

**FACTORS THAT PLAY A ROLE IN THE IMPLEMENTATION OF
THE BOYS 2 MEN (B2M) PROGRAMME: CASE STUDY FROM THE
LIMPOPO PROVINCE**

by

MMAPHETO ROBERT MAMABOLO

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SUPERVISOR: Ms. M.F. RANGONGO

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DECLARATION

I declare that the mini-dissertation “**Factors that play a role in the implementation of the Boys 2 Men (B2M) Programme: Case Study from the Limpopo Province**” hereby submitted to the University of Limpopo for the degree of Master of Development has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

Mamabolo, M.R. (Mr)

Date

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To my mother Lettie Mamabolo for laying the ground work which has enabled me to be what I am today and

To my siblings and all in the Mamabolo family, I have opened the way, follow me.

DEDICATION

I dedicate this work to my mother Lettie Molatela Mamabolo.

List of Abbreviations/Acronyms

AIDS	Adenosine Immune Deficiency Syndrome
B2M	Boys 2 Men
CBO	Community Based Organisations
DevFTI	Development Facilitation and Training Institute
FBO	Faith Based Organization
HIV	Highly Infectious Virus
HSRC	Human Science Research Council
NGO	Non Governmental Organisations
NPO	Non Profit Organisations
NSF	National Strategic Framework
NSP	National Strategic Plan
PEPFAR	President's Emergency Plan for Aids Relief
PLWHA	People Living with HIV and AIDS
SRE	Sex and Relationships Education
UL	University of Limpopo
VCT	Voluntary Counselling Treatment

ABSTRACT

In 2010, the Development Facilitation and Training Institute (DevFTI) (University of Limpopo) embarked on the process of expanding the Sex and Relationships Education Programme, Boys 2 Men as part of its projects. During the process, it became apparent that there was a need to evaluate the implementation process of the B2M programme by CBOs in the selected district municipalities in the Limpopo Province. The B2M project is a programme that was first put into place in 2000 as one of the ways of addressing issues of sex and relationships education for young men in especially rural areas that have limited access to such programmes.

To evaluate this programme, this current study intended to explore enabling and/or hindering factors as well as experiences of trained facilitators in the implementation of the B2M programme. A qualitative case study research design was conducted using semi-structured face-to-face group interviews. As the targeted population was small a census was used (i.e. total sample =24).

Content analysis method was used, looking at themes given by respondents to highlight the facilitating and/or hindering factors as well as experiences of the trained facilitators during the implementation of the B2M programme. The results indicated that, amongst others, the significant enabling factors for implementation included support by the community, host CBO and university partners; availability of facilitation material as well as infrastructural and financial support. Whilst, the significant hindering factors included lack of finance; lack of interest from the host CBOs, limited resources; and unclear terms of reference.

Based on the results, it was therefore recommended that the programme set clear and specific terms of reference; facilitators be given tokens of appreciation; clear monitoring and evaluation tools be put into place; sufficient support be provided by university partners continuously; funding that is specific for the implementation of this programme be sought so as not to drain CBO financial and manpower resources; and work with facilitators and CBOs

that have interest in issues that are almost similar to those that are addressed by the B2M programme.

From the research results it could be concluded that this programme is valuable and it is therefore important to consider continuing with it provided that the above recommendations are considered in future implementation.

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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

The current study focuses on factors that play a role in either enabling or hindering the implementation process of a male orientated sex- and relationship-education programme called Boys 2 Men (B2M) by Community Based Organisations in the Limpopo province. This introductory chapter will provide background information, which is divided into the description of the B2M programme, background of the study, problem statement, research aims and objectives, the research questions, significance of the study, definition of concepts, research design and methodology, ethical consideration and the outline of the research report.

1.2 BACKGROUND INFORMATION

B2M is designed to be a programme that enables young people to improve their knowledge of issues that they felt were a potential problem for them within the context of their life-worlds. It was not designed to be prescriptive or moralistic but rather to provide them with information that would assist them to design strategies to better manage themselves at risky moments in the future. While much attention is paid to HIV/AIDS it is now well known that violence, teenage pregnancy and sexually transmitted infections (STIs) are of equal – if not more – importance to individuals as they grow into adulthood.

The B2M programme attempts to provide young people with access to home-grown strategies for risk reduction at multiple frontiers of their young lives now and into their future. These multiple frontiers include reduction of the risk for contracting STIs, HIV/AIDS as well as prevention of early pregnancies. The following section provides a detailed background about the B2M programme.

1.2.1 The Boys 2 Men (B2M) Programme

The B2M programme was piloted in South Africa because it has in Ukraine shown to be a highly effective vehicle through which to inform and educate boys and young men about risky sexual behaviour and simultaneously enable them to develop their sense of both the rights and the responsibilities they have as sexually active (actual or potential) males (Campbell, Nair, Maimane and Gibbs, 2008:34).

The programme has been carefully designed, directed and managed to be male friendly and sex positive. In addition, the materials and methods used enable young men to express and explore their vulnerability to the behaviours of girls and women. The programme focuses on ‘sex’ and ‘relationships’ education, as well as the need for mutual respect for rights and responsibilities of and between the sexes (Burman, 2008:1).

Boys and young men are typically identified as the source and perpetrators of misdemeanours that are associated with risky behaviours. These behaviours are known to contribute to the consistently high HIV/AIDS prevalence rates as well as to the rising levels of social and domestic violence found in Africa. If this trend is to be countered and these behaviours are to be constructively challenged, boys and young men need to be involved in more meaningful ways than they currently are. Evidence shows that boys and young men give more and get more from mixed sex programmes after they have taken part in single sex programmes. Consequently, this initiative focuses exclusively on boys and young men in the early years and provides them with an experiential platform for change (Burman, 2008:1).

Burman and Neil (2008:2) go on to add that this combination makes the programme unusual if not unique in Southern Africa. That it is also ‘fun’ is a large part of creating an environment of challenge that is necessary to explore rights and responsibilities with these young men. It also enables them to articulate the contradictions they often face as they negotiate the world of ‘sex and relationships’.

The increasing interest in a ‘rights-based’ approach to working with men and boys is outstripping the capacity to respond to the demand for more groups. The B2M programme has partnered with twelve institutions from the Mopani and Capricorn District of the Limpopo Province, to roll-out and implement the programme in their areas.

1.2.2 Focus of the B2M Programme

The B2M program primarily focuses on asking boys and young men to invent innovative futures for themselves through a process of ‘junior scenario planning’ and then to determine how they are going to make those futures happen. The primary purpose is to identify vocational pathways (and/or other goals) that are realisable through deliberate, well planned actions. The secondary purpose is to reinforce the Sex and Relationship Education (SRE)

component and to support young men socially, emotionally and psychologically as they move into adulthood.

This B2M initiative is focusing on the following primary key themes:

a) Sex and Relationships Education (SRE)

The primary purpose is to explicitly explore the range of behaviours and responses that underpin male attitudes and behaviours, which can be either positive for the individual and their social group, or harmful.

The central purpose is to equip participants with tools that will enable them to negotiate risky moments in their formative years with confidence and the capacity to make informed decisions based upon awareness of their ‘momentary’ situations. The secondary purpose of this component is to be a vehicle through which the Lads-led Outreach can be implemented and the B2M component can be reinforced (Burman, 2008:2).

b) Lads-Led Outreach

Programme participants are to engage with outreach activities based on SRE, designed and implemented in ways that fit with their local context. The primary purpose of this is to reinforce what has been learned in the sex and relationship education programme through hands on experience, to provide opportunities to practice and demonstrate leadership and to reinforce the power of working in teams – as well as to extend the coverage of the programme. The secondary purpose is to enable gradual adaptation of the approach to different contexts within South Africa through critical learning cycles (Burman, 2008:3).

1.2.3 Core Objectives of the B2M Programme

The core objectives of the B2M programme are to:

- Encourage participants to think, feel and talk about sex and also about relationships and behaviours;
- Give them the opportunity to explore the information they have and want to have about sex, beliefs, attitudes and behaviours;
- Encourage them to describe the kind of guys they want to be, now and as they grow into being men;

- Provide them with a platform to explore and practice prevention techniques in the context of HIV/AIDS, risky behaviours and healthy life styles;
- Produce positive messages and images about how it is good to be a guy in South Africa;
- Empower them with tools and resources to enable them to establish own youth group networks during and beyond sessions (scaling up) and
- Develop a support mechanism for secondary groupings (Burman, 2008:1).

1.2.4 Implementation of the B2M Programme

Community based organisations primarily facilitate social community efforts for community development through identifying pockets of potential social change spaces within communities, intermediately attracting resources (funds, knowledge, etc.) from outside their communities into their community, and serving as breeding platform or agents for desired change in their communities (Kata , Bartholow, Cordeiro, Swanson, Patterson, Stebbins, Woodside and Francisco, 2002:55).

The University of Limpopo (UL) through the Development Facilitation and Training Institute (DevFTI) has explored community based organisations as potential existing platforms for making positive change in the community. The Community Based Organisations (CBOs) were viewed as vehicle to push the B2M programmes into social change spaces in the community specifically targeting boys and young men. Thus they were selected to pilot the B2M programme with the view that should the pilot be successful it will then be rolled-out to other parts of Limpopo Province and eventually to other areas of the country.

1.2.5 Identification of Community Based Organisations

The UL identified 20 youth orientated CBOs from both the Capricorn and Mopani Districts of the Limpopo Province (10 from each district). The CBOs were introduced to the B2M programme through telephone interviews. The interviews primarily intended to

- Determine the field of interest for the CBOs;
- Establish whether there is a synergy between the CBO's activities and the B2M programme and
- To find out if the CBOs have any interest in the B2M programme.

The interviews were conducted by the B2M training team and the interviewees were managers of the CBOs. From the 20 CBOs interviewed telephonically 15 had merits which were desired by the UL for partnership. Hence these 15 CBOs were considered for profiling after agreement with their managers.

1.2.6 Partnering with Host Community Based Organisations

During profiling the University of Limpopo B2M team made field visits to the 15 CBOs at their respective areas of operation. The profiling meeting was arranged between the B2M training team and the management or the executive of the CBOs.

The importance of the profiling meeting was to:

- Provide a description of the B2M programme,
- Determine the geographical position and area of operation for the CBOs in their respective district,
- Identify the various activities the CBOs are involved with,
- Have a better understanding of the CBOs and
- Establish which facilities the CBOs have that would enable them to implement the B2M programme.

After the profiling of the 15 CBOs, 12 CBOs (Capricorn District [7] and Mopani District [5]) had satisfied the UL's desired profile for potential partnering CBO, hence they were selected as candidates for partnership and rollout of the B2M programme. These selected CBOs would adopt the B2M programme and implement it as their own.

From the partnership the host CBOs were expected to:

- Adopt the B2M programme as their own;
- Nominate two candidates for the B2M training of facilitators workshop;
- After training, provide the trained facilitators with needed support and
- Provide feedback about implementation to the UL.

The UL was expected to:

- Provide B2M implementation training for the nominated candidates;
- Provide each host CBO with a B2M implementation toolkit;
- Provide advice and guidance for the trained facilitators during implementation and

- Maintain communication and follow up on the implementation of the programme.

1.2.7 Identification and Training of Facilitators

The CBOs were required to identify from their members candidates who would be suitable and had interest in the implementation of the B2M programme. Identification and nomination of these candidates was mandated to the CBOs without any interference or influence of the B2M providers.

Each of the 12 CBOs nominated two candidates for the training and 24 candidates were selected and assembled at a training centre for a full four day B2M facilitator training workshop.

The training covered the following areas:

- Introduction and ideology of the B2M programme;
- Theoretical bases behind the B2M programme;
- Manuals of implementing the B2M programme;
- Exploration of the B2M toolkit (Edutainment Materials and Games);
- Basic training about facilitation of the programme;
- Practice sessions in implementation of the Programme and
- How the participants see their organisation best implementing the B2M programme in their communities.

After the training each CBO was given a B2M toolkit which contained all the necessary materials needed to implement the programme.

These materials (i.e. the tool kit) included:

(i) Games

- Man's World board game;
- Building Bridges board game;
- Young Men and Violence board game;
- Playing cards (engraved multiple messages on HIV/AIDS) and
- Photo Pack (Pictures related to specific topics).

(ii) Booklets / Reading Materials

- Understanding masculinity and sexual behavior in SA;
- Extra Large Guide to Sex and Relationships for young men;
- 101 ways for Ice Breaking Techniques and
- B2M Session Implementation Manual.

1.2.8 Subsequent to the B2M Facilitator Training Workshop

The 24 trained facilitators returned to their respective CBOs and together with their CBOs had to implement the B2M programme in their area of operation i.e. to young men (of ages 18 years to 25 years) in their surrounding community. The rationale was for each CBO to train as many young men on B2M principles as possible.

A year after the training had occurred; the CBOs are at different levels with regards to implementation progress and of the B2M programme. Thus, the current study wants to find out if the selected facilitators had implemented the B2M programme after their training, as well as any success factors or hindering factors towards the implementation.

1.3 PROBLEM STATEMENT

The Limpopo Province, just like many parts of South Africa, struggle with high rates of STIs, early unplanned pregnancies and HIV/AIDS. There are various efforts and programmes to help with these challenges. The B2M programme is one of them, targeted mainly at young men in rural areas. Its implementation needs to be evaluated before it can be rolled-out on a large scale.

In the Limpopo Province, South Africa, 24 facilitators from 12 CBOs were trained to implement the programme in the Mopani and Capricorn districts. However, out of the twelve CBOs only six (6) managed to implement the programme as expected, two (2) are drastically struggling to implement the programme, and four (4) have totally stopped with the implementation of the programme.

The question of what factors hinder or enable the implementation of the B2B programme needs to be explored. This study hence wants to identify and explore these factors, as this will facilitate the future identification of partners, improve programme implementation and assist

in scaling up the B2M programme. The aim of the B2M programme is to eventually educate young men about sexuality and HIV/AIDS as one of the ways of reducing STIs and HIV infection. Thus, it is important to implement this programme well as a start towards fighting the HIV scourge in the province.

1.4 RESEARCH AIM

The study will explore enabling and hindering factors that play a role in the implementation process of the B2M programme by CBOs in the selected district municipalities in the Limpopo Province.

1.5 RESEARCH OBJECTIVES

The key research objectives are:

- a) To identify the key factors that have facilitated the implementation of the B2M programme by trained facilitators;
- b) To identify the key factors that have hindered the implementation of the B2M programme by trained facilitators;
- c) To explore and document the experiences of trained facilitators with the implementation of the B2M programme;
- d) To explore lessons learned with regards to information disseminated through the B2M programme and
- e) To identify factors that will be considered in future for the identification of partners for the implementation of the B2M programme.

1.6 RESEARCH QUESTIONS

The Study is guided by the following questions;

- a) Which factors play a facilitative role in the implementation process of the B2M programme by community based organisations (CBOs) in the selected district municipalities in the Limpopo Province?
- b) Which factors play a hindering role in the implementation process of the B2M programme by Community Based Organisations (CBOs) in the selected district municipalities in the Limpopo Province?
- c) What are the experiences of trained facilitators with regards to programme implementation?
- d) What are the lessons learned?

- e) How can the experience of the current group help with the selection of the people to be trained for future implementation of the B2M programme?

1.7 SIGNIFICANCE OF THE STUDY

A study of this nature has never been conducted before for the B2M programme. Literature suggests that although social programmes can be well designed, it is the vehicle and modes (in this case CBOs are at the centre stage) in which they are carried to society that determine which discrepancies might arise and ultimately compromise programme intentions.

Hence it is of the utmost importance that factors that play a role in the implementation of B2M programme are understood. The study will hopefully help to:

- a) Assist in the future implementation of the B2M programme by CBOs;
- b) Assist in identification and future profiling of potential CBOs in partnering in the B2M programme;
- c) Assist other similar organisations in the future implementation of B2M programme;
- d) Enrich or add to the existing literature with regard to these issues of young men and HIV and STIs and
- e) Help in determining whether this is perceived as a useful programme that helps in sexuality and HIV issues and whether it should be continued or not (i.e. if the facilitators and the CBOs think it is useful or a waste of time – why continue with wasting time and resources that can be used on other projects?).

1.8 DEFINITION OF CONCEPTS

1.8.1 Boys 2 Men (B2M)

B2M is a sex and relationship programme renamed “Boys 2 Men (B2M)” in the Limpopo Province, South Africa. B2M is designed to be a programme that enables young people to improve their knowledge of issues that are potentially problematic for them within the context of their life-worlds. It was not designed to be prescriptive or moralistic, but rather to provide them information and skill sets that would increase their resilience to HIV/AIDS and other associated challenges so that they could better manage themselves at risky moments in the future.

The B2M programme attempts to provision young people with access to home-grown strategies for risk reduction at multiple frontiers of their young lives contextualised by both practical, behavioural information as well as more strategic, resilience forming skill sets (Burman, 2008:1).

1.8.2 Non Profit Organisation (NPO)

According to Malamut, Michael and Blach (2008:34) an NPO can be a trust, a company or any other association of persons, which has a public rather than a private purpose, and which does not operate for profit. Not-for-profit means that the NPO's property or income is not paid out to its office bearers, except as payment for work done or services rendered. Types of NPOs include:

- Non-Governmental Organisations (NGOs);
- Community-Based Organisations (CBOs);
- Faith-Based Organisations (FBOs);
- Organisations that have registered as Section 21 Companies under the Company Act 61 of 1973;
- Trusts that have registered with Master of the Supreme Court under the Trust Property Control Act 57 of 1988 and
- Any other voluntary association that is not-for-profit.

1.8.3 Community Based Organisation

According to Kata *et al.* (2002:35), the concept of a “Community-Based Organisation” has been widely defined as a cross disciplinary concept, having been in the growing interest of community development and playing a frontline role in health risk reduction and prevention activities at work.

In his definition of CBOs, Foster (2002:54) claims that Community Based Organisations are organisations of civil society or organisations that operate within a single local community. They are essentially a subset of the wider group of non-profit organisations, and are often run on a voluntary basis combined with self-funding. Within community organisations there are many variations in terms of size and organisational structure. Some organisations are formally incorporated, with a written constitution and a board of directors (also known as a committee).

Barbara, James, David, Sandra, Mary, Princess, Ricardo, Richard, McGranaghan, Palerm, and Gary (2006: 24), bring a similar description, viewing CBOs as organisations that provide social services to the community at local level. According to them a CBO is a non-profit organisation whose activities are based primarily on volunteer efforts. This means that CBOs depend heavily on voluntary contributions for labour, material and financial support.

Kata *et al.* (2002:55) indicate that despite ambiguities around the concept of a CBO, the term is widely used in practice, and hence it usually refers to non-urban organisations of the 'poor', managed (if not controlled) by constituent members.

Though there are similarities in the various contributions, for the purpose of this study, the definition by Barbara *et al.* (2006:76) will be adopted as most appropriate to conceptualise the meaning of a CBO in relation to this study. As such, community based organisations will be defined as organisations that provide social services to the community at local level. A CBO is a non-profit organisation whose activities are based primarily on volunteer efforts, which means that CBOs depend heavily on voluntary contributions for labour, material and financial support.

1.8.4 Sex and Relationship Education

Sex and Relationships Education (SRE) helps learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health. It should equip children and young people with the information, skills and positive values to have safe, fulfilling relationships, to enjoy their sexuality and to take responsibility for their sexual health and well-being (Martinez and Cooper, 2006:67).

According to Bandura (1992:74), Sex and Relationships Education, is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sex education is also about developing young people's skills so that they make informed choices about their behaviour, and feel confident and competent about acting on these choices. It is widely accepted that young people have a right to sex education. This is because it is a means by which they are helped to protect themselves against abuse, exploitation and unintended pregnancies.

1.9 RESEARCH DESIGN AND METHODOLOGY

1.9.1 Research Design

A case study research design as elucidated by Yin (1994:3) was used to undertake a detailed and intensive analysis of factors that play a role in the execution of the B2M programme. In this case study the main concern was the challenges and particular nature of the implementation process itself. As the chosen topic has not yet been studied in more detail previously, this was the best design as there is still not much data about this specific issue. Furthermore, the design has enabled the researcher to observe, describe as well as to classify the information. Thus the research design was descriptive and qualitative in nature.

1.9.2 Study Area

The research study was conducted in two district municipalities where B2M is currently in the process of being rolled out by various CBOs in the Limpopo Province. The identified municipalities are Capricorn (in the Polokwane Local Municipality) and Mopani (in Tzaneen and Ba-Phalaborwa Local Municipalities).

The Polokwane Local Municipality is located within the Capricorn District in the Limpopo Province of South Africa. As of 2007 it was home to approximately 561,772 people with the growth rate of 3.27% per year on average. The Mopani District Municipality is situated in the North-Eastern part of the Limpopo Province, 70 km from Polokwane (main city of the Limpopo Province). The reconciled total population of the Mopani District Municipality for 2007 was estimated at 1,223,747. It hosts five local municipalities including amongst others, the Greater Tzaneen Municipality with an estimated population of 375,586 and Ba-Phalaborwa Municipality with 127,308 (Bradshaw, Nannan, Laubscher, Groenewald, Joubert, Nojilana, Pieterse, and Schneider, 2000:4).

1.9.3 Study Population

Yin (1994:34) defines a population of a research study as the entire group of persons that is of interest to the researcher, and which meets the criteria for inclusion in the study. The B2M programme has trained a total of twenty four (24) facilitators. Thus, the population in this study comprised of those twenty four (24) trained facilitators from the identified Community Based Organisations (CBOs) in the rural areas in the Limpopo Province.

1.9.4 Sampling

The study used a census. Shepard and Robert (2003:27) define a census as a procedure of systematically acquiring and recording information about the members of the entire target population. The use of the census method gave the participants equal opportunity to participate and is capable of yielding representative results. Censuses are commonly used for research and other related fields, as well as a baseline for sampling surveys. In this study all twenty-two trained participants from the twelve CBOs in the Capricorn and Mopani Districts were interviewed.

1.9.5 Data Collection Methods

The researcher used semi-structured face-to-face interviews with respondents as described by Corbetta (2003:270) to provide greater scope for discussion and learning about the problem, opinions and views of the respondents. An interview guide (see Annexure C) with a list of key themes, issues, and questions to be covered was used. In this type of interview the order of the questions can be changed depending on the direction of the interview.

The interviews were used to explore various experiences of the facilitators in their implementation of the B2M programme in their respective communities. The facilitators as key informants were relevant as they possess special knowledge and have access to the culture under study in a way that the researcher lacks (Yin, 1994:56).

The researcher clustered the respondents according to their geographical settlements namely the respondents from Mopani were clustered as one group. The researcher made appointments with all the respondents prior to visiting them for the actual group face to face interviews.

1.10 ETHICAL CONSIDERATION

To ensure that the research was operating within the expected research ethics limits, the issues of privacy, anonymity and confidentiality of the participants were considered (Nkatini, 2005:53), as follows:

- **Permission** was obtained from the executive management of each CBO to conduct the study in their organisations;

- **Informed consent** from the research participants was also obtained before taking part in the study. Participants were further fully informed about their right to withdraw from the research at any time;
- To achieve **confidentiality and anonymity** of the study participants were requested not to mention or supply their names during the interview or any other information that can make it possible to identify them. A copy of the report will be made available to the participants who may be interested in reading it.

1.11 OUTLINE OF THE RESEARCH REPORT

The structure of the research report is as follows:

Chapter 1- Introduction

As an introductory part of the research this chapter includes the purpose and context of the study, problem statement, significance of the study, and the aim and objectives.

Chapter 2 - Literature Review

The literature review looks at what CBOs are as well as identifies enabling and/or hindering factors that play a role in the implementation of HIV prevention programmes through Community Based Organisations.

Chapter 3 - Research Method

The third chapter outlines the research method, study design, data collection methods, and data analysis techniques used in this study.

Chapter 4 - Presentation and Analysis of Findings

The fourth chapter provides an overview, presentation and analysis of study findings from the conducted research.

Chapter 5 - Conclusion and Recommendations

The last chapter summarises the study results, outlines their implications, and provide recommendations for future research and the limitations of the study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Chapter two will focus on different scholars' perspectives with regard to work done by Community Based Organisations (CBO), in particular the factors that influence the implementation of health risk i.e. reduction/prevention programmes by CBOs. Thus these factors could be either hindering or enabling.

The chapter will start with brief information on the "Boys 2 Men" programme. Then the following literature with reference to CBOs will be discussed: background on CBOs, definition of a CBO, the role of CBOs and factors which play a role in the implementation of health risk reduction and preventative programmes by CBOs.

2.2 RATIONALE FOR THE B2M PROGRAMME

2.2.1 Background Information on the Programme

According to Burman and Neil (2008:15) the B2M programme focuses (from multiple standpoints) on the reality that boys and young men have to prepare themselves for a future which will involve multiple 'safe/risky context continuums'. Most 'safe sex' (and other) messages rarely prepare young people for the multiple contexts that they will have to negotiate as they grow up. In order to negotiate these contexts with confidence they will need to possess analytical skills that enable them to identify where they are on a 'safe/risky context continuum' when they encounter different moments (with different risk levels) in different contexts.

The overarching goal of the programme is to equip young men with the ability to respond to that information in ways that are good for them. A literature review indicates that this has never been attempted before so it will require intensive attention to achieve that goal. In order to achieve this goal the programme will continually reinforce to boys and young men (through experiential learning) that although the context of their lives has a significant influence on them, they can also influence the context to their advantage (Burman and Neil, 2008).

Discipline, honesty, participation, respect and ‘fun-learning’ with regular rewards are key ingredients of the programme. The purpose of this approach is to provide a thick platform from which convictions will emerge that a critical, analytical ‘can do’ attitude - situated within a distinct future vision of and for themselves - is a meaningful vehicle through which they can *safely shape* both their lives, the lives of their peers and the lives of future generations – despite the multiple challenges they are bound to encounter on the way (Burman and Neil, 2008:25).

In order for this innovation component to become established the programme will need to systematically map the way in which the different components of the ‘context preparation and negotiation’ are weaved together in different sites across South Africa and through an action learning methodological approach develop a comprehensive, flexible tool that will enable scaling-up to other parts of Africa (Burman and Neil, 2008:25).

Service providers for the prevention of HIV/AIDS and STIs consider the obstacles that prevent many men from accessing their services and argue for community-based and driven initiatives that facilitate safe and supportive social spaces for men to openly discuss social constructions of masculinity as well as renegotiate more health-enabling masculinities (Globalization and Health, 2011).

A rapidly expanding evidence base demonstrates that rigorously implemented initiatives targeting men can change social practices that affect the health of both sexes, particularly in the context of HIV and AIDS. Too often, however, messages only address the harm that regressive masculinity norms cause women, while neglecting the damage done to men by these norms (Peacock *et al.*, 2009).

There is the notion of masculinity that requires men to be and act in control, to have know-how, be strong, resilient, disease free, highly sexual and economically productive. However, such traits were in direct conflict with the ‘good patient’ persona who is expected to accept being HIV positive, take instructions from nurses and engage in health-enabling behaviours such as attending regular hospital visits and refraining from alcohol and unprotected extra-marital sex (Globalization and Health, 2011).

According to Peacock *et al.* (2009:64), we need a more inclusive approach which recognizes that men, far from being a monolithic group, have unequal access to health and rights depending on other intersecting forms of discrimination based on race, class, sexuality, disability, nationality, and the like. Messages that target men only as holders of privilege miss men who are disempowered or who themselves challenge rigid gender roles (Peacock *et al.*, 2009).

A substantial body of South African research describes the importance of gender dynamics within sexual relationships as factors underlying HIV and STI risk, yet little is known about these factors among young adults—a group at exceptionally high risk of infection (Jewkes, and Morrell, 2010). A growing number of studies highlight men’s disinclination to make use of HIV services. This suggests that there are factors that prevent men from engaging with health services and an urgent need to unpack the forms of sociality that determine men’s acceptance or rejection of HIV services.

In South Africa, for example, a survey (Globalization and Health, 2011) found that only one out of five people tested for HIV were male. Furthermore, an investigation into HIV testing in a multi-country HIV workplace programme in sub-Saharan Africa found that male workers (22%) compared to female workers (28%) and male spouses (6%) compared to female spouses (18%), were less likely to take advantage of the programme and get tested for HIV. Even where an equal proportion of men and women are found to make use of HIV testing services, men are observed to only get tested for HIV after becoming severely ill. It follows from men’s relatively poor and delayed uptake of HIV testing services that in many contexts women outnumber men in accessing ART (Globalization and Health, 2011). This highlights the importance of having programmes that are tailor-made for men and can offer them a platform where they can be free to learn and share their experiences.

2.2.1 Social Representations of Masculinity

Social representations are forms of knowledge that are socially constructed, including values, ideas and practices, which enable people to orientate themselves in their social world . These include local constructions of gender and gendered identities. Social Representations of Masculinity (SRT) views socially constructed knowledge systems and identities as dynamic, rather than static, and capable of transformation through interaction between people, groups and organisations (Hacker, 2011:22).

This suggests that, under the right conditions and provided with opportunities, men can renegotiate and critically engage with social representations of what constitutes a ‘real man’ in a particular context. Studies in South Africa have alluded to some of the traits that men in certain cultural contexts are expected to possess. These include being tough, unemotional, aggressive, denying weakness, sexually unstoppable, appearing physically strong and in competition with other men. However, Hacker (2011:23) highlights, men are not only conditioned and socialised by social representations of manhood, they are also active agents in constructing and enacting these representations in their own lives. Disengagement with health services and carelessness of health and well-being may be one way to demonstrate hegemonic masculinity (Globalization and Health, 2011).

Furthermore, according to the Globalization and Health (2011), health-risk behaviours, such as having unprotected sex and multiple sexual partners, may be directly associated with virility and therefore a way to assert their manliness in society. Taking this to the extreme, men in a particular context in Malawi were found to speak about HIV as something of a symbol of their manhood.

Changes in both men’s and women’s knowledge, attitudes and behaviour are necessary conditions for achieving the harmonious partnership of men and women. Men play a key role in bringing about gender equality because in most societies, men exercise preponderant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and program decisions taken at most levels of government. The objective is to promote gender equality in all spheres of life, including family and community life and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles (Peacock *et al.*, 2009).

Unfortunately, the term “men’s rights” is too closely associated with antifeminist backlash movements to be of any utility here. But, using other language that includes men’s needs is an important first step to gender equality work that moves beyond the instrumentalist-only perspective. Further exploration of men’s multiple anxieties, struggles, and fears may reveal empowerment strategies that would help men overturn societal pressures to be “real men” to the ultimate benefit of both sexes (Peacock *et al.*, 2009:54).

Gender essentialism toward men is also problematic. On the contrary, “giving so much attention to violence may give the impression that all or most low-income, urban based young men are violent, have the potential to be violent or are gang-involved” Messages that most men are aggressors and never victims promote harmful perceptions about the “one” way in which to be a man. They may inadvertently serve to justify violent behaviour as a normal manifestation of maleness, promoting a sense of inevitability about its continuation (Peacock *et al.*, 2009:65).

According to Hacker (2011:24) to truly transform gender inequalities, interventions with men must go beyond the small-scale interventions and often *ad hoc* efforts to be implemented. A comprehensive gender equality policy intervention, although it must certainly move beyond instrumentalist-only approaches, is a central means to transforming gender norms. These approaches are gradually receiving attention from the United Nation system, national governments and key civil society organisations. A forthcoming WHO report on policy approaches to working with men asserts:

“to address men’s health and increase men’s support for gender equality, we require systematic and substantial interventions, organizational and institutional changes, and local, national, and international policies, laws, and commitments. Policy commitments, processes, and mechanisms are necessary to scale up the scope of work with men, guide the conceptual and political agendas of such work, integrate policies on men, gender, and health into gender policy and address gender in policy-making in general, establish partnerships between policy-making bodies and other actors and constituencies and build institutional capacity both within policy-making institutions and outside them” (Peacock *et al.*, 2009:43).

Policies have also been implemented to address structural drivers shaping men’s attitudes and practices. In South Africa, some mining houses have upgraded single-sex hostels to accommodate families, motivated in part by awareness that forcing men to live away from their partners increases their involvement in sex work and contributes to high numbers of multiple concurrent partners (Peacock *et al.*, 2009).

Messages that only target men as holders of power and privileges miss many men who do not identify as such and who may in fact be committed to challenging rigid gender roles that negatively impact men and women. Simplistic portrayal of men as “advantaged” may not resonate with those who are disadvantaged by intersecting forms of discrimination (race, ethnicity, nationality, class, sexuality, disability, and so on), and excessive stereotyping about men as violent oppressors may only reinforce regressive norms. In addition to avoiding these pitfalls, gender-transformative work must utilize broader policy approaches to ensure that local interventions are taken to scale nationally and internationally. Alongside this, advocacy efforts must seek to hold governments accountable for their human rights commitments (Peacock *et al.*, 2009).

Traditional gender roles also increase the risk of a man being infected by and passing on HIV and/or STIs. Driven partly by stereotypes equating an increased number of sexual partners with increased sexual prowess, UNAIDS (2010) says that men - regardless of culture - tend to have more sexual partners than women. Although men might be aware of the dangers posed by HIV, ingrained notions of masculinity will often lead them to put themselves - and their partners - at risk. For example, the idea that “real” men have only “skin on skin” (unprotected sex) thrives in many African countries. Stereotypes also put men and their partners at greater risk: some men believe only promiscuous women carry condoms.

Men might also be pressured by their peers to use alcohol or drugs, which often results in lower condom use and riskier, more careless behaviour. In one South African survey, young men were twice as likely as women to report having sex under the influence of alcohol (Hacker, 2011:22). Thus, the B2M programme’s intention was to fight the scourge of HIV from a different angle of:

Providing young boys and young men a platform where they can interact as men only and express their feelings and attitudes towards sexuality, HIV and STI’s in a safe environment; and also be educated on all the above matters, especially more “safer” attitudes towards sex as a way of preventing the spread of HIV and other STIs (Hacker, 2011:22).

2.2.2 HIV/AIDS Background Information

According to Shisana and Sambayi (2002) South Africa has the largest burden of HIV/AIDS and is currently implementing the largest antiretroviral treatment (ART) programme in the

world. The 2002 survey on HIV/AIDS was commissioned by both the Nelson Mandela Foundation (NMF) and the Nelson Mandela Children's Fund and was also supported financially by both the Swiss Agency for Development and Cooperation (SDC) and the Human Sciences Research Council (HSRC). That first study had a significant impact nationally, in the sub-region, and internationally. The report received widespread international attention, has been used to build the capacity of other Southern African Development Community (SADC) countries to implement similar studies (Shisana and Simbayi, 2004).

According to the UNAIDS (2010) the impact of the AIDS epidemic is reflected in the dramatic change in South Africa's mortality rates. The overall number of annual deaths increased sharply from 1997, when 316,559 people died, to 2006 when 607,184 people died. This rise is not necessarily due solely to HIV and AIDS but it is young adults, the age group most affected by AIDS, who are particularly shouldering the burden of the increasing mortality rate. In 2006, 41 percent of deaths were attributed to 25-49 year olds, up from 29 percent in 1997. This is a strong indicator that AIDS is a major, if not the principal, factor in the overall rising number of deaths.

2.2.3 Prevalence of HIV/AIDS

According to the Department of Health (2010) the National HIV Survey (2008) is a household survey which involves sampling a proportional cross-section of society, including a large number of people from each geographical, racial and other social group. The researchers take great pains to try to make the sample as representative as possible, and the findings are later adjusted to correct for likely over- or under-representation of individual groups (according to census data).

Based on the National HIV Survey (2008), the researchers estimate that 10.9% of all South Africans over 2 years old were living with HIV in 2008. In 2002 and 2005, this figure was 11.4% and 10.8%, respectively, showing a degree of stabilisation. Among those between 15 and 49 years old, the estimated HIV prevalence was 16.9% in 2008. The survey found the prevalence among children aged 2-14 to be 2.5%, down significantly since 2002, when prevalence was 5.6%. Tables 2.1 to 2.4 underneath show the prevalence rates of HIV infection in S.A.

Table 2.1: Estimated HIV prevalence (%) among South Africans aged 2 years and older, by age (2002-2008)

Age	2002	2005	2008
Children (2-14 years)	5.6	3.3	2.5
Youth (15-24 years)	9.3	10.3	8.7
Adults (25 and older)	15.5	15.6	16.8
15-49 year olds	15.6	16.92	16.9
Total (2 and older)	11.4	10.8	10.9

Table 2.2: Estimated HIV prevalence among South Africans, by age and sex (2008)

Age	Male prevalence %	Female prevalence %
2-14	3.0	2.0
15-19	2.5	6.7
20-24	5.1	21.1
25-29	15.7	32.7
30-34	25.8	29.1
35-39	18.5	24.8
40-44	19.2	16.3
45-49	6.4	14.1
50-54	10.4	10.2
55-59	6.2	7.7
60+	3.5	1.8
Total	7.9	13.6

Among females, HIV prevalence is highest in those between 25 and 29 years old; among males, the peak is in the group aged 30-34 years.

Table 2.3: HIV prevalence (%) by province (2002-2008)

Province	2002	2005	2008
KwaZulu-Natal	11.7	16.5	15.8
Mpumalanga	14.1	15.2	15.4
Free State	14.9	12.6	12.6
North West	10.3	10.9	11.3
Gauteng	14.7	10.8	10.3
Eastern Cape	6.6	8.9	9.0
Limpopo	9.8	8.0	8.8
Northern Cape	8.4	5.4	5.9
Western Cape	10.7	1.9	3.8
National	11.4	10.8	10.9

The results of this study suggest that KwaZulu-Natal, Mpumalanga and the Free State have the highest HIV prevalence. However, the relatively small sample sizes may limit precision, and in several cases the ranges of uncertainty overlap.

Table 2.4: HIV prevalence by population group (2008)

Population group	Prevalence (%)
African	13.6
White	0.3
Coloured	1.7
Indian	0.3

In November 2010, Statistics South Africa published the report 'Mortality and causes of death in South Africa, 2008'. This large document contains tables of how many people died from each cause according to death notification forms.

The report reveals that the annual number of deaths rose by a massive 93% between 1997 and 2006. Among those aged 25-49 years, the rise was 173% in the same nine-year period. Part of

the overall increase is due to population growth. However, this does not explain the disproportionate rise in deaths among people aged 25 to 49 years.

The high prevalence rate of HIV in the country suggests that a lot still needs to be done to help with the problem. Hence, a programme like B2M can be used as one of the vehicles that can target HIV from a men's perspective. The added advantage of the B2M programme is that it targets overall knowledge and the attitudes about sexuality. Thus it can help with sexuality related challenges that include, amongst others, HIV, STIs and unplanned pregnancies.

2.2.4 HIV/AIDS Awareness

According to Borghi (2006) the four main HIV/AIDS awareness campaigns in South Africa are Khomanani (funded by government), LoveLife (primarily privately funded), Soul City (a television drama for adults) and Soul Buddyz (a television series for teenagers). Soul City and Soul Buddyz are the most successful campaigns although both campaigns experienced a slight loss of effectiveness between 2005 and 2008. Khomanani is the least successful campaign, although its effectiveness has increased by more than 50% between 2005 and 2008.

There is a number of large scale communication campaigns related to raising awareness of HIV and AIDS as well as broader health-related issues. A principle part of the HIV Counselling and Testing (HCT) campaign launched in April 2010 is to scale up awareness of HIV. The government aims to bring about general discussion of HIV throughout the country by using the media. Strategies include publicizing the availability of free testing and counselling in health clinics through door-to-door campaigning and billboard messages, and highlight personal experiences and expel the myths and stigma of HIV. The government aims to cover 50 percent of the population with the campaign message (USAID, 2008).

Khomanani, meaning 'caring together', ran since 2001 and was the health department's premier AIDS-awareness campaign. It used the mass media to broadcast its messages including radio announcements and the use of situational sketches on television. However, following allegations of financial discrepancies and the termination of government funding in March 2010, this campaign appears to have been significantly downgraded. Soul City and Soul Buddyz are two multi-media campaigns – targeted at adults and children, respectively –

that have a combined annual budget of hundred million rand, and utilize broadcast, print and outdoor media to promote good sexual health and well being (USAID, 2008).

According to Borghi (2006), in 2011, research into the impact of the Soul City campaign found that it was having a positive effect on the sexual behaviour of adults that had been exposed to the campaign message. The campaign LoveLife has run since 1999 and uses a wide range of media directed mainly towards teens. It also runs youth centres or 'Y-centres' around the country, which provide sexual health information, clinical services and skills development. In 2005, The Global Fund to Fight AIDS, Tuberculosis and Malaria withdrew funding for LoveLife questioning its performance, accounting procedures, and governance structure among other aspects.

A major survey in 2008 assessed how these campaigns are being received by the population. Over four-fifths of South Africans had seen or heard at least one aspect of the four campaigns, from less than three-quarters in 2005. Awareness messages were best received by 15-24 year olds, the target audience of many of these campaigns, with 90 percent coverage. This declined with age so that just over 60 percent of those aged 50 and above had seen or heard at least one of the four campaign messages (Department of Health, 2010).

According to the Department of Health (2010) despite the improved reach of these awareness campaigns, accurate knowledge about HIV and AIDS is poor. Of particular worry is the lack of knowledge regarding how to prevent sexual transmission of STIs and HIV/AIDS across all age groups and sexes. Less than half of all people surveyed knew of both the preventive effect of condoms and that having fewer sexual partners could reduce the risk of becoming infected. More troubling still is the fact that accurate knowledge has significantly decreased in recent years.

Therefore the above results suggest that more HIV and STI awareness programmes still need to be implemented. The B2M programme, if managed and implemented properly can make a difference in the lives of the rural young men who are its target.

2.3 BACKGROUND INFORMATION ON COMMUNITY BASED ORGANISATIONS

Barbara *et al.* (2006:34) indicate that since the mid-1990s there has been a growing interest in the development of communities under the work of “Community-Based Organisations”. Many agencies have sought to provide grants to enable these organisations to grow and become effective in the delivery of services to their constituencies.

According to Kata *et al.* (2002:134), the term CBOs is often used synonymously with ‘grassroots organisations’, but there seems to be a lack of clarity about exactly which organisations are embraced by this term. The recent evolution of community based organisations, especially in developing countries, has strengthened the view that these “bottom-up” organisations are more effective in addressing local needs than larger charitable organisations.

Community-Based Organisations (CBOs) are not for profit, but rather social service organisations operating at a local level of the community (i.e. townships, urban areas, peri-urban and rural areas). CBOs primarily facilitate social community efforts for community development through identifying pockets of potential social change within communities, intermediately attracting resources (funds, knowledge, etc.) from outside their communities into the community, and serving as breeding platforms or agents for desired change in the community (Kata *et al.*, 2002:32). Bongo (2000:56) highlights that the nature of the CBOs is usually a spontaneous reaction by a group of residents to a particular adverse situation or opportunity in the community and its environment.

According to Kata *et al.* (2002:32) CBOs across the world are affected by a large variety of factors in their implementation processes. These basic implementation factors include the following:

- a) Champions;
- b) Benefits;
- c) Funding;
- d) Volunteers;
- e) Networks;
- f) Incentives;
- g) Services;

- h) Training;
- i) Trust;
- j) Objectives;
- k) Values;
- l) Morale;
- m) Resources and
- n) Support

According to Barbara *et al.* (2006:45) these implementation factors are bidirectional: they can either be positive or negative. Hence CBOs are faced with a challenge of not only integrating these factors to create a conducive working environment, but also to master the dynamics of equilibrating these factors in such a way that they are kept at an optimal state.

According to Kata *et al.* (2002:35), the formation of most CBOs is largely based on informal decision making by an affinitive group of people (founders) of relative associations, which is based on a certain phenomenon that is deemed problematic to the community or rather an intractable social problem. In support of this, Barbara *et al.* (2006:36) highlight that the sole winning ingredient behind most CBOs is the spirit of togetherness of its members, and what drives its work to optimal effectiveness is the shared interest in its success. Lester (2002:34) concurs with Barbara *et al.* (2006:44) and substantiates that CBOs are normally 'membership' organisations made up of a group of individuals who have joined up to further their own interests (e.g. pregnant teen groups, alcoholics anonymous, youth empowerment clubs).

According to Nadeem (2005:22), responsibilities are shared amongst members on an *ad hoc* basis without any formal system of appointment to positions, and the work is carried out on a voluntary basis. This sheer self-offering and contribution from members for the general benefit of the community or the affected group is what binds them and keeps the CBOs together.

Kata *et al.* (2002:36) indicate that CBOs play a frontline role in HIV/AIDS prevention activities and are generally well positioned to deliver services to specific high-risk populations, because they understand their local communities and are connected to the groups they serve. Lyons (2002:54) argues that even though CBOs are well positioned, it is not an

obvious win-win case when it comes to service delivery. Netteleton (2006:56) emphasises that on a daily basis, CBOs face formidable challenges when it comes to the implementation of effective delivery of HIV prevention services. In addition Barbara *et al.* (2006:54) identify issues such as limited resources, maintaining morale and enthusiasm, provision of incentives, as some of the most common implementation challenges within CBOs. Despite challenges they face, CBO's are still well positioned to interact with especially rural communities. That is the reason why the B2M programme was implemented through CBO's.

2.4 THE ROLE OF COMMUNITY BASED ORGANISATIONS

Jennings (2005:23) states that CBOs play vital roles beyond the delivery of services. The CBOs help to build social capital and facilitate civic engagement among residents and new groups in local settings. CBOs are also vital economic resources, and when operating in neighbourhoods, CBOs generate social capital in maintaining personal, familial, and community networks, associated with the distribution of many kinds of services and resources. CBOs help to build "long term relationships of trust and reciprocity", "shared visions," "mutual interest" and "financial nexus" which is necessary for the effectiveness of neighbourhood revitalization and reach of human service activities.

Kata *et al.* (2002:35) state that the purpose of CBOs is to plan, implement, and monitor social and economic development programmes and provide technical and financial help to the communities. They further state that CBOs positively affect the process of rural change in various ways depending on their mandate.

This positive effect of CBOs can include amongst others:

- Increase in income;
- Improvement in health;
- Increase in the knowledge economy and
- Nutrition and literacy status of the populations.

Some of the programmes that can ensure changes in the rural communities are:

- Availability of micro-finance for micro-enterprise,
- Health and education,
- Sustainable agriculture,

- Animal husbandry,
- Safe water and sanitation.

CBOs can play an important role in organizing and coordinating efforts in community mobilization and participation to increase access and delivery of program services to high-risk and HIV-infected populations. Foster (2002:23), in support of both Kata *et al.* (2005:35) and Jenings (2005:23), continues to add that by tapping into social capital at the local level, it is the community-based non-profits that expand civic capacity. While social capital focuses on individual relationships that are healthy for bonding people together and increasing civic involvement, civic capacity has to do with the way in which different individuals and groups work together on behalf of specific public interests or issues, such as improving public schools and housing, or increasing public safety.

2.5 FACTORS RELATED TO THE IMPLEMENTATION OF CBO DRIVEN HIV/AIDS PREVENTION PROGRAMMES

CBOs can use grassroots approaches for outreach and provide direct access to diverse groups, which can be tailor made in order to suit the dynamics of specific subgroups within the larger community. A growing body of literature provides compelling evidence that using CBOs as entry points into communities as a means of health risk reduction may yield positive results for certain populations (Kata *et al.*, 2002:35).

Drawing on considerable indigenous experience related to working with communities, some CBOs have a greater potential for proactive outreach strategies, such as door-to-door recruitment, engaging community outreach workers, and soliciting word-of-mouth referrals, games, talk shows, and mentoring sessions (Foster, 2002:34).

In agreement, Moscovici (2000:97) substantiates that due to their inbound geographical positioning CBOs can expand their enrolment to a wider variety of communities or target groups. As such, this crucial link of activities to existing education and being strategically positioned coupled with local knowledge of CBOs can lead to “go where the families/young people/health risk groups are,” and to increase the opportunities for the hardest-to-reach risky community spaces.

According to Barbara *et al* (2006:34), the literature suggests that characteristics of CBOs that contribute to the successful implementation of health risk reduction or prevention programmes do not entirely rely on the inborn attributes of CBOs, but also on the ability of CBOs to keep factors that play a significant role in the implementation process at a balanced optimal level. Jennings (2005:65) adds on to this by stating that in being able to understand and positively manipulate these implementation factors, of which some are bidirectional (i.e. affect results positively or negatively), CBOs can best implement their activities and generally be able to influence desired positive behaviour change among youth.

Moscovici (2000:86) claims that, there are many factors that play a critical role for CBOs with regard to the implementation of programmes and activities from long and short term plans, from yearly to day to day basis. Moscovici (2000:86) adds on to say that there are basic contributing factors that affect social service provision, in particular those associated with health risk reduction which need to be considered during the formation of a social service CBO or when partnering with CBOs.

These implementation factor as articulated by Kata *et al.* (2002:37) are critical attributes that can either make or break the ability to produce successful enrolment and implementation results of CBOs (Foster, 2002:97). These implementation factors include the following:

2.5.1 Champions

Champions are individuals within a CBO who are passionate and have an undying faith in the success of the CBO. These are a calibre of people in CBOs whom when everyone has given up and lost hope that things will ever go the desired way, their faith and interest sustain their focus hence they motivate others to do the best they can (Jennings, 2005:79).

According to Moscovici (2000:66), in most cases these individuals have the best interest of the CBOs and the community they serve at heart. These individuals will contribute their time, money and any resource they can get their hands on to contribute the most they can. Moscovici goes on to state that every CBO is blessed with this kind of person.

Foster (2002:83) argues that though these individuals are the primary pillars and the engine of most CBOs, the danger is that they are also the backbone of most CBOs. If such individuals are removed from the CBO, the organisation may be hard hit, and if it does not collapse, the

CBO will struggle to remain on its feet. Lester (2002:78) adds that social services would decline in terms of quality and that there would be complications.

Champions of CBOs have made large contributions to sustaining the life span for CBOs and providing the best quality service. They stay with the organisation through high and low points, promote partnership, facilitate relationships among members, and serve as spokespersons for the organisation. The presence of champions from multiple sectors (e.g. the community, UL, and public health agencies), has enhanced the visibility and created a value of the partnership across these sectors (Jennings, 2005:23).

2.5.2 Benefits

According to Jennings (2005:75), for modern communities to be fully involved and committed to any developmental activities, the primary question or their concern is how they are going to benefit. No developmental project or programme will be successful or reach its objectives optimally if the community benefits are not well communicated.

According to Barry (2000:124) for communities it is imperative that they experience benefits either through personal, organisational, and/or general community gains in order to stay engaged. CBOs can accrue multiple benefits from many projects, including: interventions that have increased the knowledge base of young people, access to services, and health for community members; research findings that CBOs have used to obtain funding and enhance their credibility; and enhanced skills and job promotions for individuals. In support Kata *et al.* (2002:88) indicate that it is important to recognize that these benefits for communities of being involved can extend well beyond financial matters.

According to Lester (2002:23) any intervention efforts into the community need a buy-in from the community. For community members to actively participate, a clearly defined mission statement is needed as well as “what is in it for them”. Communities to a larger extent are gate keepers: they decide what is best for them. For example, if parents do not approve of particular CBOs or do not see any benefits, they will not support or allow their children to participate in the activities of that CBO.

2.5.3 Funding

CBO's are subject to the same financial constraints as other non-profit organisations. Financial support may come from individual donations, fundraising efforts, grants via funding agencies, or directly from other non-profits. As with the workforce, donors of CBO's are often internally and goal motivated, and funding can be subject to constraints or specific instructions as to how it can be spent. Funds are often directed at program or mission specific goals, but rarely to general support or professional development opportunities for staff (Borghi, 2006:33).

According to Kata *et al.* (2002:45), this situation of relying on donors for funding puts CBOs in a predicament, especially when they have to implement interventions or activities. Activities at times have to be suspended or be put on hold. To make matters worse, sometimes for an unknown period. As much as it creates frustration on the organisation, the impact can trickle down through the clients or the recipients of services provided by the CBOs. O'Connell (1999:65) goes on to point out that this upset can create mayhem as at times CBOs can be forced to:

- Suspend activities; or
- Change plans

These changes mostly result in:

- Loss of morale and enthusiasm by CBO members;
- Loss of trust and interest by the community / clients;
- Creation of internal conflicts;
- Loss of staff;
- Compromising of capacity;
- Defocusing of the CBOs' primary objective;
- Compromising of operational plans and
- Arousal of panic and frustration amongst CBO members.

Another major impediment with regards to funding, according to Foster (2002:56), is the fact that though CBOs are "bottom-up structures" when it comes to utilisation of funds (especially donated funds) CBO managers find that their hands are tied. The majority of funders fund CBOs with ulterior motives, that is, their funding comes with pre-set expenditure stipulations or they fund CBOs for a specific cause (a predetermined prescription) which CBOs have no

choice but to abide by. In support, Barry (2000:77) argues that though most CBOs may seem well funded, unfortunately they do not have the luxury of freely deciding how they are going to use their donated funds.

According to Magongo, Kelly, Parker and Kistner (2004: 45) lack of funds is a serious crisis for CBOs, but they argue that it is not always the case that funding is a scarcity. In support, Foster (2002:55) indicates that when CBOs are well funded or are having just enough funds to go by, they flourish and shine to the best of their ability, thereby showing their resourcefulness.

2.5.4 Volunteers

According to Jennings (2005:234), volunteering is the practice of people working on behalf of others or for a particular cause, without payment for their time and services. Volunteering is generally considered as an altruistic activity, intended to promote good or improve human quality of life. People, however, also volunteer for their own skill development, to meet others, to make contacts for possible employment, to have fun, and a variety of other reasons that could be considered as self-serving. Nadeem (2005:222) suggests that many CBOs consist of supported volunteers who are often qualified, as well as professional people who provide support and advice to organisations at management or technical levels.

Since the dawn of CBOs, volunteers have always been the greatest asserts in terms of human resources. In fact, according to Kata *et al.* (2002:101), the majority of CBOs are pioneered, led and funded by volunteers at the initiation stage before they can even reach a more advanced, professional and well developed organisational reputation.

Nadeem (2005:142) goes on to expatiate on this idea by stating that volunteers are usually comprised of people who are employed, who do not expect compensation or support, and who gain satisfaction from the experience of contributing to their community. According to Lester (2002:154), volunteers have a tremendous impact on community development. Through the relationships they form with students, parents and other community members, volunteers can plan a variety of outreach programmes focusing (for example) on HIV/AIDS education. Volunteers can incorporate HIV/AIDS education into regular lesson plans, after-school programmes, and school-wide assemblies and activities.

Fowler (2000:23) highlights that youth outreach volunteers bring much-needed HIV/AIDS education to young community members, helping to instil important prevention methods early in life. Volunteers train youth as peer educators, coordinate with boys' and girls' camps, lead education and prevention programmes targeted toward children and organize support groups for children orphaned or suffering from HIV/AIDS.

2.5.5 Networks

A social network is a social structure made up of individuals or organisations which are connected by one or more specific types of interdependency, such as friendship, kinship, common interest, financial exchange, dislike, sexual relationships, or relationships of beliefs, knowledge or prestige (John and Williamson, 2001:22).

Ellen *et al.* (2004:99) identify social networks as the grouping of individuals into specific groups, like small rural communities or a neighbourhood sub-division. Although social networking is possible in person, especially in the workplace, universities, and high schools, it is most popular online.

South African government departments, including the Department of Health and Social Development in particular, use CBOs and Non-Governmental Organisations (NGOs) as service delivery partners for a range of functions, including many which relate to HIV/AIDS. Related to this is a certain degree of tension between government organisations and CBOs. There can be little doubt that many CBOs spend a large part of their time compensating for the weaknesses of the public health and welfare systems.

According to Magongo *et al.* (2004:65) the term Community-Based Organisation encompasses a wide variety of local organisations staffed by persons familiar with the needs of high-risk populations or specific communities (e.g. particular racial/ethnic minorities). Examples of CBOs include primary health care agencies, drug rehabilitation centres, homeless shelters, grassroots AIDS service and prevention organisations, and community centres.

Local HIV/AIDS organisations provide a range of services, but often do so in specific locations, individually, and on a relatively small scale. If their actions were co-ordinated with one another, and were linked up with government services, they could provide what would

amount to a comprehensive and multi-sectoral HIV/AIDS programme with robust community participation. The purpose of co-ordination and partnerships is to avoid duplication, to identify gaps and needs, to build upon existing abilities and skills, and hence to maximise coverage.

However, Ellen *et al.* (2004:103) argue that with the exception of an electoral ward-based co-ordinating body in one community, there is little indication of well-functioning co-ordination structures in the communities researched. Most community organisations co-operate with a few organisations that they have immediate and practical need to have contact with, but such contacts are usually not formalised and are sporadic rather than regular.

According to Amirkhanian *et al* (2005:66), it appears that in many cases there is strong competition between community based organisations working in the same field, and that this competition precludes a mutually supportive and collegial environment which recognises the strengths and contributions of different partners. Organisations do not seek to collaborate because they feel threatened by the successes of others and feel that their success in attracting funds means that they must stand out above other local organisations.

Effective HIV prevention programmes require financial and human capital but also strong and sustainable resources in social networks which can influence behaviour, communication, and norms. Just as human capital refocused attention on education and health in “human development,” social capital has highlighted the importance of social movements, networks, and behaviour for collective action. Social capital is the resource that resides in social networks (Amirkhanian, 2005:34).

Building new relationships can maintain the partnership as some members inevitably leave and new members are added. Providing new members with an in-depth orientation, consciously welcoming them during board meetings, and including them in the discussions and decision-making processes is critical (Barbara *et al*, 2006:54).

2.5.6 Incentives

According to Emmett and Waldemar (2002:78) an incentive is any factor (financial or non-financial) that enables or motivates a particular course of action, or counts as a reason for preferring one choice to the alternatives. According to Borghi (2006:77) it is an expectation

that encourages people to behave in a certain way. In agreement with both Emmett and Waldemar (2002:78) and Borghi (2006:77), Birdsall and Kelly (2005:123) view an incentive as an inducement or supplemental reward that serves as a motivational device for a desired action or behaviour.

In stable communities, community health resource persons (e.g. traditional healers) are rewarded with cash, labour or commodities for their services. These service providers can make a sustainable living because the community believes in the value of the services they render and is able to pay for them. The exact form that the incentive should take depends on the local context. The incentive selected should be valuable to the individuals being rewarded. Where access to food is limited, health volunteers may be happy to receive food (Borghi, 2006:77-78).

However, where access to food is adequate, because a full ration is distributed to the entire population, or because economic activities are well established, other incentives may be preferable. These could include eligibility for income generating projects, agricultural projects, microcredit projects, community banking and animal rotation schemes. Groups to target include community volunteers engaged in HIV/AIDS and other health risk reduction/prevention activities. Where resources allow, it is also possible to provide food to all participants in HIV/AIDS prevention activities as a way to promote community participation. Food should not be perceived as an alternative to cash payment of health workers where appropriate budgets exist (Sullivan *et al*, 2003: 31-33).

Provision of incentives is a short-term intervention designed to allow vital health care to be delivered in the community. Just as incentives reward and motivate health volunteers engaged in HIV/AIDS prevention (e.g. peer educators, condom distributors), they can acknowledge the valuable efforts of community health volunteers who provide health support to People Living with HIV/AIDS (PLWHA) (Moscovici, 2000:65).

In all cases, developmental activities are preferable to short-term humanitarian assistance, and external incentives should be phased out with the establishment of community support mechanisms. Agency staff should work with participants to identify appropriate incentives, being mindful not to undermine long-term commitment to the work, and to consider livelihood-based incentives where possible and appropriate (Birdsall *et al*, 2005:89).

Food and related resources can be considered as possible incentives to motivate, support and reward community health volunteers engaged in HIV/AIDS prevention activities. Volunteers may include community health workers, community social workers, peer educators, drama groups, growth monitoring promoters, women's groups, home-based care teams, and anti-AIDS and post-test club members. External incentives should be phased out when sustainable community support becomes feasible, and provisions should be sought from the outset to achieve such sustainability (John *et al*, 2001:90).

The role of even small cash incentives makes a difference according to Temin (2010:23). For instance, the vast majority of HIV positive individuals do not know their status. Voluntary Counselling and Testing (VCT) has been slower than hoped. Getting people to participate into a testing centre is only half the battle as often those tested fail to return for their results.

In a potentially important Malawi study, nearly 3000 individuals were randomly assigned to receive a monetary incentive for picking up their HIV test results. Among those not receiving the incentive, less than half returned for results; however, providing even a small incentive (about one-tenth of a day's wage) increased that rate by 50%. While VCT is not generally viewed as a cost effective way to prevent HIV, the researcher concludes that adding a small cash incentive to return for results has the potential to increase people's knowledge of their status, thereby increasing cost effectiveness not to mention all of the important benefits of knowing one's status (Temin, 2010: 29).

2.5.7 Services

HIV prevention should be comprehensive, making use of all approaches known to be effective rather than just implementing one or a few select actions in isolation. Successful HIV prevention programmes not only give information, but also build skills and provide access to essential commodities such as condoms. CBOs being some of the change agents in the communities are strategically positioned for provision of comprehensive services. Some CBOs' outreach programmes involve visiting schools, not only to educate young people about health risks, but also to provide essential skills such as condom usage, communication skills, and, sex and relationship education (Magongo *et al.*, 2004:32).

It should be remembered that many people do not fit into only one “risk category”. For example, injecting drug users need access to condoms and safer sex counselling as well as support to reduce the risk of transmission through blood. CBOs fit this purpose very well, providing individualistic, comprehensive, and situational integrated services (Kalichman, 2006:18).

Research must focus on providing tools to assess community vulnerability and structural risks, and to guide the design of efficient, comprehensive, multi-factorial prevention strategies. Research efforts should also focus on investigating new individual behavioural or biomedical interventions, and must include answers to relevant questions regarding prevention issues for people living with HIV. Further, government and private entities engaging in research and policies must provide timely, understandable and accurate information about their work and project proposals, actively soliciting and integrating diverse community input into resource allocation and policy formulation (Lyons, 2002:65).

According to Kalichman (2006:18), there are a number of effective ways to encourage people to adopt safer sexual behaviour, including media campaigns, social marketing, peer education and small group counselling. These activities should be carefully tailored to the needs and circumstances of the people they intend to help. Specific programmes should target key groups such as young people, women, men who have sex with men, injecting drug users and sex workers.

According to Emmett *et al.* (2002:123,125), comprehensive sex education for young people is an essential part of HIV prevention. This should include training in life skills such as negotiating healthy sexual relationships, as well as accurate and explicit information about how to practise safer sex. Studies have shown that this kind of comprehensive sex education is more effective at preventing sexually transmitted infections than education that focuses solely on teaching abstinence until marriage.

2.5.8 Trust

According to Lester (2002:45) communities (families, young people and so on) tend to trust and feel more comfortable seeking assistance from CBOs than from government agencies. There is evidence to suggest that CBOs offer a more comfortable, approachable setting than government agencies, especially for families in hard to-reach populations.

For instance, an alcohol abuse project run by a CBO is more likely to succeed than that commissioned by a government agency for the following reason: First of all, the CBOs have direct engagement with the community, they know and understand the extent to which the phenomenon affects the community. It is likely that they even know the victims of alcohol abuse as well as the most culturally non-offensive way to approach the matter. Hence participants are most likely to listen and understand the CBO, because it is using the same language (Jennings, 2005:33).

CBOs in most cases are employing members of various age cohorts due to the type of services they provide. CBOs usually have members of similar age cohort to those of their respective clients or people they offer services to. This age relevancy bridges the so called “generational gap” between recipients and providers, and as such - in addition to understanding - it provides one of the most crucial aspects in the interaction between the community and CBOs, which is trust (Guthie *et al.*, 2004:75).

Lester (2002:48-49) points out that previously communities have fallen victim of scams and bogus fly by night organisations which used communities, as false evidence of active participation, in order to imbibe resources and funds from sponsors and donors. In agreement Kalichman (2006:18) adds that communities have become aware of such dubious actions. Many CBOs face a great challenge of gaining respect but primarily trust from the community. Communities generally scrutinise the reputation of an organisation before sharing their objectives.

CBOs are aware that in order to be accepted by the community they need to be reputable and honour their promises, or have a respected and trusted person serving as the face of that CBO to be given an ear by the community. Communities test the reputation of CBOs continuously, and hence it is important for CBOs to maintain dignity and proof of trustworthiness. Jennings (2005:87-88) points out that trust is a crucial factor to be considered by CBOs whenever they want to engage in a partnership with other organisations, as communities might also judge them based on the group of people they have close to them.

In addition, Kata *et al.* (2002:32) highlight the fact that the issue of trust can make or break a CBO in many ways. If a CBO is not trusted by the community, needed implementation factors such as donations, attendance of their activities, general support, human resources and free publicity will suffer. If the community does not trust the CBO, no one will want to invest anything in the CBO. However if the community generally trusts and respects a particular CBO, the latter will receive concessions from that community, and even in the face of challenges the CBO will be given a chance.

2.5.9 Morale

Another challenge is to maintain group morale and participation when core funding becomes uncertain. In addition, regardless of funding, it may be difficult to maintain the cohesiveness and commitment of volunteers over time. Inconsistent and changing participation which may occur when some of the members miss numerous meetings or when new partners join, can affect partnership identity and focus (Barbara *et al.*, 2006:89).

Guthie *et al.* (2004:77) highlight that maintaining the morale and energy of volunteers within the CBO is crucial, as remuneration may be lacking for months. The primary asset of CBOs is human capital, and if the latter gets lost it becomes difficult for the CBO to function. In the worst case, when volunteers are not motivated and lose their passion, they may continue with the CBO because of their interest or beliefs, but the standard of quality will become highly questionable.

2.5.10 Resources

According to Kata *et al.* (2002:32), lack of resources is a formidable challenge when CBOs are struggling to obtain funds to maintain sustainability, hence making it difficult to remain active partners or reliable service providers. In support of this argument, Mackay (1999:55) argues that every little resource a CBO secures will ultimately have to be shared internally amongst colleagues and externally with other organisations or individuals they interact with. Sharing limited resources among partners can strain relationships and threaten long-term viability, especially with regard to receiving benefits.

For example, a small CBO with few staff members may not be able to serve as lead organisation and fiduciary of a grant (which would bring them additional resources). In

contrast, a larger CBO is more likely to have the capacity to do so, thereby gaining the resources associated with that role (Barbara, 2006:78).

Donors tend to decide how much money will be given to governments and how much will be allocated for local, non-governmental organisations (NGOs). The President's Emergency Plan for AIDS Relief (PEPFAR), for example, channels the majority of its funds for Mozambique, Uganda and Zambia into non-local NGOs, despite policy guidelines that highlight the importance of allocating large amounts of resources to community organisations could be hindered due to lack of resources to implement its revised National Strategic Framework (Nettleton, 2006:88).

Communities and programmes lack the resources and tools to fill the gaps in our knowledge base on HIV prevention. HIV prevention research efforts must be funded in sufficient quantity and diversity as to quickly solve critical unanswered questions and provide essential tools and technologies currently missing. There are a significant number of activities related to HIV/AIDS prevention and education but because of lack of co-ordination as well as lack of resources the various agencies and organisations are not able to be as effective as they could be (Bongo, 2000:223).

Bongo (2000:218) says that community organisations are non-governmental bodies that are set up, based and run within local communities. Located in the hearts of villages and towns that are being devastated by AIDS, these groups are on the frontline of the global response, providing HIV prevention, testing, treatment and care services directly to the people that need them most. They range from small groups formed by friends, relatives and neighbours, to more organised projects that offer a range of HIV-related services.

Mackay (1999:211) states that the loss or lack of human resources, infrastructure and adequate utilities, and lack of on-going funding can weaken if not cripple a wide variety of aspects of the organisation in a compromising manner. Maintaining relationships within CBOs can take considerable time and commitment, yet partners have less time for relationships, and communication becomes irregular when resources diminish.

Bongo (2000:213) suggests that if CBOs are located in the hearts of villages, without sufficient resources they will prove insignificant, defeating and frustrating, as the desire to inflict positive change will be present, but the question of “how to” will be hard to answer.

2.5.10 Training

Schuman (2005:34) defines training as the acquisition of knowledge, skills, and competencies as a result of the teaching of vocational or practical skills and knowledge that relate to specific useful competencies. Training has specific goals of improving one's capability, capacity, and performance.

Siddheshwar (2011:22-24) defines training as an educational process where people can learn new information, re-learn and reinforce existing knowledge and skills, and most importantly have time to think and consider what new options can help them improve their effectiveness at work. Effective trainings convey relevant and useful information that informs participants and develop skills and behaviours that can be transferred back to the workplace.

Training can be offered as skill development for individuals and groups. In general, trainings involve presentation and learning of content as a means for enhancing skill development and improving workplace behaviours. The goal of training is to create an impact that lasts beyond the end of the training itself. The focus is on creating specific action steps and commitments that focus people's attention on incorporating their new skills and ideas back at work (Schuman, 2005:34).

Kaner, S., Lind, L., Toldi, C., Fisk, S. and Berger, D, (2007:34) indicates that training is conducted in-person to ensure that facilitators understand the importance of specific skills and can demonstrate their ability to follow the curriculum. People learn alongside fellow participants from other companies, disciplines, professional levels and even other cultures, so they acquire valuable insights into wider aspects of the industry, and other ways of doing things.

Also, open training courses are exactly that - offer a safe, open learning environment in which it is always easy (and indeed encouraged) to ask the most simple questions – which is not always true back in the workplace. Participating in an open training course makes people feel more confident in their own knowledge, and prepared to challenge and promote change

and improvement back in their workplace. On top of which, many participants choose to stay in contact with their fellow students after the course, which is a good way to compare notes on how knowledge gain is being implemented, or benchmark other post-course experiences (Levine, 1994:105).

According to Schuman, (2005:335) a program's objectives are just as important as what is delivered. A good facilitator ensures that communication and empathy which are interpersonal skills essential to being a successful facilitator are to a great extent utilised. The training and curriculum manual provides a strong foundation for understanding the content and how to deliver it effectively

The basic skills of a facilitator are about following good meeting practices: timekeeping, following an agreed-upon agenda, and keeping a clear record. The higher-order skills involve watching the group and its individuals in light of group dynamics. In addition, facilitators also need a variety of listening skills including ability to paraphrase, stack a conversation, draw people out, balance participation and make space for more reticent group members. It is critical to the facilitator's role to have the knowledge and skill to be able to intervene in a way that adds to the group's creativity rather than taking away from it (Kaner *et al*, 2007:35).

2.5.11 Objectives

Santrock (2007:14) defines an objective as a sub goal. It identifies a short-term, measurable step within a designated period of time that is moving toward achieving a long-term goal.

According to Lyons (2002:107) an objective is broader in scope than a goal, and may consist of several individual goals. Objectives are basic tools underlying all planning and strategic activities. They serve as the basis for policy and performance appraisals. An objective function can be the result of an attempt to express a business goal in mathematical terms for use in decision analysis, operations research or optimization studies.

According to Schuman (2006:61) organisations without identifiable business objectives lack the focus needed to achieve organisational goals and develop plans that will move the organisation forward. In agreement, Shamrock (2007:23) claims that lack of objectives means that the organisation does not have a specific set of tasks it is competent in and it has no vision for the future. Objectives are used to develop long-term growth and productivity plans that are essential for the sustained success of an organisation.

Although one can set objectives in terms of measurable quantities, the actual desired result is often subjective, such as satisfactory response time. Further, the analyst must resist the temptation to tune what is measurable rather than what is important. If no system-provided measurement corresponds to the desired improvement that measurement must be devised (Levine, 1994:65).

The most valuable aspect of quantifying the objectives is not selecting numbers to be achieved, but making a public decision about the relative importance of (usually) multiple objectives. Unless these priorities are set in advance, and understood by everyone concerned, the analyst cannot make trade-off decisions without incessant consultation.

The analyst is also apt to be surprised by the reaction of users or management to aspects of performance that have been ignored. If the support and use of the system crosses organisational boundaries, one might need a written service-level agreement between the providers and the users to ensure that there is a clear common understanding of the performance objectives and priorities (Pascal, 2011:23).

2.5.12 Values

According to Santrock (2007:25), values can be defined as broad preferences concerning appropriate courses of action or outcomes. As such, values reflect a person's sense of right and wrong or what "ought" to be "Equal rights for all". Values relate then to what one wants and in what order one wants them, criteria can only refer to the evidences for achieving values and act as a comparative standard that one applies in order to evaluate whether goals have been met / values satisfied.

Values are obtained in many different ways. The most important piece for building values is a person's family. Using simple words, Mackay (1994:75) describes values as those things that really matter to each of us ... the ideas and beliefs we hold as special. Caring for others, for example, is a value; so is the freedom to express our opinions.

Pascal (2011:54) adds that values can be defined as broad preferences concerning appropriate courses of action or outcomes. As such, values reflect a person's sense of right and wrong or what "ought" to be. "Equal rights for all", "Excellence deserves admiration", and "People

should be treated with respect and dignity” are representative of values. Values tend to influence attitudes and behaviour.

For example, if you value equal rights for all and you go to work for an organisation that treats its managers much better than it does its workers, you may form the attitude that the company is an unfair place to work; consequently, you may not perform well or may perhaps leave the company. It is likely that if the company had a more egalitarian policy, your attitude and behaviours would have been more positive.

2.5.13 Support

Organisational barriers include an unwieldy or overly bureaucratic structure, weak leadership, staff burnout / turnover and lack of resources. Staff characteristics, whether negative or positive, seem to be the most important in determining the success of task execution and access and delivery of services. Continued organisational support is crucial for staff members in order to boost morale, and even when members engage with their clients or community, they are aware of full organisational support. Organisational support also encourages open communication and allows staff to be creative in terms of how they can better do their work (Guthie *et al.*, 2004:234).

Accordingly, before they endeavour into a particular project or activity, it is important for organisations, especially for CBOs, to have the all-round buy-in from their members. According to Jennings (2005:224), CBO projects fail due to the simple reason that from the conception phase of that project not all members bought into the project, or they were just not confident about it.

In addition, according to Mackay (1999:67) organisational support is crucial, in particular for CBOs, as decisions are taken at a twofold level, including management and implementers / volunteers. The situation is compromised if the management is not supportive of a specific activity, and hence will not allow or be reluctant to provide full support for implementers, is stringent when resources have to be released in that direction and is critical towards this activity. In such case there will always be some sort of disapproval by management.

On the other hand, if the implementers are not in favour, they will just go out to implement the activity for the sake of doing so. This passion, the need to make change, which is where

the reputation of most CBOs is rooted, will be absent. Jennings (2005:43) interestingly opinionated that most implementers/volunteers, especially from CBOs, will unashamedly share the situation with the community if they are not confident about a specific programme or do not feel supported by the management /organisation due to their close relationship with the community . As a result, the community will not actively participate in that particular activity in support of the implementers.

Organisational support is important at all levels of the organisation. According to Bongo (2000:214), lack of organisational support often creates divisions within the organisation, and research has indicated that negative behaviours have led to ineffectiveness of CBOs, and in some unfortunate instances to the downfall of CBOs.

In short, in order for one to run an effective programme through a CBO, one needs to identify people who will be interested enough in the programme to act out as champions in it and who will be willing to run against all odds. Having incentives and showing benefits for the participants would also help. The programme link or network with government departments that work on the same issues and needs to be highly embedded in the community within which it is implemented for both support of the community and other relevant structures. The link in consultation of community members also helps because the community will trust the implementers of the programme and accept and support their services.

2.6 SUMMARY

Community based organisations located and operating in neighbourhoods are on the frontline of responding to increasing public demand, even whilst resources become scarce. This places Community-Based Organisations in a precarious position. Higher public expectations regarding the continual operations and impact of Community-Based Organisations become more intense when resources become scarce. This kind of burden increases as a result of reductions in central and government funding, scarcer foundation and corporate giving and increasing service demands in the delivery of goods and services that have traditionally been the domain of local and state government (Jennings, 2005:44).

This chapter outlined the background information to the Boys 2 Men programme whose implementation is going to be evaluated. The evaluation is going to look at the CBOs that were supposed to implement them in terms of the factors that have an effect on implementing projects by CBOs. These factors were also discussed in this chapter. The next chapter will discuss the method followed to collect data for this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter three outlines the method that was used to collect data for this research, selection criteria for respondents, procedures that the researcher identified and employed for this study and the observed ethical principles. The following aspects of the research methodology will be discussed: the research design, area of the study, study population, sample, procedure of data collection, method of data analysis, ethical consideration and summary.

3.2 RESEARCH DESIGN

Burns and Grove (2007:237) define case study as an in-depth study of just one person, group or event. This technique is simply a description of individuals. A case study research design as elucidated by Yin (1994:3) will be used to undertake a detailed and intensive analysis of factors that play a role in the execution of the B2M programme. Furthermore this type of design has been opted for because of its richness and depth of information not usually offered by other methods (Hancock, 2002:6). Hence, the research design in the study is largely qualitative in nature. In this case study the main concern will be the challenges and particular nature of the implementation process itself. As the chosen topic has not been previously researched, this is the best design as there is still not much data. Furthermore, the design will enable the researcher to observe, describe as well as classify the information.

3.3 STUDY AREA

The study area will be the Capricorn District in the Polokwane Local Municipality and the Mopani District in the Tzaneen and Ba-Phalaborwa Municipalities. As of 2007 the Polokwane Local Municipality was home to approximately 561,772 people with the growth rate of 3.27% per year on average. The Mopani District Municipality is situated in the North-Eastern part of the Limpopo Province, 70 km from Polokwane (main city of the Limpopo Province). The reconciled total population of the Mopani District Municipality for 2007 was estimated at 1,223,747. It hosts five local municipalities including amongst others, the Greater Tzaneen Municipality with an estimated population of 375,586 and Ba-Phalaborwa Municipality with 127,308 (Bradshaw, Nannan, Laubscher, Groenewald, Joubert, Nojilana, Pieterse, and Schneider, 2000:4).

3.4 STUDY POPULATION

Yin (1994:34) defines a population of a research study as the entire group of persons that is of interest to the researcher, and which meets the criteria for inclusion in the study. The population in this study will comprise of 24 trained facilitators from the identified Community Based Organisations (CBOs) in the rural areas in Limpopo Province. These facilitators were aged between 22 years and 52 years.

The research study will be conducted in two district municipalities where B2M is currently in the process of being rolled out by various CBOs in the Limpopo Province. The identified municipalities are Capricorn (in the Polokwane Local Municipality) and Mopani (in Tzaneen and Ba-Phalaborwa Local Municipalities). The Polokwane Local Municipality is located within the Capricorn District in the Limpopo Province of South Africa.

3.5 SAMPLING

The study will use the census method because the entire population of the study is sufficiently small. Shepard and Robert (2003) define a census as a “procedure of systematically acquiring and recording information about the members of the entire target population”. The use of the census method will give the participants equal opportunity to participate and is capable of yielding representative results. Census are commonly used for research and other related fields, as well as a baseline for sampling surveys. In this study all 24 trained participants from the 12 CBOs (i.e. two participants per CBO) in the Capricorn and Mopani districts will be interviewed.

3.6 DATA-COLLECTION METHOD

For the purpose of successfully completing the research study, the researcher used both primary and secondary data. According to Streubert and Carpenter (1999:65), primary data are collected for a specific research purpose. In this research study the primary qualitative data were collected through semi-structured group interviews.

Hancock (2002:9) and Matthews and Ross (2010:218) both explain semi-structured interviews as focused interviews that involve a series of open ended questions based on the topic areas the researcher wants to cover. Data were collected using semi-structured face-to-face, group interviews as described by Corbetta (2003:270) and Hancock (2002:9) to provide:

- (i) greater scope for discussion and learning about the problem, opinions and views of the respondents and
- (ii) opportunities for both interviewer and interviewee to discuss some topics in more detail.

An interview guide with a list of key themes, issues, and questions to be covered was used (see Annexure C).

During the interview the order of the questions were changed depending on the direction of the interview. The interviews were used to explore various experiences of the facilitators in their implementation of the B2M programme in their respective communities as well as lessons learned. The facilitators as key informants were relevant as they possess special knowledge and have access to the culture under study in a way that the researcher lacks (Yin, 1994:56). The researcher clustered the respondents according to their geographical district settlements namely, the respondents from Mopani district were clustered as one group and the remaining group from Capricorn district were also clustered as one group. The researcher made appointments with all the respondents.

3.7 PROCEDURE OF DATA COLLECTION

The following systematic procedure was used in collecting the data:

- Appointments with the participants were arranged a week prior to the interviews.
- Participants chose settings with little distraction, where there was no loud noise.
- The researcher explained the purpose, format and nature of the interview to each participant.
- The approximate length of the interview was indicated to the participants.
- Participants were encouraged to ask questions for clarity before the commencement of the interview, during and after the interview;
- The interviews were not recorded on tape as the interviewees did not feel comfortable, only written notes were taken.

3.8 DATA ANALYSIS

As in a qualitative study, the analysis of the data began during the process of data collection. Upon completion of the data collection process, the following procedure was followed:

- (i) The researcher transcribed and translated the written information verbatim

- immediately after interviews,
- (ii) re-read the transcriptions to check and correct errors and
 - (iii) started the process of data analysis.

The researcher used the interpretative phenomenological analysis method to analyse the data. An interpretative phenomenological-based approach was appropriate in this study as it intended to highlight the experiences of the trained facilitators as presented in the interviews. The researcher adopted the six steps of phenomenological analysis as laid down by Van Manen (1990:43), namely:

- Firstly, the researcher repeatedly read the participants' descriptions until the researcher was familiar with what has been said;
- Secondly, the researcher re-read the data, identifying and highlighting meaningful phrases, statements or words that seemed to be important for the phenomena being studied;
- Thirdly, each significant statement was noted;
Different statements were organised into clusters of themes. Common or similar themes of meaning were identified and grouped together;
The researcher attempted to identify links between the themes and then describe and summarise them and
- Lastly, regularities and sets of similar ideas were grouped into themes and then compared.

3.9 MEASURES TO ENSURE TRUSTWORTHINESS

3.9.1 Credibility

According to Polit *et al.* (1997:305), credibility refers to “the confidence in the truth of the data”. Rubin and Babbie (2008) add that credibility criteria involve establishing that the results of qualitative research are credible or believable from the perspective of the participant in the research. The following strategies were used to ensure accuracy and credibility of the study.

3.9.1.1 Member Checking

According to Rubin *et al.* (2008) member checking refers to “providing feedback (during or after data collection) to the study participants regarding data findings and interpretations”. In order to obtain credible and honest responses, the rapport with the interviewee was done following the relationship that already existed between the researcher and the facilitators. In this study the researcher used member checking during and after the data collection process. During the process of the interview process the researcher repeated and summarized the narratives of the participants to determine accuracy. The researcher further shared the findings with the facilitators who took part in the study.

This process allowed the respondents to critically analyze the findings and comment on them (Morse, Barrett, Mayan, Olson and Spiers, 2002). The respondents then confirmed that the summaries are a true reflection of their views and experiences of the B2M implementation.

3.9.2 Confirm-Ability

Conform-ability refers to the degree to which the results could be confirmed or corroborated by others (Hancock, 2002). Concurring with Hancock’s (2002) definition Rubin *et al.* (2008) further state confirm-ability is the degree to which the findings are the product of the focus of the inquiry and not of the biases of the researcher. To enhance conformability the researcher used the six classes of reviewing raw record as outlined by Lincoln and Guba (1985). These include the following processes:

- **Raw Data review:** written field notes, documents, survey results;
- **Data Reduction and Analysis Products:** write-ups of field notes, summaries and condensed notes, theoretical notes such as working hypotheses, concepts, and hunches;
- **Data Reconstruction and Synthesis Products:** themes that were developed, findings and conclusions, final report;
- **Process Notes:** methodological notes, trustworthiness notes, audit trail notes;
- **Material Relating to Intentions and Dispositions:** inquiry proposal, personal notes, expectations and
- **Instrument Development Information:** documents, and the process of developing an instrument for the pilot.

3.9.3 Dependability

According to Babbie and Mouton (2004:278) dependability is the stability of data over time and over conditions. They further explain that an inquiry “must also provide its audience with evidence that if it were to be repeated with the same or similar participants in the same context, its findings would be similar” (Babbie and Mouton, 2004:278). For the purpose of this study the supervisor verified the dependability by analyzing the content of the data and supporting documents such as the scribbles and available field notes.

3.10 ETHICAL CONSIDERATION

To ensure that the research will be operating within the expected research ethics limits, the issues of privacy, anonymity and confidentiality of the participants were considered (Nkatini, 2005:53).

3.10.1 Permission to Conduct the Study

According to Matthew and Ross (2010: 473) social science research often depends on gaining access to either people or data. That means one needs the cooperation of the ‘gatekeepers’ to the data one wants to access, or to the people one wants to talk with – before one can get to the stage of asking permission from potential research participants themselves. In practice, that means one may need to secure permission or approval from different organisations or bodies before one can go ahead with the research. Permission to conduct the study was obtained from the Turfloop School Research Committee and executive management of the Community Based Organisations (CBOs).

3.10.2 Consent

Pilot and Hinger (1997: 134) explain informed consent as when participants have adequate information regarding the research and are capable of comprehending the information and have the power to of free choice enabling them to consent voluntarily to participate in the research or decline participation. The study was explained to the participants and informed consent was obtained before they took part in the study. Participants were further informed about their right to withdraw from the research at any time and that the information or the results from the study will be used for the study purposes and for helping in future training of the B2M facilitators. It will not in any way be used to harm the respondents (see Annexure A).

3.10.3 Confidentiality

Matthew *et al.* (2010: 473) define confidentiality as the situation where the researcher can identify a given person's response but essentially promises not to do so publicly. For example, in an interview the researcher is in a position to make public answers given by a particular respondent, but the respondent is assured that this will not be done. To achieve confidentiality and anonymity of the study, during the interviews participants were interviewed in private and were requested not to mention or supply their names during the interview and on the questionnaire or any other information that can make it possible to identify them. They were also assured of confidentiality.

3.10.4 Access to Research Results

A copy of the report will be available to the participants should they be interested in the results and other stakeholders who may be interested in reading it.

3.11 SUMMARY

This chapter provided a description of the research method by outlining the research design, the rationale, the population and sample, the instrument used in this investigation to obtain relevant information, data collection procedure and how data was analysed as well as ethical consideration. The results of the analysis are described and discussed in the following chapter four.

CHAPTER 4

RESULTS

4.1 INTRODUCTION

Presentation of the results is the final stage of the research process during which the researcher critically analyses the information which has been gathered from the respondents during the data collection process (Rubin 2004: 355). The process of data analysis is always informed by the research design and methodology used (Henning *et al.*, 2004:130). In this study the researcher made use of qualitative methods. This chapter will provide a detailed presentation and interpretation of the responses of the participants. Hence this chapter will comprise of data analysis, results from collected data and summary of the results.

4.2 RESULTS

A qualitative method was adopted in order to gain an in-depth understanding of the social factors that play a role in the implementation of the B2M programme. An interview guide was used to gather data from 24 respondents from 12 CBOs (two from each) in the districts of Capricorn and Mopani. The biographical details of the respondents and the profiles of the organisations are presented in the following sections.

4.2.1 The Biographical Profile of the Respondents

A total number of twenty four members from the host B2M CBOs in Mopani and Capricorn District Municipalities took part in the study. Just over half of the participants (58.3%) were from the Capricorn District Municipality with one to six years of experience of facilitating a B2M session. The next sections give biographical information of the respondents according to their age, home language, marital status, religion, level of education, current occupation and type of CBO they are working for.

4.2.1.1 Age

Table 4.1: Age of the Respondents

Age Cohorts	Frequency(n)	Percentage (%)
22-30	14	58
31-40	5	21
41-50	1	04
51 and older	4	17
Total	24	100

Table 4.1 above indicates that 58 % of the respondents are between the ages of 22-30 years followed by 21% between the ages 31-40. This analysis shows that the majority (58%) of the facilitators were young adults. This might have a significant advantage to the programme with regards to their availability and less responsibility that they could have as well as community and future implementation and sustainability of the programme.

4.2.1.2 Home Language

Table 4.2 Home language of the respondents

Home Language	Frequency(n)	Percentage (%)
Sepedi	14	58
XiTsonga	10	42
TshiVenda	0	0.0
IsiNdebele	0	0.0
Others: Specify:	0	0.0
Total	24	100

Table 4.2 indicates that the majority (58%) of the respondents are Sepedi speaking. This corresponds with Table 4.12 Implementation of the B2M programme (below), as it shows that from the 12 CBOs, seven (07) are from the Capricorn District where Sepedi is the predominant language. Since the B2M programme can only be presented in the indigenous language of the facilitators, the analysis shows that the B2M programme has been exposed to two ethnic groups being Sepedi and XiTsonga speaking people.

4.2.1.3 Marital Status

Table 4.3: Marital status of the respondents

Marital Status	Frequency (n)	Percentage (%)
Not married	11	46
Married	7	29
Cohabiting	6	25
Widowed/Separated	0	00
Total	24	100

Table 4.3 above indicates that 46% of the respondents are not married and 25 % are cohabitating. As reflected in Table 4.1(above), the majority of the respondents fall in the age category of 22-30 years. Most respondents are still at their youth stage. This may be advantageous to the programme as the facilitators might have less family responsibility and have enough time to dedicate to the programme.

4.2.1.4 Religion

Table 4.4: Religion of the respondents

Religion	Frequency(n)	Percentage (%)
Christianity	10	42
African Traditional	5	21
Both	9	38
Others, Specify:	0	00
Total	24	100

Table 4.4 shows that a lot (42%) of the respondents belief in Christianity as their religion of choice and a smaller group of 21% support the African tradition as a form of religious preference. The uneven distribution of religious affiliation support amongst facilitators might introduce biasness towards how the facilitators approach, view and address some issues (sexuality, masculinity, treatment seeking techniques) in their session due to their religious standing.

4.2.1.5 Level of Education

Table 4.5: Highest level of education for the respondents

Highest Level of Education	Frequency(n)	Percentage (%)
Never been to school	0	00
Primary school	0	00
Secondary school	15	63
Tertiary	9	38
Total	24	100

Table 4.5 above indicates that the respondents (trained facilitators) in the B2M programme have basic education, with 63% who completed secondary and 38% completed tertiary education. With regards to the analysis it is advantageous to the programme as it requires basic comprehension abilities to understand the programme.

4.2.1.6 Current Occupation

Table 4.6: Current occupation of the respondents

Current Occupation	Frequency(n)	Percentage
Employed	6	25
Self-employed	1	04
Unemployed	9	38
Casual labourer	8	33
Others, Specify:	0	00
Total	24	100

According to Table 4.6, 71% of the participants do not have permanent employment as they are either unemployed or casual labourers. On short term basis this analysis can be advantageous to the programme with regards to the availability of the participants for the programme. The down side of it is that on long term basis since the programme does not provide stipends for the facilitators, loss of the facilitators could be eminent due to their financial constraints and needs or when they find permanent employment.

4.2.1.7 Income per Month

Table 4.7: Income of the respondents per month

Income per Month	Frequency(n)	Percentage (%)
Less than R 1000	9	38
R 1000 - 2000	3	13
R 2001 - 4000	4	17
Over R 4000	8	33
Total	24	100

Table 4.7 indicates an almost equal distribution of income between the highest and the lowest (38% and 33% respectively) income amongst the respondents. The analysis shows connection with analysis in Table 4.6 (above), in terms of the respondents' state of occupation and their income per month. The fact that such a high percentage of the respondents are not employed may hinder effective roll-out of the programme as they may sometimes struggle to get money for transport or for lunch.

4.2.2 Organisational Profile

The organisations referred to here are the CBOs that were used to implement the B2M programme. This study included 12 Community Based Organisations and the profiles are provided below.

4.2.2.1 Type of Organisation

Table 4.8: Type of organisation

Type of Organisation	Frequency(n)	Percentage (%)
CBO/Faith Based	10	83
Primary School	2	17
Total	12	100

According to table 4.8, 80 % of the participating organisation in the B2M programme are constituted by CBO/Faith Based Organisations. This is followed by primary schools at 17%. The analysis shows that the programme has received much exposure of recipient by the CBOs.

4.2.2.2 Age of Organisation

Table 4.9: Age of the organisation

Age of Organisation	Frequency (n)	Percentage (%)
1-5 years	6	50
6-10 years	2	17
11 years and older	4	33
Total	12	100

Table 4.9 shows that during the implementation of the programme 50% of the participating organisations have been operating for a period of one to five years, followed by 33% with 11 years and older.

4.2.2.3 Numbers of Members in the CBO

Table 4.10: Membership size

Membership Size	Frequency (n)	Percentage (%)
11-20	3	25
21-30	5	42
31-40	1	08
Over 40	3	25
Total	12	100

According to the analysis, all the surveyed organisations have a membership of more than 10 members each. The advantage is that the higher the membership of the organisation the more chances the programme will be exposed to many participants.

4.2.2.4 Source of Funding

Table 4.11: Source of funding

Source of Funding	Frequency (n)	Percentage (%)
Self Funded	4	33
Government Funded	2	17
Private Funded	2	18
Donation / Sponsorship	4	33
Total	12	100

Table 4.11 indicates that the participating organisations rely mostly on donations, sponsorship (67%). Only 33 % of them are self-funded. Since the B2M programme is not funded this can unfortunately create implementation challenges to the programme as these modes of funding cannot be guaranteed for their availability and especially sustainability.

According to the analysis government and private funding represent the secondary source of funding as both constitute 17 % separately for the participating organisation. A commonly known factor about this kind funding is that it is not easy to access funds. Furthermore, unfortunately all this type of funding which is available for these organisations is not sustainable and reliable sometimes. This poses a serious concern to the implementation of the B2M programme as it will rely largely on what the participating organisation is willing to contribute towards the B2M programme.

4.2.2.5 Programme Implementation

Table 4.12: Implementation of the B2M programme

District	Implemented		Total
	Yes	No	
Mopani	5	0	5
Capricorn	3	4	7
Percentage	67 %	33 %	12 (100 %)

According to table 4.12 all organisations in the Mopani District managed to implement the programme. Unfortunately the Capricorn District, even though it had seven (7) of the twelve

(12) participating organisations, it managed to implement in only three (3) constituting 25% whilst four of the organisations failed to implement the programme which constituted 33%.

4.2.3 Enabling Factors for CBOs Which Have Implemented the B2M Programme

The first objective of the study was to identify and explore the key factors that have facilitated the implementation of the B2M programme by trained CBO facilitators. This section presents the result as given by the respondents.

4.2.3.1 Benefits

Generally the respondents highlighted that the participants who went through the programme reported that they benefited. This concurs with the literature as indicated by Barry (2000:124) that for development projects to be sustainable in communities it is imperative that the benefits are experienced through personal, organisational, and or general community gains. According to the respondents the following were benefits derived from the programme:

a) Knowledge Gain

The respondents indicated that the participants' initial attraction to the programme is the "realistic down to earth" knowledge that they gained about sexuality and relationships education, as well as HIV/AIDS knowledge. For instance one respondent stated that:

".....the participants told us that they keep coming to attend because the programme engages the issues of sex and relationships realistically (not what is supposed to happen but rather what is happening and most likely to happen)"

Barry (2000:124) supports this view by stating that CBOs can acquire multiple benefits from many projects, including: 'interventions that have increased knowledge base for young people and access to services'.

b) Community Benefit

Interestingly, even though the CBOs are not business orientated, more than a handful of the respondents referred to the community as 'clients'. All the respondents agreed that whatever service they provided to their clients (community), the client had to experience benefits if it was to be perceived as successful by the community.

“.....some parents from the community after the boys have been through the sessions came to congratulate us about how they have seen some positive changes in the boys.....they were satisfied that they can slowly see the products of what we were doing.”

Literature also supports these findings as stated by Jennings (2005:75) articulating that modern communities, to be fully involved and committed to any developmental activities, the primary question or their concern is how they are going to benefit. No developmental project or programme will be successful or reach its objectives optimally if the community benefits are not well communicated.

c) *Open Platform to Express Themselves*

The respondents highlighted the way in which the B2M programme created a unique platform for young males to openly express their views about the sex and relationships, HIV/AIDS and related matters. They also claimed that the programme is an iterative process:

“.....In our other programmes we don't have the opportunity to talk openly about sex and relationships and related matters without the interference of females or authoritative figures.....”

Thus the programme itself seems to have achieved one of the objectives of offering young men an open and safe platform to express themselves on issues of sexuality.

d) *Getting Information they Relate to*

The participants were reportedly pleased that they got information that they could use and relate to their day-to-day experiences. Thus the use of young adults as facilitators helped the participants have people they could relate to and feel comfortable enough with to talk to them.

“.....It is wonderful as it allows the participants after our sessions to go back to their lives, and experience that they have learned in the programme fits into their world.....we are able to get feedback in the subsequent sessions about how the preceding one has been effective.....”

e) ***Presentation and Interpersonal Skills***

The training was conducted to ensure that facilitators understand the importance of specific skills and could demonstrate their ability to follow the curriculum. The training and curriculum manual provided a strong foundation for understanding the content and how to deliver it effectively.

The B2M training session appears to have provided the trainee facilitators with the following skills: team building, interpersonal skills learning methods and confidence to implement the programme. The following statements underpin that:

- **Team building**

The respondents stated that they learned:

“How to interact with different characters and use resources to achieve goals”. “The usage of language that plays a vital role, especially if your participants don’t know the other language the facilitator uses”.

- **Learning methods**

The respondents stated that they benefited in terms of:

“Ways of learning, especially with different challenges and characteristics so that as a person you are able to work with different people”

- **Confidence building**

The respondents stated that:

“The training provided us with both theoretical and most importantly practical preparations on how to implement the programme.”

Thus, the training and the pilot roll-out of the programme helped the facilitators in developing their presentation skills, interpersonal skills and learning how to compromise in terms of materials, resources as well as language usage. They also felt that their team building skills and interacting with different people improved. All these learnings improved their confidence in themselves.

4.2.3.2 Support

The respondents provided evidence that organisational, community and support by UL partners was present during the implementation phases of the B2M programme. Literature by

Guthie *et al.* (2004:234) also acknowledges that many different types of support is crucial for staff members if morale is to remain a strong motivating force.

a) Organisational Support

The participants concurred that support from the organisation is one aspect that was important in terms of facilitating implementation of the B2M activities. According to the participants, their organisations provided them with genuine operational support that gave them the confidence to continue with the programme.

“.....The management has indicated to us as facilitators that we should not be afraid should we need any operational assistance in the implementation of the programme.....”

“After each of the sessions we had, we had after action review meetings with the management ...the organisation assists us in terms of improving our sessions and engagement techniques”.

“Our organisation is continuing to provide us with things like stationery which is needed during implementation for recording purposes and so on.....”

b) Community Support

The participants seemed to agree that community support and recognition of the validity of the implementing organisation's goals was vital in further facilitating their implementation of the programme. The participants strongly agreed that if the community does not approve an organisation or a programme it is bound to fail as they would not participate or allow their children to take part in it:

“.....they are allowing and encouraging their children to go through this programme and we always have a pool of children to take through the programme.....”

“.....the community has always been supportive to our activities though in some cases they do not adopt active participation but they do support us with this project.....”

The support of the community was also due to the fact that their children were seen to have access to information about relationships, sexuality and HIV/AIDS. These are

mostly issues that people, especially those in rural areas, hardly ever discuss openly. Thus, this was seen as a medium through which they could access information on “difficult” issues.

Support of the programme can also be as a result of people believing in those who are implementing the programme, trusting them and/or seeing the programme as valuable. Rural communities are often perceived to be isolated and somewhat ignorant of the ‘bigger picture’ (Jennings, 2005:54). However, many communities have experienced exploitative implementation of programmes of uncertain or dubious pedigree and awareness of this risk is high in many communities.

It makes sense that the respondents concurred that values (organisationally and individually) are important. Literature (Lester, 2002:23) warns that previously communities have fallen victims of scams and bogus fly-by-night organisations which used them as false evidence of active participation in order to imbibe resources and funds from sponsors and donors. In agreement Kalichman (2006:18) adds that communities have become aware of such dubious actions hence they want to believe and be sure that the CBO is reliable.

The respondents indicated that the need to have faith in oneself and also the community to have faith in the organisation or the people who will be interacting with them were found to be important as is reinforced by the comments below:

“The community always doubts new programmes ... We have a good relationship with parents of kids who are involved in the programme that is why they supported the programme.....”

“.....the community respect us because of what we are doing. They have no problem accepting the programme and their kids having been part of it.....”

The respondents reflected on the feedback they had received from people in the communities that they were working in. This feedback added an unexpected sustainability factor to the programme.

“.....the community are very honest group of people, when the kids attend the programme through them we get feedback from the parents or guardians.....”

The above quote parallels Jennings (2005:54) view that communities are, ultimately, the most realistic evaluators of community based interventions. Without widespread support from local communities CBOs are likely to fail.

The above comment suggests that while the B2M programme was not a perfect intervention, it had resonance with most of the rural communities in the Limpopo Province that were exposed to it. It also suggests that there is very concrete awareness in the same communities of the contemporary challenges that they are facing with regard to youth development.

c) Support of Partner Organisation

The facilitators (respondents) indicated that they appreciated the support of the partner in the B2M programme (i.e. the UL). However, they felt that the support could have been more than they actually received i.e. it was not adequate.

“..... We hoped that the UL can come visit us time and again as their presence always boosted the morale of the facilitation team and the participants.....”

“Even though the UL did not come to visit us during our implementation stages, the little contact we had with them over the telephone sometimes made a huge impact as they advised us on issues which none of us had an idea how to handle.”

“If facilitators can visit our organisations more frequently to give us support when we are working on Boys 2 Men.....”

Thus, the respondents felt that the university team did not give them enough support. The respondents were eager to begin implementing the B2M programme but simultaneously cautioned that without support from the partner (UL) it was difficult to proceed with the professionalism that a genuine partnership can facilitate. This emphasises the pragmatic challenges of rolling out a programme such as B2M in a resource scarce, rural context.

“.....After we returned from the training we did not wait for the B2M programme providers but piloted the programme with group of boys we had.....we never stopped ever since ”

“.....without the organisation moving with us at the same level of enthusiasm, it could have been difficult to acquire our achievement.....”

“.....there need to be a marriage between the facilitators and their organisation if they are going to give justice to the B2M programme.....cooperation is a must for the two parties”

4.2.3.3 Resources

a) Information

The toolkits provided to the B2M implementation teams were considered to be appropriate to the task. However, not all of the materials provided were fully understood by the respondents and participants.

“The materials are very much informative and were packaged in a simple way to understand and to share with our participants”

“Though we did not understand some of the materials but some were quite useful to us”

To sum up the respondents applauded the training by stating that:

“Big ups for the “Boys 2 Men”. It is been marvellous; the arrangement of the training was nice, facilitators were clearly vocal and easy to understand. The best part of the sessions that I enjoyed is ‘How to learn’. Those four steps are the most important ones to recognise more especially when one wants to facilitate the programme”.

b) Infrastructure and Presentation Materials

Having access to physical infrastructure, such as a venue, to roll the programme out was an important factor in the B2M implementation phase. The respondents state that:

“.....our own venue assisted us greatly, we had the freedom to use it at our own discretion and it came with a variety of resources such as stationery which was at our disposal.....”

“.....we didn't have to hire or ask for the venue. Having our own venue helped quite a lot..... it saved us the burden of having to carry things, but most importantly our operational equipment were always kept save.....”

Thus, access to training materials and infrastructure was also linked to the support the respondents said they got from their CBOs.

4.2.3.4 Interest in the B2M Programme

It became evident that personal interest amongst the respondents is a factor that kept the respondents (facilitators) engaged with the programme, regardless of the challenges that they encountered:

“.....I think what kept me going is my interest in the programme though we did not have any incentives.....”

“.....our interest in wanting to know and see how the participants will respond to the programme and ultimately how it will benefit both us (facilitators) and the participants.....”

4.2.4 Hindering Factors for CBOs Which Did Not Implement the B2M Programme

This section is a response to the second objective of the study as outlined in chapter one, which is to identify and explore the key factors that have hindered the implementation of the B2M Programme by trained B2M facilitators (respondents).

4.2.4.1 Financial Challenges

CBO's are subjected to the same financial constraints as other non-profit organisations. Financial support may come from individual donations, fundraising efforts, grants via funding agencies, or directly from other non-profits organisation (Borghi, 2006:33).

The participants shared their frustration over the fact that it has been impossible for them to implement the B2M programme due to financial constraints which they encountered after the training.

“.....We did not have support in terms of money to go around implementing the programme.....”

“.....our organisation is a self-funded organisation we did not have funds.....we could not even implement any of our own activities”

“..... We did not have funds to move around to different villages where our boys were located to be able to run the sessions with them.....”

4.2.4.2 Lack of Benefits

According to Emmett and Waldemar (2002:78) an incentive is any factor (financial or non-financial) that enables or motivates a particular course of action, or counts as a reason for preferring one choice to the alternatives. According to Borghi (2006:77) it is an expectation that encourages people to behave in a certain way. In agreement with Emmett and Waldemar (2002:78), Borghi (2006:77) and Birdsall and Kelly (2005:123) view an incentive as an inducement or supplemental reward that serves as a motivational device for a desired action or behaviour.

a) Incentives

The respondents pointed out that the lack of incentives for the programme hindered implementation of the programme because many other community programmes offer incentives for either the participants or the facilitators, or both. In some instances this resulted in poor attendance or non-attendance. On one occasion it was reported that it was the parents that objected to the young people leaving their household responsibilities without compensation or anything to show for the attendance.

This, once again, highlights the complex, rural realities that have an effect on sustaining a community outreach programme in a resource scarce context. It also points to the necessity of engaging with key decision makers in such communities, prior to implementing a programme such as B2M. This is shown by respondents saying that:

“.....boys that came wanted to find out what they are going to take home..... they thought that they will get something after the sessions.....”

“.....when we invited the boys to come attend the programme they asked if we are going to give them anything after the sessions.....we were told that if we can provide them with food or t-shirts or money then they will come and attend”.

“Some parents told us that their children cannot leave their house duties just to go sit and talk and come with nothing (tangibles i.e. food / t-shirts / money etc.) because that’s what they are doing at school”

b) Payment/Stipends

The respondents concurred that being actively involved in the B2M programme did not yield any financial gain. While they saw value in the B2M programme and were enthusiastic about it, their day to day reality of extreme poverty and their need to seek whatever paid work they could find hampered the roll out of the B2M programme due to a lack of trained, paid human capacity. For instance, some of their responses were that:

“.....due to no stipends members were not keen to learn about the B2M as they say there is no form of gratitude and it will be an additional job load for them.....we had to concentrate on activities which put food on our plates”.

“.....honestly speaking there is no individual gain for us as facilitators to sacrifice our time for this programme”

“.....because we need the money to survive we had to leave and do part time work..... We aimed at doing it during our spare time as a past time thing but unfortunately we never had that opportunity”

c) Token of Appreciation

From the perspective of the B2M facilitators and the participants in the programme an important factor for them continuing their involvement was some form of certificate that placed their involvement on record.

For the facilitators, a certificate showing that they have been trained would have also served as “proof” that they are legitimate, thereby increasing their credibility to the

participants and their families. Certificates would also be used to boost their Curriculum Vitae (CVs).

The significance of the certificate was varied: for the facilitators, the certificate was perceived to be something that would enhance their CVs and further their own personal development, while for the participants the certificate was something that they could show to their parents as evidence that they had participated in the programme. Both reasons for wanting a certificate point to the interdependence of the local socio-economic context when rolling out a programme such as the B2M. Examples of responses were:

“.....The participants, whoever came mostly wanted to find out, since there is no incentive they are going to receive are they going to be given certificates after the sessions.....”

“We heard rumours that the young participants wanted some proof at the end of the programme which they can show to their parentsand can help improve their curriculum vitae”

“At the training we did not get certificates to show that we have been trained as facilitators for the B2M programme”

4.2.4.3 Clarity of the Objectives

It was evident that some of the implementing facilitators would have preferred more structure and guidance from the UL partners with regard to the expected outputs of the programme. They felt that setting goals and responsibilities was an important omission by the UL team. They indicated that:

“.....The programme suppliers of the B2M programme did not set clear deliverables; I am referring to age group, expected number of people to go through the programme, time frames for deliverables and so on.....”

“..... No one in the organisation had the pressure or felt any obligation to implement the programme as the mandate was not clear..... That is why it was difficult for us to receive any organisational support.....”

This was also related to the fact that even some of the respondents who implemented the pilot roll-out felt that the support from the UL team was not adequate.

4.2.4.4 Lack of Interest and/or Support From the Host CBOs

Some of the trained facilitators found little, or no buy-in from their host organisations. With hindsight the UL could have provided the trainees with skills to enable them to better market the new B2M product when they returned from the training. Again, the lesson is that engaging all stakeholders prior to beginning a programme such as B2M enhances the sustainability factor of such programmes. The respondents stated that:

“.....Only two people understood the programme and the rest of the members did not and were not really interested in the programme.....”

“.....Our organisation was just not interested, it was as if we are the ones who went to training, and it is our baby on how we deal with the programme.....”

“.....the B2M programme was not given any preference or consideration when we were doing our organisational activity planning.....”

Other organisational barriers to implementation that were reported include unwieldy or overly bureaucratic structures and leadership that was disinterested in the programme. This is illustrated by the following statements:

“.....it is a struggle to get permission or the necessary support that you need to do some work.....”

“.....It is difficult to implement something when you see that your superiors are not really keen in doing it.....”

“.....by the time we got some sort of an approval to do something we realised that we had forgotten how to run the sessions and this made us very insecure to invite people for the programme fearing embarrassments”

4.2.4.5 Lack of Resources

a) Infrastructure

Mackay (1999:211) states that the lack of human resources, infrastructures, inadequate utilities and lack of on-going funding can weaken, if not cripple, an organisation's capacity to deliver. Bongo (2000:213) further illustrates how it is not just a matter of 'how to' deliver something but that it is critical that the resources – the 'with what' – are also present and available. The respondents mirrored this pragmatic concern:

“.....We had lost a venue.....our biggest challenge is the venue.....we cannot secure a place to run all the sessions.....our organisation has ceased operations cause we do not have an operating place”.

b) Operational Material

Another challenge faced by the respondents was the way in which they had to share the Operational Toolkit. While they tried to share the resources that they had, this process led to materials being lost or misplaced. This is shown by the following statement:

“There was a problem of keeping the material (toolkit) safe.....we alternated in taking care of the material (toolkit)”

“.....We lost the games and the manuals of how to implement the programme and could not replace them.....”

4.2.5 General Experiences During Implementation of the B2M Programme

This section responds to the third objective of chapter one, which is to explore and document the experiences of the trained facilitators during the process of implementing the B2M programme.

4.2.5.1 Positive Interaction and Enlightening Sessions

The respondents feel that young people are still caught up in the world of myth and dream based ideologies and they take life changing decisions based on those grounds. According to the respondents, the B2M programme did afford the participants the opportunity to discuss and debate the complexities of sex and relationships.

One respondent pointed to the uniqueness of the programme, in that it enabled young people to discuss their uncertainties about sex and relationships and this also points – by default – to the absence of such opportunities in other social spaces within their life worlds. The respondents stated that:

“.....the depth that we went in terms of unpacking issues was fascinating and also to see that young people do really need programmes like this because it gives them an opportunity to raise their uncertainties about sex and relationship related matters.....”

“.....The participants enjoyed themselves. We laughed about them while understanding and learning a lot about them.....”

“....it is delighting to see the participants react positively towards the programme....”

4.2.5.2 Open and Neutral Platform to Discuss Issues

Some respondents emphasised that the B2M programme increased young men’s confidence to discuss difficult issues that are often discussed privately or not discussed at all. The following statements are illustrative of that:

“.....it was fascinating to see young males unashamedly raising heart-burning matters at their level of confidence.....ability to engage freely with young people with AIDS related and sex and relationship education.....”

“..... Once we started with the sessions our confidence improved. This also helped us in other organisational activities.....”

They also suggested that the confidence that this brought to the team permeated out into other spheres of organisational life, in the sense that the facilitators now felt confident to deal with more issues in their personal and work lives.

Another indicator that the programme was having an impact was the way in which local metaphors that are applied to words such as vagina or penis were displaced and openly replaced by their biomedical terms. Although this may be a minor indicator of the positive impact of the programme on openness about matters of sexuality it is noteworthy as it shows

how comfortable the participants were with the whole process. For instance the respondents states that:

“.....For words like penis and vagina we used popular local metaphors which translate into onions and cake respectively.....”

“I think the training we had has been beneficial because sensitive words such as penis, vagina and so on, in our indigenous language (Sepedi) they are insults and degrading just to openly talk using them as part of vocabulary. We were using metaphors as advised in training”

4.2.5.4 The Structure of the Sessions

The respondents complemented the programme of its unique design in terms of implementation of sessions and pointed out two aspects of the sessions as being particularly significant: namely, it is iterative in design and the duration of the sessions was perceived as reasonable.

a) Iterative

According to the respondents the iterative nature of the programme allowed the participants an opportunity to go back to their “world” to reflect and come back to share their reflections with the rest of the group. The respondents claimed that this provided the participants with the opportunity to reflect and then give critical feedback. This design enabled the participants to delve more deeply into subjects of particular interest to them. This is demonstrated by the following:

“.....the participants shared with us their encounters in our next sessions with them..... It was a delight when the participants told us that they had observed some of the issues that we engaged with in our sessions.....”

b) Length of Sessions

The duration of the sessions received conflicting opinion. Some of the respondents agreed that the length of two hours for each session is good as it allowed them to cover a great deal in terms of unpacking issues or discussion.

“.....Our sessions took two hours which gave us ample time for discussions.....”

The opposite end of duration was that according to the respondents in some instances two hours proved to be problematic as their participants could not spare two hours of their time for the programme. Apparently, for the facilitators, it proved to be a nightmare with regards to invitation of participants because they were not keen to attend a session which would last that long. They shared their difficulties as:

“When we started to invite people to our sessions people were a bit sceptical of the duration of our sessions.....people indicated that it was too long and they do not have that kind of spare time.....”

Thus, the length of the sessions was also a challenge for the facilitators (respondents).

4.2.6 Challenges During Implementation of the B2M Programme

This section wanted to find out the challenges that the respondents who rolled-out the B2M programme encountered during their implementation.

4.2.6.1 Attracting and Retaining Participants

The respondents indicated that though it is not that much of a challenge to convince the participants to attend the B2M programme it was difficult to retain all of them for the entire programme.

Though it was not a general feeling amongst the respondents, a handful of the respondents suggested some sort of an incentive to attract and retain the participants as one of them is quoted saying:

“.....There needs to be more resources to attract the young people such as food or T-shirts.....”

4.2.6.2 Limited Financial Resources

The respondents were unable to respond to the demand for the programme due to limited resources. They stated that:

“.....we once used our own money to go to the nearest village but could not be reimbursed because the B2M programme did not have a budget.....it became our loss.....”

4.2.6.3 Lack of Communication with Training Partners

The respondents were disappointed that after the facilitator training there was no communication with the UL and there was distance between them and the providers of the B2M programme as one member stated:

“.....This gave us problems cause there were certain things that we were not sure of and we were hoping that the team could be near to assist us and we lacked enough resources to be able to make contact with them.....”

This problem again links to insufficient support or the lack of support from the UL team as well as constant monitoring to assist with clarifying the issues as and when they surfaced.

4.2.6.4 Token of Appreciation

It was put in simple words by the respondents that their organisation did not know what to do as a token of appreciation for the participants who were keen on attending the programme to distinguish between those who did and those who did not attend because the organisation was not granted permission to issue certificates. The above is substantiated by the following statement:

“.....we need to make people feel special and give them something that they will have for some time even after the programme, which they can show.....”

4.2.6.5 Responding to Participants

It is reported that during sessions some of the participants posed difficult questions which the facilitators found difficult to answer.

“.....Primarily there is this inability to answer some of the questions posed by the participants.....”

“.....We always had intense arguments with issues surrounding stigma, myths and facts and we did not have the right resources to support arguments and that created problems in terms of resolving issues.....”

The above quotes pose two issues for the B2M programme:

- Firstly, it is important to ensure that the facilitators are factually prepared and/or have access to information sources where they can harvest answers and factual questions and
- The second issue is that the B2M facilitator guides may need to emphasise that sometimes there is no ‘correct answer’ to some issues. In particular circumstances, such as this, the skill of being able to respectfully debate the issues is more important than finding the correct answer.

Again, a direct link and form of open and constant communication with the training partners could have helped the facilitators with some of these dilemmas and/or challenges.

4.2.6.6 Monitoring and Evaluation

The respondents mentioned that during implementation they encountered an enormous challenge of keeping track of their activities which was designated for reporting back to the B2M programme providers. As the respondents indicated

“..... the administrative part of things such as attendance registers we didn’t know how to keep them in such a way that the B2M team will be satisfied at the end of the day.....”

“.....how to monitor and evaluate the impact of the programme.....”

The above are some of the challenges that could have been attended to during implementation. If the training partners (UL) had given themselves more time for constant monitoring of the process and progress. The important aspect of the B2M programme should be re-visited by the providers and clarified to the facilitators, as well as reduced in size where possible so that the facilitators can spend more of their time with their clients, rather than on unnecessary administration and/or bureaucracy.

4.2.7 Information Learned From the Implementation of the B2M Programme

This section in line with the fourth objective in chapter one, wanted to find out if the participants learned anything or benefited from the programme. The B2M programme's intention was to contribute towards the fight against HIV/AIDS scourge by giving information on HIV/AIDS and also talking about positive behaviour relating to relationships and sexuality. The idea behind the positive behaviours was to promote respect of sexual partners. Amongst other things, make young people be aware of the responsibility they have and the ripple effects which irresponsibility can have on them and other people's lives.

4.2.7.1 Relationship and Sexuality

a) Building Blocks in Relationships

The respondents articulated that the B2M programme, unlike other programmes, gave participants ample time to unpack in detail and understand the dynamics involved in relationships. They illustrated this by saying:

“Through the B2M we were able to identify and understand the building blocks in relationships such as communication, intimacy, respect, sex, love, etc., and how they are intertwined and affect the state of the relationship...”

“Through the programme the participants were able to express frustrations they encounter when interacting with the opposite and same sex and how to express personal frustrations caused by the other persons”

“As young men we have to take responsibility for our actionsand most importantly think before we act as the scenario activity has taught us....”

These quotes were possible for the programme due the unique design of the programme as stated in 4.2.6.4 (above). The iterative nature of the programme according to the participants extended time frame to reflect on what was been engaged in the sessions. Another strong feature was that the participants had the opportunity to select the content of the sessions and that way most of the sessions' time was very relevant to the participants.

b) Sexual Beliefs and Pressures

The respondents indicated that through the B2M programme the participants articulated that sexual performance is an important sign of virility and that many young men experience anxiety about it. Through the B2M programme young men realised that this pursuit of ‘sexual excellence’ may block young men’s ability to form close emotional relationships with the sexual partners. The respondents quoted the participants as follows:

“.....As young men the size of the penis is always important to men as well as the duration of sexual intercourse.....”

“.....relationships are about “sex” that is what a man is supposed to do, love and intimacy is all a women’s thing.....intimacy is sometimes viewed as weakness amongst most males....”

However, the B2M programme helped the young men who attended to reconsider what relationships and sexuality are about.

c) Roles and Responsibilities in Relationships

The respondents highlighted that most of the participants before being involved with the B2M programme had faulty views/opinions about the role and responsibility of a man in a relationship. They stated that the participants said:

“...Women don’t know what they wantit is my responsibility as a man to be “boss in the relationship”, to decide what is best for the both of us”

“.....I cannot listen to a woman or be controlled by her. What kind of a man would I be.....If you listen to a woman you will never get what you want.”

According to the respondents a majority of the participants were under the impression that their role and responsibility in the relationship as “males” is to have sex, be the authoritative figure in the relationship, protect the female from other males and instil discipline over the female [mostly through beating or rebuking]. It was stated that:

“A woman should respect her partnerif you are not firm with your girlfriend she will disrespect everything you say and toy with you.....”

According to the respondents one of the key areas learned in the B2M programme is to understand the important role and responsibilities men have in relationships. In addition since they are deemed to be the head figure, they also learned how they can best use that to have better, fruitful relationships and taking care of their partners. Some of their positive statements were:

“...being in a relationship is all about caring wholeheartedly about the next person and bringing the best out of each other.....”

“...women are emotional beings like babies they need to be loved, cherished, given attention.....but because they are like babies it does not mean they cannot think or do things on their own..”

4.2.7.2 HIV/AIDS and other Sexually Transmitted Illnesses

a) Types of Sexually Transmitted Illnesses

The respondents indicated that some of the important things learned in the B2M programme are the different types of sexually transmitted illnesses (STIs) and their long term effect. They stated that:

“....we did not know various kinds of sexually transmitted infectionsthe popular sexually transmitted infection is HIV/AIDS...”

“.....Chlamydia, Gonorrhoea, Syphilis, and Human Papiloma virus are some of the sexual infections besides HIV/AIDS which we knew nothing about which are common....”

According to the respondents young men have a combination of weaknesses such as low awareness, knowledge about infections and reaction to symptoms. Thus they have learned quite a lot in the B2M programme.

b) Stigma

The respondents indicated that the participants have learned to a great extent about societal stigma which is brought about by HIV/AIDS and other sexually transmitted illnesses. They

learned how to identify HIV and STIs, their consequences, addressing them and reframing from stigmatizing others.

“...it is important to prevent stigmatisation of people as much as we can, because it hampers disclosure and perpetuates victimisation.....”

“Knowing it makes sense why people really find it hard to disclose. That is because in as much as there is an encouragement to do that people also fall victims of disclosure”

c) The Importance of Medical Treatment

The respondents indicated the awareness brought about to young men with regards to seeking medical treatment as soon as symptoms of illness are observed, as opposed to the popular practiced belief where males only resort to medical treatment in the progressed stages of the illness.

“...we now understand the importance of seeking medical treatment as opposed to toughening it out as it is believed a man should do...”

“...the B2M programme taught us that to visit a health institution as a man does not resemble weakness but rather consciousness and caring for one’s health”

4.3 SUMMARY

This chapter presented the results of the study in terms of biographical information of the respondents (facilitators of the B2M programme) as well as information of the host CBOs, factors that facilitated the implementation of the B2M programme, factors that hindered its implementation, the experiences of the facilitators during the implementation of the programme, challenges during the implementation process and perceived benefits during the implementation of the B2M programme.

The next chapter will outline the summary of the results, conclusions and recommendations for future implementation of the B2M programme.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The main focus of this study was to identify and explore the key factors that have facilitated the implementation of the B2M programme by trained facilitators, identify and explore the key factors that have hindered the implementation of the B2M programme, and to explore and document the experiences of the trained facilitators in the process of implementing the B2M programme from selected Community Based Organisations (CBOs) in the selected district municipalities in the Limpopo Province.

Chapter one presented background information, problem statement, research aim and objectives, research questions, significance of the study and an outline of the research report. Chapter two examined literature that is relevant to the research problem. The literature presented background information on Community Based Organisations, their definitions, the role of Community Based Organisations and factors that have an impact on the implementation of CBO-driven programmes.

Chapter three outlined a detailed discussion of the research design, study area, study population, sampling, data collection procedures, data analysis and the ethical consideration of the study.

Chapter four presented the data which was analysed by the researcher. The results were classified into the following categories:

- Respondents' biographical profile;
- Organisational profile;
- Enabling factors for CBOs which have implemented the B2M programme;
- Hindering factors for CBOs which did not implement the B2M programme;
- General experiences during implementation of the B2M programme and
- Challenges during implementation of the B2M programme.

This chapter will now outline a summary of the results as well as recommendations for future research.

5.2 SUMMARY OF RESULTS

5.2.1 Biographical Information

Of the twelve CBOs which formed part of the B2M programme, Mopane district CBOs has all implemented the B2M programmes. In the Capricorn District four of the seven organisations were not successful due to hindering factors as outlined in subsection 4.2.5, of this chapter. The organisations which have implemented in the Mopani District are NPOs whilst the three in the Capricorn district consist of one faith based organisation and two primary schools.

5.2.2 Factors That Facilitated Implementation of the B2M Programme

The results of this study indicated that the following factors were instrumental in facilitating the pilot implementation of the B2M programme:

- Benefits that the participants could get from attending the programme such as: gaining knowledge, getting a safe platform to express their previously unsaid concerns on issues of sexuality and relationships and improving their interpersonal skills, presentation skills and self-confidence;
- Support by both the surrounding community and their mother organisations (CBOs), as well as the partner in the programme, i.e. trainers from the Development Facilitation and Training Institute (DevFTI) of the University of Limpopo;
- Availability of resources that included: information, training equipment and infrastructure and
- Individual/personal interest in the programme.

5.2.3 Factors That Hindered the Implementation of the B2M Programme.

The following were found to be the factors that hindered the implementation of the B2M programme:

- Financial constraints;
- Lack of benefits such as incentives, token of appreciation, payment / stipends;
- Objectives that were not clear enough, including unclear time-frames as well as ways of monitoring and/or evaluating progress and the implementation process itself;
- Lack of interest and support by the host CBO and

- Lack of or inadequate resources that included training material and/or equipment and physical space / infrastructure.

5.2.4 Experiences of the Facilitators During the Implementation of the B2M Programme.

The respondents outlined their experiences during the implementation process as follows:

- They experienced positive interaction with and amongst participants and they found the sessions informative;
- The open and neutral platform to discuss issues of sexuality and relationship was found to be valuable and
- Some felt that the two hour long sessions were fine as they allowed enough time to explore issues. However the two hours also posed challenges for some people as they could not recruit potential participants who perceived the two hours as too long.

5.2.5 Challenges During the Implementation of the B2M Programme.

Their challenges included:

- Limited financial resources;
- Attracting and retaining participants;
- Insufficient support and/or communication with partners from the university;
- Lack of adequate information on how to respond to some of the challenges / questions posed by the participants;
- Lack of any token of appreciation and
- Lack of a monitoring and/or evaluation system for the pilot roll-out of the B2M programme

5.2.6 Perceived Benefits During the Implementation of the B2M Programme.

The B2M programme helped the respondents and participants to gain knowledge on:

- How to handle sexuality and relationship issues;
- How to deal with stigmatisation of people infected with HIV and/or other STIs;
- Factual information regarding HIV/AIDS, STIs and sexuality and relationships.

5.3 CONCLUSIONS

From the above results the study can conclude that:

- Overall, the programme seems to be adding value and is something that can continue if implemented well.
- It is important to have information that is relevant and up-to-date when presenting this programme as the information was found to be very valuable.
- Interaction and exchange of information amongst young men was also one of the benefits of the programme.
- Involvement of the host CBO is crucial and should happen from the onset. This involvement should include the interest of the members of the CBO as well as availability of resources from the CBO, including infrastructure and personnel that will implement the B2M programme.
- Support from the initiators of the programme, i.e. the staff from the university cannot be emphasised enough. This support should not be limited to only the programme material at the onset, but should be ongoing in order to keep helping the facilitators in cases where they get stuck. The continuous communication with the facilitators can also serve as an affirmation that they are still doing something that is of value.

5.4 RECOMMENDATIONS FOR FUTURE IMPLEMENTATION

Based on the findings of the study, this study recommends the following for the B2M programme:

5.4.1 Specific Terms of Reference

The B2M team needs to set clear objectives, expected outcomes and clear target margins for facilitators when implementing the programme. The terms of reference clearly need to indicate how long sessions should be and how often, as well as the kind and amount of support facilitators can expect from university partners. Clear objectives and terms of reference will also help making sure that the facilitators conduct a programme that is standard.

5.4.2 Support and Consistent Communication With University Partners

The university partner also needs to maintain contact with the facilitators as they need reassurance of continued support. In addition, facilitators sometimes need help in terms of materials used as well as questions they encounter during sessions with the participants. The contact should not only be telephonically, but also in terms of visits periodically.

5.4.3 Token of Appreciation

The respondents articulated that the participants always wonder what is it that they are going to get out of the programme besides the information. It is thus recommended that the facilitators and participants on the B2M programme receive:

a) Certificates

Most of the trained facilitators are not employed, still young and still working on bettering their CVs for future employment. A kind of certificate acknowledging their training and subsequent facilitation of the B2M programme would be helpful. This type of certificate can also be used as a tool that can assist in terms of attracting participants to the programme.

The certificates can also serve as an informal advertisement of the programme. After acquiring the certificates the participants can show as evidence to friends who have not attended the programme and to parents who allowed them the time to participate in the programme. The certificates would encourage the participants to complete the programme sessions, i.e. in retention of participants, as those who drop out would not be awarded certificates.

b) Incentives

The study identified the importance of incentives in a programme such as the B2M especially when the programme is not funded. Incentives can serve as substitutions for stipends and can ease the tension of the facilitators, participants and also their respective CBOs feeling as if they are being exploited.

In the findings it was discovered that facilitators who were really keen to implement the programme had to go around to various places at their own cost and unfortunately were not reimbursed. For the participants, besides gaining knowledge, there were no other incentives for them.

Based on the above, the study recommends that the use of incentives at various levels of the B2M programme should be used as this will boost the desirability of the programme. Incentives according to the respondents include things like food, goodies (T-shirts, caps, squeeze bottles), certificates of attendance and certificates for facilitation. These are thus some of the things the B2M providers and the participating CBOs can consider.

5.4.4 Monitoring and Evaluation

The participating B2M programme CBOs need to be provided with simple but clear monitoring and evaluation tools. Since there are about 12 CBOs participating in this programme, there is a need for a standardised format of recording everything. These tools will serve as guiding materials of what is expected of them. These monitoring and evaluation tools should include, but not be limited to:

- Attendance registers templates;
- Templates for recording progress;
- After action review and
- Recording templates for the programme meetings

The above tools would make it simpler for the CBOs to understand what is exactly expected from them, enable them to quickly identify errors and rectify them where possible, track progress and ensure consistence in reporting. Hence all this will make providing feedback to potential funders simpler. Monitoring and evaluation should also be in the form of the university partners visiting the facilitators on a regular basis to find out how implementation is progressing.

5.4.5 Funding for the Programme

The B2M programme, when handed to the CBOs, must go with funding because it does not have a stipend for the facilitators. Moreover, some of the facilitators, who are mostly unemployed, had to use their own resources to run the B2M programme. This lack of funding for the programme has detrimental effects on the possibilities of the programme being successful or being scaled up. The problems that come with lack of funding are that since the majority of the CBOs are self funded,

- the programme was not given priority.
- When priority was given it was difficult to operationalise activities as there was no funding;

- The participating CBOs did not feel compelled to do anything or at an optimal level as they are not spending anyone's monies;
- The programme's success lay entirely in the hands of the participating organisation;
- Since there is no funding it makes monitoring and evaluation difficult as the implementing organisations could not be held accountable for lack of implementing if there were no funds to aid in implementation;
- From the results it was evident that the programme was not taken seriously especially by management of the CBOs as they see the programme providers trying to use them and their already scarce organisational resources;
- Furthermore, implementation of the B2M programme used their time, their employees and other resources such as infrastructure and teaching / facilitating material.

Thus, it is important for the programme to have funding such that it does not become a burden to implementing CBOs.

5.4.6 Interest of Facilitators and CBOs

Positive interest from both the facilitators and CBOs is one of the key aspects towards the success of programmes such as the B2M. If the host CBO is not interested, no matter how enthusiastic the facilitators can be, the CBO will not provide support (resources) needed and to an extreme situation can even frustrate the motivated facilitators with layers of bureaucracy to demotivate them from implementing the programme.

On the other hand if CBOs are keen in implementing programmes such as the B2M, it is crucial to have facilitators who are passionate about the programme. Programmes such as B2M in most cases rely on certain individuals who act as champions for the programme leading the rest of the CBOs team in implementing such programmes.

This combination of interested CBOs and facilitators is an aspect which needs to be considered during partnerships and be monitored throughout the life span of the programme. Without a buy-in of the facilitators and the CBOs programmes such as the B2M are bound to fail.

5.4.7 Criteria That Can Be Used For Selecting CBOs and Facilitators in Future

The fourth objective of the study was to identify factors that will be considered in future for the implementation of the B2M programme. Table 5.1 underneath presents the recommendations.

Table 5.1: Factors to consider during the identification of B2M partner(s) for the implementation of the B2M programme.

FACTORS	PURPOSE OF THE FACTORS	USAGE TO B2M PROVIDERS
Objectives	<p>Establish a clear set of terms of reference between the CBOs and the B2M providers. This means specifications should be specific; Here the “WWW & H” strategy can be adopted.</p> <p style="text-align: center;"><i>“Who, What, Where, When, Why and How”</i></p> <p>This strategy can be considered in all the activities of the programme and should also be adopted when planning the up-scaling of the B2M programme</p>	Better management of the B2M programme
Support	<p>Explore potential support avenues. This should be done in a practical not in a conceptual manner. It should also assess a correlation in support between the CBOs and B2M providers.</p>	To develop robust internal support systems for the facilitators and the CBOs.
Training	<p>The facilitators should continue being trained prior to rolling out the implementation of the programme.</p>	Preparation for content training for facilitators.
Incentives and benefits	<p>Explore and understand the desired incentives for the facilitators, CBOs and the participants.</p>	Identify the desired incentive, utilise those to attract and retain participants.

		To determine the probability of B2M programme receiving support from immediate stakeholders such as host CBOs and the community.
Funding	Determine the financial needs of the CBOs with regards to the introduction and implementation of the B2M programme Gauge how the B2M programme can fit into the host CBO's programmes without syphoning resources from the CBO itself.	Financial Assessment
Values	To understand the reputation of the host CBOs (how the community views them).	Increases probability of the programme being received and support by the community through the CBOs
Resources	Identification of basic availability of resources such as infrastructure, operational materials, availability of participants.	Assist to align need for new resources with existing ones.
<i>To be followed during implementation</i>		
Interest	Identify people and CBOs who have the willingness and enthusiasm to run the programme as well as those who already have programmes that are similar, or are in line with what the B2M programme is trying to achieve.	Indication for potential for continuity and sustainability.
Morale	Evaluate whether the B2M programme is causing any tension or conflict between or amongst facilitators and the host CBOs. Constant monitoring can go a long way in achieving this.	Assist the B2M providers to intervene timely and appropriately.

5.5 SUMMARY

This chapter has outlined the research overview, summary of results, their discussion and recommendations for future implementation of the B2M programme. Overall, the study shows that the B2M programme is a valuable programme that has a role to play in issues of HIV, STIs and sexuality and relationships. However, its implementation, in its current form needs to be worked on to make it better. Recommendations in this chapter can help towards future, and perhaps better implementation of the programme.

REFERENCES

- Albrow, M. 2001. *Bureaucracy*. London: Macmillan Press.
- Amirkhanian, Y. A., Kelly, J. A., and McAuliffe, T.L. 2005. *Identifying, recruiting, and assessing social networks at high risk for HIV/AIDS: methodology, practice, and a case study in St Petersburg, Russia*. Centre for AIDS Intervention Research-Medical College of Wisconsin: Milwaukee.
- Babbie, E., and Mouton, J. 2004. *The practice of social research*. Cape Town: Oxford University Press.
- Bandura, A. 1992. *Self-efficacy mechanism in psychobiologic functioning*. In R. Schwarzer (Ed.), *Self-efficacy: Thought control of action* (pp. 355-394) Washington, D.C.: Hemisphere.
- Barbara, A., James, K., David, V., Sandra, C., Mary, F., Princess, F. J., Ricardo, G., Richard, L., McGranaghan, R., Palerm, A., and Gary, T. 2006. *Challenges and Facilitating Factors in Sustaining Community-Based Participatory Research Partnerships: Lessons Learned*. Detroit: City Press.
- Barry, B. 2000. *Community Based Organisations Revised: Bureaucracy and Red Tape*. London: Prentice-Hall Publishing.
- Bens, I. 2000. *Facilitating With Ease! A Step-by-Step Guidebook with Customizable Worksheets on CD-ROM*. San Fransisco: Jossey-Bass Publishers.
- Birdsall, K., and Kelly, K. 2005. *Community responses to HIV/AIDS in South Africa: Findings from a three-site survey*. Johannesburg: DFID/USAID/CADRE.
- Bongo, P. 2000. *HIV/AIDS education and prevention: Community development field report* by Peace Corps Volunteer, Debra Kurshan.
- Borghi, J.2006. Maternal survival 4 – Mobilising financial resources for maternal health. *Lancet*, 368:1457–1465.

Bradshaw, D., Nannan, N., Launscher, R., Groenewald, P., Joubert, J., Nojilana, B., Norman, R., Pieterse, D., and Schneider, M. 2000. *South African National Burden of Disease Study, Estimate of Provincial Mortality: Limpopo Province*. Medical Research Council (MRC). Available from: <http://www.mrc.ac.za/bod/limpopo.pdf>. [Accessed: 02/02/2011].

Burman, C., and Neil, L. 2008. *Sex and Relationship Education, South Africa: Outline Proposal for a Two - Three Year Programme*. Limpopo Province: [unpublished].

Burns, N., and Groves, S.K. 2007. *The Practice of Nursing Research: Conduct, Critique and Utilization*. 2nd edition. Philadelphia. London: W.B Saunders Company.

Campbell, C., Nair Y, Maimane, S., and Sibiyi, Z. 2005. Home-based carers: a vital resource for effective ARV roll-out in rural communities? *AIDS Bulletin*, 14(1), 22- 344

Campbell, C., Nair, Y., Maimane, S., and Gibbs, A. 2008. *Strengthening Community Responses to AIDS: Possibilities and Challenge*. In Rohleder, P., Swartz, L., and Kalichman, S. (Eds.).2008. *HIV/AIDS in South Africa 25 years on*. London-UK: Institute of Social Psychology, London School of Economics,

Campbell, C., Williams, B., and Gilgen, D. 2002. Is social capital a useful conceptual tool for exploring community level influences on HIV infection? An exploratory case study from South Africa. *AIDS Care*, 14(1): 41-54.

Citrin, T. 2001. Enhancing Public Health Research and Learning Through Community-Academic Partnerships: The Michigan Experience. *Public Health Reports* 116(1):74-78.

Clark, N.M. 1999. Community / Practice / Academic Partnerships in Public Health. *American Journal of Preventive Medicine* 16(3):18-19.

Corbetta, P. 2003. *Social Research Theory, Methods and Techniques*. London: Sage Publications.

Creswell, J.W. 1998. *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. Thousand Oaks, California: Sage Printers.

Department of Health. 2010. 'National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, 2009' . Available from: <http://www.avert.org/south-africa-hiv-aids-statistics.htm> [Accessed: 20/05/2012].

Ellen, M., Kirkcaldy, F., Abdalla, F., Erdelmann, P.S, and Thorne-Lyman, A. 2004. *Integration of HIV/AIDS activities with food and nutrition support in refugee settings: specific programme strategies*. London: Prentice Hall

Emmett, D. C., and Waldemar, N, .2002. *Public Expectations and Non-profit Sector Realities: A Growing Divide with Disastrous Consequences*: Centre for the Study of Voluntary Organizations and Service Issues in Philanthropy Series. New York: Oxford University Press.

Farrell, W. 1988. *Why Men Are The Way They Are*. New York: Berkley Books

Farrell, W., and Sterba, J. P., 2008. *Does Feminism Discriminate Against Men: A Debate (Point and Counterpoint)*. New York: Oxford University Press.

Foster, G. 2002. *Understanding community responses to the situation of children affected by AIDS lessons for external agencies*: Draft paper for the UNRISD project HIV/AIDS and Development. Geneva, UNRISD.

Fowler, A. 2000. *Civil society, NGOs and social development: Changing the name of the game*. Geneva: UNRISD.

Globalization and Health. 2011. *Masculinity as a Barrier to Men's Use of HIV Services in Zimbabwe*. BioMed Central publications. Available from: <http://www.globalizationandhealth.com/content/7/1/13> [Accessed: 28/05/2012].

Guthrie, G. and Hickey, A. 2004. *Funding the fight: Budgeting for HIV and AIDS in developing countries*: Cape Town, IDASA AIDS Budget Unit. Available from: www.idasa.org.za [Accessed: 15/03/2012].

Hacker, V. 2011. Building Media's Industry while promoting a community of values in the globalization: from quixotic choices to pragmatic boon for EU Citizens, *Politické Vědy- Journal of Political Science, Slovakia*, 10 (6): 64-74.

Hancock, B. 2002. *Trent Focus for Research and Development in Primary Health Care: An Introduction to Qualitative Research*. University of Nottingham: Trent Focus.

Jennings, J. 2005. *Community Based Organizations And The Non-Profit Sector In Massachusetts: Where Do We Go From Here? Urban and Environmental Policy and Planning* Tufts. Medford, Massachusetts: University Press.

Jewkes, J. and Morrell, R. 2010. *Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention*. Journal of the International AIDS Society. Available from: <http://www.jiasociety.org/content/13/1/6> [Accessed: 19/02/2012].

John, S. and Williamson, D. 2001. Measuring What Matters in Non-profits: *The McKinsey Quarterly*, (2), Available from: <http://www.mckinseyquarterly.com>. [Accessed: 02/02/2011].

Kalichman, S., (ed). 2006. *'Positive Prevention: Reducing HIV Transmission Among People Living with HIV/AIDS'* Springer. Washington D.C.: Brookings Institution Press.

Kaner, S., Lind, L., Toldi, C., Fisk, S. and Berger, D. 2007. *Facilitator's Guide to Participatory Decision-Making*. San Francisco: Jossey-Bass.

Kaner, S., Lind, L., Toldi, C., Fisk, S. and Berger, D. 2007. *Facilitator's Guide to Participatory Decision-Making*, Jossey-Bass; ISBN 0-7879-8266-0

Kata., C, Bartholow, K., Cordeiro, J., Swanson, S., Patterson, J., Stebbins, S., Woodside, S., and Francisco, S. 2002. *Factors Affecting the Delivery of HIV/AIDS Prevention Programs by Community-Based Organizations. AIDS Education and Prevention*. New York: The Guilford Press.

Lester M. S. 2002. *The Resilient Sector: The State of Non-Profit America*: Washington D.C.: Brookings Institution Press.

Levine, D.M., Becker, D.M., Bone, L.R., Hill, M.N., Tuggle, M.B., and Zeger, S.L. 1994. "Community-Academic Health Center Partnerships for Underserved Minority Populations. One Solution to a National Crisis." *Journal of the American Medical Association*, 272(4):309-311.

Lincoln, Y. S., and Guba, E. G. 1985. *Naturalistic inquiry*. Newbury Park, CA: Sage.

Lyons, M. 2002. *Non-profit organisations, social capital and social policy in Australia. Social capital and public policy in Australia* . Melbourne, Australia: Institute of Family Studies Press.

Mackay, K. 1999. *Evaluation capacity development: A diagnostic guide and action framework*. ECD Working Paper Series, Washington DC: World Bank Operations Evaluation Department.

Magongo, B., Kelly, K., Parker, W., and Kistner, U. 2004. *Development Cooperation Ireland South Africa: Non-Governmental partners in HIV/AIDS - a review*. CADRE/DCI. Available from: www.cadre.org.za [Accessed: 02/02/2012].

Malamut, Michael, E., and Blach, Thomas, J. 2008. *ABA Code Revision Raises Concerns for Democracy and Parliamentary Law in Nonprofits*. National Parliamentarian, 69, (1). Available from: <http://www.hkicpa.org.hk/APLUS/0704/44.pdf> [Accessed: 20/08/2012].

Marteau, T., Ashcroft, R., and Oliver, A. 2009. *Using financial incentives to achieve healthy behaviour*. British Medical Journal, 338:b1415.

Maruta, S. 2011. *The Marginalization of CBOs by Development Actors: A Perspective from the Zimbabwe Southern Institute of Peace-Building and Development (SIPD)*. Available from: <http://www.how-matters.org/2011/06/05/the-marginalization-of-cbos> . [Accessed: 02/04/2012].

Morse, J. M., Barrett, M., Mayan, M., Olson, K., and Spiers, J. 2002. Verification Strategies for Establishing Reliability and Validity in Qualitative Research. *International Journal of Qualitative Methods*. 338:b1415-pp56.

Moscovici, S. 2000. *Health and Illness: A Social Psychological Analysis*: London: Academic Press.

Nadeem, M. 2005. *Operational Challenges Community Home Based Care (CHBC) for PLWHA in Multi-Country HIV/AIDS Programs (MAP) for Sub-Saharan Africa*: AIDS Campaign Team for Africa (ACT Africa) Africa Region Working Paper Series No. 88.

Nettleton, S. 2006. *The sociology of health and illness*. Cambridge, UK: Polity Press.

Nkatini, N. L. 2005. *Glimpses of Research: Guidelines on writing of Research Proposal, Reports, Essays, Dissertations and Theses*. Polokwane: JP Publishers.

O'Connell, B. 1999. *Civil Society: The Underpinnings of American Democracy*. Hanover: England University Press.

Pascal, L. 2011. *WTO Director-General: Speech to the European University Institute in Florence*. Available from: http://www.wto.org/english/news_e/sppl_e/sppl187_e.htm [Accessed: 19/02/2012].

Patton, M. Q. 2002. *Qualitative research and evaluation methods*, 3rd edition. London: Sage Publications.

Peacock, D., Lara, S., Sharif, S, and Thomas, J. C. 2009. *Men, HIV/AIDS, and Human Rights: Acquired Immune Deficiency Syndrome*, 51 (3). Available from: www.jaids.com [Accessed: 12/09/2011].

Phillip, C., Tia, A., Cavender, M. A., and Debbi, S. 2002. *Trusted hands*. University of Colorado, Colorado, Denver: University Press.

Polit, D.F. and Hungler, B.P. 1997. *Nursing research: principals and methods*. Philadelphia: Lippincott.

Rubin, A. and Babbie, E.R. 2008. *Research methods for social work*. Belmont, CA: Thomson Brooks/Cole.

Santrock, J.W. 2007. *A Topical Approach to Life-Span Development*. New York, NY: McGraw-Hill.

Schuman, S. 2005. *The IAF Handbook of Group Facilitation: Best Practices from the Leading Organization in Facilitation*, Jossey-Bass ISBN 0-7879-7160-X.

Schuman, S. 2006. *Creating a Culture of Collaboration: The IAF Handbook*. San Fransisco: Jossey-Bass.

Shepard, J. and Robert W. G. 2003. *Sociology and You*. Ohio: Glencoe McGraw-Hill.

Shisana, K. and Simbayi, L.C.2004. Sexual assault history and risks for sexually transmitted infections among women in an African township in Cape Town, South Africa. *AIDS CARE*, 16 (6): 681-689.

Siddheshwar S. 2011. *Building Better Training Institutions*. Available from: https://www.amherst.edu/offices/human_resources/training/whatistraining [Accessed: 14/06/2012].

Snowden, D. J. 1999. The paradox of story: simplicity and complexity in strategy. *Journal of Strategy and Scenario Planning*, 1(5):24-32.

Statistics South Africa .2008. Mortality and causes of death in South Africa, 2006: Findings from death notification: Statistical release Available from: <https://www.doh.gov.za/docs/strategicplan/2007/part1.pdf> [Accessed: 04/08/2012].

Statistics South Africa .2009. 2009 Mid-year population estimates: *Statistical release* <https://www.doh.gov.za/docs/strategicplan/2007/part3.pdf> [Accessed: 14/06/2012].

Streubert, H. J. and Carpenter, D. R. 1999. *Qualitative research in nursing: advancing the humanistic imperative*. (2nd ed). Philadelphia: Lippincott.

Sullivan, A. and Steven M. S .2003. *Economics: Principles in action*. Upper Saddle River, New Jersey: Pearson Prentice Hall.

Temin, M. 2010. HIV-Sensitive Social Protection, What Does The Evidence Say? *At the IDS, UNICEF and UNAIDS Meeting on the Evidence for HIV-Sensitive Social Protection*. Brighton: UK press.

The National Strategic Plan for South Africa: *HIV/AIDS and STIs (2007-2011)*. Available from: <http://www.doh.gov.za/docs/misc/stratplan-f.html> [Accessed: 18/12/2010].

UNAIDS. 2010. UNAIDS report on the global AIDS epidemic: Available from: <http://www.avert.org/south-africa-hiv-aids-statistics.htm> [Accessed: 28/04/2012].

UNAIDS. 2008. UNAIDS report on the global AIDS epidemic- The Global HIV Challenges. Available from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/globalreport/2008/jc1510_2008globalreport_en.pdf [Accessed: 04/04/2012].

Van Manen, M. 1990. *Researching lived experience. Human Science for Action Sensitive Pedagogy*. New York: Sate University Press.

Yin, R. K. 1994. *Case study research: design and methods*. 2nd edition. Thousand Oaks: Sage Publishers.

ANNEXURE A

LETTER REQUESTING CONSENT OF RESPONDENTS TO CONDUCT THE STUDY

Dear Respondent

I am a student in Masters of Development (MDev) at the Turfloop Graduate School of Leadership (TGSL), university of Limpopo. You are invited to participate in my study titled: *Factors that play a role in the implementation of the B2M programme: Case Studies from Limpopo Province*

This letter is to help you to decide if you would like to participate. The purpose of the study is to explore factors that play a role in the implementation process of the B2M programme by facilitators from selected Community Based Organisations. You will be required to participate in an interview about your perceptions and opinions.

There are no right or wrong answers, but you are requested to be as honest as possible.

Please note:

- Permission to interview you has been obtained from your organisation;
- Your participation in this study is voluntary and you can refuse to participate or stop at any time without stating any reason;
- You will not be remunerated in any way for participating in this study;
- For the purpose of confidentiality and anonymity you will not be required to supply your name(s) during the interview;
- The completion of the questionnaire may take about 15 minutes;
- Your completing the questionnaire implies that informed consent has been obtained from you

A copy of the report will be made available to the participating B2M organisations which may be interested in reading it. Should you need any clarity or for further information please contact me at

Thank you

Mr M.R. Mamabolo

ANNEXURE B

**LETTER REQUESTING PERMISSION TO CONDUCT A STUDY IN YOUR
ORGANISATION**

Robert Mamabolo

P O Box 589

Ga-Mothiba

0726

13 June 2011

The Director/Manager
B2M Participating Organisation
(Organisation details)

Dear Sir/Madam

Request to conduct a study in your organisation

I hereby request permission to conduct a study in your organisation (print name of the organisation). In the process of collecting data, the issue of confidentiality, privacy and the right to refuse responding to questions by the respondents will be considered.

I hope that you find this in order

Yours sincerely

Mr M.R Mamabolo

ANNEXURE C
INTERVIEW GIUDE

SECTION A: BIOGRAPHICAL INFORMATION

Instructions: Please indicate with an (x) the appropriate choice.

Your age		
What is your home language?	Sepedi	
	XiTsonga	
	TshiVenda	
	IsiNdebele	
	Others: Specify:	
What is your marital status?	Not married	
	Married	
	Separated/divorced Widowed	
	Cohabiting	
Which religion do you belong to?	Christianity	
	African Traditional	
	Both	
	Others Specify:	
What is your highest level of education?	Never been to school	
	Primary school	
	Secondary school	
	UL/Tertiary	
What is your present occupation?	Employed	
	Self-employed	
	Unemployed	
	Casual labourer	
	Others Specify:	
How much do you earn in a month?	Less than R 1000	
	R 1000 -2000	
	R 2000 - 4000	
	Over R 4000	
District Municipality?	Capricorn	

	Mopani	
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SECTION B: ORGANISATIONAL INFORMATION

Please complete the following:

1. What is the type of organisation?	CBO/ Faith Base	
	Primary School	
2. How old is your organisation?	1-5 years	
	6-10 years	
	11 years and older	
3. How many members does your organisation have?	11-20	
	21-30	
	31-40	
	Over 40	
4. How is your organisation funded?	Self Funded	
	Government Funded	
	Private Funded	
	Donations/Sponsorship	
5. Has your organisation implemented the B2M programme	Yes	
	No	

SECTION C: QUESTION GUIDE

Implementation Experiences

1. Has your organisation implemented the B2M programme? **YES** or **NO**

IF YES (Answer from question 2-6) / IF NO (Answer question 7 and 8)

2. What are the challenges experienced by the organisation in the implementation of the B2M Programme?
3. What are the challenges experienced by the trained B2M facilitators in the implementation of the B2M Programme?
4. What are some of the experiences experienced by the organisation in the implementation of the B2M Programme?

5. What are some of the experiences experienced by the trained B2M facilitators in the implementation of the B2M Programme?
6. What are the factors which assisted you and your organisation in the implementation of the B2M programme? **(Please go to question 8)**

If question 1 is answered “NO” continue from here.

7. What are the reasons that hindered you and your organisation in the implementation of the B2M programme?
8. Is there anything that you may like to share with me about the B2M programme?