose 5 lessons for in-class delivery from a menu of sanctioned standardised lessons?
- How do we distinguish between lessons that focus on transfer of information re. specific health issues (HIV, substance use) and lessons that focus on discussion of norms and behaviour patterns and skills?.
- Should PE's have to demonstrate competency to conduct specific lessons before they facilitate them? To whom, how, when?
- Scheduling: What criteria determine if PEs can conduct sessions in class time, and how do we ensure that PE's make up missed work and maintain grades?
- The value of in-class structured sessions and planning for reach: all learners in Grade 8 & 9 are exposed to 10 lessons over two years focussing on risk reduction.
- The value of structured sessions with specific goals vs ad hoc discussions, and the tension between sticking to the lesson



plan vs. following opportunities that arise.

- How can PEs contribute to more effective LO sessions? When can they start to be creative?
- What are the challenges with an in-class PE programme?

What immediately became clear in this Commission was the widely divergent views between members of the Department of Education and peer education implementing organisations. The former is pressurised to achieve competency in reading, writing and numeracy and as part of this process has largely adopted a “no learner out of class” approach. The latter’s priorities revolve around questioning norms and choices, the development of general life skills and in order to achieve this, requires adequate contact time between peer educators and peers and the demonstration of the value the school places on peer education.

By way of moving beyond this impasse long-term and short-term strategies were suggested. The long-term proposal would be to advocate that the National Department of Education pass legislation that would see schools closing later (16.00) and with peer education becoming a compulsory extramural activity – to effectively become the sixth role of peer education: academic tutoring. Short-term solutions would be specific to the school concerned:

- The SGB could decide to make peer education a compulsory extramural activity.
- The timetables between Grade 10 and Grade 8 would be aligned so that they would have life orientation classes at the same time.
- Schools could allocate peer education periods and have them reflected in the time table.
- Registration periods could be used to conduct peer education classes.

Irrespective of the final solution, the divergence of opinion clearly shows the need for greater advocacy in order to ‘sell’ peer education as an attractive option to education officials and schools. That advocacy process needs to take place up front if the expansion of the programme is to ever be a success.

On the question of whether schools should be able to choose five lessons, there was general agreement. Firstly, communities and schools have different needs depending on where they are situated and depending on their socio-economic context. Secondly, it was generally felt that learners and schools need to own the programme. The Commission proposed that 10 lesson topics that are curriculum-based should be offered to each school; in a plenary session RCL would discuss the 10 topics with Grade 8 learners; five lessons would then be selected and taken to school management and the SGB for final approval.

The issue of quality was raised in connection with the selection of peer educators. It was felt that implementing organisations should ensure that peer educators are well trained and prepared to conduct lessons. These lessons would be presented, in some instances, to

educators before 'going live'. Some felt that during lessons, peer educators should always be supervised by a facilitator from the implementing organisation.

Underpinning the tension within this Commission was a feeling on the part of educators and the Department of Education that schools are overwhelmed by the number of external organisations impinging on its core teaching mandate. It can be expected that some schools will be more eager to integrate a coherent and rigorous peer education programme than others. This initiative has to begin with the schools that are most motivated, and demonstrate that they overcome the challenges and concerns (e.g., scheduling, peer educators' maintenance of grades, etc.) in order to build that readiness in more reluctant schools.

5.5 Commission 5: Interface with other DoE strategies. Facilitator – Dr Jim Lees



- How could PEs contribute to the broader DoE concerns such as mitigating drop-out rates, motivation to pass matric and academic support; address and refer learners dealing with stress as a first layer of suicide and mental health screening and

prevention?

- How do PE programmes contribute to developing the critical thinking of young people especially combining knowledge, skills and attitudes?
- How does PE working with implementing organisations strengthen life skills and life orientation?
- What challenges can be anticipated in including a peer education programme at your school?
- Does peer education add value to matric results and encourage RCL learners to fulfil the roles including programmes such as Ke Moja?

A strong theme emerged within this Commission: schools should be centres of whole development for children. Given the need to develop productive and employable members of society post-matric, there needs to be a different understanding of what the school is and what it does. Schools, it was felt, should be re-conceptualised as wellness centres, where children can get all the health services they need. While this is probably not feasible within the short-term, the Commission made a strong argument for this future scenario.

Challenges and recommendations:

- There needs to be better coordination between different government departments in order to standardise peer education.
- Programme planning needs to be carried out in close consultation with Districts to identify priority areas.
- Organisations need to understand that there is a lot more work that needs to be done to make the programme work.
- Facilitators, LOs and implementing organisations need to provide additional support to peer educators (“walk hand-in-hand”).
- Peer education needs to be viewed as a proactive strategy for encouraging learners into careers in education, in light of the urgent need for more and better teachers in the coming years.
- Introducing VCT into schools might be a challenge because some schools refuse to implement it.

5.6 Commission 6: Monitoring and evaluation and quality assurance. Facilitators – Busisiwe Baloyi and Barbara Michel

- What activities are being implemented as part of the PE programme (training and school level activities)?
- What activities are important to measure at the school level (specific indicators)?
- How are these activities measured (tools)?
- Who collects the data, and how often is data collected?
- What is the reporting system (who reports to whom: the different levels of people in the system and the different roles they play)?
- What are the quality assurance checks that need to be in place to ensure that the data is of good quality?
- How is the data used: internally and externally (by the programme and by the donor)?

The purpose of this Commission was to engage in a foresight exercise: to unpack the revised and expanded programme into the various activities that need to take place and which can be measured. Two training levels were identified. Firstly, the high-level training that would commence at the top and work downwards, involving DoE district staff, the school management team, educators, trainers and peer educators. The second level of activities would be those located at the school itself and would include structured sessions, strategic chats, community outreach meetings and general referrals.

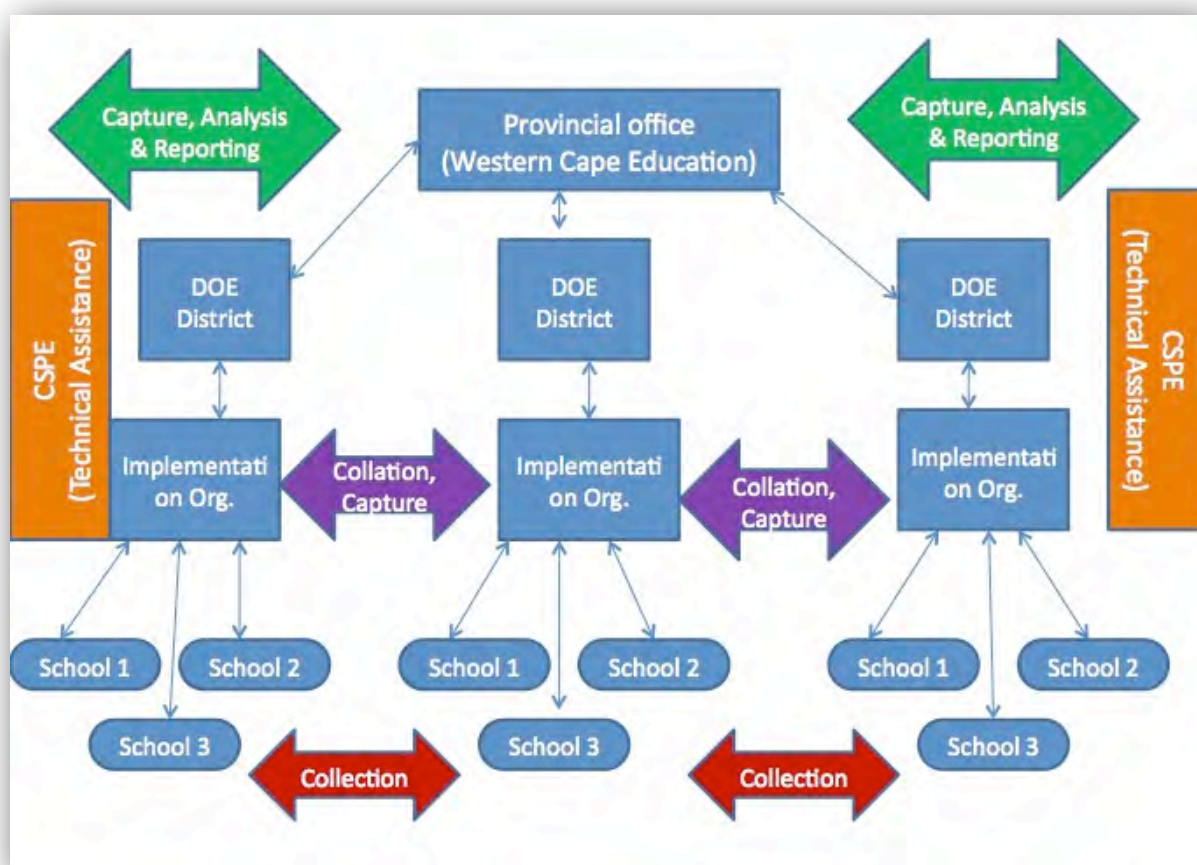
Much of the discussion in this commission was taken up with differing views as to what exactly constitutes “reach”. For some members reach simply describes the necessary number of lessons that will be sufficient to ensure that the messaging involved is understood and (hopefully) inculcated by the learner. According to this position three out

of five lessons would be enough to measure the learner as 'reached'. For others, however, it was felt that for the full programme to be a success required that each learner must be exposed to all five lessons per year. No final consensus was reached on this matter.

There was agreement, however, on the second part of the discussion which dealt with the reporting system. Here the following reporting lines were put forward:

1. Educators and Facilitators collect the data on an attendance register.
2. Data is then collated into a report by IO and submitted to DoE District.
3. DoE District submits to Provincial Office.

This reporting chain would form the basis of the diagram.



6 Conclusions and way forward

At the end of the conference there was general agreement, that the objectives of this consultative forum had been met. This is also reflected in the evaluation findings. Naturally there were disagreements between departments as well as between NGOs who are presently implementing the peer education programme and members of the Department of Education who felt that their presence was disruptive to normal functioning in the classroom. However, in the course of deliberations there was evidence of a convergence of opinion based on the need for urgent prevention mechanisms in the face posed by HIV and other health threats, including substance abuse, violence, and depression. This convergence was also partly due to a greater

shared understanding of the process of peer education and its prevention agenda. It also provided the opportunity to allay the fears of those teachers and school management who perceive initiatives of this sort as disruptive to the normal business of running the school. Clearly an extended peer education programme will need ways to deliver quality lessons that speak directly to the school curriculum, are seamlessly integrated into the day-to-day functioning of the school and which can be successfully monitored and evaluated throughout the programme's duration. These were the issues that increasingly become the focus of the debate in the Commissions and during the final feedback session.

Also in a parallel process that ran over the duration of the conference, discussions between WCED, Health, CSPE and the Global Fund sought ways to take challenges and solutions that emerged from the participants and integrate these into the final proposal. This has clearly strengthened the final shape of the submitted proposal..

One issue that only came up in passing – but will become increasingly important over time – is the long-term sustainability of peer education. As Peter Fenton pointed out during one of the feedback sessions, very little of the funds earmarked for HIV interventions go to peer education. Because, as he put it, “there is no emergency fund for peer education”, the onus falls on NGOs to petition the government for greater financial assistance.

Underpinning the dynamics of the conference, what was evident was a sense of collegiality and camaraderie. The collaboration between the Departments of Education and Health and a province-wide peer education programme (involving government and civil society) is a unique intervention that has not been tried, or even conceived of, within the rest of the country. The Western Cape thus stands in an exceptional position within South Africa: taking peer education and prevention seriously and, in so doing, doing its best to make sure that every child is equipped to deal with the multiple ramifications of HIV within the South African context.

Appendices

Appendix 1. Agenda

FOURTH WESTERN CAPE PROVINCIAL GOVERNMENT PEER EDUCATION CONFERENCE

“Improving on the past seven years; Planning ahead for the next seven”

Cape Town, 19 - 20 November 2009

OBJECTIVES

- To present Peer Education as a youth strategy for dealing with the prevention and mitigation of HIV/AIDS, TB, teenage pregnancy, substance abuse, stigma, vulnerability and gender based violence;
- To present the new Peer Education Draft Implementation Framework based on past experience and assessment to date;
- To solicit input for further refinement of the Framework;
- To strengthen collaboration between Education, Health, NPOs and other partners;
- To obtain buy-in from district officials for a district based implementation and management plan, and to explore ways of expanding Peer Education beyond the formal school setting.

DRAFT PROGRAMME DAY 1: 19 November 2009

07h30	Arrivals, Registration & Tea/coffee	Ms. Davis & Ms Bolotina
09h00	Opening & Rules of the House	Mr. Jimmy Ledwaba
09h05	Opening by: Health	
09h20	Opening by: Education	
09h35	Item by Peer Educators	
09h55	Keynote address	Dr Charles Deutsch
10h45	Critical overview of Western Cape Peer Education during the past five years' Global Funding	Dr John Frankish
11h15	Tea	
11h45	Presentation of Draft Peer Education Framework	Mr. Peter Fenton
12h15	Questions	Panel
13h00	Lunch	
14h00	<p>Concurrent Commissions:</p> <ul style="list-style-type: none"> ▪ Commission 1: Managing the Peer Education Programme and HIV Prevention at the Health-Education interface in Districts ▪ Commission 2: Peer Education Implementation Strategies - Improving on past experience; laying the foundation for a coordinated expansion and impactful province-wide implementation ▪ Commission 3: Interface with other HIV Prevention, Treatment, Care and Support Strategies and expanding the Peer Education Programme beyond the formal school environment ▪ Commission 4: Classroom-based implementation (Delivering Peer Education through the Curriculum) ▪ Commission 5: Interface with other Education strategies ▪ Commission 6: Monitoring & Evaluation and Quality Assurance 	<p>Eugene Daniels (WCED) District Manager (DoH) WCED & DoH Marcus Coetzee</p> <p>Dr Mickey Chopra WCED & DoH</p> <p>Dr Sigamony Naicker Dr Petrus Steyn (US) Dr Jim Lees (UWC) WCED Barbara Michel (CSPE) WCED</p>
16h00	Plenary	Dr Charles Deutsch
16h30	Closure Day 1	
17h00-19h00	Cheese and wine function	

DAY 2: 20 November 2009		
08h00	Registration	Ms Davis & Ms Bolotina
08h30	Welcome and recap	Dr Charles Deutsch
08h45	Reports back from commissions <ul style="list-style-type: none"> ▪ Commission 1 ▪ Commission 2 ▪ Commission 3 	Facilitator
10h15	Tea	
10h45	<ul style="list-style-type: none"> ▪ Commission 4 ▪ Commission 5 • Commission 6 	
12h15	Q&A Session and Discussion	Dr. Charles Deutsch
12h45	Presentation of consolidated recommendations from commissions	Mr. Peter Fenton
13h00	Closing remarks	WCED official
13h15-14h30	Lunch & networking	

Appendix 2. Participants

PE Conference Delegates Registration

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