MONITORING AND EVALUATION OF SPORT-BASED HIV/AIDS AWARENESS PROGRAMMES OF SELECTED NON-GOVERNMENTAL ORGANISATIONS IN SOUTH AFRICA: STRENGTHENING OUTCOME INDICATORS

ELMA NELISIWE MALEKA

A thesis submitted in fulfilment of the requirements for the degree of PhD (Sport, Recreation and Exercise Science) in the Department of Sport, Recreation and Exercise Science of the University of the Western Cape.

Supervisor: Professor Christo De Coning

Co-Supervisor: Professor Marion Keim

November 2015

ABSTRACT

There are number of Non-Governmental Organisations (NGOs) in South Africa that use sport as a tool to respond to HIV/AIDS mainly among young people, however, little is reported about the outcomes and impact of these programmes. The aim of this study is to contribute to a generic monitoring and evaluation framework by improving the options for the use of outcome indicators of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. The research followed a qualitative multiple case study design using multiple data collection instruments. The overall findings revealed that the sport-based HIV/AIDS awareness programmes of five selected NGOs examined in this study focus on similar HIV prevention messages within the key priorities highlighted in the current National Strategic Plan for HIV/AIDS, STIs and TB of South Africa. The HIV prevention messages of selected NGOs are also in line with the commitments and targets of the 2011 UN Political Declaration on HIV/AIDS. The sport-based HIV/AIDS programmes target youth with messages that raise awareness of HIV/AIDS, HIV risk behaviours and HIV stigma. Furthermore messages that promote uptake of health services such as HIV Counselling and Testing (HCT) and Voluntary Medical Male Circumcision (VMMC). However, evaluating outcomes and impact of such programmes remains a challenge. Descriptive information and outputs are more recorded rather than information about the actual outcomes which occurred as a result of sport-based HIV/AIDS awareness programmes. The use of multiple data collection instruments in conjunction with approaches of the ten-step model to a result-based monitoring and evaluation systems enables this study to propose a total of fifty one generic outcome indicators. These generic outcome indicators focus on measuring change in the knowledge of HIV/AIDS and change in attitude and intention towards HIV risk behaviours. In addition, this study further proposed a total of eight generic outcome indicators to measure predictors of HIV risk behaviour. The selected NGOs can adapt the proposed generic

outcomes and indicators based on the settings of their programmes. It can be concluded that the proposed generic outcome indicators are able to assist the NGOs to improve monitoring and evaluation of their sport-based HIV/AIDS awareness programmes. A collaborative approach by all stakeholders is required, from international organisations, funders, governments, NGOs and communities to strengthening monitoring and evaluation of sport-based HIV/AIDS awareness programmes including other development programmes.

DECLARATION

I hereby declare that *"Monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected Non-Governmental Organisations in South Africa: Strengthening outcome indicators"* is my own work, that it has not been submitted before for any other degree in any other university, and that the sources I have used have been indicated and acknowledged as complete references.

Elma Nelisiwe Maleka 26 November 2015

Signed ……

DEDICATION

This thesis is dedicated to my late fathers Mr. Khumalo and Mr. Maleka. Your contribution in my life is immeasurable. You will never be forgotten.

AKNOWLEDGEMENT

I would like to express my heartfelt gratitude to the following people:

- To my supervisors, Professor C. De Coning and Professor M. Keim for their continued leadership, invaluable support, advice and suggestions from the beginning to the end of this journey.
- This work would not have been possible without financial support from CATHSSETA.
- To UWC, SRES staff and fellow students for their positive criticism and support. A special thanks to Dr. Young and Ms. Davids for their encouragement and support.
- To UWC, ICESSD staff and tutorial team for their encouragement. A special thanks to Ms. Fredericks and Dr. Nsengiyumva for their technical support.
- To Mr. Jacobs and Dr. Vergnani for their undivided support and encouragement.
- To all individuals who participated in the study.
- To Mrs. Molefe for her prayers, love and support.
- To Mrs. Maleka and family for their love and support.
- To my sisters, niece and nephews for their encouragement and love.
- I am indebted to my husband, Peane and son Luthando for their enduring patience, unconditional love and encouragement throughout my studies. Thank you for taking care of the household responsibilities while I was busy fulfilling my dreams. Thank you for believing in me and supporting my dreams, indeed together we make a great team.
- To my mother Mrs. Khumalo, ngiyabonga Mama ngakho konke ongenzele kona empilweni yami. Without your love, I would not have been this privileged. Bhala.

Finally, to Almighty God for his ever presence.

TABLE OF CONTENT

LIST OF FIGURES

LIST OF TABLES

ACRONYMS AND ABBREVIATIONS

AIDS:	Acquired Immunodeficiency Syndrome
CDC:	Centers for Disease Control
HCT:	HIV Counselling and Testing
HIV:	Human Immunodeficiency Virus
IEG:	Independent Evaluation Group
MDGs:	Millennium Development Goals
NGOs:	Non-Governmental Organisations
NSP:	National Strategic Plan for HIV, STIs and TB South Africa
OECD:	Organisation for Economic Co-operation and Development
PLWHA:	People living with HIV/AIDS
SDP IWG:	Sport for Development and Peace International Working Group
SDGs:	Sustainable Development Goals
SRSA:	Sport and Recreation South Africa
SRSASP:	Sport and Recreation South Africa Strategic Plan
UN:	United Nations
UNGDF:	United Nations Global Development Fund
UNOSDP:	United Nations Office on Sport for Development and Peace
UNPD:	United Nations Population Fund
USAID:	United States Agency for International Development
WHO:	World Health Organisation

KEYWORDS

AIDS

HIV

Indicator

Monitoring and evaluation

Non-Governmental Organisations

Outcome

Performance assessment

Sport-for-development

Sport-based HIV/AIDS awareness programme

South Africa

DEFINITION OF CONCEPTS

Definition of terms used in this study are based on terminology guidelines sourced from UNAIDS (2011), UNAIDS (2009a) and United Nation (2003).

AIDS refers to acquired immunodeficiency syndrome caused by HIV (UNAIDS, 2011).

Evaluation is a process of the scientifically-based collection of information about the programme activities, characteristics, and outcomes that determine the merit or worth of a programme/project (UNAIDS, 2009a).

HIV refers to the human immunodeficiency virus that weakens the immune system, ultimately leading to AIDS (UNAIDS, 2011).

Indicator is a quantitative or qualitative variable that provides a valid and reliable way to measure achievement or reflect changes connected to the programme/project's objectives (UNAIDS, 2009a).

Monitoring is a process of routine tracking and reporting of priority information about a programme/project, its input and intended output, outcomes and impact (UNAIDS, 2009a).

NGOs refer to non-governmental organisations that are not part of government (United Nations).

Outcome refers to short-term and medium-term effect of the intervention's outputs, such as change in knowledge, attitude, beliefs and behaviours (UNAIDS, 2009a).

Sport refers to all forms of physical activity that contribute to physical fitness, mental well-being and social interaction. These include play, recreation, organised or competitive sport and indigenous sports and games (United Nations, 2003).

Sport-for- development refers to the use of sport as a tool to promote development (can be used in health, education and other development initiatives) (United Nations, 2003).

CHAPTER 1: INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 CHAPTER OVERVIEW

This chapter introduces this study with particular focus on strengthening outcome indicators for monitoring and evaluation of sport-based Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) awareness programmes of selected non-governmental organisations (NGOs) in South Africa. In a world where a cure for HIV/AIDS does not exist, prevention of new HIV infection remains critical. The recent progress report on Millennium Development Goals (MDGs) indicates that much has been done to respond to HIV/AIDS across the world to reverse the spread of HIV/AIDS (United Nations MDGs, 2014:5). However, there is still a need to intensify HIV/AIDS awareness programmes particularly among young people in order to prevent the spread of sexual transmission of HIV/IDS (United Nations MDGs, 2014:35). Global responses to HIV/AIDS encourage all countries including NGOs to integrate indicators in monitoring and evaluation activities in order to be able to measure progress of their responses to HIV/AIDS (UNAIDS, 2014a:5; 2015:5). The first section of this chapter provides the background, followed by problem statement, purpose, rationale, aim and objectives of this study. This chapter further focuses on the significance, scope, delimitation and assumptions of this study. A brief introduction of the theoretical framework is also presented in this chapter. Lastly, this chapter presents the outline of chapters included in the thesis, followed by conclusion about this chapter.

1.2 BACKGROUND OF THE STUDY

According to the Millennium Development Goals report there are still too many new cases of HIV infection (United Nations MDGs, 2014:34). An estimated 1.5 million - 1.6 million people are newly infected with HIV in Sub-Saharan Africa UNAIDS (2014b:30). South Africa is among the countries that recorded a decline in the number of new HIV infection in

2010 (UNAIDS, 2014b:30). Although in South Africa there are remarkable successes in responding to HIV/AIDS, the dynamics on HIV/AIDS transmission poses a challenge in reducing the new HIV infections by 50% (Shisana et al., 2014:113). Furthermore, the level of risky sexual behaviours was reported to be high particularly among young people and there is a need to strengthen prevention programmes aimed at reducing the risks of sexual transmission of HIV infection (Shisana et al., 2014:126-127).

With regard to any new development initiatives, there is a big focus on preventing HIV/AIDS among communities across the world. Monitoring and evaluation of such programmes is critical and should move beyond outputs to the assessment of achieved anticipated outcomes. According to UNAIDS (2014b:5, 2015:5) assessing the progress made against the targets using indicators is critical to assist countries to better understand their responses to the HIV pandemic. The National Strategic Plan for HIV, STIs and TB of South Africa (NSP-SA) 2012-2016, recommends that all initiatives aimed at responding to HIV/AIDS should focus on well-formulated objectives and targets to be able to demonstrate their contribution to the goals of the NSP (NSP-SA, 2012:21). Developing relevant indicators is essential to assess progress, measure achievements and reflect the changes connected to objectives and outcomes of any programmes aimed at development (Kusek & Rist 2004:65; Rabie, 2014:203).

Sport is widely known for its health benefits through direct participation in sport itself and as platform for communication, education and social mobilization (SDP IWG, 2008a:29). Since 2002, the UNAIDS Sports for Development Task Team has recognised sport as a tool to contribute to the achievement of the MDGs (United Nations, 2003:4-5). It is argued that the contribution of sport to development does not solely depend on sport, but on all people involved whether as participants, leaders, coaches, spectators and the communities at large

(Mwaanga, 2010:65). UNOSDP (2010:1-2) outlines sport's contribution to each of the eight MDGs. With reference to the MDG 6 which is "to combat HIV/AIDS, malaria and other diseases," sport has been defined as another innovative tool that has been used recently in combination with other existing health measures/tools to promote health messages about non-communicable and infectious diseases such as HIV/AIDS.

Global experience within governments and NGOs using sport as a tool for development has become popular in national and local plans to respond to the spread of HIV/AIDS mainly among young people, however, evidence regarding effectiveness of these interventions are still emerging (Levermore, 2008:183, 2011:340). According to De Coning (2015:4) in South Africa, various NGOs and the MOD centers are using sport as a vehicle for youth skills training and education. The role of sport as a tool in responding to HIV/AIDS has been recognized in the NSP-SA 2012-2016, Sport and Recreation South Africa National Strategic Plan (SRSASP) 2012-2016 and White Paper on Sport and Recreation. Both National Plans and the Policy agree that sports clubs and events are ideal places to offer HIV/AIDS awareness and life skills programmes (NSP-SA, 2012:39; SRSASP, 2012:10; SRSA, 2012:30). However, it can be argued that both National Plans and the Policy do not provide clear guidelines on how to fast-track the HIV/AIDS activities provided by sport for development NGOs and clubs to ensure the alignment with the National Department of Health and other health-based organisations. Lindsey and Banda (2011:90) stated that a strategic alliance of the sport community with other health sectors in responding to HIV/AIDS is an effective approach to deliver NSP's priorities in a framework of development aligned with the MDGs.

The ultimate goal of monitoring and evaluating development initiatives is to be able to comprehend whether and to what extent the anticipated outcomes of such programmes are

being achieved (Kusek & Rist, 2004:57). This requires the development of relevant indicators. Church and Rogers (2006:44) claim that 'in any evaluation, indicators act as signals of change occurred during the programme". According to Rabie (2014:203) "indicators are direct measures, observable or verifiable change and measurement of associated variables known as proxy indicators". International organisations like UN, WHO, USAID, UNGDF and CDC have developed guidelines on indicators that can be adapted and used according to a country's setting to monitor and evaluate progress of HIV/AIDS programmes (UNAIDS, 2009c:9).

Much has been written about the gaps in the evaluation of sport for development programmes with reference to HIV/AIDS. Similarly to Kicking AIDS Out Network (2010:21), Levermore and Beacom (2012:132) concluded that the ownership of evaluation of sport for development programmes remains a challenge for communities using sport as a tool. The common critique of monitoring and evaluation of NGOs' work is that it's mostly linked with traditional methodologies associated with the needs of funders. Such an evaluation approach is critised for its top-down approach which leads to unequal power relations at all levels of implementation, thus having a negative effect regarding the outcomes (Burnett, 2009:1202; Network for Sport and Development, 2009:35). Mintzberg (2006:8) describes such top-down approach as a "planned development" which is imposed on NGOs and communities by funders. As a result, many NGOs use an independent evaluation at the end of the programmes which is often underpinned by a logical framework and produces mostly descriptive information (Levermore, 2011:352; Network for Sport and Development, 2009:19). Coalter (2007:1) advises that while approaches, research design and methodology are important, monitoring and evaluation should be considered as part of any ongoing programme development rather than the end product.

Evaluation of HIV/AIDS prevention programmes is very complex. The challenges of evaluating such programmes are also experienced in NGOs other than those using sport. For example, Napierala Mavedzenge, Doyle and Ross (2011:584) reviewed HIV/AIDS prevention targeting youth in Sub Saharan-Africa and found that school, adult-led and curriculum based interventions showed evidence of reducing risky sexual behaviours while the evaluation quality of community-based interventions remained weak. Sport activities aimed at HIV/AIDS prevention are mostly carried out by coaches and are not completely curriculum-based. In a systemic review of twenty one studies on the evaluation of sport-based HIV/AIDS programmes, Kaufman, Spencer and Ross (2013:987) argue that a well-designed sport-based HIV/AIDS intervention can provide evidence for short-term effect on stigma, HIV-related knowledge, self-efficacy and condom use. However, of the twenty one studies reviewed, four were from South Africa and only one study was classified as of good quality. Lack of randomization, ongoing monitoring, clear objectives and outcome indicators were found to be the common challenges in the success of these sport-based HIV/AIDS programmes (Kaufman et al., 2013:991). Similar challenges were observed among NGOs that use sport-for-development approaches or activities in Denmark (Network for Sport and Development, 2009:36). These findings call for the integration of evaluation criteria in the intervention development phase which involves the selection of good indicators to measure progress at all levels of programmes.

Despite growing support of sport-based HIV/AIDS interventions, there is still a gap in monitoring and evaluation of such initiatives. A study among sport NGOs in Denmark, concluded that new approaches to monitoring and evaluation are not an absolute solution but the consideration of all elements when assessing the impact of sport initiatives is critical (Network for Sport and Development, 2009:35). There are limited specific studies conducted to provide an insight on the use of indicators for the monitoring and evaluation of sport-based

HIV/AIDS awareness programmes. Some of these studies tend to focus on too many aspects of monitoring and evaluation at the same time which led to limited emphasis on outcome indicators. Moreover, these studies relied on one method of inquiry. For instance, Coalter (2008:4) relied mainly on the multiple case study approach by involving four projects that use sport as a tool for development. On the other hand, Kaufman et al., (2013:987) use only a systematic review.

Therefore, the proposed study is strictly focusing on the understanding of indicators currently in use and needed to monitor and evaluate the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. Different sources will be used to collect information including different data collection instruments and analysis. Coalter (2010:295) argued that if sport-based initiatives are to make broader contribution to development, there is a need to view evaluation of such programmes in a local context. There are a number of NGOs in South Africa which use sport as an engine to provide HIVAIDS awareness and life skills for targeted youth, however, little is known about their work including reported outcomes of their programmes. Therefore this study seeks to address the lack of outcome-evaluation studies on sport-based HIV/AIDS initiatives conducted in South Africa. The few available studies and reports on sport-based HIV/AIDS awareness programmes tend to focus on output-based results rather than demonstrating outcomes of such programmes.

This study is critical because it aims to strengthening the outcome indicators for sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. This will be achieved by proposing a variety of possible generic outcome indicators for sport-based HIV/AIDS awareness programmes. Furthermore, this study will contribute to the understanding and use of specific indicators related to monitoring and evaluating the outcomes of sport-based HIV/AIDS awareness programmes.

1.3 PROBLEM STATEMENT

The problem being investigated in this study is that an insufficient understanding exists of how sport and development programmes aimed at responding to HIV/AIDS are monitored and evaluated. A specific need exists for the improved understanding of the use of specific indicators for monitoring and evaluating the outcomes of sport-based HIV/AIDS awareness programmes.

1.4 PURPOSE AND RATIONALE OF THE STUDY

The main purpose of the study is to develop options for the improvement of the indicators to be used in the monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. The rationale of the study arose from the need for an improved understanding of what specific indicators are in use and required to monitor and evaluate the outcomes of sport-based HIV/AIDS programmes. Authors like Burnett (2009:1200-1202) and Coalter (2008:27-30; 2010:107-114) have contributed to strengthening monitoring and evaluation of sport-based programmes. However, their focus has been on the broader spectrum of monitoring and evaluation which makes it difficult to understand the use of the outcome indicators for sport-based programmes. Although Coalter (2008:27-30) developed a framework for sport-based HIV/AIDS awareness programmes, lack of understanding of how to measure outcomes of non-sporting outcomes like increasing awareness of HIV/AIDS still exists. A specific need exists to establish indicators for monitoring and evaluating the outcomes of sport-based HIV/AIDS awareness programmes and to report how and why such initiatives work.

1.5 RESEARCH AIM AND OBJECTIVES OF THE STUDY

The aim of this study is to contribute to a generic monitoring and evaluation framework by improving the options for the use of outcome indicators of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. The objectives of the study are to:

1. Identify and assess appropriate indicators to monitor and evaluate the outcomes of sport-based HIV/AIDS awareness programmes
2. Investigate specific indicators currently in use by the selected NGOs as well as information on the monitoring and evaluation of the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa
3. Identify and develop indicators that are applicable to a generic monitoring and evaluation framework regarding the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa

1.6 SIGNIFICANCE OF THE STUDY

The findings of the study will benefit the NGOs that use sport as a tool to provide HIV/AIDS awareness to strengthen outcome indicators for their programmes. The research will further contribute to the understanding and use of specific indicators related to monitoring and evaluating the outcomes of sport-based HIV/AIDS awareness programmes.

1.7 SCOPE, DELIMITATION AND ASSUMPTIONS OF THE STUDY

The study is limited to the sport and development field with reference to HIV/AIDS. The geographical scope is limited to five selected NGOs that use sport as a tool in responding to HIV/AIDS in South Africa. Assumptions of the study are that all respondents will provide honest responses and will cooperate to provide important information relevant to the study.

1.8 INTRODUCTION OF THE THEORETICAL FRAMEWORK

The research study is framed by the theory of change approach which was first published by Weiss in early 1990s. Weiss (1995) in Connell and Kubisch (1998:2) defines theory of change as "theory of how and why an initiative/programme works". Ever since then, the International Network on Strategic Philanthropy (2005:6), Church and Rogers (2006:15-17), Funnel and Rogers (2011:6-9), Taplin and Rasic (2012:1-3) and Taplin, Clark, Collins and

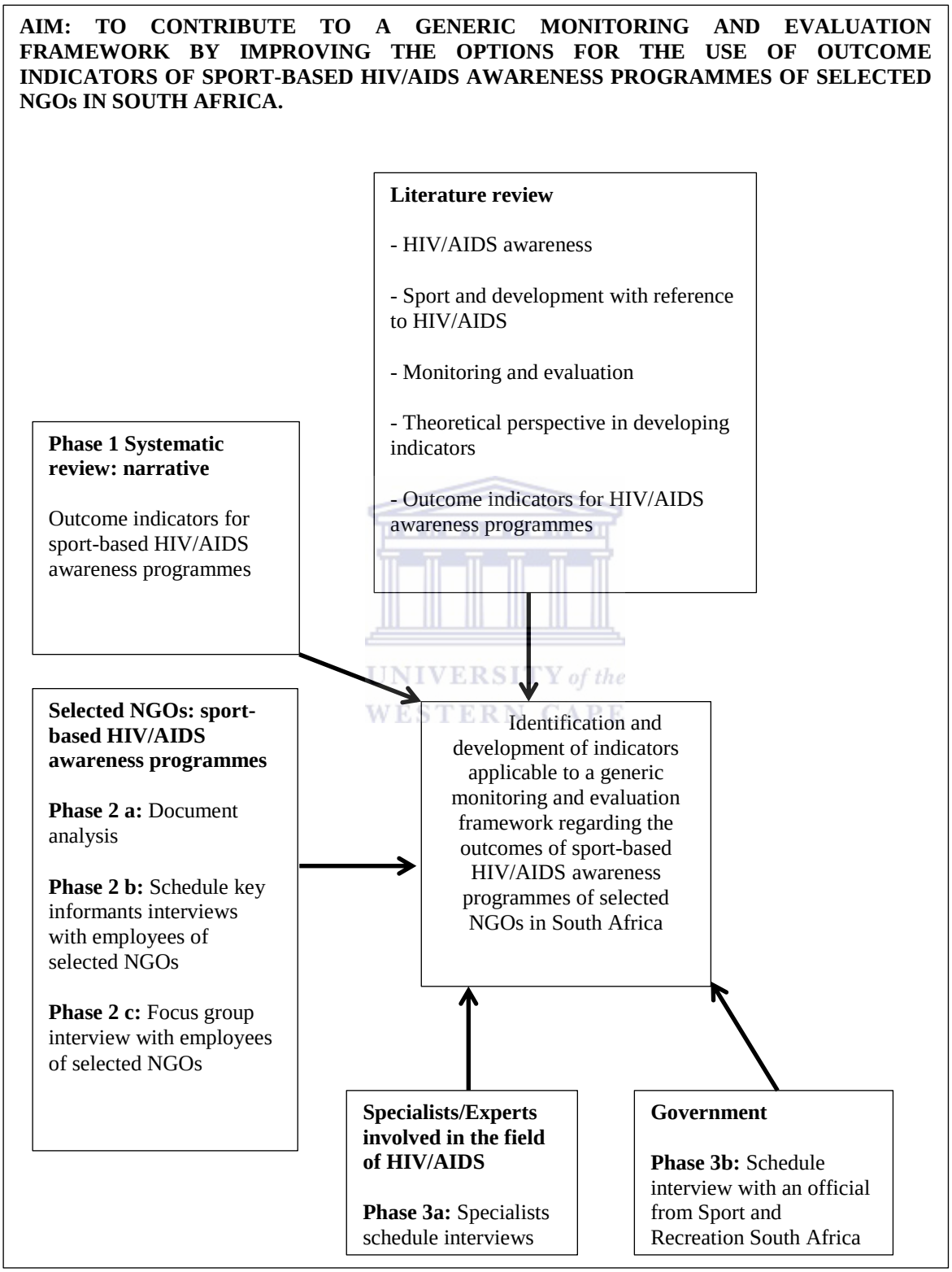
Colby (2013:1-6), have provided frameworks on how to implement the theory of change in monitoring and evaluation. In this study, a theory of change approach will assist in mapping out a plan to allow the NGOs to articulate the outcomes they plan to achieve. In addition, to identify indicators that can be used to measure outcomes and track progress of their sport-based HIV/AIDS awareness programmes in a credible and useful way (Connell & Kubisch, 1998:3). The outcome indicator framework stems from the theory of ten steps to a result-based monitoring and evaluation system focusing on selecting key performance indicators to monitor outcomes (Kusek & Rist, 2004:65). This involves the use of the conceptual framework for this study and is discussed below in the next section (see Figure 1.1).

Conceptual framework of this study

The conceptual framework for this study is guided by the approaches of Kusek and Rist (2004:68), Görgens and Kusek (2009:179-181), USAID (2010b:4-10) and Rabie (2011:364-372) on indicator selection process and criteria. These approaches followed various steps of identifying, selecting and developing indicators. Various steps of these approaches are discussed in details in Chapter 3. Some of these steps were considered and combined to develop the conceptual framework of this study. In this light, the conceptual framework takes into account the review of literature on indicators for HIV/AIDS awareness programmes, narrative systematic review of indicators for sport-based HIV/AIDS awareness programmes. Furthermore, schedule interviews with employees of selected NGOs that use sport to provide awareness about HIV/AIDS were conducted. The conceptual framework also included a consultative process with specialists/experts involved in the field of HIV/AIDS and government official involved in monitoring and evaluation (see Figure 1.1).

The following figure represents the conceptual framework for this study.

FIGURE 1.1: CONCEPTUAL FRAMEWORK OF THIS STUDY.



The conceptual framework adopted to address aim and objectives of this study.

1.9 OUTLINE OF THE THESIS

This study is primarily focusing on contributing to a generic monitoring and evaluation framework by improving the options for the use of outcome indicators of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. The study consists of seven chapters that make up the entire thesis. The chapters are described briefly below.

Chapter 1 focuses on background and rationale of the study explaining the importance of strengthening outcome indicators for sport-based HIV/AIDS awareness programmes. Aims, objectives, significance and delimitation of the study are described in this chapter. Chapter 1 further presents a summary of theoretical and conceptual framework guiding this study. Finally the outline of the thesis is provided followed by conclusion of this chapter.

Chapter 2 provides the review of the existing literature on sport and development with reference to HIV/AIDS awareness. These included definitions and policy perspective of sport in the context of development. The review further focus on HIV/AIDS awareness programmes as well as a broader overview of monitoring and evaluation.

Chapter 3 presents the review of the literature focusing on the theoretical perspective on developing indicators.

Chapter 4 discusses the research methods used to gather information to address aims and objectives of the study. Research design, data collection instruments and data analysis are also discussed in this chapter.

Chapter 5 provides information and experiences regarding outcome indicators for HIV/AIDS awareness programmes in developed and developing countries with particular focus on NGO level. Chapter 5 further presents a narrative systematic review of outcome indicators for sport-based HIV/AIDS awareness programmes. The narrative systematic review was

conducted to identify and assess appropriate indicators to monitor and evaluate the outcomes of sport-based HIV/AIDS awareness programmes.

Chapter 6 presents the findings and discussions of the sport-based HIV/AIDS awareness of selected NGOs examined in this study as well as of cross case analysis. The findings and discussions from focus group interview with employees of selected NGOs examined in this study are also presented. Chapter 6 further discusses findings and discussions from the specialists/experts consulted in this study. Furthermore, the proposed generic outcome indicators for sport-based HIV/AIDS awareness of selected NGOs examined in this study is presented in this chapter.

Chapter 7 presents the overall summary of the study as well as recommendations and areas for future research emerged from the study.

1.10 CONCLUSION

This chapter outlined the background and the rationale of the study. It presented the aim and objectives of the study. This chapter also provided an introduction of the theoretical and conceptual frameworks framing this study. Furthermore, this chapter provided summaries of the chapters of the study. The next chapter presents the literature reviewed for this study.

CHAPTER 2: SPORT AND HIV/AIDS AWARENESS IN THE CONTEXT OF DEVELOPMENT

2.1 INTRODUCTION

In order to be able to provide options to improve indicators for the monitoring and evaluation of the outcomes of sport-based HIV/AIDS awareness programmes, one needs to first review and understand existing literature on sport and development with reference to HIV/AIDS awareness. This review will first look at definitions of sport in the context of development, and at policy perspective on sport and development. The next section will focus on HIV/AIDS awareness programmes including the role of sport as a tool to respond to HIV/AIDS. Thereafter a critical overview of monitoring and evaluation with specific focus on the use of indicators to measure outcomes within the context of contributing in the achievement of the MDGs is provided.

2.2 DEFINITION OF SPORT IN THE CONTEXT OF DEVELOPMENT

Ever since 2002, the potential of sport to be used as a tool to enhance development has been widely recognised worldwide (United Nations, 2003:1). The establishment of international agencies such as United Nations Inter-Agency Task Force on Sport for Development and Peace in 2002 and SDP IWG in 2004 has played a significant role in providing policy guidelines and recommendation to integrate sport into development initiatives (United Nations, 2003:24; SDP IWG, 2008a:37; UNOSDP-SDP IWG 2011:7). According to the United Nations (2003:2), sport is defined "as all forms of physical activity that contribute to physical fitness, mental well-being and social interaction". These include "play, recreation, organised or competitive sport and indigenous sports and games" (United Nations, 2003:2). The literature reviews on sport for development and peace show that organisations that use sport to enhance development have a diverse range of aims and objectives (SDP IWG, 2007:3-4). These have led to an argument about distinction between sport plus and plus sport

programmes. Irrespective of such argument it should be acknowledged that the United Nations and international policies are playing a crucial role in encouraging the development of sustainable and effective sporting organisations that also have a broader social purpose (Coalter, 2006:1-2). Sport alone cannot contribute to development but should be combined with other non-sport components if intended developmental goals are to be achieved (SDP IWG, 2008a:3; UNOSDP, 2010:1-2). Hartmann and Kwauk (2011:298) recommend that it is important for practioners who have an interest in using sport as a tool for development to have a clear understanding of how do they intend to contribute to development.

2.3 POLICY PERSPECTIVE ON SPORT AND DEVELOPMENT

De Coning and Wissink (2011:4) define policy as "a statement of intent or an action plan to transform a perceived problem to a future solution". According to Brynard, Cloete and De Coning (2011:135-136) planning, strategy generation, programmes, projects and operations management are used for policy implementation. The implementation process usually takes place at various levels of government in partnership with the NGOs and private sectors.

Policy on sport and development can be traced back to the twentieth century. According to UNESCO's Charter of Physical Education and Sport every human being should have access to physical education and sport (UNESCO, 1978:2). It further stresses the role of physical sport programmes in assisting to create habits and behaviours that are beneficial to human development (UNESCO, 1978:3). In 2002, the UN Inter-Agency Task Force on Sport for Development and Peace advocated the integration of sport and physical activity into development policies of countries (United Nations, 2003:24). It is argued that if sport is mobilised in a positive manner, it is a cost-effective tool in supporting the achievement of all eight MDGs (United Nations, 2003:23-24; SDP IWG, 2008a:3-4; UNOSDP, 2010:1-2). Responding to HIV/AIDS, malaria and other diseases, refer to MDG 6 as indicated in Table 2.1. Since 2004, the International Olympic Committee (IOC) and UNAIDS have encouraged

the involvement of sport organisations in the delivery of sport-based programmes to respond to HIV/AIDS (UNAIDS, 2004:1). Both organisations signed a memorandum of understanding (MOU) promoting HIV/AIDS awareness among sport community in responding to the impact of HIV/AIDS (UNAIDS, 2004:1). In addition, they further developed a toolkit as a guideline for sport organisations to be able to respond to HIV/AIDS (IOC & UNAIDS, 2010:9). However, similarly the MOU and the toolkit overlooked the monitoring and evaluation aspects of such initiatives.

In South Africa, on the basis of national policies and strategic plans, sport has been recognised as a tool to support the achievement of various objectives of the National Development Plan and MDGs (NSP-SA, 2012:39; SRSASP, 2012:2; SRSA, 2012:40; SRSA Annual Performance Plan, 2013:39-45, 2015:28). All programmes using sport as a tool to address HIV/AIDS, crime including sport for peace and development are being clustered under sport for social change and development (SRSA Annual Performance Plan, 2013:40, 2015:28). The Department of Sport and Recreation, South Africa works in conjunction with NGOs particularly loveLife to respond to HIV/AIDS (SRSA Annual Performance Plan, 2013:39, 2015:28). However, a specific need exists for the standardized reporting system on the effectiveness and progress of such initiatives. This will reinforce linkages with the Department of Health to effectively promote HIV/AIDS awareness especially among young people.

As part of policy recommendations, many studies emphasis the importance of strengthening monitoring and evaluation systems to ensure effectiveness and best practice of sport for development programmes (Kruse, 2006:40; SDP IWG, 2008a:252-260; Kay, 2009:1178-1179; Coalter, 2010:295; Mwaanga, 2010:66; Levermore, 2011:352; UNOSDP, SDP IWG 2011:11).

The following table outlines the contribution of sport to all eight Millennium Development Goals.

TABLE 2.1: CONTRIBUTION OF SPORT TO THE MILLENIUM DEVELOPMENT GOALS.

MILLENIUM DEVELOPMENT GOALS	CONTRIBUTION OF SPORT
1. Eradicate extreme poverty and hunger	• Participants, volunteers and coaches acquire transferable life skills which increase their employability
	• Vulnerable individuals are connected to community services and supports through sport-based outreach programmes
	• Sport programmes and sport equipment production provide jobs and skills development
	• Sport can help prevent diseases that impede people from working and impose health care costs on individuals and communities
	• Sport can help reduce stigma and increase self-esteem, self-confidence and social skills, leading to increased employability
2. Achieve universal primary education	• School sport programmes motivate children to enrol in and attend school and can help improve academic achievement
	• Sport-based community education programmes provide alternative education opportunities for children who cannot attend school
	• Sport can help erode stigma preventing children with disabilities from attending school
3. Promote gender equality and empower women	• Sport helps improve female physical and mental health and offers opportunities for social interaction and friendship
	• Sport participation leads to increased self-esteem, self-confidence, and enhanced sense of control over one's body
	• Girls and women access leadership opportunities and experience
	• Sport can cause positive shifts in gender norms that afford girls and women greater safety and control over their lives
	• Women and girls with disabilities are empowered by sport-based opportunities to acquire health information, skills, social networks, and leadership experience

MILLENIUM DEVELOPMENT GOALS	CONTRIBUTION OF SPORT
4. Reduce child mortality	• Sport can be used to educate and deliver health information to young mothers, resulting in healthier children
	• Increased physical fitness improves children's resistance to some diseases
	• Sport can help reduce the rate of higher-risk adolescent pregnancies
	• Sport-based vaccination and prevention campaigns help reduce child deaths and disability from measles, malaria and polio
	• Inclusive sport programmes help lower the likelihood of infanticide by promoting greater acceptance of children with disabilities
5. Improve maternal health	• Sport for health programmes offer girls and women greater access to reproductive health information and services
	• Increased fitness levels help speed post-natal recovery
6. Combat HIV and AIDS, malaria, and other diseases	• Sport programmes can be used to reduce stigma and increase social and economic integration of people living with HIV and AIDS
	• Sport programmes are associated with lower rates of health risk behaviour that contributes to HIV infection
	• Programmes providing HIV prevention education and empowerment can further reduce HIV infection rates
	• Sport can be used to increase measles, polio and other vaccination rates
	• Involvement of celebrity athletes and use of mass sport events can increase reach and impact of malaria, tuberculosis and other education and prevention campaigns
7. Ensure environmental sustainability	• Sport-based public education campaigns can raise awareness of importance of environmental protection and sustainability
	• Sport-based social mobilization initiatives can enhance participation in community action to improve local environment
8. Develop a global partnership for development	• Sport for Development and Peace efforts catalyze global partnerships and increase networking among governments, donors, NGOs and sport organizations worldwide

Source: United Nations, (2003:23-24); SDP IWG, (2008a:3-4); UNOSDP, (2010:1-2).

Recently the Sustainable Development Goals (SDGs) have been published which will replace the MDGs. Sport has been highlighted as a tool in contributing to the achievement of SDG 3 which is "Good Health and Wellbeing" (UNOSPD, 2015).

2.4 OVERVIEW OF HIV/AIDS AWARENESS PROGRAMMES

Responding to HIV/AIDS requires strategies that will ensure a decrease of new HIV infections (UNAIDS, 2010a:10). While HIV epidemic is levelling in other countries, South Africa is among the eleven countries that have shown significant increase among individuals who engage in risky sexual behaviours (UNAIDS, 2013a:14). Previous South African national surveys (in 2002, 2005 and 2008) did not show any decrease in multiple sexual partners among males and females aged 15-49 (Rehle et al., 2010:7). This has proven that HIV/AIDS is still the most challenging health and development issue in South Africa. Therefore, HIV prevention programmes remain not only a Department of Health's priority but a cornerstone of HIV/AIDS response across all phases of government and civil society. Similarly, the report of the Department of Health on global AIDS response (2012a:90-91) and the Vision 2030 of the National Development Plan (2011:20) point out that prevention of new HIV infection will remain a priority for the next generation. According to NSP-SA (2012:27) for HIV/AIDS, prevention of new HIV, STI and TB infection falls under the Objective 2 of the NSP-SA.

Global responses to HIV/AIDS require a combination prevention approach to ensure sustainability (Coates, Richter, Caceres, 2008:669; Global HIV Prevention Working Group, 2007:6, 2008:10; UNAIDS, 2010a:8, 2013a:12). The current NSP-SA for HIV/AIDS also proposed a scaling up and implementation of a combination prevention approach as part of the country's effective response to HIV/AIDS (NSP-SA, 2012:27). The combination prevention of HIV/AIDS involves biomedical, behaviour change, HIV/AIDS awareness, and structural interventions including access to services, like HIV Counselling and Testing (HCT), Voluntary Medical Male Circumcision (VMMC) and treatment (UNAIDS, 2010a:8, 2013a:12). According to De Wit, Aggleton, Myers and Crewe (2011:390), biomedical interventions play a critical role in reducing the risks of contracting HIV/AIDS, however,

behaviour of individuals and community still influences the success of such interventions. Sewak and Singh (2012:405) argue that prevention of HIV/AIDS requires careful consideration of all factors that increase vulnerability to HIV/AIDS. It is therefore important that both biomedical and behaviour change programmes are combined to address the underlying factors that contribute to susceptibility to HIV/AIDS (Hankins & de Zalduondo, 2010:70).

According to the World Health Organisation (2012:7), current theories of behaviour change such as social cognitive theories and theory of planned behaviour identify beliefs, attitude, knowledge, skills, abilities and environmental constraints as factors that influence individual to conform to a given behaviour. Behaviours such as unprotected sex with someone whose HIV status is unknown and multiple unprotected sexual partnerships place individuals at high risk of contracting HIV/AIDS (UNAIDS, 2010a:9). These behaviours are often attributed to the lack of HIV/AIDS awareness and skills on how to minimize HIV infection including access to HIV/AIDS services (UNAIDS, 2010a:9). HIV/AIDS awareness involves programmes that increase individual's knowledge of HIV/AIDS, attitude and beliefs about condom use, attitude about perceived risks and skills (Rehle, Saidel, Mills & Magnani, 2001:41).

Sexual intercourse is one of the major modes of HIV/AIDS transmission among the general population in Sub-Saharan Africa (Gouws & Cuchi 2012:76; Mishra et al., 2012:3). Young people are more likely to adopt a risky lifestyle that increases their vulnerability to HIV infection (NSP-SA, 2012:14). Early sexual debut, condom use, multiple concurrent sexual partners, intergenerational sex, alcohol and substance abuse, prevention knowledge and risk perceived, are identified as behavioural determinants of HIV/AIDS (Shisana et al., 2009:64-66, 2014:65-80; NSP-SA, 2012:23; UNAIDS, 2013a:8, 2014a:8, 2015:6). These behavioural

determinants are often associated with risky sexual behaviours that place young people at high risk of HIV infection and are further discussed below.

2.4.1 Early sexual debut

According to Armour and Haynie (2007:141) early sexual debut is initiating sexual intercourse for the first time, particular at a young age. Many studies indicate that a correlation exists between early sexual debut and risky sexual behaviour (Armour & Haynie, 2007:151; Fatusi & Blum, 2008:136; Shisana et al., 2009:39; Rositch et al., 2012:468; O'Hara, Gibbons, Gerrard, Li & Sargent, 2013:984; Shisana et al., 2014:116). These risky behaviours often lead to unplanned pregnancy, STIs including HIV infection among young people. In South Africa, according to Shisana et al., (2009:64) young people had initiated sexual activities before the age of 15 years. Although, recent findings by Shisana et al., (2014:65-66) reveal that the rates of early sexual debut were stable, the highest rate was reported among youth in the Western Cape and Eastern Cape Provinces. Furthermore, males were reported to engage in early sexual debut than females (Shisana et al., 2014:66).

Social factors such as peer pressure, cultural norms and gender norms influence sexual behaviours of young people and often to engage in early sexual practices (Nobelius et al., 2010:671-673). Onya, Aaro and Madu (2009:98) report similar findings among school learners in Limpopo, South Africa. A study by Selikow, Ahmed, Flisher, Matthews and Mukoma (2009:111) reveals a number of unhealthy norms among youth in South Africa that have a negative effect in HIV/AIDS prevention. They concluded that these negative norms are due to peer pressure and undermine the ability of young people to delay sexual debut (Selikow et al., 2009:110). Cherie and Berhane (2012:159) used ecological framework to determine factors associated with risky sexual behaviour among adolescents in Kenya. Their findings found peer pressure to be the most factor associated with risky sexual behaviour (Cherie & Berhane, 2012:161). Therefore HIV/AIDS prevention strategies should empower

young people with skills to be able to resist peer pressure and make healthy decision about sexual behaviour (Adams, 2013:20; Cherie & Berhane, 2012:161).

A study by Oladepo and Fayemi (2011:5) reveals that age, economic status, religiosity, family background, myths and misconceptions influence the adoption of abstinence among young people. In addition, Hutchinson and Cederbaum (2011:550) and Oladepo and Fayemi (2011:1) further state that communication between parents and children influences sexual behaviour of young people.

Prevention programmes promoting abstinence only should include other methods of preventing sexual transmission of HIV/AIDS (Underhill, Operario & Montgomery, 2007:1480). Kirby (2008:24) argues that prevention programmes promoting abstinence only are not effective at delaying early initiation of sexual intercourse. In contrast, Jemmott, Jemmott and Fong (2010:158) argue that a theory-based abstinence intervention only might have a positive effect among young adolescents but ineffective to older youth. Bersamin, Fisher, Walker, Hill and Grube (2007:188) found differences in a manner which youth define abstinence. It can be argued that young people might be engaging in oral or anal sex and yet consider themselves abstaining from sex (Bersamin et al., 2007:188). Therefore, a common understanding about abstinence and virginity in the context of sexual behaviour should be explored, to ensure prevention of risky sexual behaviours among young people. Programmes aimed at delaying sexual debut among young people, should start at an early age and employ theory-based and age appropriate comprehensive sex education programmes (Erkut et al., 2012:494). Similarly, Shisana et al., (2014:4) state that encouraging delay in sexual intercourse remains the main focus for reducing risks of HIV infection among young people. In addition, Fonner, Armstrong, Kennedy, Reilly and Sweat (2014:1) conducted a systematic review on sex education and HIV/AIDS prevention. Their findings suggest that school-based

and community based sex education should all form part of comprehensive approach to prevent HIV/AIDS among young people (Fonner et al., 2014:16).

Evaluation studies rely on self-reported responses from young people to assess the outcomes of programmes that encourage delaying of sex. Age at first sex is a key indicator for sexual behavioural outcome (Schofield, Bierman, Heinrichs & Nix, 2008:1181; Glynn et al., 2010:1; Shisana et al., 2014:65). Percentage of women and men in the age group 15-24 who have had sexual intercourse before the age of 15, is internationally accepted as a key indicator to measure progress at which young people first have sex (UNAIDS, 2013c:26, 2014a:26, 2015:31).

2.4.2 Condom use

Condom use remains the most effective way to reduce the risks of HIV/AIDS transmission, STIs and prevention of unwanted pregnancy for sexual active people worldwide (UNFPA, 2013:7; Shisana et al., 2014:72-73;). Literature studies reveal that factors such as gender, gender power imbalance, age, marital status and partnership type influence condom use (Bankole, Ahmed, Neema, Ouedraogo & Konyani, 2007:197; Boer & Mashamba, 2007:60; Westercamp et al., 2010:949; Sewak & Singh, 2012:400-401; Smith et al., 2014:11).

A systematic review of forty two studies indicates that behavioural interventions are effective in promoting condom use as well as reducing risks of HIV/AIDS and STIs (Scott-Sheldon, Huedo-Medina, Warren, Johnson & Carey, 2011:494). Similarly, a systematic review by Sweat, Denison, Kennedy, Tedrow and O'Reilly (2012:619) indicates that condom social marketing interventions can be effective in promoting use of condom. Recent findings by Smith et al., (2014:11) indicate an increase in consistent use of condom particularly among young people in Sub-Saharan Africa. On the other hand, the recent findings by Shisana et al., (2014:77) reveal that a condom use decrease from 45.1% in 2008 to 36.2% in 2012 among

the age group 15 and older in South Africa. Therefore, HIV/AIDS prevention programmes should continue promoting not only condom use but also correct and consistent use of both male and female condoms including access to condoms (Bankole et al., 2007:206; NSP-SA, 2012:39; Shisana et al., 2014:4).

Although the ultimate goal of HIV/AIDS prevention programmes on condom use is to reduce the HIV incidence, it is very difficult to measure the biological outcomes. Similar to other HIV/AIDS prevention programmes, most evaluation studies rely mostly on self-reported behavioural predictors and condom use self-efficacy of participants. According to Hendriksen, Pettifor, Lee, Coates and Rees (2007:1241), condom use at most recent intercourse and talking with one's sexual partners are most common predictors for condom use at first sexual intercourse. The percentage of adults aged 15 years and older who report a use of condom at last high-risk sex, is in use internationally as an indicator to measure progress towards preventing exposure to HIV/AIDS through unprotected sex (UNAIDS, 2013c:28, 2014a:28, 2015:34). According to UNAIDS (2013c:28), engaging in high-risk sex refers to individuals who change sexual partners regularly. However, this indicator does not provide the information on consistent condom use. Therefore, UNAIDS (2013c:28, 2014a:28, 2015:34-35) suggest that measuring the percentage of people who used condoms during the most recent sexual intercourse will assist to reveal the trend in consistent use of condoms. In South Africa, the current NSP for HIV/AIDS encourages the increase in the distribution of both male and female condoms in health facilities and non-traditional outlets. This should include correctional facilities, mines, airports, malls, hotels, shebeens, clubs, sex work venues/locations, tertiary institutions and schools (NSP-SA: 2012:40). The number of male and female condoms distributed is also used as an indicator to measure the reach of condom distribution programmes (NSP-SA, 2012:40).

Although the National Policy on HIV/AIDS for schools state that learners should be advised about sexual safe practices including condom use, a debate about whether condoms should be distributed in schools is not yet resolved (Department of Basic Education, 1999:16). Even in the current strategy of DBE on HIV/AIDS for the years 2012-2016, the issue on condom distribution was not mentioned. Considering that young people are the group most at risk and that the majority are attending school, the DBE should review its policy to ensure alignment with the objectives of the current NSP-SA for HIV/AIDS.

2.4.3 Multiple concurrent sexual partnerships

Literature reveals that high levels of multiple concurrent sexual partnerships combined with insufficient condom use put men and women at high risk of contracting HIV/AIDS (UNAIDS, 2006: para.1; Carter et al., 2007:828-829; Halperin & Epstein, 2007:19; Thornton, 2009:413; Shisana et al., 2009:41, 2014:69). Defining multiple sexual concurrent partnerships is complex and many authors define it in different ways. Authors like Halperin and Epstein (2004:3-4) and Carter et al., (2007:828) define concurrency as sexual relationships that overlaps in time. While Mah and Halperin (2010:11-12) emphasize considering the duration of overlap during sexual relationships with more than one partner. On the other hand, Kretzchmar, White and Carael (2010:313-314) and Lurie and Rosenthal (2010:18) argue that concurrent partnerships represent different types of sexual relationships and not all pose the same risks of HIV/AIDS. In addition, findings of the systematic review conducted by Sawers and Stillwaggon (2010:18-23) reveal that research has failed to prove if multiple concurrency sexual relationships produce more risks than other sexual behaviour in Africa. Despite such debates and differences, authors like Green, Mah, Ruark and Hearst (2009:64), Madlala (2009:103); Morris (2010:33) and Halperin et al., (2011:2), recommend that focusing on sexual partner reduction, in addition to other HIV/AIDS prevention messages is important to reduce the risks of HIV infection.

Eaton, Hallett and Garnett (2011:687) used a mathematical model and prove that sexual partnerships that overlap in time may be among the key drivers of HIV/AIDS in Sub-Saharan Africa. Their findings suggest that prevention programmes discouraging multiple concurrent sexual partnerships should be scaled up among general population (Eaton et al., 2011:691). In addition, Tanser et al., (2011:253) recommend that irrespective of whether sexual partnerships overlap in time or not, reducing multiple sexual partners remains important. Steffenson, Pettifor, Seage, Rees and Clearly (2011:464) found multiple concurrent sexual partnerships to be common among youth especially males in Cape Town. Similar findings were found by Shisana et al., (2009:41) among youth in South Africa. Again, recent findings by Shisana et al., (2014:71) found an increase in the rate of multiple concurrent sexual partnerships among age group 15-24. Recent study by Beauclair, Hens and Delva (2015:1) found high prevalence of concurrent sexual partnerships which is characterized by overlaps of long duration among three disadvantages communities in Cape Town. These findings indicate that there may be possibility of high risks of HIV/AIDS transmission to concurrent sexual partners (Beauclair et al., 2015:1). In a heterosexual relationship, men who have multiple sexual partners put women at risk, and according to Kenyon, Zondo and Badri (2010:180) and Townsend et al., (2011:140), prevention programmes should take into account gender norms that influence sexual behaviour of young males.

Epstein and Morris (2011:1) suggest that evaluation of prevention programmes that raise awareness about the risks of multiple concurrent sexual partnerships need to be explored. This will assist in determining the effectiveness of such programmes and also to inform policy regarding HIV/AIDS prevention. Measuring percentages of women and men in the age group 15-49 who have had sexual intercourse with more than one partner in the past 12 months, is internationally accepted as an indicator (UNAIDS, 2013c:27, 2014a:27, 2015:33).

This indicator measures the progress in reducing multiple sexual partnerships (UNAIDS, 2013c:27, 2014a:27, 2015:33).

2.4.4 Age-disparate relationships or intergenerational sex

Age-mixing in sexual relationships between older men and younger women increases risks of HIV infection (Madlala, 2008:18; Stirling, Rees, Kasedde & Hankins, 2008:2; UNAIDS, 2008:1-2; Cockcroft et al., 2010:507). In South Africa, both studies by Shisana et al., (2009:41, 2014:69) found that the majority of female teenagers reported having partners five or more years older than them. It can be argued that gender power imbalances make young women to be powerless in negotiating condom use with older men (Madlala, 2008:23; Wyrod at al., 2011:1281). Increasing awareness about risks of intergenerational sex should be incorporated to other HIV/AIDS prevention programmes. These programmes should empower young women with skills to negotiate condom use, promote messages that encourage gender equality, consistent condom use and discourage multiple sexual concurrent partners among both men and women (Nkosana & Rosenthal, 2007:10; Madlala, 2008:23-24; UNAIDS, 2008:2-3; Wyrod, 2011:1281). In addition, prevention programmes should also target older men while continuing building self-esteem of young girls to value themselves (Cockroft et al., 2010:512-513; Shisana et al., 2014:116). According to USAID (2013:28), the percentage of women respondents aged 15-19 reporting to have had non-marital sex with a man 10 years or older than themselves in the last 12 months, of all those who have had non-marital sex in the last 12 months is internationally accepted and used as an indicator to measure progress in reducing age-disparate relationship (USAID, 2013:28).

2.4.5 Alcohol and substance abuse

Studies indicate that there is an association between alcohol use and sexual risk for HIV/AIDS (Kalichman, Simbayi, Kaufman, Cain & Jooste, 2007:141; Kalichman et al., 2008:270; Norris, Kitali & Worby, 2009:1175; Zablotska et al., 2009:231; Baliunas, Rehm,

Irving & Shuper, 2010:159). According to Kiene at al., (2008:223) and Kiene, Barta, Tennen and Armeli (2009:73) alcohol use before sex influences the likelihood of engaging in unprotected sex.

A review by Fisher, Bang and Kapiga (2007:862) indicates that alcohol use may contribute to the spread of HIV/AIDS in Africa. Therefore, alcohol-HIV risk interventions should be integrated into other HIV/AIDS awareness programmes including HCT services. The programmes should also target families, schools, churches and other social and cultural institutions (Kalichman et al., 2007:149). In addition, Harrison, Newell, Imrie and Hoddinott (2010:1) conducted a review to assess current evidence of HIV/AIDS prevention for youth in South Africa. Their findings suggest that HIV/AIDS prevention strategies should address social factors such as gender, poverty including alcohol (Harrison et al., 2010:9). The percentage of adolescents reporting to have had used alcohol or illicit drugs in the past 30 days is currently used and internationally accepted as an indicator to measure the use of alcohol and drugs (Office of Disease Prevention and Health Promoting, 2014).

2.4.6 HIV Counselling and Testing (HCT)

According to UNAIDS (2013b:30, 2013c:36), knowing your status is the key step in reducing the risks of HIV/AIDS among the general population. Therefore, HIV/AIDS awareness programmes should promote HIV testing and provide information about access to HCT services. Access to HCT services in both facility-based and community-based should be increased and linked to HIV/AIDS prevention, care and treatment to reduce HIV/AIDS transmission and also to prolong life (Suthar et al., 2013:18). Strengthening partnerships with community organisation is crucial to increase the uptake of HCT in Sub-Saharan Africa (Gregson, Nyamukapa, Sherr, Mugurungi & Campbell, 2013:1657). According to the Department of Health (2012b:51), in South Africa an estimated 20.2 million people reported to have been tested for HIV during the HCT campaign launched in 2010. Shisana et al.,

(2014:129) recommend developing male-friendly user community centers and use of other non-traditional HIV testing center to encourage men to undertake HIV testing.

Evaluating the progress in programmes that promote and implement uptake of HCT rely on the number or percentage of individuals who got tested and know their results. According to UNAIDS (2013c:39) the percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results is currently used as an indicator. However, this indicator does not reflect the current HIV status of a respondent because of the time interval (UNAIDS, 2013c:39).

2.4.7 HIV/AIDS awareness and prevention knowledge

In the context of HIV/AIDS prevention, the terms awareness and knowledge are often used interchangeably (Haile, Chambers & Garrison, 2007:196). Accurate knowledge of HIV/AIDS transmission and prevention is the most important component of reducing high risk behaviours (Anderson & Beutel, 2007:143; Swenson, Rizza et al., 2010:1174). Sishana et al., (2014:93) argue that although accurate knowledge alone does not necessarily result in behaviour change, it is still a key step in HIV/AIDS prevention. Studies have found that despite high knowledge of HIV/AIDS in Sub-Saharan Africa, young people still put themselves at high risks of HIV infection (Anderson et al., 2007:149; Lema, Katapa & Musa, 2008:82; Odu & Akanhle, 2008:81; Opio et al., 2008:325). In South Africa, the recent findings by Shisana et al., (2014:95-97) reveal a decline in HIV/AIDS knowledge particularly in all age groups of males than females, including key population at high risk. Therefore, it can be argued that prevention programmes should continue not only educating people about HIV/AIDS knowledge, but also life skills on how to reduce vulnerability (Wong, Chin, Low & Jaafar, 2008:8; Adams, 2013:20; Shisana et al., 2014:93).

Evaluation studies of programmes aimed at increasing knowledge of HIV/AIDS rely on asking questions related to HIV/AIDS transmission and prevention. Internationally accepted, percentage of people who both correctly identify ways of preventing the sexual transmission of HIV/AIDS and who reject major misconceptions about HIV/AIDS transmission is in use as an indicator (UNAIDS, 2013c:24, 2014a:24, 2015:30). This indicator measures the extent at which the individuals are knowledgeable about HIV/AIDS (UNAIDS, 2013c:24, 2014a:24, 2015:30).

In addition, knowledge of HIV/AIDS transmission and prevention influences attitude towards people living with HIV/AIDS (UNAIDS, 2013c:25). According to Shisana et al., (2014:99) stigma and discrimination have a negative effect on HIV/AIDS prevention, care and treatment. In South Africa, Shisana et al., (2014:99) found an increase in positive attitude towards people living with HIV/AIDS.

As discussed above, it can be argued that HIV/AIDS awareness programmes involve a range of messages that aimed at reducing risky sexual behaviours and increasing access to HCT and voluntary medical male circumcision (VMMC). Globally, HIV/AIDS awareness programmes and messages are delivered through various methods. Many studies indicate that methods such as mass media, Information, Education and Communication (IEC) materials, internet, short message service (SMS) and peer to peer can be very instrumental in disseminating HIV/AIDS prevention information at various levels of community (Bowen, Hovarth & Williams, 2007:120; Visser, 2007:693; Fjeldsoe, Marshall & Miller, 2009:165; Medley, Kennedy, O'Reilly & Sweat, 2009:190; Young & Rice, 2011:253; Bekalu & Eggermont, 2012:197; Ybarra et al., 2013:1).

In addition to the above methods of delivering HIV/AIDS messages, it has been argued that HIV/AIDS messages should be channeled in various ways including the use of sport as a tool

to raise awareness about HIV/AIDS (Ford, Odallo & Chorlton, 2003:607; United Nations, 2003:23-24; UNAIDS, 2004:1; SDP IWG, 2008a:3-4; UNOSDP, 2010:1-2; NSP-SA, 2012:39; SRSASP, 2012:2; SRSA, 2012:40; SRSA Annual Performance Plan 2013:39-42, 2015:28). In the next section the role of sport and development with reference to HIV/AIDS awareness programmes will be explored.

2.5 THE ROLE OF SPORT AS A TOOL TO RESPOND TO HIV/AIDS

Worldwide, both developed and developing countries support sport-based interventions to meet various social needs and to achieve the MDGs (Kicking AIDS Out, 2010:15; Sport and Development Organisation, 2014). The findings of the interviews conducted by SDP IWG (2008b:6) among thirty four countries reveal that all countries agreed that sport can be used as a tool to address various social needs. According to SDP IWG (2008b:10) out of thirty four, eighteen countries identified a connection between their Sport for Development and Peace policies and the achievement of the MDGs 2, 3 and 6. MDG 2: to achieve universal primary education, MDG 3: to promote gender equality and empower women and MDG 6: to combat HIV and AIDS, malaria, and other diseases (SDP IWG, 2008b:10). In the recently developed SDGs, the role of sport is highlighted as an important enabler for Sustainable Development (UNOSPD, 2015).

Numerous toolkits and curricula on how to use sport activities to respond effectively to HIV/AIDS have been developed and are mostly used by NGOs. Organisations such as Grassroot Soccer, Kicking AIDS Out, IOC and UNAIDS in partnership with several health organisations have played a significant role to ensure that sport is used to explore issues on HIV/AIDS. Grassroot Soccer has curriculum in use to provide a series of activities to deliver HIV/AIDS messages and life skills particularly among youth (Khan & Hendrin, 2010:13). According to USAID (2010c:9), these activities are interactive and aimed at creating and

reinforcing resilience among youth. According to USAID (2010c:59), activities such as "Find the Ball" (where two teams each pass a ball labelled "HIV" behind their backs and each participant has to identify who is holding the ball), is used to teach participants that it is not possible to tell if someone is infected with HIV by just looking at them (USAID, 2010c:59). The activity further promotes HIV testing and also discourages stigma and discrimination towards people living with HIV/AIDS (USAID, 2010c:59). Another example is "Risk field" which explores risky behaviours through dribbling a ball around cones that represent different risky behaviours (Khan & Hendrin, 2010:9). There are other health messages linked to football skills that are in use. Fuller, Junge, Dorasami, DeCelles and Dvorak (2011:614) give examples as follows, "passing a ball representing respect girls and women, heading meaning protect yourself from HIV/AIDS and dribbling meaning avoid drugs and alcohol".

It can be argued that sport can be used to address various aspects of HIV/AIDS. Therefore there is need to understand theories that underpin sport-based HIV/AIDS programmes. According to Mwaanga (2010:62) sport can be used for moral support. For instance, participation in sport programmes can contribute in developing life skills such as self-esteem and self-confidence that can motivate self-care to promote healthy lifestyle behaviours (SDP IWG, 2008a:27; IOC & UNAIDS, 2010:12; Mwaanga, 2010: 62-64). The Magic Bus organisation integrated sport to develop a curriculum on sexual and reproductive health (SRH) including HIV/AIDS and life skills to empower youth in India (Magic Bus, 2014). According to Pandey (2013:6-7), the review of the Magic Bus's SRH content found the curriculum sufficient to be able to promote HIV/AIDS awareness. The curriculum was also considered as adequate by Pandey (2013:6-7) to provide young people with life skills such as negotiating and thinking skills to be able to resist peer pressure. As part of the review, Pandey (2013:91) also conducted focus group interviews with youth who participated in the SRH programme. According to Pandey (2013:91) the findings indicate that there was a positive

change in their perception regarding condom use, gender stereotypes, gender based discrimination and violence.

Similarly, Kicking AIDS Out (2010:27), Mwaanga (2010:64) and Tobisch and Preti (2010:43-44) argue that sport can be used as a "hook" to attract young people. This can be done through the training of coaches and also through using sport ambassadors to promote HIV/AIDS prevention messages (Tobisch & Preti 2010:31 & 43-44). For example the organisation SCORE trains coaches and leaders to be able to use sport to drive development including HIV/AIDS prevention messages (SCORE, 2014). Furthermore a different evaluation study conducted by Clark, Friedrich, Ndlovu, Neilands and McFarland (2006:83) demonstrates that it was possible to use professional soccer stars to deliver messages aimed at reducing risks of HIV/AIDS in Zimbabwe. The findings of Maro, Roberts and Sørensen (2009:137) reflected that using trained peer coaches through sport can be an effective tool to minimize risks of HIV infection among youth in Sub Saharan Africa. In South Africa, a football-based health promotion programme implemented by trained coaches indicates a significant increase in health knowledge among youth participants compared to a control group (Fuller et al., 2010:546).

Sport can also be used as a means to foster empowerment and to improve health for people living with HIV/AIDS (PLWHA) (Mwaanga, 2010:64-65). According to Tobisch and Preti (2010:31) sport-based programmes provides suitable space to change attitude of young people towards HIV/AIDS, HIV testing including reducing stigma towards PLWHA. It is therefore critical that these theories are explored and taken into consideration when designing sport-based HIV/AIDS programmes (Mwaanga, 2010:65).

Khan and Hendren (2010:8-9) conducted an evaluation among sixteen NGOs using football related activities to respond to HIV/AIDS in Africa. The findings reveal that all sixteen

NGOs are using a variety of approaches that incorporate these theories to conduct their HIV/AIDS prevention programmes. South Africa is among other countries that recognize a need to use sport to meet health challenges related to HIV/AIDS (SDP IWG, 2008b:6). The commitment of SRSA to respond to HIV/AIDS is clearly highlighted in their strategic plan and policy (SRSASP, 2012:2; SRSA, 2012:40). NGOs such as Whizzkids United 'On the Ball', Grassroot Soccer and AMANDLA EduFootball, are amongst other NGOs worldwide who have developed a culture of routine data collection, documenting and publicizing their evaluation results for their life skills and HIV/AIDS awareness programmes for targeted youth.

Whizzkids United is a non-profit organisation that uses football as a teaching tool to promote HIV/AIDS awareness among youth in Durban, KwaZulu Natal. These include teaching life skills that aimed at helping youth to adopt healthy behaviours (Farrar & Math, 2010:3, 2012:3). In 2010, the organisation conducted an evaluation of Whizzkids United 'On the Ball 'intervention. The findings of the evaluation revealed a significant increase in nineteen of the thirty behavioural predictors, of which six out of the nineteen predictors were linked to prevention of HIV/AIDS (Farrar & Math, 2010:5). Again in 2012, Whizzkids United's final evaluation also showed that there was a statistically significant improvement in HIV/AIDS knowledge, attitude, gender norms, self-efficacy and future orientation of youth who participated in their programmes (Farrar & Math, 2012:10). It was concluded that the impact of the programme was mostly found in HIV/AIDS knowledge, attitude and self-efficacy (Farrar & Math, 2012:10). Another example is the evaluation of AMANDLA EduFootball which according to (AMANDLA EduFootball, 2011:8-9) shows an improvement in the youth behavioural pattern of fair play and of life skills. The fair play concept is used during games to discourage high levels of violence conducted within football (AMANDLA EduFootball, 2011:8).

The researcher has studied these three evaluations reports in the context of community development work at a grassroot level. These organisations, Whizzkids United and AMANDLA EduFootball have shown that through ongoing monitoring and evaluation there is a potential for sport to be used as an engine in advancing development programmes. However, very few sport-based organisation conduct monitoring and evaluation in South Africa. In addition, Keim (2006:8) argues that there is too little recognition of how sport is used at community level for development purposes.

The literature reviewed in this section demonstrates that it is possible to use sport as a medium of education to respond to HIV/AIDS. The studies also reveal that sport-based HIV/AIDS awareness programmes address the same risky behaviours that put young people at high risks of HIV infection. However, responding effectively to HIV/AIDS requires rigorous planning, management, monitoring and evaluation of all forms of HIV/AIDS prevention programmes (Coates et al., 2008:669; Gayle, 2008:98). This should involve comprehensive assessment before, during and after implementation to be able to conduct rigorous evaluation to measure knowledge, attitude and behaviour change of participants (MercyCops, 2007:22; Mwaanga, 2010:65; Kaufman et al., 2012:384).

Authors like Kruse (2006:40), Coalter (2008:16-17, 2010:308), Kaufman et al., (2012:377) and Kaufman, Spencer and Ross (2013:997-998) recommend that evaluation of sport-based HIV/AIDS programmes should include clear indicators assessing progress towards achieving sporting and non-sporting outcomes. A review by Kaufman et al., (2013:997) found that NGOs use different indicators to measure behavioural outcomes of their sport-based HIV/AIDS prevention programmes and thus make it difficult to determine effectiveness. Therefore, a specific need exists to identify and develop appropriate indicators to evaluate outcomes of sport-based HIV/AIDS awareness programmes. These indicators should be

developed in such a way that can be easily adapted to the need of any NGO providing sport-based HIV/AIDS awareness programme. In the South African context, this will create a platform to establish standardized reporting tool that can be used by NGOs to showcase their work in a credible manner. In addition, it can serve to inform policy makers and other health sectors about the effectiveness of sport-based HIV/AIDS awareness programmes as well as identifying areas that require improvement.

2.6 OVERVIEW OF MONITORING AND EVALUATION

There is an increase in demand for a shift from traditional monitoring and evaluation which mainly focuses on assessing inputs, outputs and implementations process. In the context of development, the focus should further include other factors that contribute in achieving outcomes and impact (UNDP, 2002:5; Kusek & Rist, 2004:3; Puvimanasinghe, Gill & Beck, 2007:263; IEG, 2012:5). It is very important that government and NGOs clearly differentiate between outcomes, outputs and activities in order to be able to clarify contribution of each towards the long-term objective of any given programme or project (OECD, 2011:42).

In South Africa, the importance of monitoring and evaluation has been recognized by the Office of the Presidency to ensure that the government performance makes meaningful impact in the lives of people (Office of the Presidency, 2011). The recent establishment of the Department of Performance Monitoring and Evaluation (DPME) and its strategic plan for 2011/12-2015/2016 showcases government's commitment to monitoring and evaluation (DPME, 2011:2-3). In order to ensure a meaningful performance assessment and support across all departments, the DPME works closely with other government spheres, offices and structures such as: Department of Public Service and Administration, National and Provincial Treasuries, the Office of the Auditor General, the Office of the Public Service Commission and office of Premiers (DPME, 2011:3). In South Africa, for government to deliver services effectively particularly at community level, it is important that all government departments

and NGOs have effective monitoring and evaluation systems to ensure the element of good practice and to deliver quality in all the services provided to people.

The main focus of this study is to provide options to improve outcome indicators for sport-based HIV/AIDS awareness programmes, however, it is also equally important to provide a general overview of monitoring and evaluation. Therefore this section will first discuss the purpose of monitoring and evaluation and different types of evaluation. The follow-up section will focus on theory of change including a monitoring and evaluation framework which involves objectives, anticipated outcomes and indicators. Principles and institutional arrangements for monitoring and evaluation will be discussed in the last section.

2.6.1 Purpose of monitoring and evaluation

It can be argued that monitoring and evaluation are theoretical concepts that are closely related to each other and they both provide important evaluative information (Forss, Befani & Kruse, 2012:5). According to Nepal (2013:3) monitoring and evaluation have their own distinct characteristics and functions and are described in Table 2.2. Monitoring and evaluation is undertaken for different purposes and is normally used to measure progress and performance towards programme or project objectives (Kusek & Rist, 2004:1; Mackay, 2007:9; Görgens & Kusek, 2009:1). This involves a systematic collection and analysis of data to provide information about what works, what does not work and the reasons why (Mackay, 2007:9; Morra Imas & Rist, 2009:12; Puvimanasinghe, et. al., 2007:261; Görgens & Kusek 2009:1; DBE & MIET Africa, 2010:3; UNAIDS, 2010c:13; Astbury, 2013:396). The information should be used to identify weaknesses and provide recommendations to improve programmes or projects (Patton, 2002:332-333; Kusek & Rist, 2004:20; UNAIDS, 2010c:22-23). Monitoring and evaluation is used to demonstrate outcomes and impact of programmes or projects, to identify potential programmes or projects and also to explore unintended results (Kusek & Rist, 2004:14 & 19; Rabie & Cloete, 2011:196; Berriet-Solliec, Labarthe &

Laurent, 2014:196-197). Monitoring and evaluation is used for financial accountability within governments and organisations (Kusek & Rist, 2004:20). It is important to have a clear understanding of the monitoring and evaluation and its different components.

The following table serves as an overview of the difference between monitoring and evaluation and also describes their respective functioning in any given programme or project.

TABLE 2.2: DIFFERENCE BETWEEN MONITORING AND EVALUATION.

MONITORING	EVALUATION
Ongoing process of measuring performance	Event that occurs periodically to measure performance
Clarifies objectives of the programme/project/policy	Analyse why intended results were or were not achieved
Mainly descriptive Links inputs, outputs, and activities to objectives	More analytical Assess specific causal contributions of activities to results
Translates objectives into performance indicators and sets targets	Concerned with the assessment of progress against predetermined goals
Routinely collects data on these indicators Compares actual results with targets	Explores unintended results
Reports progress to mangers and inform them about gaps and problems regarding implementation of the programme	Highlights significant accomplishments of programmes, provides recommendations for improvement and informs future programming

Source: adapted from Kusek and Rist, (2004:14); Puvimanasinghe et al., (2007:264); Nepal, (2013:3).

2.6.2 Types of evaluations

Authors like Rehle et al., (2001:8) and Byrne (2013:217) argue that monitoring and evaluation should occur at different phases of the programme cycle using different types of evaluation. For the purpose of this study, four types of evaluation, "formative, ongoing or process, summative or effective, and cost effective" are described briefly below (Rehle et al., 2001:8-12; Rabie & Cloete, 2011:199-200). Formative evaluation is normally undertaken during the development stage of the programme or project (Stetler et al., 2006:1; Rabie &

Cloete, 20011:199). It provides an opportunity to identify potential, understand the complexity, suggest solutions to guide and improve the implementation process of any given programme (Atkin & Freimuth, 2001:54; Stetler et.al., 2006:1; Dunn & Mulvenon, 2009:4). Rabie and Cloete (20011:199) suggest that it is very important to monitor the inputs, outputs and the extent at which planned activities are carried out including the quality of services provided. Process evaluation is another type of evaluation which involves ongoing collection of information during implementation. It is used to track progress and provide feedback regarding any changes that may be required for the programme (Kusek & Rist, 2004:96). Information collected during process evaluation can be from qualitative or quantitative data (Oakley, Strange, Bonell, Allen & Stephenson, 2006:413).

Summative evaluation is undertaken at the end of specified period of a programme to determine the extent which the objectives were achieved (Rehle et al., 2001:11; Kusek & Rist, 2004: 229; Dunn & Mulvenos, 2009:3). Summative evaluation measures the outcomes of the programme which can be short-term or intermediate programme effects and long-term programme effects known as impact (Rehle et al., 2001:11). According to Rabie and Cloete (2011:200) the findings of the summative evaluation should reflect on both positive and negative changes of the programme. The last type of evaluation is cost effective analysis and focuses mainly on the allocation of resources of the programme (Rehle et al., 2001:12).

2.6.3 Theory of change in monitoring and evaluation

Programmes aimed at development are built on various assumptions or theories of change about how these programmes contribute to the achievement of the MDGs. Theory of change provides a clear picture of the logical connection from the overall goal or objective of the programme, project, strategy or policy to activities and desired changes at different levels of the programme (Church & Rogers, 2006:13; Funnel & Rogers, 2011:6-9; Care International, 2012:3; Dyer, 2012:5). In short, theory of change provides information about what expected

change results will be observed from a specific set of actions (USAID, 2010a:1; Treasury Board of Canada Secretariat, 2012:2).

According to Connell and Kubisch (1998:3), a good theory of change should be able to suggest that the implementation of a programme will lead to desired outcomes and there are enough human and financial resources to carry out implementation. Furthermore, a good theory of change should allow the evaluators to track the progress and assess the effectiveness of the programme (Connell & Kubisch, 1998:3). Studies by INSP (2005:6), Bamley and Mackenzie (2007:445), Forti (2012:1), Mayne (2012:274), Vogel and Stephenson (2012:3) and Vogel (2013:2) argue that a good theory of change should be able to identify the target population, results to be achieved, time frame, activities, resources and actions leading to achieving the results, context and assumptions/risks that influence the programme. Similarly Bamley and Mackenzi (2007:443) and Mayne (2012:273) emphasize the importance of working in collaboration with all key stakeholders and beneficiaries. In addition, relevant existing research should be considered when developing a theory of change (Bamley & Mackenzi, 2007:443; Mayne, 2012:273).

According to Vogel (2013:7) most organisations have found theory of change to be the most useful tool for identifying change they want to see from their programmes and how they contribute to it in a particular context. The basic elements of theory of change namely objectives, outcomes, indicators, interventions and assumptions play an important role in this study and will be considered as part of research methodology.

Following the approaches of Taplin et al., (2013:5-8), the most important step in using theory of change for monitoring and evaluation is to identify a long-term goal and outcome. Once the long-term outcome is being identified, the organisations should determine other outcomes that supposed to come before achieving the long-term one (Taplin et al., 2013:5). These

outcomes are normally called short-term and medium-term outcomes and Taplin et al., (2013:5) further indicate that outcomes in a theory of change represent changes in conditions. In the HIV/AIDS context, these changes can be knowledge, behaviour, attitude, belief and skills among the recipients of the HIV/AIDS programme (USAID, 2000:24; Rehle et al., 2001:41; UNAIDS, 2010a:9; WHO, 2012:7). A logic model is a good tool to facilitate monitoring and evaluation (Mallett, Talley & Harris, 2011: 10-12). It helps to determine what needs to be put in place in order to achieve the objectives and to identify the expected outcomes at each level of the programme (Bamberger, 2007:1; Rugh & Bamberger, 2012:5; IEG, 2012:20).

2.6.4 Monitoring and evaluation framework

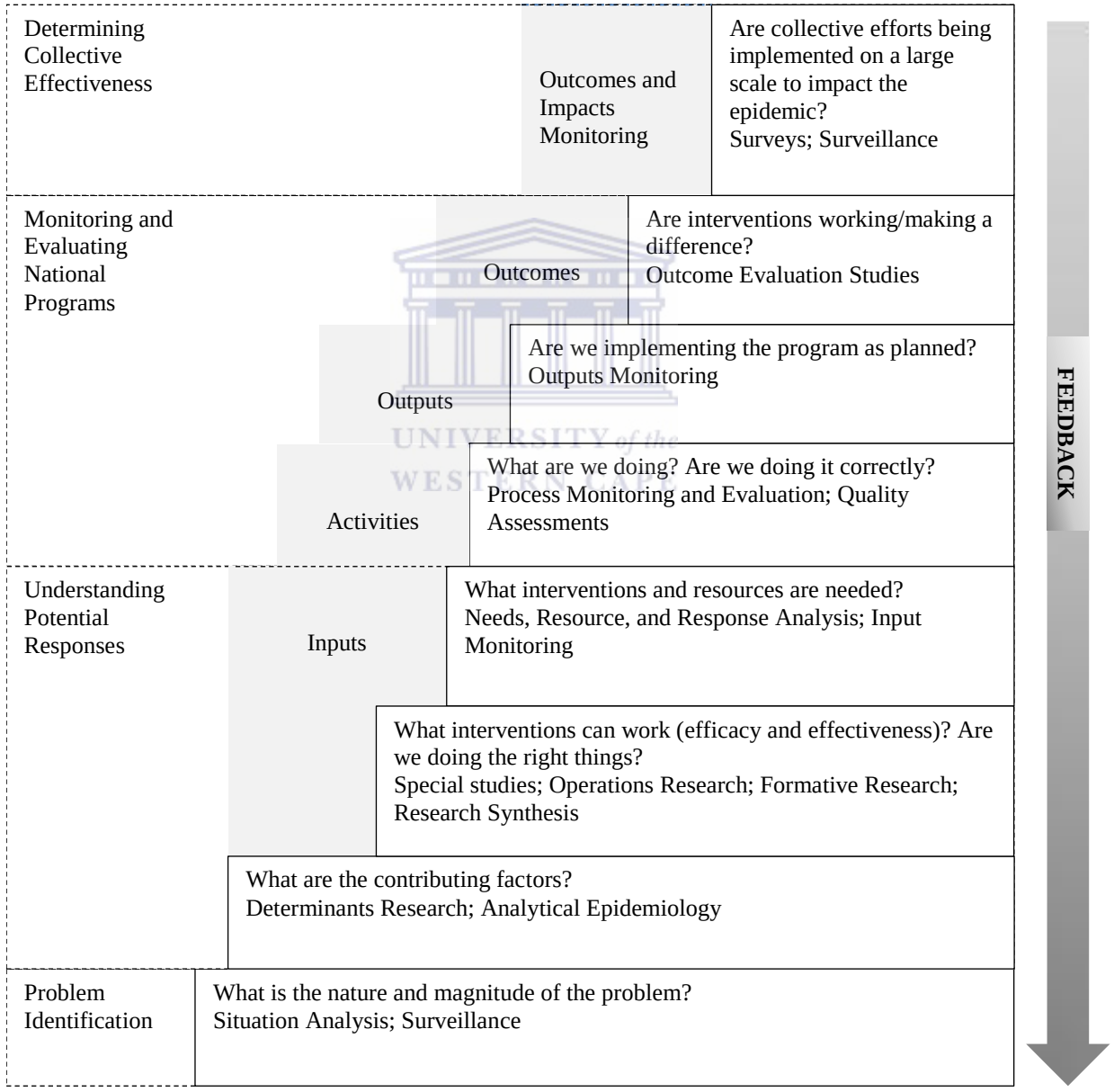
A proper monitoring and evaluation framework involves clear definition of objectives, anticipated outcomes and the selection of relevant indicators (Kusek & Rist, 2004:64-65). These framework is normally displayed in a graphic format using a logic model that depicts the relationship between the objectives, inputs, activities, outputs and the anticipated outcomes in achieving a goal of a given programme (Kusek & Rist, 2004:18; W.K. Kellogg Foundation 2004:5; IEG, 2012:22; Nepal, 2013:11). According to Church & Rogers (2006:29), it is very important to understand how the different levels of monitoring and evaluation framework connect to each other (see also an example in Figure 2.1).

In a given programme or project, a goal should be feasible enough to represent a broader change that the programme wants to achieve (Kusek & Rist, 2004:56-57; Church & Rogers, 2006:31). Once the goal is established, the organisation should agree upon the objectives clearly describing the type of changes that will lead to achieve the goal. This will require agreeing on anticipated outcomes or changes that the programme wants to achieve, including the development and selection of performance indicators that will be used to measure the anticipated outcomes (Kusek & Rist, 2004:65). There are processes and criteria that should

be considered during the development and selection of indicators and will be discussed in details in Chapter 3 of this study.

The following figure represents the connection or a link between different levels of monitoring and evaluation framework including the types of evaluation.

FIGURE 2.1: THE MONITORING AND EVALUATION STAIRCASE: PROGRAMME LOGIC CHAIN AND THE TYPES OF EVALUATIONS.



Source: Rugg, Borma & Novak, (2004) in Puvimanasinghe et al., (2007:267).

2.6.5 Principles and institutional arrangements for monitoring and evaluation

Monitoring and evaluation is fundamental and useful to all development programmes but also a demanding process that requires effective coordination from all stakeholders to ensure sustainability (IEG, 2012:22-23; Porter et al., 2012:124). According to Denvall and Linde (2013:431) monitoring and evaluation can be embraced, rejected and improve depending on the internal context of any organisation. Therefore institutional arrangements in any organisation are important to create a culture for monitoring and evaluation (Caribbean Health Research Council, 2011:118). This involves development of functional monitoring and evaluation units including human capacity to provide relevant and valuable information to improve the programmes (Kusek & Rist, 2004:21; De Coning, 2014:252-253). This information should be routinely collected, analysed, reported and made available to both internal and external stakeholders (Kusek & Rist, 2004:22).

The Centre for Learning on Evaluation and Results (CLEAR) conducted evaluation study to explore monitoring and evaluation systems of six countries in Africa including South Africa. The study found that the information from monitoring and evaluation are sometimes not taken into consideration (CLEAR, 2012:22). Findings from Mouton (2010:185) also conclude that very few monitoring and evaluation practitioners document their findings in South Africa. A proper information management system plays a significant role in monitoring and evaluation to ensure data quality control within organisations (Mehrotra, 2013:81). Countries and organisations should therefore take into consideration factors such as organizational role, responsibilities and capabilities to ensure sustainability of monitoring and evaluation (Kusek & Rist, 2004:40; GSDRC, 2007:7; De Coning, 2014:255).

2.7 CONCLUSION

The ultimate goal of HIV/AIDS programmes is to reduce the risk of HIV/AIDS transmission and to mitigate the effect on affected and infected individuals and community at large

(UNAIDS, 2013a:5). The literature reviewed above has shown that sport-based HIV/AIDS programmes can have a meaningful contribution in responding to HIV/AIDS in parallel with other existing health sectors. However, maximum effort is required from all stakeholders using sport as a means for development to intensify monitoring and evaluation of their programmes. This collaborative effort will help to minimize the risks of raising expectation that cannot be met by using sports alone in contributing to development (Keim, 2006:8). As monitoring and evaluation are still emerging to most development partners, measuring outcomes of sport-based HIV/AIDS awareness programmes remains a challenge. Studies by Kruse, (2006:40), Coalter (2008:1-3), Burnett (2009:1202), Coalter (2010:99), Levermore (2011:352), Kicking AIDS Out Network (2010:21-23) and Kaufman et al., (2013:997) all shared the similar thoughts about the urgent need to strengthen the evaluation of sport-based initiatives.

Keim (2006:8) recommends that all development practioners "…should not be afraid to engage in some very difficult self-reflection and evaluation" (Keim, 2006:8). Therefore understanding and strengthening indicators to monitor and evaluate any development programme is critical to reflect effectiveness and to provide evidence in a credible manner. The next chapter will present a theoretical perspective on developing indicators.

CHAPTER 3: THEORETICAL PERSPECTIVE ON DEVELOPING INDICATORS

3.1 INTRODUCTION

International and national efforts to implement programmes aimed at development require countries to demonstrate results achieved (Managing for Development Results, 2007:2; Chan et al., 2010:3). In this context, the word "results" specifically focuses on monitoring outcomes and evaluating impact to determine what difference did the programme make (OECD, 2010:34; Mallett et al., 2011:18). It is often challenging to determine if the programmes have succeeded or failed, and whether or not the expected outcomes alongside their indicators are clearly articulated. The main focus of this chapter is on the development of indicators, however, it is important to first introduce the steps for building results-based monitoring and evaluation system. This chapter also provides a discussion on the performance information concepts required for monitoring and evaluation. It also stresses the importance of agreeing on outcomes to monitor. The chapter will give an overview on developing indicators highlighting the purpose and basic components of indicators. It will further discuss the difference between qualitative and quantitative indicators, including a brief description of output and outcome indicators. Furthermore, it presents the process of selecting indicators and provides examples of criteria that are used to assess indicators to monitor outcomes. The last section presents a brief conclusion about the chapter.

3.2 BUILDING A RESULT-BASED MONITORING AND EVALUATION SYSTEM

Mackay (2007:23 and 2008:26) argues that a successful monitoring and evaluation system should be able to produce good quality information that is used extensively to support policy decision making, programme performance, budget performance as well as accountability.

A results-based monitoring and evaluation system serves as an effective tool that can be used by governments and NGOs to track progress and make adjustments to any given programme

(Kusek & Rist, 2004:1; Mackay, 2007:13). This creates an opportunity to be able to follow a right direction that will support and lead to the achievement of the desired outcomes (Mackay, 2008:100; Morra Imas & Rist, 2009:106). Measuring results in any given programme is critical for various reasons, and, according to Osborn and Gaeber (1992) in Morra Imas & Rist (2009:107), this is very useful for the reasons listed in Table 3.1. Building results-based monitoring and evaluation systems is a thoughtful consultative process that requires financial resources, human capacity as well as commitment from all stakeholders involved within the given programme (Kusek & Rist, 2002:2&9; Spreckley, 2009:3; Clotteau et al., 2011:7; Porter et al., 2012:124). It is therefore important for countries, governments and NGOs to understand their circumstances and consider internal and external factors that will influence the effectiveness of their results-based monitoring and evaluation systems (Kusek & Rist, 2002:8).

According to Osborne and Gaeber there are several reasons for measuring results which are outlined below.

TABLE 3.1: REASONS FOR MEASURING RESULTS.

THE POWER OF MEASURING RESULTS
• If you do not measure results, you cannot tell success from failure. • If you cannot see success, you cannot reward it. • If you cannot reward success, you are probably rewarding failure. • If you cannot see success, you cannot learn from it. • If you cannot recognise failure, you cannot correct it. • If you can demonstrate results, you can win public support.

Source: Adapted from Osborne and Gaeber (1992) in Morra Imas and Rist, (2009:107).

Applying tools such as results-based management, logical frameworks and logic models creates an opportunity to clearly determine cause-effect linkages between objectives, inputs, activities, outputs and outcomes of programmes (OECD, 2011:3). This further involves the selection of key applicable indicators to measure outcomes, identifying baselines and setting targets to establish evidence (IEG, 2012:10). The use of results-based tools differs in approaches and according to the scope of the programme including the level of development per country or organisation (Kusek & Rist, 2004:27). Some organisations work at different levels to achieve their goals, and it is often a challenge to design a monitoring and evaluation system. Before designing such a system, organisations should first clearly define the scope and purpose of their system while considering needs of relevant stakeholders (UNDP, 2002:13; Simister, 2009:2-4). For instance, consultation with the donors and the beneficiaries or target population plays an important role in defining the expected outcomes or results of that particular programme (Mackay, 2008:17-19; Simister, 2009:2; IEG, 2012:27).

In addition, it is very important to select key focus areas that will tie up the whole monitoring and evaluation system (Simister, 2009:6). These areas may vary per organisation but they present main functions of the system and are described in Table 3.2 according to Simister (2009:6-7). Although there are different areas of monitoring and evaluation, it can be argued that results-based information comes from both monitoring system and evaluation system (Morra Imas & Rist, 2009: 107).

The following table describes different areas of monitoring and evaluation.

TABLE 3.2: DIFFERENT AREAS OF MONITORING AND EVALUATION.

AREA	DESCRIPTION
Planning systems	Planning approaches, tools, methodologies and templates
Setting objectives	How are objectives set within an organisation?
	How are they linked together between different levels?
Indicators	Selection of indicators
	Collection and use of indicators
	How are indicators linked between different levels?
Baseline information	The collection, use and analysis of information that shows the situation at the beginning of a piece of work in order to compare progress at a later date
Tools	The different mechanisms that are used for recording, generating or analysing information
	Using simple techniques: interviews and observations
	Using complex methodology: most significant change (MSC) and outcome mapping
Participation	Who participates in different M&E processes?
	How and why are they participating?
	This is particularly concerned with the involvement of partners and services users
Information disciplines	The use of evaluations, impact assessments, appraisals, situation analysis, research studies and other disciplines
	This area is concerned with how and when these exercises are carried out and how they are linked
The use and analysis of data	How is information used for different purpose at different levels of an organisation
Reports	The range of reports generated at different levels of an organisation from simple reports outlining activities undertaken to more complex analysis reports
Learning mechanisms	The different tools, techniques and procedures used to share information and learning within and between different levels of an organisation

AREA	DESCRIPTION
Data storage	How information is stored and retrieved at different levels
Supporting processes	The vast range of processes essential to the effective implementation of an M&E system such as: How are people trained and supervised?
	How information flows between different people
	How is information reviewed at different levels
	How an organisation deals with the reporting mistakes and failures
Practical issues	The resources required to implement and maintain an M&E system
	The personnel and finance available to undertake M&E work

Source: Adapted from Simister, (2009:6-8).

3.2.1 Lessons learned from the World Bank's experience of helping governments to build monitoring and evaluation systems

The World Bank is playing a significant role in guiding and supporting governments of both developed and developing countries to build their monitoring and evaluation systems. However, there is still a need to provide support, guidance to strengthen monitoring and evaluation in developing countries (Mackay, 2008:97). The World Bank has drawn four critical lessons that need to be taken into consideration by both developing and developed countries. Mackay (2008:94-96) names them as the following: "substantive demand from the government is a prerequisite to successful institutionalization, to avoid the common danger of engineering a monitoring and evaluation system. In addition, the structural arrangements of a monitoring and evaluation system is important and conducting a diagnosis of existing monitoring and evaluation systems" (Mackay, 2008:94-96). These lessons are defined in Table 3.3 according to Mackay (2008:94-96) and it can be argued they clearly confirm the importance of ensuring that valuable information about the progress is produced at all levels of the programme. This can be achieved by selecting most useful indicators that are guided by proper standards of developing indicators (Kusek & Rist, 2004:67; Chukwujekwu et al.,

2010:115; Nepal, 2010:4; USAID, 2010a:10). The criterions of selecting good indicators are discussed in details in subsection 3.6.1.

The following table represents the lessons learned from the World Bank's experiences of helping governments to build monitoring and evaluation systems

TABLE 3.3: CRITICAL LESSONS LEARNED FROM THE WORLD BANK'S EXPERIENCE OF HELPING GOVERNMENTS TO BUILD MONITORING AND EVALUATION SYSTEMS.

LESSON	DEFINITION
1. Substantive demand from the government is a prerequisite to successful institutionalization	Monitoring and evaluation system must produce monitoring information and evaluation findings which are:
	Judged valuable by key stakeholders
	Used to improve governments performance
	Respond to a sufficient demand for the monitoring and evaluation function to ensure its funding sustainability
2. Avoid the common danger of over-engineering a monitoring and evaluation system	Avoid having an excessive number of performance indicators
	Avoid having multiple and uncoordinated monitoring and evaluation systems
3. The structural arrangements of a monitoring and evaluation system are important	Include arrangements for data verification and auditing
	Include whether evaluations are to be conducted internally within governments, or contracted out to academia and consultants
4. Importance of conducting a diagnosis of existing monitoring and evaluation functions	It is important to understand the strengths and weaknesses of the monitoring and evaluation currently being conducted, on both demand and supply sides
	Such diagnoses are themselves a form of evaluation, and they are useful for the information and insights they provide
	They can be a vehicle for raising the shared awareness of stakeholders in government, civil society, and the donor community about the importance of monitoring and evaluation and the need to build a new system or strengthen existing systems

Source: Mackay, (2008:94-96).

3.2.2 The step models to build a results-based monitoring and evaluation system

Building a results-based monitoring and evaluation system started in 1996 with the eight steps by United Way of America, Holzer introduced seven steps in 1999 and Sharp used only four steps also in 1999 (United Way of America, 1996:11; Holzer, 1999:55-58; Sharp, 1999:8). Ever since then, the sequence and number of steps to build a results-based monitoring and evaluation system have evolved and in 2004 Kusek and Rist introduced a ten step-model (Kusek & Rist, 2004:23). There is no fixed number and sequence of steps required to build results-based monitoring and evaluation system (Mackay, 2008: 103). Various authors, experts and organisations propose different number of steps but they somehow all agree on the essential actions (Kusek & Rist, 2004:23). Four examples are demonstrated in Table 3.4 providing an overview of some models used from 1996-2004 to build a results-based monitoring and evaluation system. The examples are according to the United Way of America (1996); Holzer (1999); Sharp (1999) and Kusek & Rist (2004) (see Table 3.4).

The overview reflects that although there is a variation on the sequence and number of steps in the four examples in Table 3.4, there is a consensus about the outcome focused performance information and measurement indicators (United Way of America, 1996:11; Holzer, 1999:55-58; Sharp, 1999:8; Kusek & Rist, 2004:23). In all examples mentioned, once the planning and the readiness of the program has been identified and assessed, choosing outcomes follows in step 2 and selecting indicators follows in step 3. In addition, it can be argued that although according to Sharp (1999:8) choosing indicators comprises step 2, the example did not directly mention selection of indicators to monitor and evaluate outcomes. However, Sharp (1999:8) listed step 3 as satisfaction assessment and step 4 as transfers (e.g. skills development, knowledge value-added) which are both in line with measurement performance information (see Table 3.4).

TABLE 3.4: EXAMPLES OF STEPS MODEL TO BUILD RESULTS-BASED MONITORING AND EVALUATION SYSTYEM.

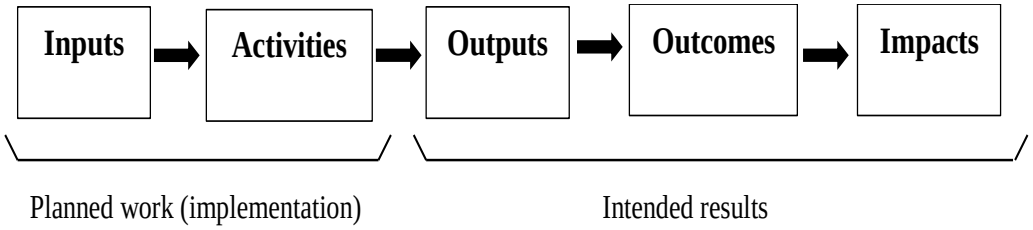
Steps	Source			
	United Way of America (1996:11)	**Holzer (1999:55-58)**	**Sharp (1999:8)**	**Kusek & Rist (2004:23)**
Step 1	Get ready	Identify the programs to be measured	Needs assessment	Conducting a readiness assessment
Step 2	Choose the outcomes you want to measure	State the purpose and identify the desired outcomes	Goals attainment and outcome-focused performance (e.g. goal attainment scaling)	Agreeing on outcomes to monitor and evaluate
Step 3	Specify indicators for your outcomes	Select measures or indicators	Satisfaction assessment (e.g. customer satisfaction)	Selecting key indicators to monitor outcomes
Step 4	Prepare to collect data on your indicators	Set standards for performance and outcomes (targets for performance for accomplishments)	Transfers (e.g. skills development, knowledge value added)	Baseline data on indicators-where are we today?
Step 5	Try out your outcome measurement system	Monitor results		Planning for improvement-selecting results targets
Step 6	Analyze and report your findings	Performance reporting		Monitoring for results
Step 7	Improve your system	Use outcome and performance information		The role of evaluations
Step 8	Use your findings			Reporting findings
Step 9				Using findings
Step 10				Sustaining the M&E system within the organisations

3.3 PERFORMANCE INFORMATION CONCEPTS

Performance information concepts of any given programme comprise of setting clear goals, objectives and agreeing on inputs, activities, outputs, outcomes and impacts (National Treasury, 2007:6; IEG, 2012:7). This information is demonstrated in a form of a generic logic model that depicts the relationships among the resources available to implement the programme, the planned activities, the outputs and the desired or anticipated changes to be achieved at the end of the programme (W.K. Kellogg Foundation, 2004:1; Group on Earth Observations, 2008:4; IEG, 2012:7). It is important to first present an example of a generic logic model (see also Figure 3.1), before providing a brief description of each term that makes up the performance information concepts. Full descriptions and definitions of goals, objectives, inputs, activities, outputs, outcomes and impacts are discussed in details in the next subsections 3.3.1 and 3.3.2.

The following figure illustrates a generic logic model for monitoring and evaluation

FIGURE 3.1: AN EXAMPLE OF A GENERIC LOGIC MODEL.



Source: adapted from Kusek and Rist, (2004:18); W.K. Kellogg Foundation, (2004:3); Group on Earth Observations, (2008:4).

3.3.1 Goals and objectives

Formulation of goals and objectives is the first critical step to ensure that decision-making occurs at all levels of a policy, strategy, plan, programme or project (Kusek & Rist, 2004:56; Office of Public Management, 2004:7; UNDP, 2009:7; De Coning & Keim, 2013:32). Ideally, formulation of goals and objectives can happen at any level and there is no correct or incorrect way of defining the two. An overarching goal or higher strategic objective is normally formulated first, and can be followed by a specific subset of objectives or business objectives depending on the context of the organisation (De Coning & Keim, 2013:32). Definitions by Church and Rogers (2006:30) and OECD (2010:24) suggest that a goal is a broadest change that a programme wants to achieve.

Objectives describe type of changes that have to occur to lead in achieving the goal (Church & Rogers, 2006:32; UNAIDS, 2009a:3; Forss, Befani & Kruse, 2012:11). Objectives should be specific, measurable, achievable, realistic and time bound (UNAIDS, 2009a:5). Once goals and objectives are articulated, it is possible to plan on resources and activities needed to do implementation in order to achieve desired outcomes (Kusek & Rist, 2004:56; W.K. Kellogg Foundation, 2004: 2).

3.3.2 Inputs, activities, outputs, outcomes and impacts

The literature and government documents on monitoring and evaluation use similar definitions to describe the components of the generic logic model (see also Figure 3.1). For the purpose of this study, definitions of inputs, activities, outputs, outcomes and impacts are discussed below according to W.K. Kellogg Foundation (2004), National Treasury (2007), OECD, (2010) and Ellig, McTigue & Wray (2012).

Inputs include all resources (human, financial, organizational, communities, buildings and equipment) that the programme has to contribute to the delivery of outputs (W.K. Kellogg Foundation, 2004:2; National Treasury, 2007:6). In addition, inputs are what we use to do implementation (National Treasury, 2007:6).

Activities are the processes, tools and actions that use different resources (inputs) during programme implementation to produce desired outputs and outcomes (W.K. Kellogg Foundation, 2004:2; National Treasury, 2007:6).

Outputs are the direct products of the programme activities (W.K. Kellogg Foundation, 2004:2). In simple, outputs can be defined as final products of what is produced after implementing the programme (National Treasury, 2007:6).

Outcomes are the short and medium-term effects of an intervention's outputs and the changes that we desire to achieve as a results of the programme (National Treasury, 2007:6; OECD, 2010:28). The short and long-term outcomes can also be referred as intermediate outcomes and according to Elgin, et al., (2012:31) they represent a documented step towards reaching the ultimate benefit of recipients from the programme. According to W.K. Kellogg Foundation (2004:2), the time frame of achieving short term outcomes should be between one to three years. Furthermore, long-term outcomes should be attainable within four to six years. According to National Treasury (2007:6) the outcomes should be related to the goals and objectives of the programme.

Impacts are the results of achieving outcomes, unintended and intended changes occurring as results of the activities of the programme (W.K. Kellogg Foundation, 2004:2; National Treasury, 2007:6; OECD, 2010:28). In a simple manner, impacts can be defined as "how the programme

actually has influenced communities or beneficiaries" (National Treasury, 2007:6). According to W.K. Kellogg Foundation (2004:2) the impact should reflect within seven to ten years after implementation.

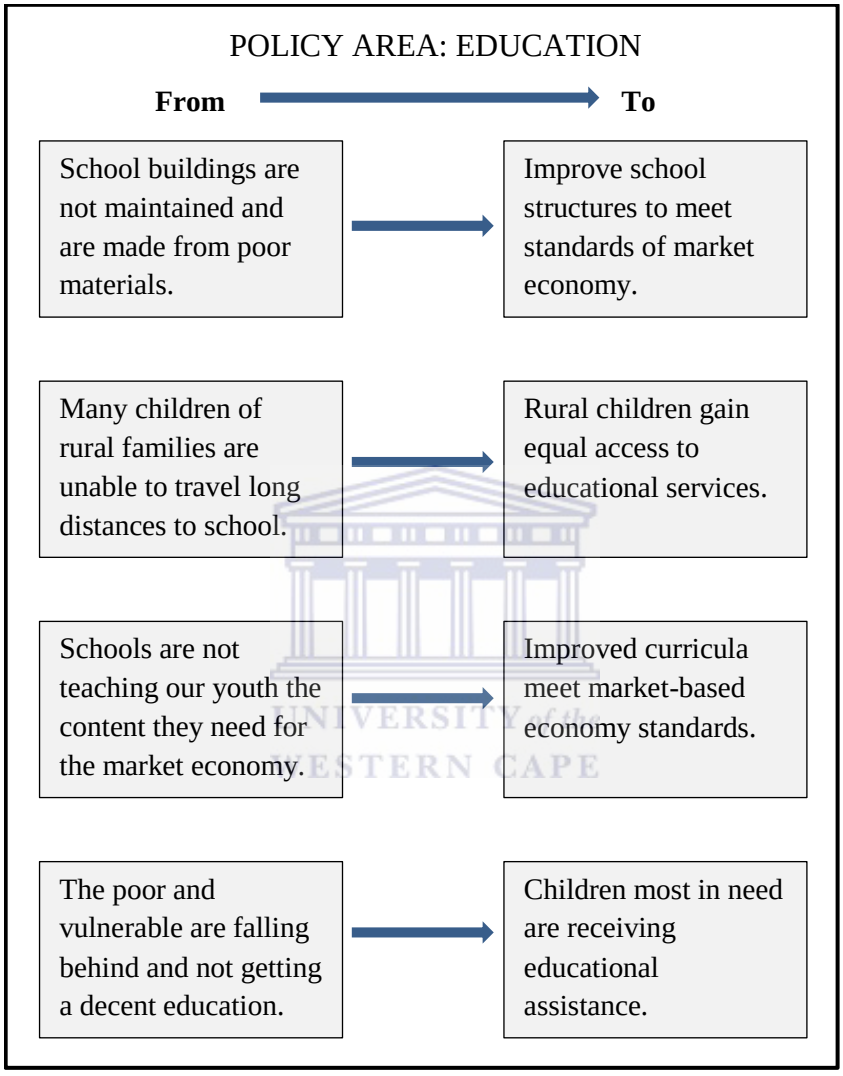
3.4 AGREEING ON OUTCOMES TO MONITOR AND EVALUATE

Setting outcomes is very important because most components that play a role in providing performance information are derived from this process (Kusek & Rist, 2004:57; Ellig et al., 2012:32; Vogel, 2013:5). Governments and organisations should be able to agree on outcomes to demonstrate whether success has been achieved or not (Ellig et al., 2012:30). In addition, Hendricks, Plantz and Pritchard (2008:15) recommended that governments and organisations should put more emphasis on measuring outcomes than outputs.

It is important for governments and organisations to first identify their strategic priorities including the desired outcomes (DPME, 2011:7). Countries and their governments should ensure that their outcomes are chosen based on the international and national economic development and lending issues, National Poverty Reduction Strategy, National Development Plan and the MDGs (Kusek & Rist, 2004:57). Agreeing on outcomes requires a consultative process and consensus from relevant stakeholders (UNDP, 2002:14; Kusek & Rist, 2004:53; Office of Public Management, 2004:7; DPME, 2011:7; Global Fund, 2011:15; IEG, 2012:28). Another important aspect in choosing outcomes is to identify the problem and translate it into a positive statement, an example is shown in Figure 3.2 according to (Kusek & Rist, 2004:62). Once the outcomes are clearly articulated, the next key step is to select performance indicators to measure whether the desired outcomes are being achieved or not (Kusek & Rist, 2004:65).

The following figure illustrates how to formulate an outcome statement.

FIGURE 3.2: AN EXAMPLE OF OUTCOME STATEMENTS DERIVED FROM IDENTIFIED PROBLEMS OR ISSUES.



Source: Adapted from Kusek and Rist, (2004:62).

3.5 INDICATORS

Developing and selecting relevant indicators is a challenging process but a crucial step for effective monitoring and evaluation (Glenaffric, 2007:11; Farrell, 2009:9; Morra Imas & Rist, 2009:117; UNAIDS, 2009b:17; UNDP, 2009:61; OECD, 2011:9-10; Rabie, 2011:446; Hermans,

Naber & Enserinke, 2012:427; IEG, 2012:40). The Oxford English dictionary defines the indicator as "something that provides an indication" (Oxford dictionary). According to Church and Rogers (2006:44), UNAIDS (2009a:4), OECD (2010:29) and USAID (2010b:1), performance indicators are "quantitative or qualitative variables that allow the verification of changes in the development interventions or show results relative to what was planned". Indicators do not tell how and why the changes occur, but they consist of information that indicates the changes in the intervention (Church & Rogers, 2006:44 USAID, 2010a:7). Consequently, indicators are used to measure the actual changes in the programme (USAID, 2010b:2).

3.5.1 Purpose of indicators

Developing indicators to measure progress at all levels of a programme provides an opportunity to make adjustments and improvements (Kusek & Rist, 2004:65; Church & Rogers, 2006:44; Farrell, 2009:39; Forss et al., 2012:21). This will lead the programme to the direction of achieving desired outcomes (Kusek & Rist, 2004:65; Roaf, Khalfan & Langford, 2005:9; Church & Rogers, 2006:44; USAID, 2010b:2). Indicators are also used to establish baseline information to set targets for indicators (Kusek & Rist, 2004:80; Church & Rogers, 2006:45).

3.5.2 Basic components of indicators

Indicators should be feasible enough to provide basic information about the change that the organisation desire to observe as a result of a programme or project. The example of basic information required when developing indicators is presented in Table 3.5 according to Church and Rogers (2006:45-46).

TABLE 3.5: EXAMPLE OF INDICATOR COMPONENTS.

	Example 1	Example 2
Indicator components	Indicator: Increase the percentage of participants from the southern districts reporting an improvement in their relationship with the other (s) to the point where they now enter each other's homes from 20% to 70% by 2008	Indicator: Increase the number of men and women participating in at least two inter-community activities from 75 men and women/year in 2005 to 450 men and women/year for all ten programme communities before the end of 2007
What is to be measured? What is going to change?	Participants reporting an improvement in their relationship with the others (s)	The number of men and women participating in at least two inter-community activities
The unit of measurement to be used to describe the change	Percentage of participants	Number of women and men
Pre-program status/state, also known as the baseline (where possible)	From 20% of the participants in 2005	From 75 men and women/year in 2005
The size, magnitude or dimension of the intended change	To 70% of the participants in 2008	To 450 men and women/year before the end of 2007
The quality or standard of the change to be achieved	Improved to the point where they enter each other's homes	At least two-inter-community activities
Target populations (s)	People in the southern district	Men and women from all 10 program communities
The timeframe	Between 1 January 2005 and 1 January 2008	Between 2005 and the end of 2007

Source: Church & Rogers, (2006:46).

3.5.3 Difference between qualitative and quantitative indicators

Indicators can either be quantitative or qualitative, and according to Kusek and Rist (2004:69), UNDP (2009:63) and USAID (2010b:1), quantitative indicators measure numbers, percentages, rates and ratios. Qualitative indicators are used to reflect participants' perceptions, attitude, opinions and judgment towards a given subject (Kusek & Rist, 2004:69; UNDP, 2009:63;

USAID, 2010b:1). For example, in the context of HIV/AIDS qualitative can be used to measure participants' level of attitude towards condom use or towards people living with HIV/AIDS. It is important to ensure that both quantitative and qualitative indicators can be measured consistently over time (USAID, 2010b:1). Sometimes the data might not be available or too costly to measure the outcome directly and the proxy indicators can be used (Kusek & Rist, 2004:70; UNDP, 2009:64). According to UNDP (2009:64) Proxy indicators "are less direct way of measuring progress against results".

3.5.4 Process/output and outcome indicators

Process or output indicators measure progress against specified outputs (UNDP, 2009:66). Outcome indicators measure progress against specified outcomes and play a critical role in determining change in the context of development programmes (UNDP, 2009:66).

3.6 SELECTING PERFORMANCE INDICATORS TO MONITOR OUTCOMES

The process of selecting indicators should be a participatory process within the organisation, stakeholders including experts in that particular field (UNDP, 2002:14; Kusek & Rist, 2004:74; Simister, 2009:18; UNDP, 2009:62; USAID, 2010b:8; Rabie, 2011:364-365; Rogers, Chappelle, Wall-Barron, 2011:6; Coll-Serrano et al., 2012:272; Taplin et al., 2013:6;). This will assist in identifying what can be monitored and evaluated given financial resources and human capacity (UNDP, 2009:63). As mentioned in Chapter 1, this study adopted approaches of Kusek and Rist (2004:68), Görgens & Kusek (2009:179-181), USAID (2010b:8-10) and Rabie (2011:364-372) on indicator selection process and criteria. Various steps of these approaches are discussed in sub-section 3.6.1.

There are several steps that should be considered when selecting indicators which are presented in Table 3.6 according to methods of Görgens & Kusek (2009:179) and USAID (2010b:8-10).

TABLE 3.6: INDICATOR SELECTION PROCESS.

INDICATOR SELECTION PROCESS
• Step 1: Develop a participatory process for identifying performance indicators • Step 2: Clarify the results statement, identify what needs to be measured • Step 3: Develop a list of possible indicators for your results through brainstorming and research • Step 4: Assess each possible indicator • Step 5: Select the best indicators • Step 6: Data indicator protocols • Step 7: Collect baseline data • Step 8: Refine indicators and protocols and finalise you selection

Source: Adapted from Görgens and Kusek, (2009:179) and USAID, (2010b:8-10).

Once the results statement is identified, it is important to consult the literature and guidelines relevant to the monitoring and evaluation of any given programme (Görgens & Kusek, 2009:179; UNAIDS, 2009c:13, Rabie, 2011:364-365). Different frameworks such as performance framework and outcome logic model should be considered to assist in developing indicators that are relevant to outcomes to be measured (Kusek & Rist, 2004: 18, 64 & 68; W.K. Kellogg Foundation, 2004:18, 20 & 25; Mallett et al., 2011:58; Rabie, 2011:367-368, IEG, 2012:26-42).

An example of an outcome logic model and measurement plan as adapted from Mallett et al., (2011:58) of the United Way of Greater Richmond & Petersburg is presented in Table 3.7.

TABLE 3.7: AN EXAMPLE OF AN OUTCOME LOGIC MODEL AND MEASUREMENT PLAN.

Anticipated Outcome	**Indicators**	**Relevant clients for the indicator**	**Performance target**	**Data source**	**Methods**
Youth in the Norwich youth club will improve their school grades	Number or percentage of youth participants who attend at least 5 sessions and get at least a C in English, Maths, Soc. Studies and Science	A participant is any youth in grades 3-5 who attends at least 5 homework helper sessions during the school year	80% of youth participants	Grades are taken from the participants report cards, parent permission on annual enrollment form	Reports cards copied on 9 week reporting day Incentives used. Baseline grades are from 1st report card Year-end report from last report card Grades entered into client database by programme manager within 2 weeks

Source: Adapted from Mallett et al., (2011:58).

It is important to acknowledge that the logic model used to develop an indicator framework in Chapter 6 of this study is primarily adapted from the study conducted by Rabie (2011) titled "Improving the systematic evaluation of local economic development results in South African local government" (Rabie, 2011, Title Page section). In the study conducted by Rabie (2011), the approach of developing indicators is described as follows according to Rabie (2011, Abstract section, para.4).

"…The developed indicators were partly derived from existing indicators used to measure development results, but primarily developed from the implied end result captured in the objective and outcome statements of each intervention… the LED indicator framework was reviewed by selected M&E and LED experts for final refinement and comments" (Rabie, 2011, Abstract section, para.4).

This approach was adapted and applied to develop and present the outcome indicator framework in Chapter 6 of this study.

3.6.1 Criteria for assessing indicators

Literature on selecting indicators shows that there should be a set of criteria that should be followed in order to minimize the risk of selecting poor indicators and to ensure that the measurement strategy of any outcome is focused (Kusek & Rist, 2004:68-69; Braun et al., 2009:2; UNAIDS, 2009b:15-17, UNAIDS, 2010b:11-18; USAID, 2010b:4). Different experts have introduced a range of key criteria of selecting good performance indicators. For instance Kusek and Rist (2004:68) propose the "CREAM" concept which consists of five criteria, (see also Table 3.8), Görgens and Kusek (2009:179-181) propose ten criteria (in Table 3.9) and USAID (2010b:4-8) proposes seven criteria (in Table 3.10). These three criteria mentioned above will be adapted and integrated to provide a single criterion for selecting indicators in this study. The first five criteria are adapted from Kusek & Rist (2004:68) and presented below in Table 3.8. In Table 3.9, Görgens and Kusek (2009:179-181) propose ten criteria of assessing indicators and the USAID (2010b:4-8) proposes a seven criteria model as guidelines for selection of performance indicators as presented in Table 3.10.

The following tables present criteria that should be considered when identifying and developing indicators: Table 3.8, Table 3.9 and Table 3.10 respectively.

TABLE 3.8: THE "CREAM" OF GOOD PERFORMANCE INDICATORS.

INDICATOR SELECTION CRITERA	DESCRIPTION
• Clear	-Precise and unambiguous
• Relevant	-Appropriate to the subject at hand
• Economic	-Available at a reasonable cost
• Adequate	-Provide a sufficient basis to assess performance
• Monitorable	-Amenable to independent validation

Source: Adapted from Kusek and Rist, (2004:68).

The indicator selection criteria presented in Table 3.8 will be considered to identify and develop the outcome indicators in Chapter 6 of this study.

TABLE 3.9: TEN CRITERIA FOR ASSESSING INDICATORS.

INDICATOR SELECTION CRITERA	DESCRIPTION
• Measurable	-An indicator can be quantified and measured using some scale. -Even when effective quantitative indicators are used, qualitative indicators can supplement them to provide rich information that brings the program results to life
• Practical	-Data can be collected on a timely basis and at a reasonable cost
• Reliable	-Data can be measured repeatedly, with precision by different people
• Relevant	-Attributable at least in part to the programme being monitored
• Useful to management	-Information provided by the measure is critical to decision making
• Direct	-An indicator should measure as closely as possible the results it is intended to measure
• Sensitive	-The indicator serves as an early warning of changing conditions

INDICATOR SELECTION CRITERA	DESCRIPTION
• Responsive	-What data the indicator measures can be changed by program actions -Indicators should reflect change as a result of programme activities and thus indicators reflect results that are responsive to program action
• Objective	-The measure is operationally precise and one-dimensional -An objective indicator has no ambiguity about what is measured
• Capable of being disaggregated	-Data can be broken down by gender, age, location, or other category if possible

Source: Adapted from Görgens and Kusek, (2009:179-181).

The indicator selection criteria described in Table 3.9 will be considered to identify and develop the outcome indicators in Chapter 6 of this study.

TABLE 3.10: USAID'S CRITERIA FOR SELECTING INDICATORS.

INDICATOR SELECTION CRITERA	DESCRIPTION
• Direct	-An indicator is direct to the extent that it clearly measures the intended results -An indicator should be widely accepted for use by specialists in the field
• Objective	-An indicator is objective if it is unambiguous about -What is measured, what data are being collected -In simple, an indicator should be able to collect and produce comparable data over time
• Useful for management	-An indicator is useful to the extent that it provides a meaningful measure of change over time for management decision-making -An indicator should ensure that is measuring the "right change" in order to achieve results
• Attributable	-An indicator is attributable if it can be plausibly associated with USAID interventions -An indicator should be based on the idea that a case can be made to other development practitioners that the program has materially affected identified change
• Practical	-A practical indicator is one for which data can be collected on a timely basis and at reasonable cost
• Adequate	-A set of indicators should be sufficient to measure the stated results
• Disaggregated as necessary	-The disaggregation of data by gender, age, location including other dimension is often important from both management and reporting point of view

Source: Adapted from USAID, (2010b:4-8).

Similarly to Table 3.8 and Table 3.9, Table 3.10 will be considered to identify and develop outcome indicators in Chapter 6 of this study.

It can be argued that the three examples of criteria discussed above consider similar information for selecting indicators. Similarly, Kusek and Rist (2004:67), Görgens and Kusek (2009:179-181) and USAID (2010b:4) all agree with the "CREAM" concept alongside with other criteria that play a significant role in ensuring that good performance indicators do not suffer and become less useful. These criteria discussed will be very useful particularly in the research design of this study and will be considered to identify and develop outcome indicators in Chapter 6.

3.7 CONCLUSION

It should be acknowledged that there is limited literature on theoretical perspectives on developing indicators that is published in peer reviewed articles. As a result the researcher relied on handbooks and government and organisation's reports on monitoring and evaluation. In addition, sources published over the past 10 years containing valued information on results-based monitoring and evaluations were considered for this study.

Literature reviewed above indicates that monitoring outcomes and evaluating impact to determine what difference did the programme made remains critical for development programmes. This can be achieved by choosing anticipated outcomes alongside key performance indicators. The literature reviewed in this chapter also confirms that a theory driven approach as identified by Rabie (2011:446) as an approach which plays a meaningful role in identifying and developing the most relevant and credible indicators is critical for this study. This includes the criteria of selecting indicators discussed above and will be integrated and used to identify and

develop indicators that are applicable to a generic monitoring and evaluation framework regarding the outcomes of sport-based HIV/AIDS awareness programmes. The next chapter will discuss the research methodology adopted to facilitate the entire process of data collection address of this study.

CHAPTER 4: RESEARCH METHODOLOGY

4.1 INTRODUCTION

The aim of this study is to contribute to a generic monitoring and evaluation framework by improving the options for the use of outcome indicators of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. This chapter focuses on the research methods including research design, settings, population, sampling, data collection instruments, procedures for data collection and analysis. This chapter further covers trustworthiness and ethics considered to conduct the study.

4.2 RESEARCH DESIGN

According to the De Vaus (2001:8-11) a research design is an "…overall strategy that incorporates different components of the study in a logical approach to ensure that the research questions, aims and objectives are addressed in the most convincing manner". This study employed a case study design which is defined by Santos and Eisenhardt (2004:685) and Yin (2012:5, 2014:4) as an empirical investigation that allows a researcher to retain a holistic and meaningful characteristic of a real-life event. Different types exist within a case study. Baxter and Jack (2008:547-549) describe them as explanatory, exploratory, description, multiple case studies, intrinsic, instrumental and collective. This study adopted a multiple case study approach using a qualitative method. Creswell (2009:232) defines a case study that uses qualitative inquiry as a strategy that allows the researcher to explore extensively a programme, event, activity, process, group or individuals. Multiple case study approach was used to provide in-depth information about the nature of indicators currently in use as well as information on the monitoring and evaluation of the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. According to Santos and Eisenhardt (2004:685), Baxter and Jack

(2009:548), Creswell (2009:232), Yin (2014:18), Pitney and Parker (2009:5) a multiple case study design allows an opportunity to explore extensively differences and reveal complementary aspects within cases. In this study, a multiple case study design was informed by the themes produced from the theoretical assessment conducted in Chapters 2 to 3. The themes were deemed appropriate in that they guided the process of data collection and analysis.

The theoretical assessment produced themes showing that sport is being used as a tool in parallel with other health measures to provide HIV/AIDS awareness. The study also draws from the literature on results-based monitoring and evaluation focusing on developing indicators (Kusek & Rist, 2004:1, Mackay, 2008:100; Morra Imas & Rist, 2009:106). The criteria set for indicator framework stems from the theory of ten steps to a results-based monitoring and evaluation system (Kusek & Rist 2004:65). The focus of this study is on step number 3 which is selecting key performance indicators to monitor and evaluate outcomes of sport-based HIV/AIDS awareness programmes (Kusek & Rist 2004:65). This involved a desktop review of literature and guidelines relevant to indicators for monitoring and evaluation of the outcomes of HIV/AIDS awareness programmes. Secondly, the use of information about indicators for sport-based HIV/AIDS awareness programmes obtained from the narrative systematic review conducted and presented in Chapter 5. Information on specific indicators currently in use by the selected NGOs as well as information on the monitoring and evaluation of the outcomes of sport-based HIV/AIDS awareness programmes. Lastly, discussions on relevant indicators applicable for sport-based HIV/AIDS awareness programmes with specialists/experts involved in the field of HIV/AIDS and an official from Sport Recreation South Africa (SRSA).

4.3 RESEARCH SETTING

In general, research setting refers to a particular place where the research is conducted. According to Bhattacharya (2008:788), the research setting can be a physical, social and cultural site where the research is conducted or where the researcher collects the data. The study was carried out in South Africa among selected NGOs that have sport-based HIV/AIDS awareness programmes. The selected NGOs integrate sport to deliver HIV/AIDS programmes in various provinces of the Republic of South Africa.

4.3.1 Unit of analysis

According to Trochim (2006: unnumbered) unit of analysis refers to what the researcher is going to analyse. In this study, the unit of analysis is at an organisational level and the analysis is on sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. There are number of NGOs in South Africa that use sport as a tool to respond to HIV/AIDS, and only five NGOs were considered to be sufficient for the purpose of this research.

4.3.2 Sample selection for case studies: NGOs

As it is stated earlier, the intention was to purposefully select five NGOs to participate in the study. The NGO selection process took place from March to mid-May 2015 and was restricted to twelve NGOs that use sport as a tool to respond to HIV/AIDS. This was done to ensure that there were enough NGOs to choose from in case some were not eligible for the study purpose or did not respond. To select the case studies, the researcher first conducted a web search of the websites of available NGOs that use sport as a tool to respond to HIV/AIDS in South Africa. The researcher read the mission, aim and objectives of the NGOs. Furthermore, how HIV/AIDS programmes of the NGOs are conducted in order to find out if they were eligible for the study. The researcher created a database of the relevant NGOs and had a personal communication via

email with the contact person of each NGO. The main content of the email explained the purpose of the study, and also seeking confirmation of whether the NGOs were indeed using sport as a tool to respond to HIV/AIDS. A letter requesting NGOs to participate in the study was also attached to the email. The selection processes proved to be challenging with only nine NGOs responded, out of the twelve contacted. Of the nine NGOs, six were eligible to the study and only five agreed to participate in the study. In addition, an official from SRSA was considered to enrich the context of this study because using sport as a tool for social change is one of the department's objectives.

4.4 STUDY POPULATION AND SAMPLING

The initial plan was to purposefully select ten employees (one manager and one M&E/information officer/coordinator) from each selected NGOs. However seven employees (two programme managers, two directors and three coordinators) from five selected NGOs were available to participate in the study. Two NGOs were each represented by a programme manager and one by a director. A director and a coordinator represented another NGO, while one NGO was represented by two coordinators.

Study sample included seven employees of selected NGOs and one official from SRSA. In addition, six specialists/experts involved in the field of HIV/AIDS were included to explore what indicators can be used to monitor outcomes of sport-based awareness HIV/AIDS programmes. Purposive and convenience sampling was used to select the participants, see Table 4.1 for full description on the selection criteria including the number of participants. The initial stage used a purposive sampling to select two managers, two directors and three coordinators from the five selected NGOs, including one official from SRSA. For a purposive sampling, a researcher selects the most relevant population that will assist in addressing the research objectives (Marshall,

1996:523). This technique is applicable to the study since the selection is based on the knowledge that informants are employees of selected NGOs. They would be able to provide insight information to address objectives of this study. A second stage used convenience sampling to select six specialists/experts involved in the field of HIV/AIDS. This technique involves selecting those who are available and likely to participate (Hancock et al., 2009:22). Convenience sampling is relevant for this study since all selected specialists/experts are those involved in the field of HIV/AIDS. The researcher created a database for the specialists/experts and contacted them to request their participation in the study. Specialists/experts who were available and willingly were selected to participate in the study.

4.5 DATA COLLECTION PROCESS AND INSTRUMENTS

Data collection consisted of three phases using multiple data collection instruments. These included a systematic review, document analysis, schedule key-informant interviews, focus group interview and schedule interviews to address the aim and objectives of this study. These instruments are very useful in this study for triangulation purpose. Triangulation is very helpful to ensure the credibility of the findings (Hussein, 2009:4).

The three phases of data collection are described and presented in Table 4.1.

TABLE 4.1: SAMPLING TECHNIQUES AND DATA COLLECTION PLAN.

Phase	Participants	Sampling	Number of participants	Data collection instruments	Objective focus on:
1				systematic review: narrative	1. To identify and assess appropriate indicators to monitor and evaluate the outcomes of sport-based HIV/AIDS awareness programmes
2 (a)				Document analysis	2. To investigate specific indicators currently in use by the selected NGOs as well as information on the monitoring and evaluation of the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa 3. To identify and develop indicators that are applicable to a generic monitoring and evaluation framework regarding the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa
2 (b)	employees of the selected NGOs (managers, directors and coordinators)	purposive	7 participants	schedule key-informant interviews	
2 (c)	employees of the selected NGOs (same managers and coordinators)	purposive	1 x focus group: (6 participants)	focus group interview	
3 (a)	Specialists/ experts involved in the field of HIV/AIDS	convenience	6 specialists/ experts involved in the field of HIV/AIDS	schedule interviews	3. To identify and develop indicators that are applicable to a generic monitoring and evaluation framework regarding the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa
3(b)	SRSA official	purposive	1 participant	schedule interview	

4.5.1 Phase 1: Systematic review of evaluation studies of sport-based HIV/AIDS awareness programmes

Objective 1: To identify and assess appropriate indicators to monitor and evaluate the outcomes of sport-based HIV/AIDS awareness programmes.

Initial data collection for this study began by conducting a systematic review using a narrative synthesis approach to address Objective 1 of this study and is presented in detail in Chapter 5, sections 5.11 - 5.14. Popay et al (2006:5); Rodgers et al (2009:65) define a narrative synthesis as an approach to a systematic review that relies primarily on the use of words and text to explain and summarise the findings of the synthesis. This approach is relevant to the study to ascertain the scope of existing indicators used in monitoring and evaluating the outcomes of sport-based HIV/AIDS awareness programmes. This approach was helpful to identify and assess appropriate indicators to monitor and evaluate the outcomes of sport-based HIV/AIDS awareness programmes. The review included both published and unpublished studies that evaluate sport-based HIV/AIDS awareness programmes to raise HIV/AIDS awareness. All the process of conducting a systematic review was performed and verified by the researcher in consultation with the supervisors.

4.5.2 Phase 2(a): Document analysis of documents of selected NGOs

Objective 2: To investigate specific indicators currently in use by the selected NGOs as well as information on the monitoring and evaluation of the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa.

Objective 3: To identify and develop indicators that are applicable to a generic monitoring and evaluation framework regarding the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa.

Phase 2a involves collection of data from documents of the selected NGOs. Documents such as annual reports, M&E and project plans were provided and others were obtained from the websites of selected NGOs. This instrument was helpful to analyse and describe how selected NGOs use specific indicators in monitoring and evaluating the outcomes of their sport-based HIV/AIDS awareness. The findings from document analysis provided some important inputs to complement the information obtained from the interviews during phase 2b.

4.5.3 Phase 2(b): Schedule key-informant interviews with employees of selected NGOs

Objectives: Similar objectives as in phase 2a.

Prior phase 2, a pilot study was conducted with one NGO that uses sport as a tool to respond to HIV/AIDS. The aim of the pilot study was to establish if any misunderstanding would be experienced regarding the interviews. This involved schedule key informant interview with the manager of the pilot NGO and where necessary adjustments were made to ensure that the questions were able to address Objectives 2 and 3. The schedule interview was conducted by the researcher and took place at the office of the pilot NGO.

The next section for phase 2 was schedule key-informant interviews with seven individual employees of the selected NGOs. Semi-structured key-informant interviews guided by open-ended questions was used and lasted for 1.5 - 2 hours. The questions were developed through three themes obtained from theoretical assessment (see Appendix C). The three themes were:

- Description of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa.
- Information about reporting, outputs, anticipated outcomes and indicators in use for monitoring and evaluation of sport-based HIV/AIDS awareness of selected NGOs in South Africa.
- Institutional arrangements for monitoring and evaluation of selected NGOs in South Africa.

All the schedule key-informants interviews were conducted by the researcher and took place at the offices of each selected NGO. All the schedule key-informants interviews were granted permission from the participants to be recorded. The schedule key-informants interviews were used to investigate specific indicators currently used by the selected NGOs as well as information on the monitoring and evaluation of the outcomes of sport-based HIV/AIDS awareness programmes. Also assisted to identify and develop indicators that are applicable to a generic monitoring and evaluation framework regarding the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa.

4.5.4 Phase 2(c): Focus group interview with employees of selected NGOs

Objectives: Similar objectives as in phase 2a.

A focus group interview with same employees that were interviewed during phase 2 (b) was conducted to probe and follow-up on responses that were not clear during schedule key-informants interviews. The focus group interview was also used to prepare for the development of the outcome indicator framework for sport-based HIV/AIDS awareness programmes of the selected NGOs. One coordinator could not be present during focus group. The focus group

interview was conducted by a Post-Doctoral Fellow and a researcher as an observer. The guidelines and ethics consideration were explained to the Post-Doctoral Fellow and was followed accordingly. This was done to allow the researcher an opportunity to listen attentively and take valuable notes. The focus group took place at the University of the Western Cape (UWC), post-graduate lab and lasted for 2 hours. The interview was recorded and the permission was obtained from the participants.

4.5.5 Phase 3(a): Schedule interviews with specialists/experts involved in the field of HIV/AIDS

Objective 3: Identify and develop indicators that are applicable to a generic monitoring and evaluation framework regarding the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa.

The third phase was schedule interviews with specialists/experts involved in the field of HIV/AIDS to address Objective 3. Nine specialists/experts were asked to participate in the study in case some could not respond. The minimum number for specialists/experts required to participate was five and six were available. The specialists/experts involved M&E managers, practitioners and academics involved in the field of HIV/AIDS. Prior to the schedule interviews, the draft outcome indicator framework was sent to six specialists/experts by email. The participating specialists/experts were requested to provide comments, suggestions, recommendations on the value and relevance of the proposed indicators as well as suggestions for refinement of the generic anticipated outcomes and indicators. In addition, to recommend possible or alternative outcome indicators to improve the quality of proposed outcome indicator framework. They were also requested to provide the comments in a form of writing after two weeks. Six specialists/experts responded and sent their comments via email. After receiving the

comments from all six specialists/experts, the researcher had schedule interviews with each specialist/expert to gain more clarity on their comments. Schedule interviews with three specialists/experts were conducted using telephone and lasted between 20-30 minutes each. Three other schedule interviews were face to face and lasted between 30-40 minutes each. They took place in the Western Cape, one at his office, one at her home and another at Victoria & Alfred Waterfront. The interviews were recorded and the permission was obtained from all the specialists/experts and also to use their names, surnames, profiles in the thesis. The profiles of the experts/specialists and their quotes were sent back to them via email for verification. The permission was obtained again to use them and where necessarily amendments were made.

4.5.6 Phase 3(b): Schedule interview with an official from SRSA

Objective: Similar objective as in phase 3(a)

Schedule interview was conducted with one official from SRSA involved in monitoring and evaluation to address Objective 3. Similar processes/procedures as in phase 3(a) were followed. After receiving the comments, the researcher had face to face schedule interview with an official from SRSA. The schedule interview took place in Pretoria in SRSA offices and lasted for 45 minutes. Similar processes as in phase 3 (a) were followed and the permission was obtained.

4.6 PROCEDURES OF DATA COLLECTION

The researcher conducted the process of data collection except the focus group interview where a Post-Doctoral Fellow assisted. The University of the Western Cape information sheet was utilized that clearly outlines the purpose, risks and benefits of the study, requirements procedures to keep confidentiality and a letter asking permission to conduct this study (Appendices G-M).

Ethics clearance was obtained from the University of the Western Cape. Permission to conduct key-informants and focus group interviews with the employees of selected NGOs was obtained from the employees who participated in the study. The permission to have access to documents of the selected NGOs was requested and obtained during communication with the contact persons of the selected NGOs. The permission was also obtained from all specialists/experts including an official from SRSA to use their names and profiles in the thesis. The researcher conducted document analysis and all the interviews with employees of selected NGOs, experts/specialists and SRSA official. A focus group interview with employees of selected NGOs was conducted by a Post-Doctoral fellow and a researcher as an observer. The permission was requested first during all interviews to take notes and record all interviews using audio tape and was obtained from all participants. The recorded interviews were prepared and transcribed by the researcher. During phases 2(a) and (2c), schedule face-to-face key-informants and focus group interviews were conducted. In phases 3 (a) and 3(b), interviews with some specialists/experts and official from SRSA were face-face. Some specialists/experts' interviews were conducted using telephone.

4.7 DATA ANALYIS

4.7.1 Phase 1: Systematic review of evaluation studies of sport-based HIV/AIDS awareness programmes

As indicated earlier, the analysis and findings of the systematic review are presented in details in Chapter 5 in sections 5.11 - 5.14. Selected evaluation studies was carefully examined by the researcher and the information about objectives, outcomes and indicators of sport-based HIV/AIDS programmes was extracted using the logical models of Kusek and Rist (2004:68) and

USAID (2011:25-26). Narrative synthesis approaches was used to analyse and summarise the findings.

4.7.2 Phase 2a: Document analysis of documents of selected NGOs

Data from document analysis was analysed using content analysis. Documents were first read and data was organised and typed. Similarities and differences between selected NGOs in the context of programme's activities related to anticipated outcomes was compressed into fewer content categories using tabulate format (Popay et al., 2006:18). The information was used to complement information gained from schedule key-informant interviews in phase 2b.

4.7.3 Phase 2b: Schedule key-informant interviews with employees of selected NGOs

Data from the employees of the NGOs was analysed following the approaches of Creswell, Hanson, Plano Clark and Morales (2007:247-248) and Yin (2014:139-149) on procedures for analysing case study. The data was organised and prepared for analysis by first transcribing data from audiotape and typing up field notes for each NGO. The researcher read through the data to obtain its overall meaning and also recorded thoughts about the data. The data for each NGO was reviewed repeatedly and continually coded to identify and describe patterns, similarities and differences. The emerging themes were identified and described for each NGO. A case of each NGO was described in details. The next analytic strategy step used cross-case analysis by identifying similarities and differences of emerged themes and issues between NGOs. Thematic analysis was used to identify recurrent and most important themes across data from NGOs (Popay et al., 2006:18). The findings was presented in a tabulate format and the narrative approach was used to provide a broader interpretation about indicators currently in use by the selected NGOs as well as information on the monitoring and evaluation of the outcomes of sport-

based HIV/AIDS awareness programmes in South Africa (Popay et al., 2006:18; Creswell et al., 2007:247-248; Yin, 2014:139-149).

4.7.4 Phase 2(c): Focus group interview with employees of selected NGOs

The data from focus group interview was organised and prepared following approaches of Creswell (2009:185-186). The data was first transcribed from audiotape and typed. The researcher read through the data to obtain its overall meaning and also recorded thoughts about the data. The data was reviewed repeatedly and continually coded to identify and describe patterns, similarities and differences. The emerging themes were identified and used during the development of the generic outcome indicator framework for sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa.

4.7.5 Phase 3(a): Schedule interviews with specialists/experts involved in the field of HIV/AIDS

Data from the specialists/experts involved in the field of HIV/AIDS was also analysed following the approach of Creswell (2009:185-186). This involved organizing and preparing data for analysis by first transcribing data from audiotape and typing up notes for each participant. The data for each specialist/expert was reviewed repeatedly and continually coded to identify and describe themes. The emerging themes was identified and described for each specialist/expert. The next analytic strategy involved identifying similarities and differences of the emerged themes and issues between specialists/experts. Thematic analysis was used to identify recurrent and most important themes across data from specialists. The analysis concluded with discussions in Chapter 6. The discussions focus on specialists/experts' perceptions and recommendations about indicators that are applicable to a generic monitoring and evaluation framework regarding the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South

Africa. In addition, the findings were used during the development of the outcome indicator framework for sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa.

4.7.6 Phase 3(b): Schedule interview with an official from SRSA

Data from an official from SRSA was analysed using approach of Creswell (2009:185-186) and following some of the procedures used in phase 3(a).

4.7.7 Summary of data analysis

The research findings from document analysis and schedule key-informants interviews of selected NGOs were presented in a narrative approach in Chapter 6. Summary of these findings with particular focus on anticipated outcomes and indicators were then incorporated with findings from the systematic review, focus group interview and recommendations from specialists/experts and SRSA official. These findings were used to contribute to a generic outcome indicator framework adapted from approaches of Kusek and Rist (2004:18, 64 & 68); W.K. Kellogg Foundation (2004:18, 20 & 25), Rabie (2011:364-372) and IEG (2012:26-42). This involved developing a logic model that depicts the relationship between the objectives, anticipated outcomes along with a variety of possible indicators for the measurement of various sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. A generic outcome indicator framework for sport-based HIV/AIDS programmes of selected NGOs in South Africa is presented in Chapter 6.

4.8 TRUSTWORTHINESS

Creswell (2009:190-191) identifies procedures to ensure reliability. In this study, the following strategies were used to ensure trustworthiness and accuracy of the findings.

(i) Triangulation of data - document analysis and focus group interview was used to complement the information gained from key informant interviews.

(ii) Member checking - the researcher served as a check throughout the data collection and analysis processes and was involved in all stages of data collection and analysis.

(iii) A researcher constantly compared data with the codes and themes to ensure that there was no shift in the meaning of codes and themes.

(iv) Focus group interview was conducted with employees of selected NGOs immediately after the analysis of the data from phases 2(a) and 2(b) to ensure accuracy and gain clarity.

(v) A narrative approach was used to convey the findings.

(vi) Negative and discrepant information from the findings was presented and explained.

(vii) Peer debriefing - A Post-Doctoral Fellow served as a peer examiner by reviewing the study and asking a researcher questions about the study to enhance accuracy of the findings.

4.9 ETHICS CONSIDERATION

The researcher has an obligation to respect and protects the rights, needs, values, privacy and dignity of the participants. The researcher was in compliance with the ethics principles as required by the University of the Western Cape (UWC) academic and research guidelines provided to the researcher by the Department of Sport, Recreation and Exercise Science of UWC.

Organisational permission - a letter requesting permission to conduct a study was sent to each NGO, specialist/expert and an official from SRSA (Appendices L and M).

Beneficence - the researcher ensures beneficence within the relationship with the participants and maximizes possible benefits and reduces possible harm.

Autonomy - participants were informed verbally and in writing about the overall purpose of the research including the risks and benefits of participation.

Justice - the participants were informed verbally and in writing about their rights to withdraw from the study.

Informed Consent - the purpose of the study was explained verbally and in writing to the participants. Key informant, focus group and specialist/expert interview confidentiality binding forms was used to ask participants to consent to the confidentiality of the group (Appendices G-K).

Confidentiality - personal information and all data obtained was and will be kept confidential. Anonymity of the employees of selected NGOs was kept at all stages of the research and participants were not required to submit their names and/or surnames, the names of their NGOs or any other form of identification during interviews. As it is mentioned earlier, the permission was obtained from the experts/specialists and an official from SRSA to use their names and profiles in the study. All data obtained and transcriptions were coded using numeric codes and kept in a locked cabinet in the researcher's office at the university and only the researcher and the supervisors have access. Disposal of all records of the data from audiotapes and transcripts will be done after three years once the study is completed.

Information sheet was given to participants explaining the purpose of the study, data collection procedures, issues of confidentiality, risks and benefits of the study. Participants were informed about their rights and voluntary participation (Appendix G).

Scientific integrity - Ethical clearance was obtained from the university. A researcher liaised with the participants to set up convenient time to schedule interviews.

4.10 CONCLUSION

The research methodology discussed facilitated the entire process of data collection. The next chapter will focus on outcome indicators for HIV/AIDS awareness programmes. The next chapter further presents a narrative systematic review conducted to address Objective 1 of this study. Objective 1 of this study is to identify and assess appropriate indicators to monitor and evaluate the outcomes of sport-based HIV/AIDS awareness programmes.

CHAPTER 5: OUTCOME INDICATORS FOR HIV/AIDS AWARENESS PROGRAMMES

5.1 INTRODUCTION

Results-based monitoring and evaluation systems rely on indicators to allow tracking of progress against change as a result of any given programme (Kusek & Rist, 2004:65). Monitoring and evaluation of HIV/AIDS awareness programmes is being recognised by many countries. This chapter provides information on experiences regarding indicators to monitor and evaluate outcomes of HIV/AIDS awareness programmes in developed and developing countries with particular focus at NGO level. Three NGOs from three countries, South Africa, Grenada in Caribbean, and Indonesia are used as case studies to provide an overview of indicators at the outcome level for HIV/AIDS awareness programmes. The three NGOs selected as case studies are Theatre for Life, Grenada National Organisation of Women and BPKM Yasanto and all provide HIV/AIDS awareness programmes. This chapter presents indicators that are currently internationally accepted and in use to monitor and evaluate outcomes of HIV/AIDS awareness programmes as well as development of alternative or potential indicators. Furthermore, this chapter presents a narrative systematic review conducted to identify and assess appropriate indicators to monitor and evaluate the outcomes of sport-based HIV/AIDS awareness programmes. An overall conclusion of this chapter is provided in the last section.

5.2 GLOBAL RESPONSES TO HIV/AIDS

International organisations such as, CDC, Global Fund, Measure Evaluation, UNAIDS, UNICEF, USAID, WHO and World Bank, are continuing to work in partnership with countries across the world in responding effectively to HIV/AIDS. Currently, the global responses to HIV/AIDS aim to reach targets set under ten key priority areas which were adopted for the 2011

UN Political Declaration on HIV/AIDS-targets and elimination commitments. They are listed in Table 5.1 according to UNAIDS (2013c:23-97, 2014a:23-107, 2015:29-103).

TABLE 5.1: GLOBAL RESPONSES TO HIV/AIDS: TARGETS BY 2015.

GLOBAL HIV/AIDS KEY PRIORITY AREAS OR PILLARS: 2011 UN POLITICAL DECLARATION ON HIV/AIDS – TARGETS AND ELIMINATION COMMITMENTS

- Priority area 1: Reduce sexual transmission of HIV/AIDS by 50% by 2015.
- Priority area 2: Reduce transmission of HIV/AIDS among people who inject drugs by 50% by 2015.
- Priority area 3**:** Eliminate new HIV infections among children and substantially reduce AIDS-related maternal deaths.
- Priority area 4: Reach 15 million people living with HIV/AIDS with lifesaving antiretroviral treatment.
- Priority area 5: Reduce tuberculosis deaths in people with HIV/AIDS by 50% by 2015.
- Priority area 6: Close the global AIDS resource gap by 2015 and reach annual global investment of US$22–24 Billion in low and middle income countries.
- Priority area 7: Eliminating gender inequalities.
- Priority area 8: Eliminating stigma and discrimination.
- Priority area 9: Eliminate travel restrictions.
- Priority area 10: Strengthening HIV integrations.

Source: Adapted from UNAIDS, (2013c:23-97, 2014a:23-107, 2015:29-103).

5.2.1 Global HIV/AIDS Programme (GHAP)

The GHAP was established in 2002 by the World Bank and working in collaboration with UNAIDS. GHAP provides technical support, knowledge and multi-sectoral engagement in responding to HIV/AIDS (Kusek, 2009:1). GHAP comprises of monitoring and evaluation team named, Global HIV/AIDS Monitoring and Evaluation Team (GAMET) (Kusek, 2009:1).

The main aim of GAMET is to support countries in Africa, Asia, Latin America and Caribbean to improve quality of monitoring and evaluation of HIV/AIDS programmes (Kusek, 2009:1). South Africa, Grenada and Indonesia with NGOs which form case studies for this chapter are members of GHAP. Grenada and Indonesia have successfully developed HIV/AIDS monitoring and evaluation frameworks grounded on highly consultative process with stakeholders (Kusek, 2009:2). The South African National AIDS Council (SANAC) is currently revising the HIV/AIDS monitoring and evaluation framework of South Africa (SANAC, 2014). The cases of NGOs from these selected countries are presented in sections 5.4 - 5.6.

5.3 COMPARATIVE LESSONS OF CASE STUDIES ON HIV/AIDS AWARENESS PROGRAMMES FOR NGOS

The main focus of this study is on HIV/AIDS programmes at NGO level. However, it is important to also reflect on HIV/AIDS policy statements or strategic plans or objectives of the selected countries namely South Africa, Grenada and Indonesia. This will assist to assess if the HIV/AIDS awareness programmes of the selected NGOs are linked to their country's HIV/AIDS policy. The discussions on three case studies include HIV/AIDS policy statements, HIV/AIDS strategic plans or strategic objectives. The discussions further reflect on outcomes and indicators for HIV/AIDS awareness programmes for each NGO in the three countries. Important lessons and recommendations will be drawn regarding outcomes and indicators for each NGO.

5.4 A THE CASE OF THE THEATRE FOR LIFE

Lot of efforts have been done to respond to HIV/AIDS, however, South Africa is still among countries that have a high number of new HIV infection (UNAIDS, 2014b:31). The current NSP for HIV/AIDS, STIs and TB 2012-2016, is driven by a 20-year vision. The aim of the NSP for HIV/AIDS is to provide guidelines for developing implementation plans in response to

HIV/AIDS at a national, provincial, local, district and community or NGO level (NSP-SA, 2012:12). The NSP for HIV/AIDS consists of five goals and four strategic objectives and are presented in Table 5.2 according to NSP-SA (2012:12). The country is striving to achieve these goals and objectives by 2016 (NSP-SA, 2012:12). In South Africa, there are various NGOs that provide HIV/AIDS awareness to various communities. Their target audience, services and methodology used to raise HIV/AIDS awareness vary per NGO depending on the need of that particular community. For the purpose of this study, an NGO called Theatre for Life is selected as a case study and discussed in the follow up sub-section 5.4.1.

TABLE 5.2: GOALS AND STRATEGIC OBJECTIVES OF NSP 2012-2016 FOR HIV/AIDS: SOUTH AFRICA.

NSP 2012-2016 FOR HIV/AIDS: SOUTH AFRICA

GOALS

- Reduce new HIV infections by at least 50% using combination prevention approaches.
- Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation.
- Reduce the number of new TB infections as well as deaths from TB by 50%.
- Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP.
- Reduce self-reported stigma related to HIV/AIDS and TB by at least 50%.

STRATEGIC OBJECTIVES

- Address social and structural barriers to HIV, STI and TB prevention, care and impact.
- Prevent new HIV, STI and TB infections.
- Sustain health and wellness.
- Increase protection of human rights and improve access to justice.

Source: Adapted from NSP-SA, (2012:12).

5.4.1 The Theatre for Life

It is important to acknowledge that all information presented is collected from the Theatre for Life NGO website, (Theatre for Life, 2014). Theatre for Life is a non-profitable NGO established in 1987 and is operating in schools across all provinces of South Africa. The project target school learners and use applied theatre productions focusing on three components namely: the *"Monkey Business"* series for Grade R-3, the *"About Us"* series for Grades 4 - 7 and the *"Look Before You Leap"* series in secondary schools split between the junior Grades (8 - 9) and senior Grades (10 - 12) (Theatre for Life, 2014). The project uses the age-appropriate approach to reinforce self-efficacy and resilience in youth promoting a change in social attitude, choices, behaviours regarding sex, sexuality, relationships and gender, contributing to a reduction of the rates of HIV/AIDS transmission, discrimination, human rights abuses, abuse, gender-based violence and rape (Theatre for Life, 2014).

Objectives, outcomes and indicators of the Theatre for Life

Objective: To increase and develop the self-efficacy and resilience of South African school going youth through:

- the provision of relevant information
- increased awareness and understanding of the self, the issues and the context
- encouraged a positive self-concept
- enforcement of self-esteem and self-value
- development of problem-solving and decision-making life skills (Theatre for Life, 2014).

Outcome: Theatre for Life expects from each presentation an increase in the perception, ability and competence of the audiences to understand, influence, change, adapt and maintain their

concept of themselves and their own choices, attitude, beliefs, behaviours, values and views and in their acceptance and tolerance of the choices, attitude, beliefs, behaviours, values and views of others (Theatre for Life, 2014).

Indicator 1: Percentage of audiences who understand, influence, change, adapt and maintain their concept of themselves and their own choices, attitude, beliefs, behaviours, values and views (Theatre for Life, 2014).

Indicator 2: Percentage of audiences who show acceptance and tolerance of the choices, attitude, behaviours, values and view of others (Theatre for Life, 2014).

The objectives, outcome and indicators of the Theatre for Life are clearly stated. The objectives are in line with the goals and strategic objectives of the National Strategic Plan for HIV/AIDS of South Africa.

5.5 THE CASE OF THE GRENADA NATIONAL ORGANISATION OF WOMEN

Grenada is situated in the Caribbean region. According to the current NSP for HIV/AIDS 2012-2016, access to anti-retroviral treatment (ART) has scaled-up (NSP-Grenada, 2012:1). However, the country is still facing challenges in responding to generalized HIV epidemic (NSP-Grenada, 2012:1). Some of these challenges are, "the HIV rate has increased in the past decade, HIV prevalence among most-at risk population (MARP) is unknown and the majority of sexual active people do not know their HIV status" (NSP-Grenada, 2012:1). Furthermore, "twenty five percent (25%) of all secondary schools do not have organised HIV/AIDS awareness programmes and less than 50% of youth correctly identify modes of transmission and reject major myths" (NSP-Grenada, 2012:1). A current NSP for HIV/AIDS is guided by the policy of the Medium Term Economic Strategy of the country (Grenada-NSP, 2012:1). The NSP for HIV/AIDS consists of

three goals and six strategic objectives and are presented in Table 5.3 according to NSP-Grenada (2012:2). The country strives to achieve these goals and objectives by 2016 (Grenada-NSP, 2012:1). The government of Grenada works in partnership with private sectors, NGOs and faith-based organisations (FBOs) to achieve goals and objectives of the NSP (NSP-Grenada, 2012:1). The Grenada National Organisation of Women is one of the NGOs providing HIV/AIDS awareness to women and is selected for discussion as a case study in sub-section 5.5.1.

The following table outlines the goals and strategic objectives of the National Strategic Plan for HIV/AIDS in Grenada.

TABLE 5.3: GOALS AND STRATEGIC OBJECTIVES OF NSP 2012-2016 FOR HIV/AIDS: GRENADA.

NSP 2012-2016 FOR HIV/AIDS: GRENADA

GOALS

- Reduction in the number of new HIV infection by 25%.
- Reduction in mortality due to HIV/AIDS by 50%.
- Reduction in the economic impact of HIV/AIDS on households by 25%.

STRATEGIC OBJECTIVES

- Creating enabling environment that will promote and protect human rights.
- Prevention of new HIV infection.
- Treatment, care and support for people living with and affected by HIV/AIDS.
- Strengthening the multisectoral approach.
- Strengthening governance and management systems.
- Research monitoring and evaluation.

Source: Adapted from NSP-Grenada, (2012:1-2).

5.5.1 Grenada National Organisation of Women (GNOW)

Similarly to a case above it is important to acknowledge that all information presented about GNOW is collected from the website of the NGO Caribbean Development Foundation (NCDF, 2014). The GNOW is a non-profit organisation established in 1995 and addresses all segments of all women in Grenada. The organisation provides support and services aimed at encouraging gender equality, empowering women to get involved in economic, social and political development. The organisation further focuses on health and sexual issues of women using a programme called "Gender, sexuality and HIV/AIDS" (NCDF, 2014). The programme targets women, teachers and learners in primary and secondary schools (NCDF, 2014).

Objectives, outcomes and indicators of Gender, Sexuality and HIV/AIDS programme

Objective 1: To reduce the risk of HIV/AIDS among women through behaviour change and awareness (NCDF, 2014).

Outcome: Outcome and measurement indicators are not identified and there are no evaluation reports available. The possible outcomes and indicators presented below are adapted from the NSP-Grenada (2012) and from UNAIDS (2013c, 2014a, 2015).

Possible outcome: Increased percentage of women who are exposed to HIV/AIDS awareness and behaviour programmes.

Possible indicator 1: Percentage of sexually active women who used condoms at last sexual intercourse with a non-regular partner (NSP-Grenada, 2012: 27).

Possible indicator 2: Percentage of women who both correctly identify ways of preventing the sexual transmission of HIV/AIDS and who reject major misconceptions about HIV/AIDS transmission (UNAIDS, 2013c:24, 2014a:24, 2015:30).

Objective 2: To raise awareness of women's sexual rights and the right to negotiate sex (NCDF, 2014).

Possible outcome: Improved policy framework supporting the delivery of programmes protecting women's right and sexual rights (NSP-Grenada, 2012: 25).

Possible indicator 1: Policy framework supporting women's right and sexual rights formally approved (NSP-Grenada, 2012: 25).

Possible indicator 2: Percentage of women reporting knowing their rights including sexual rights (NSP-Grenada, 2012: 25).

The objectives of the GNOW are in line with the goals and strategic objectives of the National Strategic Plan for HIV/AIDS of Grenada. However, the outcomes and indicators for GNOW are not clear. The objectives of the GNOW made it possible for the researcher to recommend possible outcomes and indicators adapted from the NSP for HIV/AIDS of Grenada and from the guidelines UNAIDS.

5.6 THE CASE OF THE BPKM YASANTO HIV/AIDS PROGRAMME IN INDONESIA

According to Indonesia's National Strategic Plan (NSP) for HIV/AIDS 2010-2014, there has been progress in some programmes. For instance, there has been a decline in the number of drug users who share injecting equipments in 2007 compared to 2004 (NSP-Indonesia, 2010:8). However, there are still challenges regarding condom use among people of key populations (NSP-Indonesia, 2010:8). The Indonesia's NSP for HIV/AIDS is informed by policy on Mid-Term National Development Plan and served as a guideline to all stakeholders in responding to HIV/AIDS (NSP-Indonesia, 2010:8). The NSP for HIV/AIDS consists of three goals and four

strategic objectives and are presented in Table 5.4 according to NSP-Indonesia (2010:26). The country strives to achieve these goals and objectives by 2016. A BPKM Yasanto HIV/AIDS Programme is one of the NGOs that promote HIV/AIDS awareness in villages of Merauke in Indonesia and is selected and discussed as a case study in sub-section 5.6.1.

The following table outlines the goals and strategic objectives of the National Strategic Plan for HIV/AIDS in Indonesia.

TABLE 5.4: GOALS AND STRATEGIC OBJECTIVES OF NSP 2010-2014 FOR HIV/AIDS: INDONESIA.

NSP 2010-2014 FOR HIV/AIDS:INDONESIA

GOALS

- Prevent and reduce the transmission of HIV infection.
- Improve the quality of life for people living with HIV/AIDS.
- Reduce the socio-economic impact of the epidemic on individuals, families, and society, while safeguarding Indonesia's productive and valuable human resources.

STRATEGIC OBJECTIVES

- Provide effective HIV prevention for all key populations and their partners, and to improve program effectiveness where needed.
- Provide quality care, support and treatment services that are accessible, affordable and client-friendly for all people living with HIV (PLHIV) who need service.
- Increase access to economic and social support for PLHIV, children and affected families who are living in hardship.
- Create enabling environment that promotes an effective response to HIV/AIDS at all levels, particularly one that empowers civil society to have meaningful role and reduces stigma and discrimination towards people of key populations and all PLWHIV and affected by AIDS.

Source: Adapted from NSP-Indonesia, (2010:26).

5.6.1 BPKM Yasanto HIV/AIDS Programme in Indonesia

Similarly to other two previous cases, it is important to acknowledge that all information presented is collected from the website of the Caritas Australia (Caritas Australia, 2014). The programme uses small group discussions and trainings to raise HIV/AIDS awareness in villages of Merauke. The programme further develops Information, Education Communication (IEC) materials such as posters, pamphlets, video films, calendars and t-shirts to convey and promote accurate HIV/AIDS information to communities (Caritas Australia, 2014).

The objectives, outcomes and indicators of BPKM Yasanto HIV/AIDS programme

Objective: To increase the knowledge of HIV/AIDS among people living in villages of Merauke in Indonesia (Caritas Australia, 2014).

Outcome: Outcome and measurement indicators are not identified and there are no evaluation reports available. The possible outcome and indicators presented below are adapted from the NSP-Indonesia (2012) and UNAIDS (2013c, 2014a, 2015).

Possible outcome: Improved knowledge of HIV/AIDS among people living in villages in Merauke region.

Possible indicator: Percentage of people who both correctly identify ways of preventing the sexual transmission of HIV/AIDS and who reject major misconceptions about HIV transmission (UNAIDS, 2013c:24, 2014:24, 2015:30).

The objectives of the BPKM Yasanto are in line with the goals and strategic objectives of the National Strategic Plan for HIV/AIDS of Indonesia. The outcomes and indicators of the BPKM Yasanto programme are not clear since there are no evaluation reports available. However, the objectives of the BPKM Yasanto programme made it possible for the researcher to recommend

possible outcome and indicator adapted from the NSP for HIV/AIDS of Indonesia and from the guidelines of UNAIDS.

5.7 LESSONS DRAWN FROM THREE CASES

From the three case studies presented in the previous sections 5.4-5.6, the following critical lessons and recommendations were identified and are summarised briefly below.

Objectives: objectives of all NGOs are clearly defined for each programme and linked to National Strategic Plans for HIV/AIDS of their countries.

Outcomes and indicators: Theatre for Life NGO has outcomes and indicators for its programme. However, Grenada National Organisation of Women and BPKM Yasanto HIV/AIDS Programme did not have outcomes alongside measurement indicators. Their objectives made it easy for the researcher to recommend possible outcomes and indicators adapted from both their country's NSPs for HIV/AIDS and UNAIDS. There were no evaluation reports available on their websites.

Relevant clients for the indicators: Similarly, Theatre for Life NGO has clearly defined its relevant clients and for other two NGOs is not clear. According to Mallett et al., (2011:43), it is important to identify the group of clients/participants that will be measured on each indicator.

Performance target: Information about the performance target is not defined for all programmes of all NGOs. According to Church and Rogers (2006:46), it is very important to clearly define the size, magnitude or dimension of the intended change as a result of any given programme. In simple, the target for the amount of change the programme expects to see (Mallett et al., 2011:52).

Data source: Information on where to obtain data is also not defined for all programmes of all NGOs.

Time frame: All programmes of all NGOs did not specify the timeframe of when the desired change is expected to happen (Church & Rogers, 2006:50).

The lessons drawn from these three cases suggest that it is critical for NGOs to use outcome and indicator logic models and performance frameworks to measure results of their programmes (Kusek & Rist, 2004:68; Mallett et al., 2011:58). This will make it possible and easy to achieve results-based monitoring and evaluation for programmes aimed at development. NGOs should always make use of NSP for HIV/AIDS of their countries as guidelines to ensure that their programmes demonstrate a meaningful contribution in responding to any social problem including HIV/AIDS.

5.8 INDICATORS CURRENTLY IN USE TO MONITOR OUTCOMES OF HIV/AIDS AWARENESS PROGRAMMES

International organisations such as, CDC, Global Fund, Measure Evaluation, UNAIDS, UNICEF, USAID, World Bank and WHO, further provide guidelines and set of internationally accepted indicators that are currently in use to monitor and evaluate outcomes of HIV/AIDS awareness programmes (see also Table 5.5). The focus is on sexual and other behavioural risks of HIV/AIDS transmission which is mostly addressed in most HIV/AIDS awareness programmes. Governments and NGOs have adapted and use these indicators based on the anticipated outcomes of HIV/AIDS awareness programmes and settings of their countries.

TABLE 5.5: INDICATORS CURRENTLY IN USE BY GOVERNMENT AND NGOS TO MONITOR OUTCOMES OF HIV/AIDS AWARENESS PROGRAMMES.

OUTCOMES	INDICATORS	SOURCES
Reduced sexual transmission and other behavioural risks of HIV/AIDS transmission (General population)	Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV/AIDS and who reject major misconceptions about HIV/AIDS	-United Nations MDG 6.A: indicator, (2008:unnumbered) -DBE, (2012:24) -USAID, (2013:28) -UNAIDS, (2013c:24, 2014:24, 2015:30)
	Percentage of young women and men aged 15-24 who have sexual intercourse before the age of 15	-DBE, (2012:25) -USAID, (2013:28) -UNAIDS, (2013c:26; 2014:26; 2015:31)
	Percentage of adults aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months	-USAID, (2013:28) -UNAIDS, (2013c:27, 2014:27, 2015:33)
	Percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months who report the use of a condom during last sexual intercourse	-United Nations MDG 6.A: indicator, (2008:unnumbered) -UNAIDS, (2013c:28, 2014:28, 2015:34) -USAID, (2013:28)
Reduced sexual transmission and other behavioural risks of HIV/AIDS transmission (General population)	Percentage of women and men who believe consistent condom use reduces risk of HIV infection	-Keating, (2006:7): Vision Project
	Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	-UNAIDS, (2013c:29, 2014:29, 2015:35)
	Percentage of young people aged 15-24 who are living with HIV	-United Nations MDG 6.A: indicator, (2008:unnumbered) -USAID, (2013:29) -UNAIDS, (2013c:30, 2014:30, 2015:36)
	Percentage of women and men reporting having transactional sex (provision of sex in exchange for money) *in* the last 12 months	-Soul City Institute Health and Development, (2010:unnumbered)
	Percentage of women and men who have discussed ways to prevent getting HIV/AIDS with partner	-Keating, (2006:7): Vision Project
Reduced prevalence of intimate partner violence against women (as an outcome itself and as proxy for gender inequalities)	Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	-United Nations MDG 6.A: indicator, (2008:unnumbered) UNAIDS (2013c:86, 2014:92, 2015:91)

5.9 THE DEVELOPMENT OF ALTERNATIVE OR POTENTIAL INDICATORS THAT CAN BE USED TO MONITOR AND EVALUATE OUTCOMES OF HIV/AIDS AWARENESS PROGRAMME

Again, international organisations such as USAID, UNAIDS and Prevention Technical Working Group have currently introduced the development of alternative or potential indicators that can be also used to monitor outcomes of HIV/AIDS programmes (USAID, 2013:27-29). The focus is also on sexual and other behavioural risks of HIV/AIDS transmission which is mostly addressed in most HIV/AIDS awareness programmes. Governments and NGOs can adapt and use these indicators based on the outcomes of HIV/AIDS awareness programmes and settings of their countries.

The following table presents alternative or potential indicators that can be used to monitor and evaluate outcomes of HIV/AIDS awareness programmes.

TABLE 5.6: THE DEVELOPMENT OF ALTERNATIVE OR POTENTIAL INDICATORS THAT CAN BE USED TO MONITOR AND EVALUATE OUTCOMES OF HIV/AIDS AWARENESS PROGRAMME.

OUTCOMES	INDICATORS	SOURCES
Reduced sexual and other behavioural risks of HIV transmission (General population)	Percentage of never-married young people aged 15-24 who have never had sex	-UNAIDS in USAID, (2013:29)
	Percentage of women and men aged 15-49 with more than one ongoing sexual partnership at the point in time six months before the interview	-UNAIDS Reference Group on estimates, modelling and projections in USAID, (2013:28)
	Percentage of men and women aged 15-24, who have two or more concurrent partners within the past twelve months	-UNAIDS Reference Group in USAID, (2013:28)

OUTCOMES	INDICATORS	SOURCES
Reduced sexual and other behavioural risks of HIV transmission (General population)	Cross-generational sex: Percentage of women respondents aged 15-19 who have had non-marital sex with a man 10 years or older than themselves in the last 12 months, of all those who have had non-marital sex in the last 12 months	-UNAIDS 2000 Young People in USAID, (2013:28)
	Sexual active in past year: Percentage of young never married people (aged 15-24) who have had sex in the last 12 months	-UNAIDS 2000 Youth in USAID, (2013:29)
	Percentage of youth who have ever had sexual intercourse	-Prevention Technical Working Group in USAID, (2013:29)
	Percentage of young people (aged 15-24) who used condom the first time they ever had sex, of those who have ever had sex, disaggregated by age group (15-19, 20-24) and gender	-UNAIDS 2000 Youth in USAID, (2013:29)
	Percentage of young women and men aged 15-24 who report they could get condoms on their own	-UNAIDS in USAID, (2013:29)
	Percentage of young women and men who report they know where to get condoms	-Keating, (2006:7): Vision Project
	Condom use at last premarital sex, last sex: Percentage of young never married people (aged 15-24) who used condom at last sex, of all young single sexually active people surveyed	-UNAIDS 2000 Youth in USAID, (2013:29)
	Percentage of adults who are in favour of young people being educated about the use of condoms in order to prevent HIV/AIDS	-Youth Guidance Determinant in USAID, (2013:29)
Reduced stigma and discrimination	Stigma: Percentage of the general population with accepting attitude toward People Living With HIV/AIDS (PLHA)	-DBE, (2012:26) -UNAIDS in USAID, (2013:29)

It was challenging to obtain evaluation reports of HIV/AIDS awareness programmes of NGOs. As a result this study relied mostly on the use of international organisations guidelines and

evaluation reports of few NGOs to present the indicators currently in use to monitor and evaluate outcomes of HIV/AIDS awareness programmes. The indicators presented in Tables 5.5 and 5.6 are relevant for measure outcomes of HIV/AIDS awareness programmes which are focusing on six sexual and behavioural determinants of HIV/AIDS. These behavioural determinants are often associated with risky sexual behaviours that place individual at high risk of contracting HIV/AIDS (UNAIDS, 2010a:9). They are identified and discussed in Chapter 2 according to NSP-SA, 2011:23; Shisana et.al, 2009:64-66, 2014:65-80; UNAIDS, 2013a:24) as the following:

- Prevention knowledge and risk perceived
- Early sexual debut
- Multiple concurrent sexual partners
- Condom use
- HIV Testing and Counseling
- Intergenerational sex

The indicators presented in this Table 5.5 and Table 5.6 can be adapted and use by countries at national, provincial, local and community or NGO level to measure progress of their HIV/AIDS awareness programmes. A systematic review will be conducted in the next section to identify and assess appropriate indicators to monitor and evaluate the outcomes of sport-based HIV/AIDS awareness programmes.

5.10 OUTCOME INDICATORS FOR SPORT-BASED HIV/AIDS AWARENESS PROGRAMMES: A NARRATIVE SYSTEMATIC REVIEW

The number of NGOs using sport as a tool to respond to HIV/AIDS has grown. These NGOs are diverse in the type of HIV/AIDS activities they offer, means of conveying HIV/AIDS awareness messages and their target population. These NGOs also use a variety of indicators to measure outcomes of their sport-based HIV/AIDS awareness programmes. Using a narrative synthesis, a systematic review is conducted as an initial data collection phase addressing Objective 1[i] of this study. The main purpose of this review is to identify and assess appropriate indicators to monitor and evaluate the outcomes of sport-based HIV/AIDS awareness programmes.

Popay et al., (2006:5) and Rodgers et al., (2009:65) define a narrative synthesis as an approach to a systematic review that relies primarily on the use of words and text to explain and summarise the findings of the synthesis. In other words, it is identification of qualitative information. This approach is relevant to this study to ascertain the scope of existing indicators used in monitoring and evaluating the outcomes of sport-based HIV/AIDS awareness programmes. This will be achieved through the review of some of the available published and unpublished evaluation studies of sport based HIV/AIDS awareness programmes. The strategic objectives, anticipated outcomes and measurable indicators of each programme eligible for the review are identified and described. A methodology used to conduct the review is discussed in details in the follow-up section 5.11.

[i]Objective 1: to identify and assess appropriate indicators to monitor and evaluate the outcomes of sport-based HIV/AIDS awareness programmes.

5.11 METHOD/APPROACH FOR NARRATIVE SYSTEMATIC REVIEW

This section presents the methodology followed to conduct this review. The first step was the selection of studies for inclusion. This involves types of interventions; participants, study design and outcomes. In addition, the strategy used to search studies, data extraction, management and assessment tools are also discussed. The researcher conducted the entire review in consultation with the supervisors.

5.11.1 Selection of studies for inclusion

Types of participants

This review includes sport-based HIV/AIDS awareness interventions in all countries targeting youth and adults. For the purpose of this study youth refers to people younger than 18 years, youth refers to people between the age group of 18 - 35 years. Adults refer to people who are above the age of 35 years.

Types of interventions

Intervention had to use sport as a tool to promote HIV/AIDS awareness. This included educational interventions as well as interventions aimed at reducing sexual and other behavioural risks, stigma related to HIV/AIDS, increase uptake of health services that contribute to a reduction of HIV/AIDS transmission such as HIV Counselling and Testing (HCT), sexual transmission infections (STIs) and awareness and access to antiretroviral treatment.

Types of study designs

This review includes studies that meet the following inclusion criteria:

Published and unpublished studies

Published studies refer to peer reviewed articles published in both local and international journals. Unpublished studies refer to evaluation reports of both local and international sport-based HIV/AIDS awareness programmes.

- Published and unpublished studies that evaluate sport-based HIV/AIDS programmes to raise HIV/AIDS awareness and reduce HIV/AIDS transmission among youth and adults in any country.
- Published and unpublished studies that describe indicators to measure outcomes of sport-based HIV/AIDS programmes to raise HIV/AIDS awareness and reduce HIV transmission among youth and adults in any country.
- Published and unpublished studies issued in the last 10 years, i.e. between January 1, 2004 and December 31, 2014.
- Published and unpublished studies either using qualitative or quantitative measures employing randomised or non-randomised trials, cross-sectional, case-control studies comparing intervention and control group or pre-post comparison.

Language

In this evaluation, only published and unpublished studies written in English were included.

Types of outcome measures

Studies were included if they reported one or more of the key HIV/AIDS awareness outcome such as biological, sexual behaviour, condom use, HIV/AIDS, STI and pregnancy incidence, knowledge of HIV/AIDS, attitude and self-efficacy, gender norms, stigma, service uptake/referral to HCT and antiretroviral therapy.

5.11.2 Search strategy

A review used a two-way search strategy to identify published and unpublished studies. A search to identify peer-reviewed articles was conducted using electronic databases like EBSCO, SCOPUS, MEDLINE, EMBASE, Google Scholar, hand searches of the reference lists of key journals and the university library. Furthermore, cross reference lists of selected articles, reports, websites related to indicators to measure outcomes of sport-based HIV/AIDS awareness programmes were reviewed. Google was also used to search relevant unpublished studies and evaluation reports of sport-based HIV/AIDS programmes in order to ascertain which indicators are in use. Search criteria included keywords such as HIV, AIDS, sport-based HIV/AIDS programme, sport-based HIV/AIDS awareness/prevention programme, effectiveness, monitoring, evaluation, outcomes, results and indicators.

5.11.3 Data extraction and management

For all studies and programme reports consulted, inclusion and exclusion criteria were extracted either from the abstract or from the full article or report. Selected articles and reports were carefully examined by the researcher and the information about objectives, outcomes and indicators of sport-based HIV/AIDS programmes was extracted using the logical models of Kusek and Rist (2004:68) and USAID (2011:25-26). All the process of conducting a systematic review was performed and verified by the researcher in consultation with the supervisors.

5.11.4 Data extraction and assessment tool

Data was extracted through identification of qualitative information, or indicators in this instance. Specific methodologies are used that include the theory of change mapping as well as logical framework. Monitoring frameworks that utilize the methodologies of given policy and strategic objectives, anticipated outcomes and measurable indicators are also used. This approach

is the major systematic review method in use internationally in results-based monitoring and evaluation (Kusek & Rist, 2004:68). The qualitative information was sorted thematically according to the stated anticipated outcome, or alternatively, if expressed as a desired result, then it was included under the given objective as an 'anticipated outcome'. Use is also made of thematic frequency analysis as well as theme-based cross-cutting analysis to identify causal relationships.

5.11.5 Data extraction and presentation of included studies

Characteristics of all included studies were extracted and presented in Appendix A: Table A.1. A total of fourteen evaluation studies on sport-based HIV/AIDS awareness programmes were included and conducted for the period between 2006 and 2012. Of the fourteen studies, seven were published in four peer journals, six studies were evaluation reports of sport-based HIV/AIDS programmes while the last one was an unpublished Master of Public Health-thesis. Studies were conducted in various countries: four in South Africa, two in Zimbabwe, one in Kenya, Mauritius, Dominican Republic, Tanzania, Burkina Faso, Liberia, Southern Sudan and Zambia. The study designs included four quasi-experimental studies, eight pre/post cohort studies, one cross sectional study and one parallel cohort study. The target population for included studies ranged in the age group 9-30 years.

The information was first classified according to the objectives, reported outcomes and description of findings from included studies and is presented in Appendix B: Table B.1. A total of seventeen objectives and sixty six outcomes were identified. The next step was an analysis of the reported outcomes and findings discussed using an outcome integration model adapted from USAID (2011:25-26) and these are presented in the next section 5.12. The indicators used to monitor and evaluate outcomes from included studies were identified and are discussed in

section 5.13. Development of alternative or potential indicators that can be used to monitor and evaluate outcomes of sport-based HIV/AIDS awareness programmes follows in section 5.14.

5.12 KEY OUTCOMES FROM INCLUDED STUDIES

The approaches of USAID (2011:25-26) on outcome and effective integration model were adapted and used to quantify the outcomes across all fourteen included studies. This involved classification of outcomes according to the following categories: health or biological, knowledge of HIV/AIDS, communication about HIV/AIDS, sexual and behavioural transmission of HIV/AIDS, gender norms within the context of HIV/AIDS, gender norms concerning sports, process outcomes: awareness to HIV/AIDS services, and stigma. Studies reporting on each outcome were counted and recorded in Table 5.7 and discussed in details in subsection 5.12.1. Studies associated with improved outcomes were classified as positive. Furthermore, studies with no statistically significant difference in the outcomes and also with joint positive and negative effects were counted and classified as mixed or with no effect. Studies that showed worse outcomes were classified as negative and studies with inconclusive findings were classified as inconclusive (USAID, 2011: 25-26).

5.12.1 Discussions: key outcomes from included studies

Health or biological outcomes

No studies reported on change in health or biological outcomes. However, one ultimate goal of a study by Farrar et al., (2010:5) was to enable HIV-positive youth to manage infection and maintain their health. Three health outcomes namely: reduced HIV prevalence, increased CD 4 count and reduced viral load were mentioned but not measured due to limited resources. According to Farrar et al., (2010:3), in an ideal situation such kind of evaluation would require a longitudinal randomised controlled study comprising of an intervention group and a control

group. This would further require a repeatedly comparison of HIV status of this two group including the assessment of CD4 counts and viral loads of those who are HIV infected (Farrar et al., 2010:3).

Knowledge of HIV/AIDS outcomes

Improved knowledge of HIV/AIDS

Twelve studies reported on change in the knowledge of HIV/AIDS outcomes. Of the twelve studies, nine reported improvement in the knowledge of HIV/AIDS while two studies showed no effect and one study by Carter (2006:5) had inconclusive findings. Fuller et al., (2010:551) reported no dramatic change in the level of knowledge related to HIV/AIDS in any of the groups from pre to post and three months after post. Another study by Peacock-Villada et al., (2006:25) reported a slight difference in both correct responses of boys and girls from baseline to post-test.

Increased communication about HIV knowledge

Three studies reported on communication about HIV/AIDS and they all showed a positive effect.

Sexual and behavioural of transmission of HIV/AIDS outcomes

Thirteen outcomes were reported under predictors of sexual and behavioural risks of HIV/AIDS. They were either reported as attitude, belief, experience, intention or subjective-norms towards that particular outcome. The most commonly reported sexual and behavioural outcome was on abstinence, condom use and concurrent partners respectively. Please note that the sexual and behavioural outcomes are discussed according to their sequence in Table 5.7.

- Delayed sexual experience: Two studies reported on sexual experience and neither of them had positive effect. A study by Delva et al., (2010: 2015) showed no significant difference in the fraction of respondents reported to have ever had sex in the intervention

group and in the control group, while study by Carter (2006:5) reported inconclusive findings.

- Positive attitude towards delayed sexual debut: Of the two studies reported on attitude towards delayed sexual debut, one had positive effect. Another study by Delva et al., (2010:1015) showed no effect on attitude towards delaying sexual debut in the intervention group as well in the control group.
- Increased perceived risk avoiding behaviours: Three studies reported on perceived risk-avoiding behaviours and two showed a positive effect and one did not had any effect. Delva et al., (2010:1016) showed no significant differences on reported perceived risk-avoiding behaviours between the intervention group and the control group.
- Increased condom use: Two studies reported direct experience on condom use. Both showed positive results. In addition, there were six additional outcomes related to condom use and are discussed below.

- Positive intention towards condom use and being faithful to your partner: One study reported by Delva et al., (2010:1016) showed no significant differences on reported behavioural intention towards condom use and remaining faithful to a partner between the intervention group and the control one.
- Positive attitude/belief towards condom use: Three studies reported on attitude/belief towards condom use. All three studies that reported on attitude/belief towards condom use showed positive results.
- Positive attitude towards consistent condom use: One study reported on attitude towards consistent condom use and showed a positive effect.

- Increased perceived behavioural control/self-efficacy in condom use: Two studies reported on perceived behavioural control/self-efficacy in condom use and all two showed positive effect.
- Increased percentage of respondents reporting having one or more condoms with them: One study reported on having one or more condoms with them and there was an improved outcome.
- Increased awareness of where to access condoms (not having difficulty finding a place to buy condoms): One study reported on access to condoms and had a positive effect.
- Positive attitude towards abstinence: Seven studies reported on attitude, beliefs and subjective norms towards abstinence, five showed a positive effect and two had a mix effect. Peacock-Villada et al., (2006:25) was recorded as having mix effect because the findings reported a slight difference in correct responses of boys and no difference in girls from baseline to post-test. Fuller et al., (2010:551) was also recorded as having mix effect because the findings showed negative effect in the intervention group from pre-post and then positive effect after three months.
- Decreased concurrent sexual partners: Three studies reported on history, attitude and subjective norms towards concurrent sexual partners and two had a positive effect and one showed no effect. Delva et al., (2010:1015) reported no significant differences in the percentage of respondents reporting to have ever had concurrent relationships either for respondents in MYSA and for respondents in the control group.
- Increased belief in exclusive sexual partner: One study reported on attitude and subjective norms to exclusive sexual partner and showed a positive effect.

- Increased subjective norms on virginity and responsibility: One study by Delva et al., (2010:1016) showed no significant differences on reported subjective norms to virginity and responsibility between the intervention group and the control group. As a result the study was recorded as having no effect.
- Positive attitude towards uptake of HIV testing: Two studies reported on willingness to get tested for HIV. One study showed a positive effect and one had inconclusive results. Carter (2006:5) reported inconclusive findings on willingness to get tested for HIV.

Gender norms with the context of HIV/AIDS outcomes

Three outcomes were reported under gender norms with the context of HIV/AIDS. The reported outcomes are on sexual violence, equality in relationship and respect for girls. The most commonly reported gender norms outcome was on respect for girls. One study reported on sexual violence and one on equality in relationship.

- Improved knowledge that sexual violence increases risks of HIV infection: One study reported on sexual violence and showed improvement in positive responses on sexual violence.
- Increased belief in equality in relationship: One study reported on norms, beliefs and attitude towards equality in relationship and showed positive effect.
- Positive attitude towards respect for girls: Three studies reported on norms, belief and attitude towards respect for girls. Of the three studies, two reported positive effects and one showed mix effect. A study by Fuller et al., (2010:551) was recorded as having mix effect because the findings showed negative effect in the intervention group from pre-post and then positive effect after three months.

Increased equitable gender norms concerning sports outcomes

Four studies reported on equitable gender norms concerning sports and all had a positive effect.

Improved knowledge on awareness of health services

One study reported on awareness of HIV/AIDS prevention services in community and showed a positive effect.

Stigma and discrimination related to HIV/AIDS outcomes

- Reduced stigma: Seven studies reported on stigma (attitude towards people living with HIV/AIDS). Six studies reported positive effect and a study by Carter (2006:5) reported inconclusive findings.

The findings of the outcome and effective integration model show that there were no negative outcomes or effect reported, however they were few that showed mix or no effect. The findings on the knowledge of HIV/AIDS indicate that the participants were knowledgeable before the intervention. There were no significant differences in the correct responses of the intervention group and control one from baseline to post in two studies (Fuller et al., 2010:551; Peacock-Villada et al., 2006:65). As it is suggested by Fuller et al., (2010:552), this calls for the development and selection of HIV/AIDS knowledge questions that are age-appropriate. In addition, the questions should be relevant to the specific target audience. The NGOs can make use of the guideline on 100 HIV/AIDS knowledge questions and answers developed by Gallant (2007). They can also follow the guidelines of UNAIDS (2013c:24, 2014a:24, 2015:30).

The following table presents the key outcomes from included studies. The table is adapted from the approaches of USAID (2011:25-26) on outcome and effective integration model.

TABLE 5.7: KEY OUTCOMES FROM INCLUDED STUDIES.

Outcomes	**Number of studies reporting on this outcome**	**Number of studies that showed a positive effect**	**Number of studies that showed a mix or no effect**	**Number of studies that showed a negative effect**	**Number of studies showed inconclusive effect/findings**
Knowledge of HIV/AIDS outcomes					
Improved knowledge of HIV/AIDS	12	9	2	0	1
Increased communication about HIV/AIDS	3	3	0	0	0
Sexual and behavioural outcomes for transmission of HIV/AIDS Reported/perceived attitude/ beliefs/experiences/subjective norms					
Delayed sexual experience	2	0	1	0	1
Positive attitude towards delayed sexual debut	2	1	1	0	0
Increased perceived risk-avoiding behaviours	3	2	1	0	0
Increased condom use	2	2	0	0	0
Positive intention towards condom use and remaining faithful to your partner	1	0	1	0	0
Positive attitude/belief towards condom use	3	3	0	0	0
Positive attitude towards consistent condom use	1	1	0	0	0
Increased perceived behavioural control/self-efficacy in condom use	2	2	0	0	0

Outcomes	Number of studies reporting on this outcome	Number of studies that showed a positive effect	Number of studies that showed a mix or no effect	Number of studies that showed a negative effect	Number of studies showed inconclusive effect/findings
Sexual and behavioural outcomes for transmission of HIV/AIDS Reported/perceived attitude/ beliefs/experiences/subjective norms					
Increased percentage of respondents reporting having a one or more condoms with them	1	1	0	0	0
Increased awareness of where to access condoms	1	1	0	0	0
Positive attitude towards abstinence	7	5	2	0	0
Decreased concurrent sexual partners	3	2	1	0	0
Increased belief in exclusive sexual partner	1	1	0	0	0
Increased subjective norms on virginity and responsibility	1	0	1	0	0
Positive attitude towards uptake of HIV testing	2	1	0	0	1
Gender equitable norms within the context of HIV/AIDS outcomes					
Improved knowledge that sexual violence increases risks of HIV infection	1	1	0	0	0
Increased belief in equality in relationships	1	1	0	0	0
Positive attitude towards respect for girls	3	2	1	0	0
Gender equitable norms concerning sport outcome					
Increased gender equitable norms concerning sport	4	4	0	0	0
Access to health services					
Increased awareness of health services	1	1	0	0	0

Outcomes	Number of studies reporting on this outcome	Number of studies that showed a positive effect	Number of studies that showed a mix or no effect	Number of studies that showed a negative effect	Number of studies showed inconclusive effect/findings
Eliminating stigma and discrimination related to HIV/AIDS					
Reduced stigma and discrimination related to HIV/AIDS	7	6	0	0	1

Table 5.7 presents outcomes from included studies and are already discussed in details in section 5.12.1.

5.13 INDICATORS CURRENTLY IN USE TO MONITOR AND EVALUATE OUTCOMES OF SPORT-BASED HIV/AIDS AWARENESS PROGRAMMES FROM INCLUDED STUDIES

As mentioned earlier in subsection 5.11.5, a total of seventeen objectives and sixty six outcomes were identified from the included studies. Of the sixty six outcomes, a total of twenty three core outcomes were aligned. A total of twenty seven indicators used to measure these outcomes were identified, selected and are presented in Table 5.8. Please note that participants refer to males and females reached with sport-based HIV/AIDS awareness sessions of included studies.

TABLE 5.8: INDICATORS CURRENTLY IN USE TO MONITOR AND EVALUATE OUTCOMES OF SPORT-BASED HIV/AIDS AWARENESS PROGRAMMES FROM INCLUDED STUDIES.

OUTCOMES	INDICATORS	SOURCES
Improved knowledge of HIV/AIDS	Percentage of young participants who correctly identify ways of preventing the sexual transmission of HIV/AIDS and who reject major misconceptions about HIV/AIDS	-Carter, (2006:2) -Peacock-Villada et al., (2006:25) -Mercy Corps, (2007:8) -Maro et al., (2009:136) -Fuller et al., (2010:551) -Farrar et al., (2010:5) -Luppe, (2010:48) -Fuller et al., (2011:615) -Farrar et al., (2012:10) -Kaufman et al., (2012:383)
Increased communication about HIV/AIDS and sexual issues	Percentage of participants reporting to know 3 or more persons with whom they are able to talk to about HIV/AIDS	-Clark et al., (2006:80)
	Percentage of participants reporting to have an open environment where they feel comfortable discussing sexual and reproductive health issues among peers and with community role	-Farrar et al., (2010:5) -Kaufman et al., (2012:383)
Delayed sexual experience	Percentage of participants reporting to have had vaginal and/or anal intercourse	-Delva et al., (2010:1015)
Delayed sexual debut	Percentage of participants reporting to have had sexual intercourse before the age of 15	-Delva et al., (2010:1015)
Positive attitude towards delayed sexual debut	Percentage of participants reporting to have intention to delay sexual intercourse	-Delva et al., (2010:1016) -Farrar et al., (2010:5)
Increased perceived risk-avoiding behaviour	Percentage of participants reporting to have a feeling that they can protect themselves from contracting HIV/AIDS	-Delva et al., (2010:1016) -Farrar et al., (2012:10) -Kaufman et al., (2012:383)
Increased condom use	Percentage of participants reporting to have had more than one sexual partner who report the use of a condom during their first sexual intercourse	-Maro et al., (2009:136) -Delva et al., (2010:1015)
	Percentage of participants reporting to have had more than one sexual partner who report the use of a condom during their last sexual intercourse	-Maro et al., (2009:136) -Delva et al., (2010:1015)
	Percentage of participants reporting to have used condom with their current or last partner	-Delva et al., (2010:1015)

OUTCOMES	INDICATORS	SOURCES
Positive intention towards condom use	Percentage of participants reporting to have intention to use condom at the first or next sexual intercourse	-Clark et al., (2006:80) -Mercy Corps, (2007:8) -Maro et al., (2009:136-137)
Positive attitude towards condom use and remaining faithful to your partner	Percentage of participants reporting to have used condom and remain faithful to their current partner	-Delva et al., (2010:1016)
Positive attitude towards consistent condom use	Percentage of participants reporting consistent condom use reduces risk of HIV infection	-Delva et al., (2010:1015)
Increased perceived behavioural control/self-efficacy towards condom use	Percentage of participants reporting perceived self-efficacy to refuse unsafe sex	-Maro et al., (2009:137) -Farrar et al., (2010:5)
Increased awareness of where to access to condoms	Percentage of participants reporting not having difficulty finding a place to get or buy condoms	-Delva et al., (2010:1016)
	Percentage of participants reporting to have one or more condom with them	-Delva et al., (2010:1016)
Positive attitude towards abstinence	Percentage of participants reporting to believe that abstinence is the most effective way to avoid sexual transmission of HIV/AIDS	-Peacock-Villada et al., (2006:25) -Mercy Corps, (2007:8) -Maro et al. (2009:137) -Fuller at al., (2010:551) -Fuller et al., (2011:615)
Decreased in the number of concurrent sexual partners	Percentage of participants reporting to have had sexual intercourse with more than one partner	-Mercy Corps, (2007:8) -Delva et al., (2010:1015)
Positive attitude to the use of an exclusive sexual partner	Percentage of participants reporting to believe that having an exclusive sexual partner is a safe behaviour against HIV infection	-Maro et al., (2009:137)
Positive attitude towards HIV testing	Percentage of participants who report positive attitude towards HIV testing	-Carter, (2006:3) -Farrar et al., (2010:5)
Improved knowledge that sexual violence increases risks of HIV infection	Percentage of participants reporting to be against sexual violence	-Farrar et al., (2010:5)
Increased belief in equality in relationship	Percentage of participants reporting to believe in equality in relationship	-Farrar et al., (2010:5)
Positive attitude towards respect for girls	Percentage of participants reporting to believe that girls should be respected	-Fuller et al., (2010:551) -Fuller et al., (2011:615)

OUTCOMES	INDICATORS	SOURCES
Positive attitude towards respect for girls	Percentage of participants reporting to believe that boys should protect and not harm girls	-Fuller et al., (2010:551) -Fuller et al., (2011:615)
Increased equitable gender norms concerning sports	Percentage of participants reporting to belief that football is for boys only	-Fuller et al., (2011:615)
Increased awareness about health services in a community	Percentage of participants reporting to be aware of HIV/AIDS prevention services in community	-Clark et al., (2006:3)
Reduced stigma and discrimination related to HIV/AIDS	Percentage of participants with accepting attitude toward people living with HIV/AIDS (PLHA).	-Carter, (2006:4) -Clark et al., (2006:80) -Peacock-Villada et al., (2006:25) -Mercy Corps, (2007:8)

The indicators presented in Table 5.8 were identified and selected from the included studies of the narrative systematic review. The indicators will contribute in the identification and development of the proposed generic outcome indicators for sport-based HIV/AIDS awareness programmes in Chapter 6 of this study.

5.14 THE DEVELOPMENT OF ALTERNATIVE OR POTENTIAL INDICATORS THAT CAN BE USED TO MONITOR AND EVALUATE OUTCOMES OF SPORT-BASED HIV/AIDS AWARENESS PROGRAMMES

A total of three indicators were proposed as potential indicators that can be used to monitor and evaluate outcomes of sport-based HIV/AIDS awareness programmes and are presented in Table 5.9. These indicators were derived from three outcomes of included studies. They were adapted and developed from the existing outcome indicators for HIV/AIDS awareness programmes. This involves a desktop review of literature and guidelines relevant to outcome indicators for HIV/AIDS awareness programmes used by international and national organisations. The "CREAM" concept of selecting indicators was again carefully followed to ensure that the

selected indicators are clear, relevant, economic, adequate and monitorable (Kusek and Rist, 2004:68). Indicators to measure biological/health outcomes were not practical to measure at a reasonable cost. For instance measuring direct the reduction of HIV infections among participants and the effectiveness of ART among eligible participants would require getting updates from the clinic. Considering ethics, norms, standards regarding patient's confidentiality, it is impossible to measure these biological or health outcomes.

TABLE 5.9: THE DEVELOPMENT OF ALTERNATIVE OR POTENTIAL INDICATORS THAT CAN BE USED TO MONITOR AND EVALUATE OUTCOMES OF SPORT-BASED HIV/AIDS AWARENESS PROGRAMMES.

OUTCOMES	INDICATORS	SOURCES
Positive attitude towards consistent condom use	Percentage of participants who believe consistent condom use reduces risk of HIV infection	-Keating et al., (2006:7):VISION Project
Increased perceived self-efficacy/behavioural control in condom use	Percentage of participants who feel that a partners is justified in refusing unsafe sex or proposing condom use if they know a partner has sexually transmitted infection	-International Labour Organisation, (2008:1-2)
Reduced sexual violence	Proportion of ever-married or partnered women participants who experienced physical or sexual violence from a male intimate partner in the past 12 months (it is not practical to measure this indicator at a reasonable cost)	-United Nations MDG 6.A: indicator, (2008:unnumbered) -UNAIDS, (2013c:86, 2014:92, 2015:91)

The development of alternative or potential indicators presented in Table 5.9 will be considered when identifying and developing proposed outcome indicators for sport-based HIV/AIDS awareness programmes in Chapter 6 of this study.

The findings of the systematic review indicate that sport-based HIV/AIDS awareness programmes are addressing risky sexual behaviours that place individual at high risk of contracting HIV/AIDS. These risky sexual behaviours are also identified in most HIV/AIDS

literature. The sport-based HIV/AIDS awareness programmes of included study are targeting young people as they are being identified in UNAIDS (2013a:2-3) as the most group at risk to HIV infection. It is important to acknowledge that it is very difficult to measure sexual, behavioural and biological outcomes. As pointed out by Farrar et. al., (2010:5) evaluation of sexual, behavioural and biological outcomes would require longitudinal studies which are often too costly. Conducting a longitudinal study requires collection of data from same sample of participants on multiple occasions to track changes over time, as well as relating them to variables that might provide explanation on why those particular changes occur (Lynn, University, 2015). Therefore, the findings of this systematic review showed that included studies rely mainly on measuring change in the knowledge of HIV/AIDS, attitude and belief towards HIV risks behaviours including self-reported predictors of HIV risk behaviours. Similarly to findings of Kaufman et al., (2013: 996) there were no studies that measured health or biological outcomes. However, Farrar et al., (2010:3) identified three health outcomes namely: HIV prevalence, CD4 counts, viral load and can be measured if there are adequate financial and human resources.

Kaufman et al., (2013:989) reported that one of the challenges observed in the evaluation of sport-based HIV/AIDS programmes is the heterogeneity of indicators used to measure behaviour outcomes. Similar findings were observed in this review, however, the approaches of USAID (2011:25-26) enable this study to classify the outcomes into relevant categories and also to align and select core outcomes from the included studies. This made it possible to identify twenty seven indicators that are currently in use by included studies to monitor and evaluate outcomes of sport-based HIV/AIDS awareness programmes. The findings of this systematic review can assist the NGOs that use sport as a tool to respond to HIV/AIDS to improve the measurement of

their anticipated outcomes. The NGOs can adapt and use these indicators according to their settings and their sport-based HIV/AIDS awareness programmes. Furthermore, the NGOs can follow the new age/sex disaggregation of USAID (2013) and UNAIDS (2014) where the age categories are as follows: 0-9, 10-14, 15-19, 20-24, 25+ for both females and males. This would enable the NGOs that use sport as tool to respond to HIV/AIDS to have a meaningful contribution in reporting their findings in their countries as well as globally.

Although this review did not assess how rigorous were the research methods and designs used in included studies. It can be concluded that the review demonstrated that sport-based HIV/AIDS awareness programmes do have a meaningful contribution in raising awareness about HIV risk behaviours including uptake of health services. The challenge is the question on how can they be further assisted in order to allow an opportunity to monitor and evaluate health or biological outcomes including change in risk behaviours. This can be an ongoing argument that involving governments, funders, NGOs, researchers, evaluators and all relevant stakeholders who have an interest in improving the evaluation of sport-based HIV/AIDS awareness programmes. The findings further suggested that evaluating outcomes of sport-based HIV/AIDS awareness programmes of included studies require the use of appropriate research design in order to track changes over time.

It was motivating for this study to identify four outcomes that address gender norms within the context of HIV/AIDS. This indicates that sport-based HIV/AIDS awareness programmes do acknowledge the challenges regarding gender norms that make young people vulnerable to HIV/AIDS. However, the findings of this review suggest that the programmes should further include women empowerment programmes and raise awareness of women's sexual rights and

the right to negotiate sex. Relevant indicators for women empowerment programmes should be developed based on the context of the programme and community setting.

5.15 CONCLUSION

This chapter has provided a variety of indicators for HIV/AIDS awareness programmes. The narrative systematic review provided an opportunity to identify and assess appropriate indicators to monitor and evaluate outcomes of sport-based HIV/AIDS awareness programmes. The development of alternative or potential indicators that can be used to monitor and evaluate outcomes of HIV/AIDS awareness programmes were established in this chapter. The indicators presented in this chapter are relevant for measuring outcomes which are focusing on the following: change in HIV risk behaviours, change in predictors of HIV risk behaviours, change in attitude, belief and intention towards HIV risk behaviours and change in the knowledge of HIV/AIDS. It is important to acknowledge challenges associated with evaluation of HIV risk behaviour outcomes. According to Kirby et al., (2007:214) and Compassion Capital Fund (2014:7) evaluation of behaviour outcomes requires rigorous research designs that require collection of data from same participants over a long period. The use of laboratory tests on measuring some sexual and other HIV risk behaviours such as pregnancy rate and STIs are recommended than self-reported data (Kirby et al., 2007:214). It is important to take this challenge into account when developing outcome indicators for HIV risk behaviours.

It can be concluded that the HIV/AIDS programmes of the NGOs selected as case studies including evaluation studies of the sport-based HIV/AIDS awareness programmes presented in the narrative systematic review, are in line with the key priority areas or pillars of the 2011 UN political declaration on HV/AIDS. The outcome indicators presented in this chapter can be adapted and use by countries at national, provincial, local and community or NGO level to

measure progress of their HIV/AIDS awareness programmes. It is critical for governments and NGOs to try and disaggregate their indicators by sex, age and urban or rural (United Nations Millennium Declaration, 2008: unnumbered). The indicators presented in this chapter will assist to contribute in strengthening outcome indicators of sport-based HIV/AIDS awareness programmes of selected NGOs examined in this study.

The next chapter will present the findings and discussions from the document analysis, schedule key-informant interviews and focus group interview with employees of selected NGOs including findings and discussions from the specialists/experts consulted in this study. Furthermore, the proposed generic outcome indicators for sport-based HIV/AIDS awareness of selected NGOs examined in this study is presented.

CHAPTER 6: FINDINGS AND DISCUSSIONS

6.1 INTRODUCTION

The aim of this study is to contribute to a generic monitoring and evaluation framework by improving the options for the use of outcome indicators of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. This chapter presents findings and discussions of data collected through document analysis and schedule key-informant interviews and focus group interview with employees of selected NGOs to address Objectives 2[ii] and 3[iii] of this study. This chapter further presents findings and discussions from the experts/specialists consulted to address Objective 3 of this study. The findings are simultaneously presented and discussed for the research purposes and aim, and will make a contribution to a generic monitoring and evaluation framework by improving the options for the use of outcome indicators of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa.

The findings and discussions from the document analysis and schedule key-informant interviews with employees of the five selected NGOs are presented first as case descriptions, followed by findings from cross-case analysis and discussions to address Objectives 2 and 3 of this study. The findings and discussions from the focus group interview with the employees of the selected NGOs and the findings from the experts/specialists consulted in this study are then discussed.

[ii]Objective 2: Investigate specific indicators currently in use by the selected NGOs as well as information on the monitoring and evaluation of the outcomes of sport-based HIV/AIDS awareness programmes selected NGOs in South Africa.

[iii] Objective 3: Identify and develop indicators that are applicable to a generic monitoring and evaluation framework regarding the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa.

Furthermore, the proposed generic outcome indicators for sport-based HIV/AIDS awareness of selected NGOs examined in this study is presented in this chapter. The last section provides the conclusion about this chapter.

For the purpose of the study, cases refer to sport-based HIV/AIDS awareness programmes of the five selected NGOs. In addition, sport-based HIV/AIDS awareness programmes refer to sport programme/intervention that integrates HIV/AIDS awareness and life skills. These are offered during/at sport events, tournaments and training sessions as well as at hubs/centers/sites.

6.2 FINDINGS: CASE DESCRIPTIONS: SPORT BASED HIV/AIDS AWARENESS PROGRAMMES OF SELECTED NGOS

Following approaches of Creswell, (2009:247-248) and Yin, (2014: 139-149) a description of each case is presented based on the data collected during document analysis and schedule key informants with employees of five selected NGOs. Each case description incorporated information from three themes. The first theme is the description of sport based HIV/AIDS awareness programmes, followed by information about reporting, outputs, outcomes and indicators in use for monitoring and evaluation of sport-based HI/AIDS awareness programmes, and lastly institutional arrangements for monitoring and evaluation. Each case description starts with a case narrative highlighting important information based on these three themes and are presented in sub-sections 6.2.1 - 6.2.5.

In compliance with the research principles and protocols anonymity is kept and no form of identification and names of the selected NGOs are included. The numeric codes are used for confidentiality and to keep anonymity for selected NGOs. As it is indicated in Chapter 4, the

permission was obtained from the experts/specialists and an official from SRSA to use their names and profiles in the study.

6.2.1 Case 1: Sport-based HIV/AIDS awareness programme for NGO A

Context and background

NGO A serves as a Secretariat of an international network in South Africa. The international network was established in 2001 and consists of twenty two member organisations operating in Southern Africa, Carribean, Vietnam and Europe. These member organisations are working together to use sport and physical activity as a means of raising awareness about HIV/AIDS and other health related issues. The mission of the international network is to provide a platform for sharing, learning, cooperation and visibility among organisations that use sport to empower and positively influence the lives of young people. In South Africa, NGO A coordinates work of member organisations in the Western Cape and Limpopo provinces. NGO A also implements sport-based HIV/AIDS awareness programmes in the Western Cape.

Objectives of sport-based HIV/AIDS awareness programme

The aim is to provide a platform for sport development NGOs specifically those using sport to address issues of HIV/AIDS among young people, and to implement sport-based HIV/AIDS awareness programmes. The objectives are:

- To empower youth with knowledge and practical skills focusing on reproductive health as a holistic approach as addressing issues of HIV/AIDS and other health related issues.
- To empower youth to positively influence their lives and lives of others by actively enhancing life skills through sport.

- To support members of the network in coming up with proper delivery tools and methodologies that integrate sport and physical activity as a means of raising awareness about HIV/AIDS and other health related issues.
- To provide a platform for sharing and learning among sport for development organisations in order to forge collaborative partnerships.

Implementation: target population, modes of delivering sport-based HIV/AIDS awareness programme and key HIV/AIDS messages

The target population for sport-based HIV/AIDS awareness programmes of NGO A is youth of both genders between age group 10-24 years. NGO A follows a curriculum and interactive approaches that integrates life skills and sports. The modes of delivering sport-based HIV/AIDS awareness sessions include peer-peer, role modelling, soccer, through mentorship movement games and video clips. Sometimes NGO A integrates role plays, theatre and drama but not primarily. The key HIV/AIDS messages are cross cutting themes addressing stigma and discrimination related to HIV/AIDS, HIV prevention, promoting HIV Counseling and Testing (HCT) and positive living regardless of HIV status.

The sport-based HIV/AIDS awareness programme is delivered by trained coaches and peer educators. They receive a one week training focusing on HIV/AIDS and facilitation skills coupled with refresher trainings throughout the year. The sport-based HIV/AIDS awareness sessions are implemented through organised annual sport leagues, periodic tournaments and weekly sport training sessions using rotational activities. Rotational activities means conducting sessions by delivering skills specific for sports integrated with HIV/AIDS awareness and life skills. Each session lasts for 15 minutes. The implementation is also conducted through theme based community HIV/AIDS awareness activities throughout the year.

Challenges regarding sport-based HIV/AIDS awareness programme

NGO A felt that there is a lack of a coordinated approach at a policy level in using sport to address HIV/AIDS and other social issues thus compromise quality of programmes. Other key challenges include lack of funding, insufficient buy-in from government and private sector in recognizing sport as a medium of change. These challenges restrict continuity and sustainability of sport-based HIV/AIDS awareness programmes. In addition, partnerships between health sectors and sport-based NGOs are invisible. Limited sport grounds, facilities and equipments also affect implementation of sport-based HIV/AIDS programmes.

Monitoring and evaluation: reporting, outputs, anticipated outcomes and indicators

NGO A does reporting on quarterly, mid-year, annual and biennual basis. The reports are used for funders, monitoring, assessment, identifying gaps, challenges, lesson learnt and to improve programmes. The reports are output-based and cover information on number of participants reached, topics covered, methodology, achievements, challenges, emerging issues, questions addressed and not addressed. Reporting is done at different levels. The data/information is collected by level 1 and 2 peer educators using registers and sometimes pre-post questionnaires after each HIV/AIDS session/activity conducted. The programme coordinators collate the information/data and write reports then the reports are sent to the network for reviewing. The network collates reports from all member organisations and compiles annual and biennual reports to provide feedback in a form of forum. The data/information is stored in the web-based online system, external hard drives and paper-based through filing. There are standards and restrictions regarding the web-based online system. Certain individuals within the organisation have access to the web-system using user-name and passwords. NGO A as a Secretarian has access to view the data/information captured by member organisations.

NGO A uses logframe, planning methodology and programme description to monitor and evaluate outputs of sport-based HIV/AIDS programme. Logic or change models are new tools that are being recently introduced by NGO A and its member organisations in the Western Cape. There are specific outputs alongside indicators for sport-based HIV/AIDS awareness programme of NGO A and are presented in Table 6.1. The specific output is to reach 10000 participants per year. NGO A also has anticipated outcomes for its sport-based HIV/AIDS awareness programme. However there are no outcome indicators in place to measure anticipated outcomes (see Table 6.2). Please note that the outputs and indicators in Table 6.1 and outcomes in Table 6.2 are stated as they are by NGO A.

TABLE 6.1: OUTPUTS ALONGSIDE INDICATORS OF CASE 1: NGO A.

OUTPUTS	INDICATORS
Sport-based HIV/AIDS awareness sessions undertaken/conducted	Number of sport-based HIV/AIDS awareness sessions undertaken/conducted
Participants reached with sport-based HIV/AIDS awareness sessions	Number of participants reached with sport-based HIV/AIDS awareness sessions disaggregated by gender and age

TABLE 6.2: ANTICIPATED OUTCOMES OF CASE 1: NGO A.

ANTICIPATED OUTCOMES	OUTCOME INDICATORS
Increased positive attitude towards risky behaviours	Indicators not stated
Changed risky sexual behaviour	Indicators not stated
Increased self-efficacy	Indicators not stated
Reduced stigma and discrimination	Indicators not stated
Increased HIV/AIDS knowledge	Indicators not stated
Reduced gender norms	Indicators not stated

Monitoring and evaluation: institutional arrangements

NGO A performs informative and ongoing/process evaluation based on outputs and targets of sport-based HIV/AIDS awareness programme. There is no specific designated person responsible to perform monitoring and evaluation, but it is integrated in the responsibilities of the programme coordinators. Training specializing in logic models, project/programme development, M&E, data analysis and reporting is provided by two qualified trainers. The training is annual and was last provided in June 2015. The duration of the training is one week coupled with six months continuous online-tutoring. The participants are assessed through assignments in order to qualify for competency or attendance certificates. The training is in collaboration with the university where the trainers teach.

Challenges regarding monitoring and evaluation of sport-based HIV/AIDS awareness programme

The key challenge regarding monitoring and evaluation is lack of financial support and resources to conduct continuous assessments of sport-based HIV/AIDS awareness programme of NGO A. In addition, there is limited funding to employ a designated person to perform M&E responsibilities only. Sometimes the NGO is funded by different funders/donors with different reporting requirements and thus compromise effectiveness of monitoring and evaluation. NGO A felt that data/information is not being analysed properly and not used effectively for monitoring and evaluation purposes. The programme manager stated that "...we are scared to challenge people and say today I do not want to collect data but I want to sit this week and carefully look, analyse and understand the data" (programme manager). NGO A recommends a need to have a harmonized tool, guidelines or frameworks to help sport for development NGOs in terms of programme design, monitoring and evaluation and the use of data.

6.2.2 Case 2: Sport-based HIV/AIDS awareness programme of NGO B

Context and background

NGO B is one of the projects of a Foundation established in 1997. The NGO responds to the plight of HIV/AIDS by providing a safe and loving home for children infected or affected by HIV/AIDS or TB in the Western Cape. Through sport outreach programmes, NGO B provides sport-based life-skills and health awareness including HIV/AIDS to children in a safe home and to youth around communities. In collaboration with local day hospital and counseling service, NGO B facilitates a small support group for children living with chronic illness. The mission of NGO B is to restore to the destitute, sick and vulnerable in communities, developing people to a place of self-reliance by priding services in education, health care and training.

Objectives of sport-based HIV/AIDS awareness programme

The aim is to provide a safe home and much needed care for children infected with or affected by HIV/AIDS and TB. The objectives are:

- To teach life skills, health awareness including HIV/AIDS through sport-based outreach programmes among youth in the community and children at the safe house.
- To provide care and support by facilitating a weekly support group for twenty adolescents living with chronic illness.

Implementation: target population, modes of delivering sport-based HIV/AIDS awareness programme and key HIV/AIDS messages

The target population is youth from both genders with different age categories, under 9 years and 10-18 years. NGO B follows the Foundation's learning materials and fundamentals to provide sport-based HIV/AIDS awareness programmes and life skills. To facilitate support group sessions, NGO B uses learning material adapted from "Right to Care". The sport-based

HIV/AIDS awareness programme is implemented through interactive sessions using different modes of delivering HIV/AIDS messages that integrates sport. The modes of delivering include soccer, netball, games, peer-peer, video clips, visual demonstration, craft, quiz in a form of running race. The key HIV/AIDS messages are HIV/AIDS knowledge, stigma and discrimination related to HIV, sexual issues, understanding your body, condom use, abstinence and relationships. In addition, positive living while infected with HIV, appropriate time of disclosing HIV status, disclosing HIV status to a partner, opportunistic infection, HIV management and treatment including adherence to ARV treatment.

HIV/AIDS sessions are implemented through interactive sessions during community outreach in a form of tournaments on Saturdays as well as through organised sports in the afternoons at the safe house. The community sport outreach is implemented by a sport coordinator and peer educators/mentors. The sessions are divided into organised sports which last for 40 minutes and HIV/AIDS awareness and life skills last for 15-20 minutes. At the safe house, a coordinator who is responsible for support group spends 30 minutes with children having fun and relaxing since they will be coming from school. The coordinator then runs a support group for 20 minutes. Sometimes a counselor from a local day hospital assists the coordinator with the support group. After the support group, children will play organised sports for 20 minutes. Both coordinators are being trained in HIV/AIDS provided by local HIV/AIDS NGO and they constantly attend trainings throughout the year.

Challenges regarding sport-based HIV/AIDS awareness programme

The most challenges are experienced in the support group for children living with chronic illness. Other children not living with chronic illness also want to join the support group and know about

the group. It is challenging for NGO B to explain to them that they cannot join the support group since confidentiality cannot be compromised.

Monitoring and evaluation: reporting, outputs, anticipated outcomes and indicators

NGO B does reporting for its sport-based HIV/AIDS awareness programme on a monthly and annual basis. The reports are ouputs-based and are used for funders, to monitor the progress of the programme, identify gaps and challenges. The reports cover the number of participants reached, challenges and lesson learnt. The peer educators/mentors collect the data after each session using registers. Every Friday the peer educators/mentors submit the data/information to the coordinators. The coordinators then collate data/information and write reports and submit to the manager for reviewing and verification. The manager will compile the reports from the coordinators and submit to funders. The data/information is stored electronically and registers are filed. NGO B uses logic or change models and programme description to monitor sport-based HIV/AIDS awareness programme. The output for sport-based HIV/AIDS awareness programme of NGO B is to reach 150 participants per day. NGO B focuses on one specific output alongside indicator and is presented in Table 6.3. There are anticipated outcomes that NGO B desire to achieve however there are no indicators in place (see Table 6.4.). Please note that the output and indicator in Table 6.3 and outcomes in Table 6.4 are stated as they are by NGO B.

TABLE 6.3: OUTPUTS ALONGSIDE INDICATORS OF CASE 2: NGO B.

OUTPUTS	INDICATORS
Participants reached with sport-based HIV/AIDS awareness sessions	Number of participants reached with sport-based HIV/AIDS awareness sessions disaggregated by gender and age

TABLE 6.4: ANTICIPATED OUTCOMES OF CASE 2: NGO B.

ANTICIPATED OUTCOMES	OUTCOME INDICATORS
Increased tolerance level towards people living with HIV/AIDS	Indicators not stated
Increased number of HIV positive individuals who receive HIV treatment	Indicators not stated
Increased number of HIV positive individuals who adhere to treatment	Indicators not stated
Increased number of HIV individuals who report to feel comfortable to disclose HIV status	Indicators not stated
Changed risky sexual behaviour	Indicators not stated
Increased HIV/AIDS knowledge	Indicators not stated
Reduced gender norms that increase risk of HIV/AIDS infection	Indicators not stated

Monitoring and evaluation: institutional arrangements

There is no monitoring and evaluation function, however, NGO B works closely with a local day hospital to access information needed for the purpose of informative evaluation. Ongoing or process evaluation is conducted frequently to monitor ouputs and for report purposes.

Challenges regarding monitoring and evaluation of sport-based HIV/AIDS awareness programme

The challenge NGO B is experiencing is missing of data/information. NGO B suggested that there should be a specific person responsible for collecting data only without being involved in implementation.

6.2.3 Case 3: Sport-based HIV/AIDS awareness programme of NGO C

Context and background

NGO C is a non-profit organisation established in 2002 and operating in South Africa, Zambia, Zimbabwe and the United States, and other partners across the globe. The mission is to use the

power of sport to educate, inspire and empower young people to stop HIV/AIDS. The vision is to see a world mobilized through soccer to create an AIDS free generation. In South Africa, NGO C started in 2006 and mainly works in informal settlements in the Western Cape and Gauteng. Through partnerships, NGO C works in KwaZulu Natal, Mpumalanga and Limpopo to implement its curricular.

Objectives of sport-based HIV/AIDS awareness programme

The aim is to mobilize and educate about HIV/AIDS by engaging local coaches who equip young people with the knowledge and support to prevent risks of HIV/AIDS. The objectives are:

- To educate youth about healthy behaviours and the risks of HIV/AIDS.
- To reduce stigma related to HIV/AIDS.
- To provide support for those youth who are infected and affected by HIV/AIDS.

Implementation: target population, modes of delivering sport-based HIV/AIDS awareness programme and key HIV/AIDS messages

The target population for sport-based HIV/AIDS awareness programme for NGO C is youth of both genders from age group 11-19. NGO C follows a social learning theory and develops a special soccer-based curricular focusing on key drivers of HIV/AIDS. The curricular is a blend of soccer-based activities and education focusing on HIV/AIDS based outcome. Various modes of delivering sport-based HIV/AIDS programmes include soccer, metaphors of football explaining specific risky sexual behaviours, games, role plays and peer-peer. The key HIV/AIDS messages focus on psychosocial and behavioural changes. Psychosocial changes include HIV/AIDS knowledge, self-efficacy, gender equitable norms, youth leadership. Behavioural changes include voluntary medical male circumcision (VMMC), adherence to HIV treatment, HCT, gender-based violence, multiple partners, delayed sexual debut, age-disparate sex,

substance abuse, condom use and access to health and support services. The sport-based HIV/AIDS awareness programme is delivered through interactive sessions. The sessions are delivered by trained coaches through peer-peer approach. The coaches comprise of both genders between the age group of 19-30 years. Coaches receive specific training based on their responsibilities, however they all undergo a five day HIV/AIDS and facilitation training. The HIV/AIDS training is internal and runs for five days, while the facilitation is offered by external trainers. Initiated in June 2015, the coaches also receive an accredited HCT training from external trainers.

The sport-based HIV/AIDS awareness sessions are implemented in schools after classes and sometimes during Life Orientation lessons. Life Orientation is a subject that forms part of the schooling curriculum. Also through organised weekly, monthly and annual community leagues/tournaments taking place onsite. On average the curriculum is about ten sessions and each session runs for an hour. Participants should attend 70% of the 10 sessions curriculum in order to graduate. HCT is provided in partnership with a local NGO that provide mobile HIV testing and takes place during tournaments at the site quarterly. In addition, NGO C conducts sport-based HIV/AIDS awareness sessions targeting girls only and is implemented by trained female coaches.

Challenges regarding sport-based HIV/AIDS awareness programme

NGO C highlighted a number of challenges focusing on lack of funding and restrictions around it. Working is sometimes challenging because of safety issues after schools and other competing interest. Transportation of coaches and safety is a concern since the NGO mostly operates in informal settlements. Another challenge is around HCT in schools since testing partners are reluctant to do HCT in school premises. As result NGO C conduct HCT campaigns at the site or

community centers. It is for this reasons that NGO C started sending coaches for HCT training so that they can do testing using mobile testing kits.

Monitoring and evaluation: reporting, outputs, anticipated outcomes and indicators

NGO C does different types of reporting on quarterly and annual basis. The reports are outputs and outcomes-based and often used for funders quarterly. They vary based on the outputs and outcomes agreed with a specific funder. NGO C also does internal reporting from operational sites in the Western Cape and Gauteng. Both external and internal reports are used to monitor progress, assess performance, tracking finances and targets, monitor and evaluate outcomes based on key performance indicators (KPIs), challenges, lesson learnt, decision making and for M&E purposes. Information and outputs reported on include number of sport-based HIV/AIDS sessions conducted, number of participants reached with sport-based HIV/AIDS programme, number of people who got tested, photos for evidence purposes, challenges and lesson learnt.

The data/information is collected by coaches after each HIV/AIDS awareness session using attendance registers and pre-post questionnaires. The data/information is submitted to coordinators on a weekly basis. Unique surveys and interviews are sometimes conducted to evaluate specific outcomes. Data/information on HCT is collected on a quarterly basis. Writing reports is a collaborative responsibility of site coordinators, site managers and M&E director. The coordinators collate data/information on outputs, capture/upload in the on-line system, write reports and submit to the site manager. Site managers in collaboration with M&E director, review reports, verify outputs and outcomes and then send final report to funders. The data/information is stored electronically on-line. Attendance registers and questionnaires are filed at the sites after being captured/uploaded. NGO C uses logic or change models, logframe or planning methodology, programme description, impact and KPI model to monitor sport-based

HIV/AIDS programme. The output for NGO C is to reach 20000 youth per year in South Africa. An output for HCT is to test 5000-10000 youth per year. NGO C focuses on specific outputs alongside indicators and is presented in Table 6.5. There are anticipated outcomes that NGO C wants to achieve alongside indicators and are presented in Table 6.6. The anticipated outcomes are measured using indicators through the surveys administered to participants of NGO C before and after HIV/AIDS awareness intervention. Approximately 10% of all participants undergo a pre/post survey, and the responses are taken as a representative sample of the whole participants. Please note that the outputs, outcomes and indicators presented in Table 6.5 and Table 6.6 are stated as they are from the original key performance indicator (KPI) document of NGO C.

TABLE 6.5: OUTPUTS ALONGSIDE INDICATORS OF CASE 3: NGO C.

OUTPUTS	INDICATORS
Sport-based HIV/AIDS awareness sessions/ curricular interventions undertaken/conducted	Number of sport-based HIV/AIDS awareness sessions/ curricular interventions undertaken/conducted
Youth reached with sport-based HIV/AIDS awareness sessions/curricular interventions	Number of participants reached with sport-based HIV/AIDS awareness sessions in the current and previous year disaggregated by gender, age, school, province
	Number of total graduates (number of participants that have attended at least 70% of sport-based HIV/AIDS awareness sessions/curricular interventions in the current and previous year)

TABLE 6.6: ANTICIPATED OUTCOMES ALONGSIDE INDICATORS OF CASE 3: NGO C.

ANTICIPATED OUTCOMES	OUTCOME INDICATORS
Improved knowledge of HIV/AIDS	Percentage of participants who identify correct modes and dispels myths about how HIV is transmitted
Increased self-efficacy	Percentage of participants who express a positive ability to take ownership for their own HIV status
Increased gender equitable norms	Percentage of participants who express attitude of gender equity-primarily in regards to gender-based violence
Increased knowledge of voluntary medical male circumcision (VMMC)	Percentage of participants who identify the benefits of medical male circumcision and where this service is offered
Increased attitude in HCT	Percentage of participants reported willing to go for an HIV test
Reduced multiple partners	Percentage who can identify the risks associated with multiple concurrent sexual partners
Increased delayed sexual debut	Indicators not stated
Reduced in age-disparate sex	Percentage of participants who identify the risk associated with older sexual partners
Reduced substance abuse	Indicators not stated
Increased condom use	Percentage of participants who identify how to clearly and correctly use a condom, and what benefit it provides
Reduced HIV stigma	Percentage of participants who are willing to talk, care for, and identify with someone who has HIV
Increased communication about HIV/AIDS	Percentage of participants reported communicating with someone outside of the programme about HIV/AIDS
Increased access to health and support services	Percentage of participants who identify appropriate health services, where services are offered, and what benefits the services provide
Increased uptake of HCT services	Number of community members tested for HIV at NGO C sport events in the current and previous year, as they compare to estimated targets disaggregated by age, participants, community members and coaches/staff
	Number of participants willing to go for an HIV test
	Number of total graduates graduated from NGO C programming tested for HIV

ANTICIPATED OUTCOMES	OUTCOME INDICATORS
Increased number of participants referred : HIV Care	**Eligible youth:** youth under 19 who test HIV+ through NGO C programming **Referred:** number of those who test HIV positive and referred for a tertiary test, clinic enrolment, CD4 counts and ART. Every person who tests HIV positive should receive one of the service referrals
Increased number of participants referred: VMMC	**Eligible youth:** MCUTS 1 and 11 trial participants **Referred:** number of those who access information, request, and receive VMMC counseling, and are referred for VMMC procedures This topic is touched on in all curricular, but the referrals is explicitly offered only in MCUTS
Increased number of participants referred: other services	**Eligible youth:** any curricular participants **Referred:** number of curricular participants who have solicited our coaches for referral to PMTCT, STI, antenatal care, post exposure prophylaxis, TB, family planning services and services that deals with gender-based violence Partner services differ across site and services mainly include local Ministry or Department of Health clinics, local victim units, Marie Stopes International and others
Increased follow-up with HIV positive curricular youth	Number of HIV positive curricular youth received follow-up from NGO C either through rigorous follow-up procedures, self-reported, THS, clinical data, or other means, NGO C has the contact information, for these HIV positive youth from NGO C programmes
	Number of positive curricular youth who regularly attending clinic appointments and following appropriate treatment regimes

Please note that the outcomes and indicators presented in Table 6.6 are adapted and presented as they are from the KPI document of NGO C. Some of the outcomes are stated as outputs and some indicators as output indicators based on the KPI document of NGO C.

Monitoring and evaluation: institutional arrangements

NGO C has a monitoring and evaluation function comprising of M&E director, M&E intern and will be employing an M&E coordinator. The M&E director and the intern are the main people involved in M&E function and work in collaboration with site managers and coordinators. They

receive M&E training internal once a year and also on how to use the on-line M&E system. There is global team that provides technical M&E assistance and manages the on-line system. NGO C performs informative, process, outcome and impact based evaluation. The long-term outcomes of NGO C are the following: decreased HIV incidence, reduced AIDS-related deaths, and reduced stigma and discrimination related to HIV/AIDS. The impact is a "Disability Adjusted Life Year (DALY) which is a commonly accepted measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death".

Challenges regarding monitoring and evaluation of sport-based HIV/AIDS awareness programme

Lack of funding allocated specific for monitoring and evaluation responsibilities is a challenge. Restrictions from funders on which outcomes to be monitored and evaluated sometimes compromise M&E. Another challenge is that some programme managers to coaches do not take reporting serious and regard implementation more important than data/information required for M&E purposes. For instance "…sometimes reports are incomplete with inadequate information on disaggregation …sometimes they do not know how to use data/information obtained from routine monitoring at a capacity level" (M&E director). NGO C has standards and measures to ensure integrity and quality in the data/information. They try by all means to provide on-going support to capacitate the staff internal.

6.2.4 Case 4: Sport-based HIV/AIDS awareness programme of NGO D

Context and background

NGO D is a non-profit organisation established in 1995. Through sport, NGO D teaches children and young adults in South Africa and Zimbabwe life skills focusing on gender issues, violence, HIV/AIDS and building leadership. The mission is to provide children and young adults in

disadvantage communities with a safe, nurturing place where they can develop skills for life and grow up to be healthy and influential to their communities. In South Africa, NGO D is operating in two townships in the Western Cape.

Objectives of sport-based HIV/AIDS awareness programme

The aim of sport-based HIV/AIDS awareness programmes is to reduce HIV/AIDS infection among young adult and youth.

- To provide life skills programme to young adults and children ensuring that they are aware of HIV/AIDS.
- To develop self-esteem of young adults and children to be able to protect themselves from HIV infection.
- To teach young adults and children skills to make their own choices and to plan their future.
- To teach young adults and children to be accountable for the actions.

Implementation: target population, modes of delivering sport-based HIV/AIDS awareness programme and key HIV/AIDS messages

The target population for sport-based HIV/AIDS programme of NGO D is youth from both genders between age group 10-14 years. NGO D follows a curriculum based on the seven tools focusing on self-awareness, sense of humour, integrity, respect, responsibility, self-esteem and Ubuntu. The sport-based HIV/AIDS awareness programme is implemented through edutainment interactive sessions using different modes of delivering HIV/AIDS messages that integrates sport. The modes of delivering include basketball, soccer, role plays, exercise, circle discussion in a safe forum games, video clips and writing poetry. The key HIV/AIDS messages are HIV/AIDS knowledge, substance abuse, gender issues and risks to help change behaviour,

leadership and conflict resolution. The sessions are implemented by trained coaches and are between the ages of 16-25 years. The coaches are trained through one week training focusing on life skills, HIV/AIDS, facilitation skills and coaching basketball. They are managed or supervised by trained coordinators who also coaches. Sport-based HIV/AIDS sessions are interactive and take place in schools in the afternoon and runs for an hour. The first half of the hour is spent on playing basketball or soccer followed by life skill session that integrates HIV/AIDS. Sometimes lessons on life skills are taught during the game of basketball or soccer since the main objective is to provide life skills and raise awareness about HIV/AIDS. In addition, NGO D conducts sport-based HIV/AIDS awareness sessions using soccer league for girls only and is implemented by trained female coaches.

Challenges regarding sport-based HIV/AIDS awareness programme

There are no basketball courts in schools and NGO D has to build them. However, signing a Memorandum of Understanding (MOU) between NGO D and schools takes long and affects implementation. Another challenge is lack of funding to provide follow-up training for coaches and coordinators and to buy equipments. The sport-based HIV/AIDS sessions are implemented after school and there is a concern about safety of participants and coaches.

Monitoring and evaluation: reporting, outputs, anticipated outcomes and indicators

NGO D does reports for sport-based HIV/AIDS awareness programmes on a monthly basis. The reports are ouputs-based and are used to inform the founder of the NGO, monitor progress of implementation, to see if there are any changes needed in the curriculum, to identify challenges and for learning purposes. The information in the reports covers the number of participants reached, success stories, challenges and lesson learnt. The coaches collect the data after each session using registers, basic pre-post questionnaires and observations. The data is sent to the

coordinators on a weekly basis. The coordinators verify, collate and submit the data to the director every Wednesday of each month. The director writes reports before sending to the founder who is funding the NGO. The founder and the director work in collaboration to review the reports. The founder uses the reports to secure funding and marketing. The data/information is stored electronically using Google Drive and also filed using paper-based. There is a logical framework and M&E data flow documents but are not yet used for monitoring and evaluation. NGO D uses programme description and master document/coaches's log-sheets to monitor sport-based HIV/AIDS programme. The output for sport-based HIV/AIDS awareness programme of NGO D is to reach 10000 participants per year. NGO D focuses on specific outputs alongside indicators and are presented in Table 6.7. There are anticipated outcomes that NGO D wants to achieve, however, there are no indicators in place (see Table 6.8). Please note that the outputs and indicators in Table 6.7 and outcomes in Table 6.8 are stated as they are by NGO D.

TABLE 6.7: OUTPUTS ALONGSIDE INDICATORS OF CASE 4: NGO D.

OUTPUTS	INDICATORS
Sport-based HIV/AIDS awareness sessions undertaken/conducted	Number of sport-based HIV/AIDS awareness sessions undertaken/conducted
Participants reached with sport-based HIV/AIDS awareness sessions	Number of participants reached by sport-based HIV/AIDS awareness sessions reached disaggregated by gender and age

TABLE 6.8: ANTICIPATED OUTCOMES OF CASE 4: NGO D.

ANTICIPATED OUTCOMES	INDICATORS
Reduction in HIV infection among young adults and children	Indicators not stated
Increased knowledge of HIV/AIDS	Indicators not stated
Increased access to health and support information	Indicators not stated
Increased communication about HIV/AIDS with the peers and families	Indicators not stated

Monitoring and evaluation: institutional arrangements

NGO D does not have a monitoring and evaluation function, however, they conduct ongoing monitoring to assess the progress of sport-based HIV/AIDS programme. There is no specific designated person to perform monitoring and evaluation responsibilities. The coaches and coordinators work together to collect data and the director in collaboration with the founder analyse and write reports. The director provides coaches and coordinators with basic M&E training focusing mainly on data collection and recordings. The training was last provided in April 2015.

Challenges regarding monitoring and evaluation of sport-based HIV/AIDS awareness programme

NGO D highlighted that although there are M&E plans but there is no funding to perform monitoring and evaluation. There is no designated person who is responsible for M&E ensuring that data is collected and accurate. The director of NGO D concluded by stating that "… as an organisation we would like to have an M&E function running because M&E is the key thing that makes NGOs/programmes effective" (programme director).

6.2.5 Case 5: Sport-based HIV/AIDS awareness programme of NGO E

Context and background

NGO E is a national HIV/AIDS prevention campaign using variety of interactive programmes to promote healthy living and positive lifestyle among young people throughout South Africa. One of the programmes of NGO E focuses on life skills, sexual health and other HIV/AIDS programmes and is conducted at sport, recreational, arts and cultural events.

Objectives of sport-based HIV/AIDS awareness programme

The aim of the sport-based HIV/AIDS awareness programme is to increase face-to-face interaction with participants and spectators by providing an interactive platform to participate in HIV prevention programmes focusing on behavioural, social and structural determinants of HIV/AIDS. The objectives are:

- To make healthy lifestyle and positive living an integrated part of any sport event across South Africa.
- To interject sport-based HIV/AIDS awareness programmes in the sport events and engage participants and spectators through messaging focusing on HIV/AIDS, pregnancy and STIs.
- To engage participants and spectators in a fitness exercise that combines quizzes related to HIV/AIDS, healthy living including other health issues.
- To expose participants and spectators at sport, art and cultural events to an in-depth awareness of HIV/AIDS prevention support services offered by NGO E.

Implementation: target population, modes of delivering sport-based HIV/AIDS awareness programme and key HIV/AIDS messages

The HIV/AIDS awareness programme targets youth between the age group 12-19 years attending sport, recreational, arts and cultural events across South Africa. These events take place at community, cluster, district, regional, provincial, national and international level. The programme follows a theory of planned behaviour and uses games comprising of modular interactive sessions focusing on healthy sexuality issues, HIV/AIDS, positive behaviour and personal discovery. The programme also uses lifestyle and fitness exercises to promote healthy living lifestyle through exercise and walking. The modes of delivering HIV/AIDS awareness messages include a variety of interactive games namely: indigenous games, board games and challenges. Other modes of delivering include role plays, theater, singing, dancing, video clip, poetry and peer-peer. Designing of HIV/AIDS awareness messages is done in consultation with the National Department of Health to advise on which core issues to address in each province. The key HIV/AIDS messages focus on HIV/AIDS knowledge, HIV prevention, STIs prevention, teenage pregnancy, behaviour change, condom use, life skills, sexual and reproductive health including sexual rights. In addition, information about health and psychosocial services and encourages uptake of VMMC, HCT, TB, STI and ARV treatment.

HIV/AIDS awareness sessions are implemented through interactive sessions during events organised by sport councils, federation, arts and culture bodies. The duration of the HIV/AIDS awareness sessions at the sport, arts and cultural events depends on the duration of the league/tournament on that day. In most cases HIV/AIDS awareness session runs for 3 hours in that particular event and it is impossible to change the behaviour in that short period. Therefore, NGO E uses HIV/AIDS awareness games during these events to mobilize youth to attend interactive small group modular sessions integrating recreational activities offered at Y-centers

and schools for three months or a year. The modular sessions are categorized according to age-appropriate and cover several health topics including HIV/AIDS. Some of the activities and messages covered at Y-centers are also implemented at the sport, art and cultural events.

The HIV/AIDS awareness sessions are implemented by trained peer motivators and community mobilizers. They receive training on HIV/AIDS, project management, M&E and introduction to all NGO E programmes. The duration of the training vary, for instance in a year the peer motivators receive two core trainings, twelve on-sites trainings at the hubs and an exit training at the end of the programme. The community mobilizers receive one core training, four cluster trainings including one-on-site training per month at the hubs.

Challenges regarding sport-based HIV/AIDS awareness programmes

NGO E encounters challenges with the venue to conduct recreation activities. For instance the venues are sometimes not suitable for that specific recreation activity and they have to adjust. Another challenge is about logistics and planning around the sport, arts and cultural events. The senior operational manager stated that "…we will plan and agree on the dates but if the federation changes we also have to change since we are depending on their leagues" (senior operational manager).

Monitoring and evaluation: reporting, outputs, anticipated outcomes and indicators

NGO E does reporting for sport-based HIV/AIDS awareness sessions on a monthly and annual basis. Reports are output driven because most of the HIV/AIDS awareness sessions are conducted during sport events and are mass participation. However, the most desired outcome for HIV/AIDS awareness programme during sport events is to measure the number and percentage of individuals reached during the mass sport events who then come and attend face to

face modular sessions at their centers. This will enable NGO E to determine if individuals were attracted from mass sport events. Furthermore, to be able to measure the change in HIV/AIDS knowledge, attitude and behaviours using pre-post surveys. The reports are used mainly for funders, internal review, planning and M&E purposes. The reports include information on ouputs reported on: number of sports events where HIV/AIDS awareness sessions are conducted, number of youth reached, number of partners NGO E works with.

Reporting is done in each province according to the following sequence (community mobilizers report to peer motivators who then report to programme managers who then report to senior operational managers who then report to national office and reports are sent to funders). At the end of the session during each event, community mobilizers and peer motivators collect the data using registers and also capture it on the on-line monitoring system using tablets. The coordinators perform quality check points to ensure data quality and also cross check if the data/information on registers reflects accurate on the on-line system. Programme managers verify the data and sent it to the senior operational managers, who then again verifies, collate, analyse and write reports. Senior operational managers sent reports to the national office and the reports are again verified and then sent to funders. Sometimes, senior operational managers in provinces reports to some funders within that particular province. Twice a month all collected data is consolidated and get verified from time to time by senior operational managers as random verification. This is done by comparing the data on paper-based with the one captured on the on-line system. The on-line system is managed in the national office in Gauteng and uses restricted passwords and username to access it. NGO E uses logic or change models, logframe, planning methodology and programme description for monitoring and evaluation. They are currently updating M&E tools to improve monitoring and evaluation activities. NGO E focuses on specific

outputs alongside indicators (see Table 6.9). Although HIV/AIDS sessions are mass participation, NGO E has anticipated outcomes that they wish to achieve and there are no indicators in place (see Table 6.10). Please note that the outputs and indicators in Table 6.9 and outcomes in Table 6.10 are stated as they are by NGO E.

TABLE 6.9: OUTPUTS ALONGSIDE INDICATORS OF CASE 5: NGO E.

OUTPUTS	INDICATORS
HIV/AIDS awareness sessions undertaken/conducted at sports/arts/cultural events	Number of HIV/AIDS awareness sessions undertaken/conducted at sport/arts/cultural events
Sport/arts/cultural events where HIV/AIDS awareness session conducted	Number of sport/arts/cultural events where HIV/AIDS awareness sessions conducted
Participants reached with HIV/AIDS awareness session at sport/arts/cultural events	Number of participants reached with HIV/AIDS awareness sessions at sport/arts/cultural events disaggregated by gender and age
Partners worked with NGO E to conduct HIV/AIDS awareness sessions	Number of partners worked with NGO to conduct HIV/AIDS awareness sessions

TABLE 6.10: ANTICIPATED OUTCOMES OF CASE 5: NGO E.

ANTICIPATED OUTCOMES	OUTCOME INDICATORS
Increased knowledge of HIV/AIDS	Indicators not stated
Increased knowledge around specific health issues: STIs, substance abuse, pregnancy, puberty, reproductive and sexual rights	Indicators not stated
Improved skills as results of knowledge and education received	Indicators not stated
Reduced risky sexual behaviour	Indicators not stated
Improved self-efficacy	Indicators not stated
Increased access/uptake/more demand for health, lifestyle and psychosocial services	Indicators not stated
Positive change in attitude towards future, health and lifestyle	Indicators not stated
Increased number of participants reached at sport/arts/cultural events came to Y centers and got reached modular HIV/AIDS awareness sessions	Indicators not stated

Monitoring and evaluation: institutional arrangements

NGO E has a monitoring and evaluation function comprising of senior manager: monitoring, senior manager: evaluation and are based at the national office in Gauteng. They both have postgraduate qualification in M&E and research alongside years of experience in M&E. They both work in collaboration with senior operational managers and programme coordinators in provinces. Senior operational managers and programme coordinators receive an M&E training provided internal by senior managers: monitoring and evaluation. The programme coordinators are also trained to be trainers and provide a two-day monitoring training to community mobilizers and peer motivators. NGO E performs informative and process evaluation. The trainings are provided each year. The outcome evaluation is new and recently started because of the new delivery mechanism. The impact evaluation is performed by external evaluators.

Challenges regarding monitoring and evaluation of sport-based HIV/AIDS awareness programme

Although there are strict standards and operations for quality check, sometimes the data is still missing because HIV/AIDS awareness sessions are mass participation during sports events. The senior operational manager stated that "…as an NGO we have quality check points and attend to the gaps immediately…in all provinces there are very strict standards to ensure quality of data" (senior operational manager). In each province all sites have a seven-day turnaround strategy to rectify incorrect data/information. Sometimes community mobilizers and peer motivators use older data collection tools since the indicators are often updated "…the on-line system guides us because you will realize that there is missing data...it helps to enforce the use of proper data collection tools" (senior operational manager). NGO E often does internal auditing and was last performed 8 months ago. Once a week there are joint operational meetings of all provinces and

national office via conference call "…we learn from each other and any gaps regarding implementation and M&E are discussed and all sites become aware" (senior operational manager). Another challenge is sometimes with the on-line system for instance for a month community mobilizers and peer motivators could not use tablets and connect to the internet because of the service provider but the NGO is working on the solution.

6.3 CORE FINDINGS FROM CROSS - CASE ANALYSIS AND DISCUSSIONS

This section discusses the core findings from the cross-case analysis of the sport-based HIV/AIDS awareness programmes of the five selected NGOs examined in this study. The discussions first provide a summary of context, background, objectives, target population and key HIV/AIDS awareness messages of the sport-based HIV/AIDS awareness programmes of the five selected NGOs. Core discussions of cross-case analysis focus on common themes regarding information about modes of delivering HIV/AIDS awareness messages (see Appendix D: Table D.1). Furthermore, the core discussions include monitoring and evaluation information about reporting, ouputs, anticipated outcomes, indicators, instruments for monitoring and evaluation including types of evaluation and institutional arrangements (see Appendix D: Tables D.1 and Appendix E and Table E.1). The discussions also involve challenges encountered by selected NGOs regarding implementation, monitoring and evaluation.

6.3.1 Summary of context, background and objectives

All five NGOs use sport as a tool to raise awareness about HIV/AIDS and other health issues. They all provide sport-based HIV/AIDS awareness programmes in South Africa and all operate in the Western Cape. In addition, three of the five NGOs extend their implementation to other provinces in South Africa as well as other countries in Southern Africa, South America, Asia and

Europe. For the purpose of this study, the focus of the research is only on sport-based HIV/AIDS awareness programmes implemented in South Africa.

The sport-based HIV/AIDS awareness programmes of all selected NGOs aim to contribute to the achievement of the MDG 6 which is to "combat HIV/AIDS, malaria and other diseases". The objectives focus on reducing sexual and other behavioural risks of HIV, eliminating gender inequalities and stigma related to HIV/AIDS. Furthermore to promote uptake of health services. The most common objective for all sport-based HIV/AIDS programmes is to raise awareness of HIV/AIDS through sport-based outreach programmes. Similarly to other studies this objective is used by other sport-based HIV/AIDS awareness programmes (Carter, 2006:2; Clark et al., 2006:80; Peacock-Villada et al., 2006:25; Mercy Corps, 2007:8; Maro et al., 2009:136-137; Delva et al., 2010:1015-1016, Farrar et al., 2010:5; Fuller et al., 2010:551; Luppe, 2010:48-50; Fuller et al., 2011:615; Farrar et al., 2012:10; Kaufman et al., 2012:379-383). Another common objective is to teach life-skills that will assist young people to make informed decisions. This study revealed two additional objectives, which is to provide platform for sharing and learning among other NGOs using sport as a tool to respond to HIV/AIDS. Another objective is to make healthy lifestyle and positive living an integrated part of any sport, arts and cultural events.

6.3.2 Target population and key HIV/AIDS awareness messages

Sport-based HIV/AIDS awareness programmes of all NGOs target young people of both genders between the age ranges of 10-24 years. One NGO indicated to target young boys and girls under the age of nine. These age categories are recommended for global responses to HIV/AIDS (UNAIDS, 2014b:239; USAID, 2013:27). All five NGOs use interactive approaches that integrate sport and HIV/AIDS awareness messages using different types of curricular. The types

of curricular include Kicking AIDS Out, Right to Care, SKILLZ, Skills 4 Life and LoveLife games.

Raising knowledge about HIV/AIDS appeared to be the most common key HIV/AIDS awareness message for sport-based HIV/AIDS awareness programmes of all NGOs. As suggested by Sishana et al., (2014:93) that although accurate knowledge alone does not necessarily result in behaviour change but it is still a key step in HIV/AIDS prevention. Three sport-based HIV/AIDS awareness programmes focus on condom use, promoting HCT, encouraging HIV/AIDS management and treatment including adherence to ARV therapy. Stigma and discrimination related to HIV/AIDS are addressed in sport-based HIV/AIDS awareness of two NGOs. Encouraging VMMC, addressing gender equitable norms and talking about sexual issues are addressed in sport-based HIV/AIDS awareness programmes of two NGOs. The following HIV/AIDS awareness messages emerged once among either of the cases: understanding your body, abstinence, relationships, sexual rights, gender-based violence, multiple partners, delayed sexual debut, age-disparate sex, self-efficacy, reproductive health, teenage pregnancy, STIs, TB, appropriate time of disclosing HIV status, disclosing HIV status to a partner and positive living regardless of HIV status. These findings showed that sport-based HIV/AIDS awareness programmes focus on similar prevention messages within the key priority areas of South Africa (Shisana et.al, 2009:64-66; NSP-SA, 2012:23). They are also in line with the commitments and targets of the 2011 UN Political Declaration on HIV/AIDS (UNAIDS, 2013c:8; 2014a:8, 2015:6).

6.3.3 Modes of delivering HIV/AIDS awareness messages

The HIV/AIDS awareness messages of sport-based HIV/AIDS awareness programmes of all NGOs are either delivered by coordinators, coaches, and peer educators. They all receive training

on HIV/AIDS and facilitation every year and the duration of training vary per NGO. Majority of HIV/AIDS sessions of all cases are implemented either during organised sport leagues, tournaments and weekly sport sessions. Other HIV/AIDS awareness sessions are implemented at schools after classes and at the sites (NGO premises). The HIV/AIDS sessions are integrated to sport and in most cases half an hour is spent on actual sport and another providing HIV/AIDS messages and life skills. The duration of HIV/AIDS awareness sessions vary per NGO. HIV/AIDS awareness messages are delivered through interactive sessions using various modes. The games appeared to be the most common mode of delivering HIV/AIDS awareness sessions. The games include indigenous, recreational, quizzes, metaphors of football and challenges. The use of soccer, role plays/theater and video clips appeared to be mostly used by four NGOs. Two NGOs use writing poetry (see Appendix D: Table D.1). The findings further revealed other modes such as basketball, craft, singing and dancing.

6.3.4 Monitoring and evaluation: reporting, ouputs, anticipated outcomes and indicators

All five NGOs do reporting of their sport-based HIV/AIDS awareness programmes. The period of reporting vary per NGO (see Appendix D: Table D.1). Two NGOs do reporting on a monthly and quarterly basis. One NGO does reporting on monthly, quarterly, mid-year, annual and biennual. Another NGO does its reporting quarterly and annual while the other one does its on monthly basis only. Reports are mostly a collaborative responsibility of the coordinators and programme managers. Only two NGOs write their reports in collaboration with people from their M&E functions. The reports are mostly output-based and only one NGO report on both outputs and outcomes. The reports are commonly used for funders, monitoring, identifying gaps and challenges, improve programmes and financial tracking among all five NGOs. The data/information on outputs is collected after each HIV/AIDS awareness session by people who

conduct implementation. Registers are the most common tool used to collect data/information in all five NGOs. Pre-post questionnaires are often used by one NGO that reports on both outputs and outcomes. All five NGOs use paper-based, electronic, external drives and Google Drives to capture, store and share data/information. In addition, three of the NGOs have the on-line data management systems. They all use restricted usernames and passwords to capture, store and retrieve data/information.

All NGOs have a set of outputs alongside indicators for their sport-based HIV/AIDS awareness programmes. The ouputs are disaggregated by gender and age. Furthermore, all sport-based HIV/AIDS awareness programmes of all NGOs have set of anticipated outcomes. The majority of the anticipated outcomes appeared to be similar amongst selected NGOs. A total of twenty eight anticipated outcomes were identified. However, only one NGO has a set of indicators to measure anticipated outcomes of sport-based HIV/AIDS awareness programme.

The anticipated outcomes of the selected NGOs focus on the following themes: reduce sexual transmission of HIV/AIDS, promote uptake of ARV, care and support and support services for people living with HIV, eliminating gender inequalities eliminating stigma and discrimination and promoting HCT and VMMC (see Table 6.11). These outcomes are in-line with the targets of UNAIDS (2013c:23-89; 2014:23-96, 2015:29-95) and the South African Strategic Plan for HIV/AIDS, STIs and TB NSP-SA (2012:23). Other outcomes focus on awareness regarding health, psychosocial and other support services. One outcome focus on using mass HIV/AIDS sessions during sport events to attract participants to come and participate in small group HIV/AIDS sessions offered at centers/sites. Although the NGOs have anticipated outcomes which are in line with the key determinants of HIV/AIDS, others have insufficient information about some changes that the NGOs desired to achieve. For instance some anticipated outcomes

do not include the target population while others are not clear on what is to be measured (please see notes in Table 6.11). It is therefore important that the NGOs clearly articulate the anticipated outcomes of their sport-based HIV/AIDS awareness programmes to allow an opportunity to identify performance indicators (Kusek & Rist, 2004:45).

The most common instrument used for monitoring and evaluation is programme description, followed by logic/change model and logframe (see Appendix E Table E.1). Using these tools is very important to create cause-linkages between objectives, inputs, activities, outputs and outcomes of programmes including selection of performance indicators (OECD, 2011:3; IEG, 2012:10). However, this study indicates that irrespective of having such tools, it is still a challenge for selected NGOs to conduct result-based monitoring and evaluation. Although one NGO displayed a strong monitoring and evaluation culture, monitoring of ouputs appeared to be very common and strong rather than measuring outcomes in other four NGOs.

It is important to acknowledge that monitoring and evaluation is a demanding process that requires financial support and effective coordination from all stakeholders involved in the organisation. As suggested by Kusek and Rist (2004:21-220) and De Coning (2014:253-257) developing a functional monitoring and evaluation unit with specific human capacity is critical in any organisation to create a culture for monitoring and evaluation. On the other hand, this study showed that institutional arrangements for monitoring and evaluation are not yet effective among selected NGOs. Only two NGOs have monitoring and evaluation functions with people responsible for M&E only (see Appendix E: Table E.1). Monitoring and evaluation is usually added to the responsibilities of coordinators who are also involved in the implementation. This compromises the quality and integrity of the data/information collected. As it is mentioned by one of the participant "…at times we are scared to acknowledge gaps and only focus on

positives…and also scared to spent sufficient time analysing and understanding data" (coordinator). Burnett (2009:1202) argued that monitoring and evaluation that is based on the needs of the funders impose a top-down approach which often has a negative effect at all levels of the programme. The findings of this study support the argument of Burnett (2009:1202), as lack of funding and restrictions from funders are identified within all NGOs as the most common challenge regarding implementation, monitoring and evaluation.

Table 6.11 presents outcomes and indicators identified from all five selected NGOs examined in this study. Please note that the outcomes and indicators are adapted and presented as they are based on the selected five NGOs.

TABLE 6.11: ANTICIPATED OUTCOMES AND OUTCOME INDICATORS OF SPORT-BASED HIV/AIDS AWARENESS PROGRAMMES OF FIVE SELECTED NGOS EXAMINED IN THIS STUDY.

ANTICIPATED OUTCOMES	OUTCOME INDICATORS	NOTES
Improved HIV/AIDS knowledge of participants reached with sport-based HIV/AIDS awareness intervention	Percentage of participants reached with sport-based HIV/AIDS awareness intervention who identify correct modes and dispels myths about how HIV is transmitted	- Other related generic indicators will be discussed in section 6.6
Delayed sexual debut among participants reached with sport-based HIV/AIDS awareness intervention	Indicators not stated	- Other related generic outcomes and indicators will be discussed in section 6.6
Reduced multiple partners among participants reached with sport-based HIV/AIDS awareness intervention	Percentage of participants reached with sport-based HIV/AIDS awareness intervention who identify the risks associated with multiple concurrent partners	- Other related generic outcomes and indicators will be discussed in section 6.6
Increased condom use among participants reached with sport-based HIV/AIDS awareness intervention	Percentage of participants reached with sport-based HIV/AIDS awareness intervention who identify how to clearly and correctly use a condom, and what benefits it provides	- Other related generic outcome indicators will be discussed in section 6.6

ANTICIPATED OUTCOMES	OUTCOME INDICATORS	NOTES
Increased uptake of HCT services among participants reached with sport-based HIV/AIDS awareness intervention	Number of community members tested for HIV at sport events in the current and previous year, as they compare to estimated targets disaggregated by age, participants, community members and coaches/ staff	- Outcome indicators are at output level and can be translated to an outcome level - Other related generic outcomes and indicators will be discussed in section 6.6
	Number of graduates graduated from sport-based HIV/AIDS awareness programming tested for HIV	
Increased attitude in HCT among participants reached with sport-based HIV/AIDS awareness intervention	Percentage of participants reached with sport-based HIV/AIDS awareness intervention reported willing to go for an HIV test	- Anticipated outcome and indicator are clear
Reduced in age-disparate sex among participants reached with sport-based HIV/AIDS awareness intervention	Percentage of participants reached with sport-based HIV/AIDS awareness intervention who identify the risks associated with older sexual partners	- Other related generic outcomes and indicators will be discussed in section 6.6
Reduced risky sexual behaviours	Indicators not stated	- Anticipated outcome should include specific target population - Should be specific about which risky sexual behaviours to change - Related generic outcomes and indicators will be discussed in section 6.6
Reduced HIV Infection	HIV prevalence among young people	- Anticipated outcome should include specific target population - It challenging and costly to measure this anticipated outcome since it requires longitudinal study, biomedical standards and ethics
Reduced substance abuse among participants reached with sport-based HIV/AIDS awareness intervention	Indicators not stated	- Related generic outcomes and indicators will be discussed in section 6.6
Increased self-efficacy of participants reached with sport-based HIV/AIDS awareness intervention	Percentage of participants reached with sport-based HIV/AIDS awareness intervention who express a positive ability to take ownership for their own status	- Other related generic outcomes and indicators will be discussed in section 6.6

ANTICIPATED OUTCOMES	OUTCOME INDICATORS	NOTES
Increased number of HIV positive individuals who receive antiretroviral therapy/HIV treatment	Indicators not stated	- Outcome statement is at output level and can be translated to an outcome level - Related generic outcomes and indicators will be discussed in section 6.6 - It challenging and costly to measure this anticipated outcome since it requires information from clinic, also involves biomedical standards and ethics
Increased number of HIV positive individuals who adhere to antiretroviral therapy/ HIV treatment	Indicators not stated	- Outcome statement is at output level and can be translated to an outcome level - Related generic outcomes and indicators will be discussed in section 6.6 - It challenging and costly to measure this anticipated outcome since it requires information from clinic, also involves biomedical standards and ethics
Increased follow-up with HIV positive participants in sport-based HIV/AIDS awareness programming	Number of HIV positive participants in sport-based HIV/AIDS awareness programming received follow-up from the NGO	- Anticipated outcome and indicator are clear. However, the indicator is at output level and can be translated to outcome level
Increased in gender equitable norms among participants reached with sport-based HIV/AIDS awareness intervention	Percentage of participants reached with sport-based HIV/AIDS awareness intervention who express attitude of gender equity-primarily in regards to gender-based violence	- Other related generic outcomes and indicators will be discussed in section 6.6
Reduced gender norms that increase risks of HIV/AIDS	Indicators not stated	- Anticipated outcome should include specific target population - Related generic outcomes and indicators will be discussed in section 6.6
Reduced HIV stigma among participants reached with sport-based HIV/AIDS awareness intervention	Percentage of participants reached with sport-based HIV/AIDS awareness intervention who are willing to talk, care for, and identify with someone who has HIV/AIDS	- Other related generic outcomes and indicators will be discussed in section 6.6

ANTICIPATED OUTCOMES	OUTCOME INDICATORS	NOTES
Increased tolerance level towards people living with HIV/AIDS	Indicators not stated	- Anticipated outcome should include specific target population - Related outcomes and indicators will be discussed in section 6.6
Increased number of HIV positive individuals who report to feel comfortable to disclose HIV status	Indicators not stated	- Outcome statement is at output level and can be translated to an outcome level - Related generic outcomes and indicators will be discussed in section 6.6
Increased in communication among participants reached with sport-based HIV/AIDS awareness intervention about HIV/AIDS	Percentage of participants reached with sport-based HIV/AIDS awareness intervention reported communicating with someone outside of a programme about HIV/AIDS	- Other related generic outcomes and indicators will be discussed in section 6.6
Increased in communication about HIV/AIDS with the peers and families	Indicators not stated	- Anticipated outcome should include specific target population - Related generic outcomes and indicators will be discussed in section 6.6
Increased number of participants reached with sport-based HIV/AIDS awareness intervention referred : HIV Care	**Eligible youth:** youth under 19 who test HIV+ through sport-based HIV/AIDS awareness programming **Referred:** number of those who test HIV positive and referred for a tertiary test, clinic enrolment, CD4 counts and ART. Every person who tests HIV positive should receive one of the se referrals	- Anticipated outcome and indicator are clear. However, the outcome and indicator are at output level and can be translated to an outcome level
Increased number of participants reached with sport-based HIV/AIDS awareness intervention referred: VMMC	**Eligible youth:** MCUTS 1 and 11 trial participants **Referred:** number of those who access information, request, and receive VMMC counseling, and are referred for VMMC procedures This topic is touched on in all curricular, but the referrals is explicitly offered only in MCUTS	- Anticipated outcome and indicator are clear. However, the outcome and indicator are at output level and can be translated to an outcome level
Increased in the knowledge of voluntary medical male circumcision (VMMC) among participants reached with sport-based HIV/AIDS awareness intervention	Percentage of participants reached with sport-based HIV/AIDS awareness intervention who identify the benefits of medical male circumcision and where this service is offered	- Anticipated outcome and indicator are clear - Other related generic outcomes and indicators will be discussed in section 6.6

ANTICIPATED OUTCOMES	OUTCOME INDICATORS	NOTES
Access to other services	**Eligible youth:** any participants reached with sport-based HIV/AIDS awareness intervention **Referred:** number of participants who have solicited our coaches for referral to PMTCT, STI, antenatal care, post exposure prophylaxis, TB, family planning services and services that deals with gender-based violence	- Other related generic outcomes and indicators will be discussed in section 6.6. The indicator is at output level and can be translated to an outcome level
Improved knowledge around STIs, pregnancy, puberty and sexual rights	Indicators not stated	- Anticipated outcome should include specific target population - Related generic outcomes and indicators will be discussed in section 6.6
Positive change in attitude towards future, health and lifestyle	Indicators not stated	- Anticipated outcome should include specific target population - Related generic outcomes and indicator will be discussed in section 6.6
Increased number of participants reached with HIV/AIDS awareness sessions at sport events and attended modular HIV/AIDS awareness sessions offered at the centers/sites	Indicators not stated	- Related generic outcomes and indicators will be discussed in section 6.6

Please note that the outcomes and indicators presented in Table 6.11 are identified from all five selected NGOs examined in this study. The outcomes and indicators are adapted and presented as they are based on the selected NGOs. The researcher commented on the outcomes and indicators and the comments are presented under column three labeled as notes.

It can be concluded that the findings revealed that the sport-based HIV/AIDS awareness programmes of the selected NGOs address similar determinants of HIV transmission highlighted in the National Strategic plan for HIV, STIs and TB of South Africa. These include sexual, behavioural, structural and biological determinants of HIV/AIDS (NSP-SA, 2012:23). The HIV prevention messages, objectives and anticipated outcomes of the sport-based HIV/AIDS

awareness programmes of the selected NGOs are in line with the focal areas for change identified in the 2011 Political Declaration on HIV/AIDS and the NSP of South Africa (NSP-SA: 2012:23; UNAIDS, 2013c:8; 2014:8; 2015:6). However, similarly to the views of Kicking AIDS Out (2010:21), Levermore and Beacom (2012:132), this study indicates that evaluating outcomes and impact of sport-based HIV/AIDS awareness programmes of the selected NGOs remains a challenge. For instance, only one NGO performs outcome-based evaluation. Descriptive information and ouputs are more recorded rather than information about actual outcomes occurred as a result of the sport-based HIV/AIDS awareness programmes of the selected NGOs. The anticipated outcomes of the selected NGOs are not clear. The findings further suggest a need for the improvement of the outcome statements of the selected NGOs.

The findings indicate that measuring the anticipated outcomes of the selected NGOs requires the selection of indicators that rely mostly on predictors of sexual, behaviour and social determinants of HIV/AIDS. The changes on the anticipated outcomes would rely on self-reported HIV risk behaviours among participants, including change in attitude, belief, intention towards HIV risk behaviours. Similar findings were also observed on evaluation studies of sport-based HIV/AIDS awareness programmes reviewed systematically and presented in Chapter 5 of this study (Carter, 2006; Clark at al., 2006; Peacock-Villada et al., 2006; Mercy Corps, 2007; Maro et al., 2009; Delva et al., 2010; Farrar et al., 2010; Fuller et al., 2010; Luppe, 2010; Fuller et al., 2011; Farrar et al., 2012; Kaufman et. al., 2012). Furthermore, majority of the outcome statements of the sport-based HIV/AIDS awareness programmes of the selected NGOs are not clear and practical to provide sufficient information regarding the changes they desire to see. As reported by Kaufman et al., (2013:389) one of the challenges experienced in the evaluation of sport-based HIV/AIDS awareness programmes is the heterogeneity of indicators used to measure anticipated

outcome. A need exists for the identification and development of a variety of generic outcome indicators to strengthen monitoring and evaluation of outcomes of sport-based HIVAIDS awareness programmes in South Africa.

The next section provides discussions on core findings from focus group interview with employees of selected NGOs, followed by findings and discussions from specialists/experts including an SRSA official consulted in this study. The discussions focus mostly on the recommendations and comments regarding outcome indicators for sport-based HIV/AIDS awareness programmes. A proposed outcome indicator framework is presented, followed by the conclusion in this chapter.

6.4 DISCUSSIONS FROM FOCUS GROUP INTERVIEW

The core findings from a focus group interview with employees of selected NGOs were used to inform the identification and development of outcome indicators relevant to their sport-based HIV/AIDS awareness programmes. In summary, the findings indicated a need to classify the anticipated outcomes according to the determinants of HIV/AIDS. In addition, the employees identified specific risk sexual behaviours that they were addressing during their sport-based HIV/AIDS awareness programmes. The findings also provided clarity regarding the target audience. All employees of selected NGOs who participated in the focus group interview agreed that participants refer to "…any participants reached with sport-based HIV/AIDS awareness programme/intervention that integrates HIV/AIDS awareness and life skills". These are offered during/at sport events, tournaments and trainings as well as at hubs/centers/sites.

The employees of selected NGOs were concerned that it might be challenging to measure risk behaviours directly. Therefore it was concluded that the anticipated outcomes are based on short-

term change in behavioural predictors, knowledge, attitude, belief, intention, and perceived risks of HIV/AIDS. Similarly to the views of Farrar (2012:3-4) the findings of this study also revealed that it is impossible to measure directly the contribution of sport-based HIV/AIDS awareness programmes of selected NGOs in reducing the rate of HIV infection. The selected NGOs do not have capacity and resources to ensure that measuring HIV incidence is done in accordance with the biomedical ethics and standards. Furthermore, they do not use control groups either.

6.5 DISCUSSIONS WITH SPECIALISTS/EXPERTS AND SRSA OFFICIAL

The draft proposed outcome indicator framework was sent to six specialists/experts involved in the field of HIV/AIDS including an official from SRSA (see draft framework in Appendix F). A total of six specialists/experts and one official from SRSA commented on the proposed framework. Individual schedule interviews were held with them to discuss their comments and suggestions. It is important to highlight that the permission to use names, surnames, profiles in the thesis was obtained from all the specialists/experts. The profiles of the experts/specialists and their quotes were sent back to them via email for verification. The permission was obtained again to use them and where necessarily amendments were made.

Brief profile of specialists/experts participated in the study.

- Mr. Bongile Gura: Deputy Director - Monitoring and Evaluation, Sport Recreation South Africa
- Mr. Alex Semba: HEAIDS Project Manager - HEI Higher Education and Training HIV/AIDS Programme (HEAIDS)
- Mr. Ben Sanders: Director - Monitoring and Evaluation, Grassroot Soccer Organisation

- Mr. Joachim Jacobs: Director- University of the Western Cape (UWC) HIV and AIDS Programme
- Ms. Mathata Madibane: Education Advisor, USAID/SA
- Ms. Ndinda Zimalirana: HEAIDS Manager-Monitoring and Evaluation, HEI Higher Education and Training HIV/AIDS Programme (HEAIDS)
- Dr. Tania Vergnani: Former Director – University of the Western Cape (UWC) HIV and AIDS Programme

Overall, the majority of the specialists/experts felt that the proposed outcomes were relevant to HIV/AIDS. However they highlighted concerns about the feasibility of measuring change in some HIV risk behaviours including predictors of HIV risk behaviours. They felt that some anticipated outcomes and proposed indicators were possible to measure at a country/national level rather than at an NGO level considering financial resources required and time frames. Critical concerns are described including some quotes in these regard below.

Concerns raised by specialists/experts

- Method of measuring the proposed outcome indicators might be challenging for selected NGOs
- Direct measurement of HIV risk behaviours is challenging
- Challenges to measure HIV incidence within a target population
- Target population should include coaches and coordinators who conduct implementation
- Disaggregation of proposed outcome indicators

Some of the comments from the specialists/experts:

- *"Measuring sexual and behaviour outcomes is often challenging considering the implications of research design, sample size, causality, time frame and diffusion of knowledge due to other variables*" (Tania Vergnani).
- *It is difficult to measure but the most relevant indicator is HIV incidence within a target population* (Ben Sanders).
- *"Measuring sexual and behaviour change outcomes is challenging as it requires the use of longitudinal study which are often too costly to be conducted at NGO level" (*Mathata Madibane).
- *"How can one be sure that participants did use condoms…that's probably unrealistic measure to be used"* (Bongile Gura).
- *"It can be practical to measure change in HIV knowledge, change in attitude and intention towards HIV risk behaviours… therefore a need exists to rephrase/redefine these anticipated outcomes and indicators while keeping them relevant to the wishes of the selected NGOs"* (Tania Vergnani).
- *"It is critical for NGOs to ensure the integrity, accuracy and reliability of the output results/data since they are the foundation of achieving the programme's desired outcomes"* (Bongile Gura).
- "*Little or no reference to the 'implementers' (often volunteers, coaches or peer educators) who deliver the interventions. They can be considered participants… outcomes here can relate to improved HIV knowledge, as well as improved youth leadership, employability etc. … at GRS we have a 'Coach Development Program' that develops coaches with these skills over two years"* (Ben Sanders).

- "*No real reference to other structural drivers of the epidemic - e.g. education outcomes have been shown to be preventative against HIV. Of course, one cannot expect to draw up outcomes for everything related to HIV but then it is worth noting this as a limitation"* (Ben Sanders).
- *"The selected NGOs should ensure that their sport-based HIV/AIDS awareness programmes are age appropriate in terms of messages aimed at raising awareness about HIV risk behaviours… furthermore, indicators must be adapted and be relevant to different age group levels" (*Mathata Madibane).
- *Overall this is a great document and I was pleased to see that GRS currently uses the same (or similar) type indicators to measure our work"* (Ben Sanders).

Some of the concerns of the specialists/experts are similar to the ones emerged from the focus group interview with employees of selected NGOs. For instance measuring change in HIV risk behaviours appeared to be a common concern. Similarly, the literature reviewed in this study also revealed challenges associated with evaluation of HIV risk behaviour outcomes. According to Kirby et al., (2007:214) evaluation of behaviour outcomes requires a rigorous research design that involves collection of data from same participants over a long period. At times there is no reliability in self-reported data on sexual and other HIV risk behaviours (Kirby et al., 2007:214). In some cases, it takes years to determine the actual change in behaviour outcomes and sometimes it involves financial resources (Farrar et al., 2010:3).

It is important to acknowledge that sport-based HIV/AIDS awareness programmes of selected NGOs operate for a year depending on the availability of funding. Majority of their target population are in school-learners. Therefore, measuring their anticipated outcomes requires

measurement of short-term change relying on self-reported predictors of HIV risk behaviours, change in knowledge, attitude and intention towards HIV risk behaviours. The proposed outcome indicators are generic and can be adapted and used to monitor and evaluate interventions for coaches and coordinators who conduct implementation. They can also be adapted and used to monitor and evaluate HIV/AIDS awareness programmes targeting players who play at amateur or professional level.

It is important to acknowledge that the main focus of this study is on strengthening outcome indicators. However, the selected NGOs can make use of logic frameworks that depict relationship between the objectives, inputs, activities, outputs, anticipated outcomes and impact of their sport-based HIV/AIDS awareness programmes. They can then identify and adapt indicators that are most relevant to their anticipated outcomes. As recommended in the reports of Shisana et al, (2014), USAID, (2013) UNAIDS (2015), the proposed outcome indicators should be disaggregated by age and gender, if possible by location. This would enable the NGOs to have a meaningful contribution in reporting their findings in their countries as well as at a global level.

6.6 PROPOSED GENERIC OUTCOME INDICATORS

The aim of this study is to contribute to a generic monitoring and evaluation framework by improving the options for the use of outcome indicators of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. For the purpose of this study, sport-based HIV/AIDS awareness programme refers to sport programme/intervention that integrates HIV/AIDS awareness and life skills. These are offered during/at sport events, tournaments and training sessions as well as at hubs centers and sites. The main purpose of this section is to present a proposed generic outcome indicator framework for sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. The proposed framework seeks to strengthen

outcome indicators for sport-based HIV/AIDS awareness programmes. The conceptual framework guided the development of the proposed outcome indicators has been already discussed in Chapters 1 and 4. In this light, the proposed generic outcome indicator framework is based on the findings obtained from different sources using multiple data collection instruments. The proposed generic outcome indicators were identified compiled and/or developed based on the key HIV messages, objectives and anticipated outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs examined in this study. In addition, they are based on the desktop review of existing indicators in use to monitor or evaluate outcomes of HIV/AIDS awareness programmes. These included the use of guidelines from Department of Basic Education-SA, USAID, UNAIDS, United Nations Millennium Development Goals, international and local NGOs providing HIV/AIDS awareness. Furthermore, they are based on the findings from the narrative systematic review of outcome indicators currently in use for sport-based HIV/AIDS awareness programmes. The recommendations of the specialists/experts were also considered. These findings were used to contribute to a generic outcome indicator framework adapted from approaches of Kusek and Rist (2004:18, 64 & 68), W.K. Kellogg Foundation (2004:18, 20 & 25), IEG (2012:26-42) and Rabie (2011:364-372). This involved developing a logic model that depicts the relationship between the objectives, anticipated outcomes along with a variety of possible indicators for the measurement of various sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. The "CREAM" concept of selecting good indicators as defined by Kusek and Rist (2004:68) referring to clear, relevant, economic, adequate and monitorable was considered to prioritize the usefulness of the proposed indicators to the sport-based HIV/AIDS awareness programmes of selected NGOs.

It is important to explain that the proposed generic outcome indicator framework is supposedly to be presented in a tabular format (see example in Table 6.12). However, for the purpose of this study it was ideal to present it in a tabular format that includes an additional column for notes to provide guidelines regarding collection of data. The selected NGOs can adapt and use the tabular format presented in Table 6.12 for their outcome indicator framework of their sport-based HIV/AIDS awareness programmes including other programmes.

The following table illustrates the logic outcome indicator framework.

TABLE 6.12: PROPOSED GENERIC OUTCOME INDICATOR FRAMEWORK.

OBJECTIVES	**GENERIC ANTICIPATED OUTCOMES**	**GENERIC OUTCOME INDICATORS**	**DATA**
To improve knowledge of HIV/AIDS	Improved knowledge of HIV/AIDS amongst participants reached with sport-based HIV/AIDS awareness intervention	Percentage of participants reached with sport-based HIV/AIDS awareness intervention who correctly identify ways of preventing sexual transmission of HIV/AIDS and who reject major misconceptions	Quarterly/semi-annual report

Adapted from Kusek and Rist (2004:18, 64 & 68); W.K. Kellogg Foundation (2004:18, 20 & 25); IEG (2012:26-42) and Rabie (2011: 364-372).

6.6.1 Description of the proposed outcome indicator frameworks

As it is highlighted in Chapter 3, it is important to acknowledge that the logic model used to develop an indicator framework of this study is primarily adapted from the study conducted by Rabie (2011) titled "Improving the systematic evaluation of local economic development results in South African local government" (Rabie, 2011, Title Page section).

The objectives, HIV messages and anticipated outcomes of selected NGOs were considered and classified into categories related to the determinants of HIV/AIDS. The generic anticipated outcomes associated with each category were listed under each objective, and then a list of proposed outcome indicators was compiled. Two proposed outcome indicator frameworks are developed. The first framework is presented in subsection 6.6.2. This framework consists of objectives, anticipated outcomes and indicators focusing on measuring change in the knowledge of HIV/AIDS, change in attitude and intention towards HIV risk behaviours and awareness about health services. The second framework is presented in subsection 6.6.3 presents outcome indicators that can be used to measure change in predictors of HIV risk behaviours. In addition, they can be used to measure the actual change in HIV risk behaviours.

For both frameworks, the title stating proposed indicators of specific determinants of HIV/AIDS is written. The first row presents objectives, the second row has four columns presenting the generic anticipated outcomes, proposed outcome indicators, sources and notes in the following manner:

- first column - generic anticipated outcomes
- second column - proposed outcome indicators
- third column - sources where proposed outcome indicators were identified/adapted
- fourth column - the notes suggesting data collection methods and disaggregation

It is important to indicate that the sources are acknowledged by writing author/organisation and a year only, page numbers are not included due to the limitation of space. In addition, where it is written (-this study) as a source, it means proposed outcome indicator was developed by the researcher and suggestions and contribution of the specialists/experts were incorporated.

For the purpose of the proposed outcome frameworks, please note that participants refer to individuals reached with sport programme/intervention that integrates HIV/AIDS awareness and life skills. These are offered during/at sport events, tournaments and trainings as well as at hubs/centers/sites. Please note that word participants supposedly to appear in the objectives, generic anticipate outcomes, outcome indicators and notes. Due to limited space it is only written on the column presenting proposed outcome indicators.

6.6.2 Proposed generic outcomes indicators for sport-based HIV/AIDS awareness programmes: focusing on change in knowledge, attitude and intention.

A: Proposed indicators for sexual and behavioural determinants of HIV/AIDS.

Objective 1: To improve knowledge of HIV/AIDS			
Generic anticipated outcomes	**Generic outcome indicators**	**Sources**	**Notes**
-Improved knowledge of HIV/AIDS amongst participants	-Percentage of participants who identify correct modes and dispels myths about how HIV/AIDS is transmitted	-Grassroot Soccer, (2014)	-Data to be collected through surveys using HIV knowledge questions -Pre & post for intervention group -If possible have a control group and do pre & post -Indicators should be disaggregated by gender and age
	-Percentage of participants who correctly identify ways of preventing sexual transmission of HIV/AIDS and who reject major misconceptions about HIV/AIDS	-Carter, (2006) -Peacock-Villada et al., (2006) -Mercy Corps, (2007) -United Nations MDG, (2008) -Maro et al., (2009) -Fuller et al., (2010, 2011) -Farrar et al., (2010) -Luppe, (2010) -DBE, (2012) -Farrar et al., (2012) -Kaufman et al., (2012) -USAID, (2013) -UNAIDS, (2013c, 2014b, 2015)	

Objective 2: To raise awareness of HIV risk behaviours			
Generic anticipated outcomes	**Generic outcome indicators**	**Sources**	**Notes**
-Improved knowledge of benefits associated with delaying sexual intercourse	-Percentage of participants who identify benefits associated with delaying sexual intercourse	This study	-Data to be collected through surveys using HIV risk behaviours questions -Pre & post for intervention group -If possible have a control group and do pre & post -Indicators should be disaggregated by gender and age
-Positive attitude towards delaying sexual intercourse	-Percentage of participants reporting positive attitude towards delaying sexual intercourse		
-Positive intention to delay sexual intercourse	-Percentage of participants reporting to have intention to delay sexual intercourse	-Delva et al., (2010) -Farrar et al., (2010)	
-Improved knowledge of risks associated with having multiple concurrent sexual partners	-Percentage of participants who identify risks associated with having multiple concurrent sexual partners	-Grassroot Soccer, (2014)	

Continuation of objective 2: To raise awareness of HIV risk behaviours			
Generic anticipated outcomes	**Generic outcome indicators**	**Sources**	**Notes**
-Improved knowledge of risks associated with engaging in transactional sex (provision of sex in exchange for material things e.g. money, airtime, clothing, lunch etc.	-Percentage of participants who identify risks associated with engaging in transactional sex	This study	- Data to be collected through surveys using HIV risk behaviours questions -Pre & post for intervention group -If possible have a control group and do pre & post -Indicators should be disaggregated by gender and age
-Improved knowledge of risks associated with age disparate sex/cross-generational sex	-Percentage of participants who identify risks associated with having non-marital sex with a partner 10 years older or more than themselves		
	-Percentage of adolescents participants who identify risks associated with dating a partner 5 years older than themselves		
	-Percentage of participants who identify risks associated with having older sexual partners		
-Improved knowledge of risks associated with alcohol and drugs misuse	-Percentage of participants who identify risks associated with having sex under the influence of alcohol and drugs misuse		
	-Percentage of participants who identify risks associated with having a relationship with a partner who misuses alcohol and drugs		

Objective 3: To raise awareness and access to condoms (male and female condoms)			
Generic anticipated outcomes	**Generic outcome indicators**	**Sources**	**Notes**
-Improved knowledge of benefits associated with condom use	-Percentage of participants who identify how to correctly use a condom and what benefits it provides	-Grassroot Soccer, (2014)	-Data to be collected through surveys using HIV risk behaviours questions associated with condom use -Pre & post for intervention group -If possible have a control group and do pre & post -Indicators should be disaggregated by gender and age
-Improved knowledge of benefits associated with consistent condom use	Percentage of participants believing that consistent condom use reduces risks of HIV	-Keating et al., (2006)	

Continuation of Objective 3: To raise awareness and access to condoms (male and female condoms)			
Generic anticipated outcomes	**Generic outcome indicators**	**Sources**	**Notes**
-Improved knowledge of benefits associated with consistent condom use	-Percentage of participants believing that consistent condom use reduces risks of HIV infection, STIs and unwanted pregnancy	-This study	-Data to be collected through surveys using HIV risk behaviours questions associated with condom use -Pre & post for intervention group -If possible have a control group and do pre & post -Indicators should be disaggregated by gender and age
-Positive attitude towards condom use	-Percentage of participants who feel that a partner is justified in refusing unsafe sex or proposing condom use if they know their partner has STI		
-Positive intention to use condom	-Percentage of participants reporting intention to use condom at their first sexual intercourse, of those reporting to be not sexual active	-Clark et al., (2006) -Mercy Corps, (2006) -Maro et al., (2009)	
-Increased perceived self-efficacy to negotiate condom use with a partner	-Percentage of participants reporting perceived self-efficacy to negotiate condom use with a partner	-This study	
	-Percentage of participants reporting perceived efficacy to refuse unprotected sex	-Farrar et al., (2010) -Maro et al., (2009)	
-Increased awareness about where to access condoms	-Percentage of participants reporting to know where to access condoms	-Delva et al., (2010)	
	-Percentage of participants reporting having easy access to condoms	-This study	
	-Percentage of participants reporting to be not ashamed to collect or buy condoms		

B: Proposed generic outcome indicators for uptake of HIV Counselling and Testing (HCT).

<table>
<tr><th colspan="4">Objective 1: To promote uptake of HCT</th></tr>
<tr><th>Generic anticipated outcomes</th><th>Generic outcome indicators</th><th>Sources</th><th>Notes</th></tr>
<tr><td>-Improved knowledge of benefits associated with taking an HIV test</td><td>-Percentage of participants who identify benefits associated with taking an HIV test</td><td>-This study</td><td rowspan="2">-Data to be collected through surveys using questions associated with uptake of HCT
-Pre & post for intervention group
-If possible have a control group and do pre & post
-Indicators should be disaggregated by gender and age</td></tr>
<tr><td>-Positive attitude towards uptake of HCT</td><td>-Percentage of participants reporting willing to go for an HIV test</td><td>-Carter, (2006)
-Farrar et al., (2010)
-Grassroot Soccer, (2014)</td></tr>
<tr><td rowspan="4">-Increased uptake of HCT services</td><td>-Percentage of participants graduated from sport-based HIV/AIDS awareness programme tested for HIV and receive/know their result</td><td>-Grassroot Soccer, (2014)</td><td rowspan="4">-Data to be collected from the Department of Health (DOH) HCT forms that are normally used by testing partners
-A short surveys can be used during testing campaigns/events asking if a person have ever tested for HIV. This will assist to determine percentage of those who tested for HIV for the first time
-The DOH HCT forms has a question asking if someone is getting tested for the first time
-Indicators should be disaggregated by gender and age
- The HCT data can be compared from the current and the previous years (and targets could be set)</td></tr>
<tr><td>-Percentage of participants graduated from sport-based HIV/AIDS awareness programme first ever tested for HIV</td><td rowspan="3">-This study</td></tr>
<tr><td>-Percentage of participants tested for HIV at sport events and receive/know their result</td></tr>
<tr><td>-Percentage of participants tested for HIV at sport events first ever tested for HIV at sport events</td></tr>
</table>

C: Proposed generic outcome indicators for structural determinants of HIV/AIDS.

Objective 1: To raise awareness about gender norms that increase risk of HIV infection			
Generic anticipated outcomes	**Generic outcome indicators**	**Sources**	**Notes**
-Reduction in gender norms that increase risk of HIV infections	-Percentage of participants express gender equity-primarily in regards to gender-based violence	-Grassroot Soccer, (2014)	-Data to be collected through surveys using gender norms as related to HIV/AIDS questions -Pre & post for intervention group -If possible have a control group and do pre & post -Indicators should be disaggregated by gender and age
	-Percentage of participants reporting to be against sexual violence	-Farrar et al., (2010)	
	-Percentage of participants reporting to believe in equality in a relationship		
	-Percentage of participants reporting to believe that girls should be respected	-Fuller et al., (2010, 2011);	
	-Percentage of participants reporting that boys should protect and not harm girls		
	-Percentage of participants reporting to believe that football is for boys only	-Fuller et al., (2011)	
	-Percentage of participants reporting to believe that rugby is for boys only	- This study	

D: Proposed generic outcome indicators for biological determinants of HIV/AIDS.

Objective 1: To promote uptake of HIV treatment, care and support **Eligible individuals:** participants who test HIV positive through sport-based HIV/AIDS awareness programmes			
Generic anticipated outcomes	**Generic outcome indicators**	**Sources**	**Notes**
-Increased percentage of participants referred: HIV care and support services	-Percentage of participants who test HIV positive and referred for a tertiary test, clinic enrolment, CD4 counts and ART. Every participant who tests HIV positive should receive one of the service referrals	-Grassroot Soccer, (2014)	-Data to be collected through registers as well as one-one interviews with HIV positive participants -Confidentiality should be kept at all stages of communication -Indicators should be disaggregated by gender and age
-Improved knowledge of benefits associated with taking antiretroviral therapy/HIV treatment	-Percentage of HIV positive participants who identify benefits associated with taking antiretroviral therapy/HIV treatment	-This study	
-Improved knowledge of benefits associated with adhering to antiretroviral therapy/HIV treatment	-Percentage of HIV positive participants who identify benefits associated with adhering to antiretroviral therapy/HIV treatment		
-Increased follow-up with HIV positive participants	-Percentage of HIV positive participants receive follow-up from the NGOs	-Grassroot Soccer, (2014)	

Objective 2: To promote uptake of Voluntary Medical Male Circumcision (VMMC) **Eligible individuals:** MCUTS 1 and 11 trial participants: This topic should be touched on in all sport-based HIV/AIDS awareness curricular, but the referrals should be explicitly offered only in MCUTS			
Generic anticipated outcomes	**Generic outcome indicators**	**Sources**	**Notes**
-Improved knowledge of benefits associated with VMMC	-Percentage of male participants who identify the benefits of VMMC and where this service is offered	-Grassroot Soccer, (2014)	-Data to be collected through surveys -Pre & post for intervention group -If possible have a control group and do pre & post
-Increased percentage of male participants referred: VMMC	-Percentage of male participants who access information, request, and receive counseling, and are referred for VMMC procedures	-Grassroot Soccer, (2014)	-Data to be collected through registers as well as one-one interviews with male participants -Confidentiality should be kept at all stages of communication
	-Percentage of male participants reporting to have uptake circumcision after being motivated at the intervention or referred	-This study	

Continuation of proposed generic outcome indicators for biological determinants of HIV/AIDS.

Objective 3: To promote the use of health services **Eligible individuals:** any participants reached with sport-based HIV/AIDS awareness intervention			
Generic anticipated outcomes	**Generic outcome indicators**	**Sources**	**Notes**
-Increased awareness about health services	-Percentage of participants reporting to be aware of any of the following services in their communities: services: HCT, ART, VMMC, PMTCT, STI, antenatal care, post exposure prophylaxis, TB, family planning services and services that deals with gender-based violence	-Clark et al., (2006) -Grassroot Soccer, (2014)	-Data to be collected through surveys -Pre & post for intervention group -If possible have a control group and do pre & post -Indicators should be disaggregated by gender and age
	-Percentage of participants who have asked coaches/coordinators for referral to HCT, ART, VMMC, PMTCT, STI, antenatal care, post exposure prophylaxis, TB, family planning services and services that deals with gender-based violence	-Grassroot Soccer, (2014)	-Data to be collected through registers as well as one-one interviews with HIV positive participants -Confidentiality should be kept at all stages of communication -Indicators should be disaggregated by gender and age
	-Percentage of participants that have actually been linked to the referred services	-This study	

E: Proposed generic outcome indicators for stigma and discrimination.

Objective 1: To reduce HIV stigma and discrimination towards people living with HIV/AIDS			
Generic anticipated outcomes	**Generic outcome indicators**	**Sources**	**Notes**
-Reduced HIV stigma and discriminatory attitude towards people living with HIV/AIDS	-Percentage of participants who report accepting attitude towards people living with HIV/AIDS -Percentage of participants who are willing to talk, care for, and identify with someone who has HIV/AIDS	-Carter, (2006) -Clark et al., (2006) -Peacock-Villada et al., (2006) -Mercy Corps, (2007) -DBE, (2012) -USAID, (2013) -UNAIDS, (2013c, 2014b, 2015)	-Data to be collected through surveys using questions related to HIV stigma and discrimination -Pre & post for intervention group -If possible have a control group and do pre & post -Indicators should be disaggregated by gender and age
-Positive intention to communicate about HIV/AIDS with peers and family	-Percentage of participants reported intention to communicate with someone outside of a programme about HIV/AIDS	-Clark et al., (2006) Grassroot Soccer, (2014)	
-Increased percentage of HIV positive participants who report to feel comfortable to disclose HIV status	-Percentage of HIV positive participants who express a positive ability to feel comfortable to disclose their HIV status to their sexual partners and/or any person they trust	-This study	-Data to be collected through registers as well as one-one interviews with HIV positive participants -Confidentiality should be kept at all stages of communication -Indicator should be disaggregated by gender and age

F: Proposed generic outcome indicators for anticipated outcomes related to positive behaviour as a result of sport as a tool for social change.

Objective 1: To encourage positive attitude towards future, health and lifestyle **Eligible individuals:** participants reached with sport-based HIV/AIDS awareness intervention/ reached with HIV/AIDS and health awareness messages during/at sport events, tournaments, training as well as at hubs/centers/sites Participants should at least report positive change in attitude towards one of the three: future, health and lifestyle			
Generic anticipated outcome	**Generic outcome indicator**	**Source**	**Notes**
-Positive attitude towards future, health and lifestyle	-Percentage of participants reported positive change in attitude towards future, health and lifestyle	-This study	-Data to be collected through surveys (might be challenging to collect data during mass sport events/tournaments) -Indicators should be disaggregated by gender and age

Objective 2: To attract participants reached during mass participation at sport events and tournaments to come and participate in small group HIV/AIDS awareness sessions offered at hubs/centers/ sites **Eligible individuals:** participants reached with HIV/AIDS and health awareness messages during mass sport events and tournaments			
Generic anticipated outcome	**Generic outcome indicator**	**Source**	**Notes**
-Increased percentage of participants reached with small group sport-based HIV/AIDS awareness interventions	-Percentage of participants reached during mass sport events and tournaments who came and attended small group HIV/AIDS awareness sessions offered at hubs/centers/sites	-This study	-Data to be collected through surveys asking a question about where did they hear about the programme, whether they have been reached with HIV/AIDS and health messages during mass events and tournaments offered by specific NGO --Indicator should be disaggregated by gender and age

6.6.3 Proposed generic outcome indicators for sport-based HIV/AIDS awareness programmes: focusing on change in predictors of HIV risk behaviours

A: Proposed indicators for sexual and behavioural determinants of HIV/AIDS.

<table>
<tr><th colspan="4">Objective 1: To reduce HIV risk behaviours</th></tr>
<tr><th>Generic anticipated outcomes</th><th>Generic outcome indicators</th><th>Sources</th><th>Notes</th></tr>
<tr><td>-Delayed sexual debut</td><td>-Percentage of participants reporting to have had sexual intercourse before the age of 15</td><td>-Delva et al., (2010)
-DBE, (2012)
-Shisana et al., (2014)
-USAID, (2013)
-UNAIDS, (2013c, 2014b, 2015)</td><td rowspan="5">-Data to be collected through surveys using self-reported HIV risk behaviours questions
-Pre & post for intervention group
-If possible have a control group and do pre & post
-Indicators should be disaggregated by gender and age</td></tr>
<tr><td>-Decreased number of multiple sexual concurrent partners</td><td>-Percentage of participants reporting to have had more than one partner in the past 12 months</td><td>-Shisana et al., (2014)
-United Nations, MDG, (2008)
-USAID, (2013)
-UNAIDS, (2013c, 2014b, 2015)</td></tr>
<tr><td rowspan="3">-Increase condom use</td><td>-Percentage of participants reporting to have had more than one partner in the past 12 months who report the use of condom during their last sexual intercourse</td><td>-DBE, (2012)
-Shisana et al., (2014)
-United Nations, MDG, (2008)
-USAID, (2013)
-UNAIDS, (2013c, 2014b, 2015)</td></tr>
<tr><td>-Percentage of participants reporting to have had more than one partner who report the use of condom the first time they ever had sex, of those whose first sexual encounter happened after being reached with the intervention</td><td rowspan="2">-Maro et al., (2009)
-Delva et al., (2010)</td></tr>
<tr><td>-Percentage of participants reporting to have had more than one partner who report the use of condom during their last sexual intercourse</td></tr>
<tr><td>Reduction in age-disparate sex/cross-generational sex</td><td>Percentage of participants reporting to have had non-marital sex with a partner 10 years older or more than themselves in the last 12 months, of all those who have had non-marital sex in the last 12 months</td><td>-USAID, (2013)</td></tr>
</table>

Continuation of objective 1: To reduce HIV risk behaviours			
Generic anticipated outcomes	**Generic outcome indicators**	**Sources**	**Notes**
-Reduction in transactional sex (provision of sex in exchange for material things such as money, airtime, clothing, lunch etc.)	-Percentage of participants reporting having transactional sex in the last 12 months	-Soul City Institute Health and Development, (2010)	- Data to be collected through surveys using self-reported HIV risk behaviours questions -Pre & post for intervention group -If possible have a control group and do pre & post -Indicators should be disaggregated by gender and age
-Reduction in in alcohol and substance abuse	-Percentage of adolescents participants reporting to have had used alcohol or illicit drugs in the past 30 days	Office of Disease Prevention and Health Promotion, (2014)	

It is important to highlight that the outcome indicators for sport-based HIV/AIDS awareness programmes are not limited or restricted to the proposed generic outcome indicators presented in sections 6.6.2 and 6.6.3. Other outcome indicators can be further explored to contribute in strengthening monitoring and evaluation of sport-based HIV/AIDS awareness programmes.

6.7 CONCLUSION

Although the findings of this study revealed that it will be challenging for selected NGOs to measure directly the contribution of their sport-based HIV/AIDS awareness programmes to the reduction of HIV incidence in South Africa. It can be concluded that the sport-based HIV/AIDS awareness programmes of selected NGOs address similar HIV risk behaviours identified in the objectives of the current National Strategic Plan for HIV, STIs and TB 2012-2016 of South Africa. However, measuring the predictors of HIV risk behaviours directly might be challenging for the selected NGOs. Considering the challenges such as cost implication, time frame as identified in the literature about measuring HIV risk behaviours. The selected NGOs should make use of the "CREAM" concept of selecting good indicators as defined by Kusek and Rist (2004:68) referring to clear, relevant, economic, adequate and monitorable to prioritize the usefulness of proposed outcome indicators to their programmes. The overall findings indicated

that the proposed outcome indicators for sport-based HIV/AIDS awareness programmes of selected NGOs would rely mostly on measuring change in the knowledge of HIV/AIDS, change in attitude and intention towards HIV risk behaviours. A total of eleven objectives, thirty generic anticipated outcomes and fifty one generic outcome indicators were identified from this study. In addition, one objective, six generic anticipated outcomes and eight generic outcome indicators were identified to measure predictors of HIV risk behaviours. Majority of proposed outcome indicators require the use of rigorous research designs that involve survey that utilize pre and post questionnaires. If possible the use of control group should be included in the research designs. The next chapter will provide overall conclusion and recommendations of this study.

CHAPTER 7: CONCLUSION AND RECOMMENDATIONS

7.1 INTRODUCTION

This study is primarily concerned with strengthening the availability of outcomes indicators for sport-based HIV/AIDS awareness programmes. The aim of this study was to contribute to a generic monitoring and evaluation framework by improving the options for the use of outcome indicators of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. Three objectives were addressed in order to achieve the aim of this study. Therefore this chapter will provide a summary of conclusion from the findings of each objective, recommendations, areas for future research and overall conclusion for this study.

7.1.1 Objective 1: To identify and assess appropriate indicators to monitor and evaluate outcomes of sport-based HIV/AIDS awareness programmes

A systematic review using a narrative approach was followed to identify and assess appropriate indicators to monitor and evaluate outcome of sport-based HIV/AIDS awareness programmes. A total of fourteen evaluation studies on sport-based HIV/AIDS awareness programmes conducted between 2006 and 2012 in ten countries were eligible for the review. The overall findings of the systematic review indicated that sport-based HIV/AIDS awareness programmes have similar objectives that are in line with the MDG 6 which is to "combat HIV/AIDS and other non-communicable diseases". The findings further revealed that the sport-based HIV/AIDS awareness address risk behaviours that place young people at high risk of contracting HIV/AIDS. A total of seventeen objectives, twenty three outcomes and twenty seven indicators used to measure these outcomes were identified from the included studies. In addition, the findings indicated that the evaluation of these outcomes relied mainly on change in knowledge of HIV/AIDS, attitude, belief, intention and self-reported predictors of HIV risk behaviours.

Although there were no studies that directly measured health or biological outcomes in relation to reducing HIV/AIDS incidence amongst target participants. It can be concluded that the review demonstrated that sport-based HIV/AIDS awareness programmes do have a meaningful contribution in raising awareness of HIV risk behaviours. A total of twenty seven indicators currently used to monitor and evaluate outcomes of sport-based HIV/AIDS awareness programmes were identified from the review. Furthermore, the development of alternative or potential indicators that can be used to monitor and evaluate outcomes of sport-based HIV/AIDS awareness programmes were established.

7.1.2 Objective 2: To investigate specific indicators currently in use by selected NGOs as well as information on the monitoring and evaluation of the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa

The findings from the document analysis and schedule key informants interviews with employees of selected NGOs revealed that evaluation of outcomes of sport-based HIV/AIDS remains a challenge. Monitoring and evaluation of sport-based HIV/AIDS awareness programmes of these selected NGOs is mostly output driven. Of the five selected NGOs examined, only one has proven to have substantial documents and reports on monitoring and evaluation. This particular NGO performs outcome-based evaluation and selectively impact evaluation. Institutional arrangements for monitoring and evaluation of the selected NGOs are not yet effective. Most selected NGOs do not have a monitoring and evaluation unit with specific human capacity. Monitoring and evaluation is usually added to the responsibilities of the coaches and coordinators who are involved in the implementation. Such practice was reported to compromise the quality and integrity of the data/information. A need exists for provision of capacity building on monitoring and evaluation of sport-based HIV/AIDS awareness programmes. This will create an opportunity for selected NGOs to develop their M&E systems

and plans in house. The M&E systems and plans will serve as guidelines on how they can move beyond measuring outputs to be able to perform result-based monitoring and evaluation.

Although the selected NGOs have a set of anticipated outcomes for their sport based HIV/AIDS awareness, only one NGO has measurement indicators in place. The anticipated outcomes of the selected NGOs appeared to be in line with the priorities of South Africa highlighted in the current NSP for HIV/AIDS. However, some had insufficient information regarding the changes they desire to see. Therefore, a focus group interview was conducted with same employees of the NGO to seek clarity on the information regarding their anticipated outcomes.

7.1.3 Objective 3: To identify and develop indicators that are applicable to a generic monitoring and evaluation framework regarding the outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa

The findings from the document analysis, schedule key-informants interviews and focus group interview with employees of selected NGOs afforded an opportunity to understand indicators needed to monitor and evaluate outcomes of sport-base HIV/AIDS awareness programmes. These findings were collaborated with the findings obtained from the systematic review on indicators currently in use for sport-based HIV/AIDS awareness programmes and desktop review of indicators in used for HIV/AIDS. Furthermore, the discussions with the specialists/experts involved in the field of HIV/AIDS were of great use to improve the generic outcome indicator framework for sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. The objectives and anticipated outcomes of the selected NGOs examined in this study were classified according to categories of the determinants of HIV/AIDS. The proposed outcome indicators were proposed for each category, and rely mostly on measuring change in knowledge of HIV/AIDS, change in attitude and intention towards HIV risk behaviours.

- Sexual and behavioural determinants of HIV/AIDS: three objectives, fourteen generic anticipated outcomes and twenty two proposed generic outcome indicators
- Uptake of HIV Counselling and Testing (HCT): one objective, three generic anticipated outcomes and six proposed generic outcome indicators
- Structural determinants of HIV/AIDS: one objective, one generic anticipated outcome and seven proposed generic outcome indicators
- Biological determinants of HIV/AIDS: three objectives, seven generic anticipated outcomes and ten proposed generic outcome indicators
- Stigma and discrimination: one objective, three generic anticipated outcomes and four proposed generic outcome indicators

Generic anticipated outcomes related to positive behaviour as a result of sport as a tool for social change were identified.

- Positive change: one objective, one generic anticipated outcome and one proposed generic outcome indicator
- Attract participants during mass participation: one objective, one generic anticipated outcome and one proposed generic outcome indicator

Generic proposed outcome indicators to measure predictors of HIV risk behaviours

- Sexual and behavioural determinants of HIV/AIDS: one objective, six generic anticipated outcomes and eight proposed generic outcome indicators

Overall the findings revealed that the sport-based HIV/AIDS awareness programmes of selected NGOs focus on similar HIV prevention messages within the key priority areas of South Africa. The objectives, the HIV key messages and the anticipated outcomes of the selected NGOs are also in line with the commitments and targets of the National Strategic Plan for HIV, TB and STI 2012-2016 of South Africa and 2011 UN Political Declaration on HIV/AIDS. The findings further indicated that monitoring and evaluating the anticipated outcomes of the selected NGOs require indicators that rely on measuring change in the knowledge of HIV/AIDS, change in attitude and intention towards HIV risk behaviours. A total of fifty one proposed generic outcome indicators to measure change in the knowledge of HIV/AIDS, change on attitude and intention towards HIV risk behaviours were identified and developed. Another eight generic outcome indicators to measure predictors of HIV risk behaviours were also identified. The selected NGOs can adapt the proposed generic outcomes and indicators based on the settings of their sport-based HIV/AIDS awareness programmes.

It can be concluded that the proposed generic outcome indicators can assist the NGOs to improve monitoring and evaluation of their sport-based HIV/AIDS awareness programmes. Furthermore, the use of multiple data collection instruments enables this study to provide options for the use of outcome indicators of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. The study can also be a replicable model for other programmes of other NGOs.

7.2 RECOMMENDATIONS

This study has proposed a variety of possible generic outcome indicators for sport-based HIV/AIDS awareness programmes. However, a need exists for the improvement of the monitoring and evaluation of sport-based HIV/AIDS awareness programmes by the South African Government as well as NGOs and international stakeholders such as the United Nations.

A maximum effort to intensify monitoring and evaluation of the sport-based HIV/AIDS awareness programmes is required from all stakeholders using sport as a means to enable development. This requires a collaborative approach from international organisations, funders, countries, governments, NGOs and communities. A collaborative approach will serve as a foundation to assist the NGOs to strengthening their monitoring and evaluation activities. The following recommendations are provided to be considered in order to contribute to the improvement of monitoring and evaluation of sport-based HIV/AIDS awareness programmes. The first set of recommendations focuses on the role of international organisations, funders, countries, governments and NGOs, followed by recommendations to be considered by selected NGOs examined in this study.

- The United Nations Office on Sport for Development and Peace should provide guidelines on monitoring and evaluation frameworks for sport-based HIV/AIDS awareness programmes. The guidelines on monitoring and evaluation frameworks should be developed in such a manner that they enable the governments of member states and NGOs to adopt the guidelines and contribute to on-going monitoring and evaluation activities at a global level.
- Funders and governments need to review their funding policies in order to allow an opportunity for donor/government funded NGOs to establish in-house monitoring and evaluation systems, M&E functions and proper information management systems.
- A need exists for a training module that is specifically tailored to build monitoring and evaluation capacity for NGOs including M&E systems. The training module should be designed and delivered in such a manner that it enables the NGOs to understand the importance of having own in-house monitoring and evaluation systems and functions.

The training module should influence the NGOs to recognize monitoring and evaluation as an ongoing activity from the beginning until the end of the programme or project.

- In South Africa, a partnership between the following government departments is recommended: Sport and Recreation South Africa, Department of Health and Department of Basic Education should be strengthened to allow the establishment of clear guidelines on how to fast-track the HIV/AIDS activities provided by sport for development NGOs and clubs to ensure the alignment with other health-based organisations. Furthermore, to ensure the alignment with the objectives of the National Strategic Plan for HIV/AIDS, STIs and TB so that sport-based HIV/AIDS awareness programmes can be able contribute in a credible and useful way.
- Platforms for sharing of information and practices regarding implementation, monitoring and evaluation of HIV/AIDS activities should be encouraged among NGOs and other-health based organisations that use sport as a tool to respond to HIV/AIDS. This will provide an opportunity to learn from one another and to promote best practices in the field of HIV/AIDS.

This study ought to strengthen the availability of indicators for monitoring and evaluation of sport-based HIV/AIDS awareness programmes. Therefore the following recommendations are provided to be considered by selected NGOs for monitoring and evaluating outcomes of their sport-based HIV/AIDS awareness programmes.

- The selected NGOs should establish monitoring and evaluation functions within their organisations. They should take into consideration factors such as organizational roles, responsibilities and capabilities to ensure sustainability of monitoring and evaluation within their organisations.

- Develop monitoring and evaluation plans using logic/change models that depict the relationships among the resources available to implement the programme, the planned activities, the outputs and the desired or anticipated changes to be achieved at the end of the programmes.
- It is critical for selected NGOs to ensure the integrity, accuracy and reliability of the output results and data since they are the foundation of achieving the programme's desired outcomes. The improvement of the quality of data and data validation is critical.
- Generally, governments as well as NGOs are encouraged to make use of the Theory of Change models and approaches to plan all activities and to improve planning to ensure that anticipated outcomes are realistic and appropriate for M&E systems.
- From the fieldwork results it is clear that the anticipated outcomes of the selected NGOs were not clear. A need exists for the improvement of the outcome statements and this will allow the NGOs to develop and select appropriate outcome indicators for their sport-based HIV/AIDS awareness programmes.
- Governments and NGOs should select appropriate study designs and sample sizes when conducting evaluation studies of their sport-based HIV/AIDS awareness programmes.
- Role players should make use of guidelines from UNAIDS (2015) and Shisana et al., (2014) to identify methods of measurement when using proposed outcome indicators for sport-based HIV/AIDS awareness programmes. This is also necessary to formulate appropriate questions that can be asked during surveys as well as the use of numerators and denominators in order to calculate percentages.
- The proposed outcome indicators should be disaggregated by age and gender and if possible, by geographical location.

- The selected NGOs should ensure that their sport-based HIV/AIDS awareness programmes are age appropriate in terms of messages aimed at raising awareness about HIV risk behaviour.
- Considering that young people are the group most at risk and they are the target audience of the selected NGOs, the sport-based HIV/AIDS prevention strategies should empower young people with skills to be able to resist peer pressure and make healthy decision about sexual behaviours.
- The sport-based HIV/AIDS awareness programmes should further include women empowerment programmes and raise awareness of women's sexual rights and the right to negotiate sex. Relevant indicators for women empowerment programmes should be developed based on the context of the programme and community setting.

7.2.1 Areas for future studies

The following themes for future research have emerged from the study. These focus areas do not fall primarily within the study but require further research in future. These included the following:

- Government monitoring and evaluation frameworks on sport-based HIV/AIDS awareness programmes.
- Attention should be given to methodologies to improve the validity of information reflecting the outputs and outcomes of sport-based HIV/AIDS awareness programmes.
- Development of United Nation's guidelines on monitoring and evaluation of sport-based HIV/AIDS awareness programmes that can be easily adapted by NGOs that use sport as a tool to respond to HIV/AIDS.

- Improved understanding of what guidelines are in use and required for monitoring and evaluation of sport-based HIV/AIDS awareness programmes.

7.3. CONCLUSION

The aim of the study was to contribute to a generic monitoring and evaluation framework by improving the options for the use of outcome indicators of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. A variety of recommendations have been made in this respect and various proposed outcome indicators and recommendations have been provided to strengthen the availability of outcome indicators for sport-based HIV/AIDS awareness programmes. The findings of the study also indicated that the descriptive information and outputs are recorded rather than the information about the actual outcomes occurred as a result of sport-based HIV/AIDS awareness programmes of the selected NGOs examined in this study. The financial constraints was highlighted as the most common challenge experienced by selected NGOs since they are depending on funding to manage their programmes. Funders/donors and government need to invest in monitoring and evaluation to allow an opportunity to establish robust monitoring and evaluation capabilities within the NGOs. This will enable the NGOs to collect and record accurate information about outputs and outcomes of their programmes or projects. This will further assist the NGOs to monitor the progress of their work, highlight significant accomplishments and provide recommendations for improvement of their programmes or projects, as well as to explore unintended results. In South Africa, Government should establish clear guidelines on how to fast-track the HIV/AIDS activities provided by sport for development NGOs to ensure the alignment with the objectives of the National Strategic Plan for HIV/AIDS, STIs and TB. Capacity building and training for NGOs on monitoring and evaluation should be a priority for the South African Government including funders/donors.

The United Nations Office of Sport Development and Peace should provide guidelines on monitoring and evaluation frameworks for sport-based HIV/AIDS awareness programmes. The guidelines on monitoring and evaluation frameworks should be shaped in such a way that can be adopted and adapted by countries and NGOs according to their settings. The guidelines of monitoring and evaluation should also involve the indicator frameworks consisting of clear and adequate indicators that can be adapted by governments and NGOs. The countries and NGOs should be able to reflect accurately the information about their HIV/AIDS activities and also be able to share lesson learnt from their programmes or projects. This will allow the countries and NGOs to contribute to on-going monitoring activities at a global level as well as to sustainable development.

It can be concluded that the findings of the study indicate that the sport-based HIV/AIDS awareness programmes are contributing to the response to HIV/AIDS challenges. A collaborative approach by all stakeholders is required, from international organisations, funders, governments, NGOs and communities to strengthening monitoring and evaluation of sport-based HIV/AIDS awareness programmes including other development programmes. A need exists for the establishment of clear central monitoring and evaluation frameworks, indicator frameworks, objectives, roles, responsibilities and coordination mechanisms that will guide countries, governments and NGOs to be able to contribute effectively to the recently published Sustainable Development Goals.

Finally, it is clear that results-based monitoring and evaluation generally speaking has become a major focus area in South Africa, not only with respect to HIV/ AIDS awareness but also with regard to other social sectors. Furthermore, through the efforts of DPME and other key role players, it is clear that increasingly a rightful emphasis has been placed on evaluations in

addition to monitoring. Evaluation management in South Africa and Africa, as well as internationally, has therefore become a major priority and SADC, the African Union, the United Nations and other stakeholders need to increasingly focus on the important role that M&E can play to ensure that reconstruction and development will be successful on the continent.

REFERENCES

Adams, R.A. (2013). *Identifying risk factors amongst pupils of Groendal Secondary School that make them vulnerable to HIV/AIDS*. Unpublished Master of Philosophy-thesis. Cape Town: Stellenbosch University.

AMANDLA EduFootball. (2011). Figurative evaluation report 2010. Retrieved from http://www.edufootball.org/media/results

Anderson, K.G. & Beutel, A.M. (2007). HIV/AIDS prevention knowledge among youth in Cape Town, South Africa. *Journal of Social Sciences,* 3(3), 143-150.

Armour, S. & Haynie, D.L. (2007). Adolescent sexual debut and later delinquency. *Journal of Youth Adolescent,* 36, 141-152.

Astbury, B. (2013). Some reflections on Pawson's science of evaluation: A realist manifesto. *Evaluation,* 19(4), 383-401.

Atkin, C.K. & Freimuth, V. (2001). *Guidelines for formative evaluation research in campaign design, public communication campaigns.* CA: Sage Thousand Oaks.

Baliunas, D., Rehm,J., Irving, H. & Shuper, P. (2010). Alcohol consumption and risk of incident human immunodeficiency virus infection: A meta-analysis. *International Journal of Public Health,* 55, 159-166.

Bamberger, M. (2007). *A framework for assessing the quality, conclusion validity and utility of evaluations. Experience from international development and lessons for developed countries.* AEA.

Bamley, A. & Mackenzi, M. (2007). Theories of change and realistic evaluation: Peas in a pod or apples and oranges? *Evaluation,* 13(4), 439-455.

Bankole, A., Ahmed, F.H., Neema, S., Ouedraogo, C. & Konyani, S. (2007). Knowledge of correct condom use and consistency of use among adolescents in four countries in Sub-Saharan Africa. *African Journal of Reproductive Health,* 11(3), 197-220.

Baxter, P & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report,* 13(4), 544-559.

Beauclair, R., Hens, N. & Delva, W. (2015). Concurrent partnerships in Cape Town, South Africa: Race and sex differences in prevalence and duration of overlap. *Journal of the International AIDS Society,* 18, 1-9.

Bekalu, M.A. & Eggermont, S. (2012). Advancing HIV/AIDS combination prevention through mass media: A review of practices in sub-Saharan Africa. *Information Development,* 28(3), 189-198.

Berriet-Solliec, M., Labarthe, P. & Laurent, C. (2014). Goals of evaluation and types of evidence. *Evaluation*, 20(2), 195-213.

Bersamin, M.M., Fisher, D.A., Walker, S., Hill, D.L. & Grube, J.W. (2007). Defining virginity and abstinence: Adolescents' interpretations of sexual behaviours. *Journal of Adolescence Health,* 41(2), 182-188.

Bhattacharya, H. (2008). Research setting. (In Given, L.M. (eds.). *Qualitative research methods*. Thousand Oaks, CA, Sage Publication, pg. 788-789). DOI: http://dx.doi.org/10.4135/9781412963909.n398

Boer, H. & Mashamba, M.T. (2007). Gender power imbalance and differential psychosocial correlates of intended condom use among male and female adolescents from Venda, South Africa. *British Journal of Health Psychology*, 12, 1-63.

Bowen, A.N., Horvath, K. & Williams, M.L. (2007). A randomized control trial of internet-delivered HIV prevention targeting rural MSM. *Health Education Research,* 22(1), 120-127.

Braun, M., Lepori, B., Reale, E., Silipersaeter, S., Kaloudis, A., Filiatreau, G & Larédol, P. (2009). *Tools and indicators for community research evaluation and monitoring: Summary of findings and recommendations.* Germany: European Commission-DG Research.

Brynard, P., Cloete, F. & De Coning, C. (2011). Policy implementation. (In Cloete, F. & De Coning, C. (eds.), *Improving public policy: From theory, practice and review.* Van Schaik, Pretoria. Chapter 7.)

Burnett, C. (2009). Engaging sport-for development for social impact in the South African context. *Sport in Society: Cultures, Commerce, Media, Politics,* 12(9), 1192-1205.

Byrne, D. (2013). Evaluating complex social interventions in a complex world. *Evaluation,* 19(3), 217-228.

Care International. (2012). *Peacebuilding with Impact: Defining theories of change*. International Alert. United Kingdom.

Caribbean Health Research Council. (2011). *The state of HIV monitoring and evaluation practice in the Caribbean and meta-analysis of program performan*ce. Caribbean.

Caritas Australia. Organisation profile. Retrieved from http://www.caritas.org.au

Carter, J. (2006*). HIV knowledge in 'Coaching for hope' participants compared with non-participants*: Coaching for hope Burkina Faso evaluation report. Burkina Faso.

Carter, M.W., Kraft, J.M., Koppehaver, T., Galavotti, C., Roels, T.H., Kilmarx, P.H. & Fidzani, B. (2007). "A bull cannot be contained in a single kraal'': Concurrent sexual partnerships in Botswana. *AIDS Behaviour,* 11, 822-830.

Centre for Learning on Evaluation and Results. (2012). *African monitoring and evaluation systems: Exploratory case studies.* Johannesburg: University of the Witwatersrand.

Chan, M., Kazatchkine, M., Lob-Levyt, J., Obaid, T., Schweizer, J., Sidibe, M., Veneman, A. & Yamada, T. (2010). Meeting the demand for results and accountability: A call for action on health data from eight global health agencies. *PloS Medicine,* (1), 1-4.

Cherie, A. & Berhane, Y. (2012). Peer pressure is the prime driver of risky sexual behaviours among school adolescents in Addis Ababa, Kenya. *World Journal of AIDS*, 2, 159-164.

Chukwujekwu, O., Chabikuli, N.O., Merigan, M., Awi, D & Hamelmann, C. (2010). Intergrating reproductive health and HIV indicator into the Nigerian and HIV indicator into the Nigerian health system-building an evidence base for action. *African Journal of Reproductive Health.* (14)1, 109-116.

Church, C & Rogers, M.M. (2006). *Designing for results: Integrating monitoring and evaluation in conflict transformation programmes.* Washington, DC: Search for Common Ground.

Clark, T.S., Friedrich, G.K., Ndlovu, M., Neilands, T. B. & McFarland, W. (2006). An adolescent-targeted HIV prevention project using African professional soccer players as role models and educators in Bulawayo, Zimbabwe. *AIDS Behaviour*, 10, 77-83.

Clotteau, G., Boily, M., Darboe, S., Martin, F. (2011). Capacity-building in monitoring and evaluation through the design and implementation of result-based monitoring and evaluation systems: Lessons learnt from Africa, Asia and Latin America. (In Rist, C., Boily, M., Martin, F. (eds.), *Influences change: Building evaluation capacity to strengthen governance.* Washington, D.C: World Bank. Chapter 10.)

Coalter, F. (2006). *Sport-in-development: A monitoring and evaluation manual*. University of Stirling.

Coalter, F. (2007). *Wider social role for sport: Who's keeping the score?* London: Routledge.

Coalter, F. (2008). *Sport-in-development: A monitoring and evaluation manual.* University of Stirling.

Coalter, F. (2010). The politics of sport-for development: Limited focus programmes and broad gauge. *International Review for the Sociology of Sport*, 45(3), 295-314.

Coates, T.J., Ritcher, L. & Caceres, C. (2008). Behavioural strategies to reduce HIV transmission: How to make them work better. *Lancet,* 372, 669-684.

Cockcroft, A., Kunda, J.L., Kgakole, L., Masisi, M., Laetsang, D., Ho-Foster, A., Marokoane, N. & Andersson, N. (2010). Community views of inter-generational sex: Findings from focus groups in Botswana, Namibia and Swaziland. *Psychology, Health & Medicine,* 15(5), 507-514.

Coll-Serrano, V., Carrasco-Arroy, S., Blasco-Blasco, O & Vila-Lladosa, L. (2012). Design of a basic system of indicators for monitoring and evaluating Spanish cooperation's culture and development strategy. *Evaluation Review,* 36(4), 272-302.

Compassion Capital Fund. (2014). Strengthening Non-Profits: Measuring outcomes. Retrieved from http://www.nebhands.nebraska.edu/files/Measuring Outcomes.pdf

Connell, J.P. & Kubisch, A.C. (1998). *Applying theory of change approach to the evaluation of community initiatives: Progress, prospects and problems.* Washington, DC: Aspen institute.

Creswell, J. Hanson, W.E., Plano Clark, V.L. & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counselling Psychologist,* 35(2), 236-264.

Creswell, J. (2009). *Research design: Qualitative, quantitative and mixed method*s. 3rd edition, Sage publications.

De Coning, C. & Wissink, H. (2011). Nature, role and history of public policy. (In Cloete, F. & De Coning, C. (eds.), *Improving public policy: From theory, practice and review.* Van Schaik, Pretoria. Chapter 1.)

De Coning, C & Keim, M. (2013). *Policy implementation and evaluation of sports and development initiatives.* Unpublished Course Reader. University of the Western Cape. Cape Town.

De Coning, C. & Rabie, B. (2014). Institutional arrangements for monitoring and evaluation. (In Cloete, F., Rabie, B. & De Coning, C. (eds.), *Evaluation management in South Africa and Africa.* First Edition, SUN MeDIA: SUN PRESS, Stellenbosch. Chapter 7.)

De Coning, C. (2015). *The case for sport in the Western Cape: Socio-economic benefits and impacts of Sport Recreation.* Western Cape Government Cultural Affairs and Sports.

Delva, W., Michielsen, K., Meulders, B., Groeninck, S., Wasonga, E., Ajwang, P., Temmermen, M. & Vanreusel, B. (2010). HIV prevention through sport: The case of the Mathare Youth Sport Association in Kenya, *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV,* 22(8), 1012-1020.

Denvall, V. & Linde. S. (2013). Knocking on heaven's door: The evaluation community goes to church. *Evaluation,* 19(4), 431-441.

Department of Basic Education. (1999). *National Policy on HIV and AIDS for learners and educators in public schools and students and educators in further education and training institutions.* Pretoria: Government Printer.

Department of Basic Education and MIET Africa. (2010). *National support pack*. Pretoria: Government Printer.

Department of Basic Education. (2012). *Integrated Strategy on HIV, STIs and TB 2012-2016* (Summary Version). Pretoria: Government Printer.

Department of Health. (2012a). *Global AIDS response progress report.* Pretoria: Government Printer.

Department of Health. (2012b). *Annual report 2011/2012.* Pretoria: Government Printer.

Department of Performance Monitoring and Evaluation of the Office of the Presidency. (2011). *Strategic Plan, 2011/12-2015/2016*. Pretoria: Government Printer.

De Vaus, D.A. (2001). *Research design in social research*. Sage Publication.

De Wit, J.B.F., Aggleton, P., Myers, T. & Crew, M. (2011). The rapidly changing paradigm of HIV prevention: Time to strengthen social and behavioural approaches. *Health Education Research.* 26(3), 381-392.

Dunn, K.E. & Mulvenon, S.W. (2009). A critical review of research on formative assessment: The limited scientific evidence of the impact of formative assessment in education. *Practical Assessment, Research & Evaluation,* 14(7), 1-11.

Dyer, K. (2012). *Theory of change, outcome mapping and Act's logical framework*. Tanzania.

Eaton, W.J., Hallett, T.B. & Garnett, G.P. (2011). Concurrent sexual partnerships and primary HIV infection: A critical interaction. *AIDS Behaviour,* 15, 687-692.

Ellig, J., McTigue, M & Wray, H. (2012). *Government performance: An evaluation of GPRA's first decade.* United State of America. Boca Raton, Fla.: CRC Press.

Epstein, H. & Morris, M. (2011). Concurrent partnerships and HIV: An inconvenient truth. *Journal of the International AIDS Societ*y, 14(13), 1-11.

Erkut, S., Grossman, J.M., Frye, A.A., Ceder, I., Charmarman, L. & Tracy, A.J. (2012). Can sex education delay early sexual debut? *Journal of Early Adolescence,* 33(4), 482-497.

Farrar, T., & Math, M. (2010). *Whizzkids United: Evaluating the Whizzkids United "on the ball" intervention special report.* Durban.

Farrar, T. & Math, M. (2012). *Whizzkids United: Final evaluation report, "on the ball" intervention, Northern EThekwini youth friendly clinics projects.* Durban.

Farrell, G.M. (2009). *Result-based monitoring and evaluation at the Commonwealth of Learning: A handbook.* United States of America.

Fatusi, A.O. & Blum, R.W. (2008). Predictors of early sexual initiation among a nationally representative sample of Nigerian adolscents. *BMC Public Health,* 8(136), 1-14.

Fisher, J.C., Bang, H. & Kapiga, S.H. (2007). The association between HIV infection and alcohol use: A systematic review and meta-analysis of African studies. *Sexually Transmitted Diseases,* (34)11, 856-863.

Fjeldsoe, B.S., Marshall, A.L. & Miller, Y.D. (2009). Behaviour change interventions delivered by mobile telephone short-message service. *American Journal of Prevention Medicine,* 36(2), 165-173.

Fonner, V.A, Armstrong, K.S., Kennedy, C.E., O'Reilly, K.R. & Sweat, M.D. (2014). School based sex education and HIV prevention in low- and middle-income countries: A systematic review and meta-analysis. *Plos One,* 9(3), 1-18.

Ford, N., Odallo, D. & Chorlton, R. (2003) Communication from a human rights perspective: Responding to the HIV/AIDS pandemic in Eastern and Southern Africa: A working paper for use in HIV and AIDS programmes. *Journal of Health Communication International Perspectives,* 8(6), 599-612.

Forss, K., Befani, B. & Kruse, S. (2012). *A study of monitoring and evaluation in six Norwegian civil society organisations.* Norwegian Agency for Development Cooperation: NORAD.

Forti, M. (2012, 23 May). Six theory of change pitfalls to avoid. Retrieved from http://www.ssireview.org/blog/entry/six

Fuller, C.W., Junge, A., DeCelles, J., Donald, J., Jankelowitz, R. & Dvorak, J. (2010). 'Football for health' - a football-based health-promotion programme for children in South Africa: A parallel cohort study. *British Journal of Sports Medicine,* 44, 546-554.

Fuller, C.W., Junge, A., Dorasami, C., DeCelles, J. & Dvorak, J. (2011). '11 for health', a football-based health education programme for children: A two-cohort study in Mauritius and Zimbabwe. *British Journal of Sports Medicine,* 45, 612-618.

Funnel, S.C. & Rogers, P.J. (2011). *Purposeful programme theory: Effectiveness of the theories of change and change logic*. Jossey-Bass.

Gallant, J. (2007). *One hundred questions and answers about HIV and AIDS.* United States of America.

Gayle, H. D. (2008). HIV prevention. (In Volberding, P.A., Sande, M.A.,Warner C. Greene, W.C. & Lange, M.A. (eds.), *Global HIV/AIDS medicine*, 91-100.)

Glenaffric Ltd (2007). *Six steps to effective evaluation: A handbook for programme and project managers.* United States of America.

Global Fund. (2011). *Monitoring and evaluation toolkit: HIV, tuberculosis, malaria and health and community systems strengthening.* United States of America.

Global HIV Prevention Working Group. (2007). *Bringing HIV prevention to scale: An urgent global priority.* Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation.

Global HIV Prevention Working Group. (2008). *Behaviour change and HIV prevention: Re consideration for the 21st century.* Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation.

Glynn, J.R., Kayuni, N., Floyd, S., Banda, E., Francis-Chizororo, M., Tanton, C., Molesworth, A., Hemmings, J., Crampin, A.C. & French, N. (2010). Age at Menarche, schooling, and sexual debut in Northern Malawi. *Plos One,* 5(12), 1-8.

Görgens, M. & Kusek, J.Z. (2009). *Making monitoring and evaluation systems work: A capacity development toolkit.* Washington, DC: The World Bank.

Gouws, E. & Cuchi, P. (2012). Focusing the HIV response through estimating the major modes of HIV transmission: A multi-country analysis. *Sexual Transmitted Infections,* 88, 76-85.

Governance and Social Development Resource Centre. (2007). *Monitoring and evaluation topic guide.* United Kingdom: Department for International Development.

Grassroot Soccer. (2014). *Quarterly operational KPI dashboard: 2014 annual summary.* GRS South Africa.

Green, E.C., Mah, T.L., Ruark, A. & Hearst, N. (2009). A framework of sexual partnerships: Risks and implications for HIV prevention in Africa. *Studies in Family Planning.* 40(1), 63-70.

Gregson, S., Nyamukapa, C.A., Sherr, L.C., Mugurungi, O. & Campbell, C. (2013). Grassroots community organizations' contribution to the scale-up of HIV testing and counselling services in Zimbabwe. *AIDS,* 27, 1657-1666.

Group on Earth Observations. (2008). *Performance monitoring and evaluation framework.* Geneva, Switzerland.

Haile, B.J., Chambers, J.W. & Garrison, J.L. (2007). Correlates of HIV knowledge and testing results of a 2003 South African survey. *Journal of Black Studies,* 38(2), 194-208.

Hancock, B., Ockleford, E. & Windridge, K. (2009). *An introduction to qualitative research.* National Institute for Health Research.

Hankins, C.A. & de Zalduondo, B.O. (2010). Combination prevention: A deeper understanding of HIV prevention. *AIDS,* 24(4), 70-80.

Halperin, D.T. & Epstein, H. (2004). Concurrent sexual partnerships help to explain Africa's high HIV prevalence: Implications for prevention. *Lancet,* 364, 4-6.

Halperin, D.T. & Epstein, H. (2007). Why is HIV Prevalence so Severe in Southern Africa? The role of multiple concurrent partnerships and lack of male circumcision: Implications for AIDS prevention. *The Southern African Journal of HIV Medicine,* 19-25.

Halperin, D.T., Mugurungi, O., Hallett,T.B., Muchini, B., & Campbell, Magure, T., Benedikt, C. & Gregson, S. (2011). A surprising prevention success: Why did the HIV epidemic decline in Zimbabwe? *Plos Medicine,* 8(2), 1-7.

Harrison, A., Newell, M., Imrie, J. & Hoddinott, G. (2010). HIV prevention for South African youth: which interventions work? A systematic review of current evidence. *BMC Public Health,* 10(102), 1-12.

Hartmann, D. & Kwauk, C. (2011). Sport and development: An overview, critique, and reconstruction. *Journal of Sport and Social Issues,* 35(3), 284–305.

Hendriksen, E.S., Pettifor, A., Lee, S., Coates, T.J. & Rees, H.V. (2007). Predictors of condom use among young adults in South Africa: The reproductive health and HIV research unit national youth survey. *American Journal of Public Health,* 97(7), 1241-1248.

Hendricks, M., Plantz, M.C & Pritchard, K.J. (2008). Measuring outcomes of United Way-funded programmes: Expectations and reality. (In Carmen, J.G & Fredericks, K.A. (eds.), Nonprofit and evaluation. *New Direction for Evaluation,* 119, 13-35.

Hermans, L.M., Naber, A.C & Enserinke, B. (2012). An approach to design long-term monitoring and evaluation frameworks in multi-actor systems-a case in water management. *Evaluation and Programme Planning,* 35, 427-438.

Holzer, M. (1999). Public performance evaluation and improvement. (In Malik, K & Roth, C. (eds.), *Evaluation capacity development in Asia.* Proceedings of the International Conference, Beijing.)

Hussein, A. (2009). The use of triangulation in social sciences research: Can qualitative and quantitative methods be combined? *Journal of Comparative Social Work,* 1, 1-12.

Hutchinson, K. M. & Cederbaum, J.M. (2011). Talking to daddy's little girl about sex: Daughters' reports of sexual communication and support from fathers. *Journal of Family Issues,* 32(4), 550-572.

Independent Evaluation Group (IEG) of the World Bank. (2012). *Designing a result based framework for achieving results: A how to guide.* Washington, DC: International Bank for Reconstruction and Development/World Bank.

International Labour Organisation. (2008). *Impact and outcome indicators in the national HIV monitoring and evaluation framework 2008-2012.* Switzerland.

International Network on Strategic Philanthropy. (2005). *Theory of a change tool manual.* Washington, DC.

International Olympic Committee & UNAIDS. (2010). *Together for HIV and AIDS prevention: a toolkit for the sport community.* Switzerland.

Jemmott, J.B., Jemmott, L.S. & Fong, R.N. (2010). Efficacy of a theory-based abstinence-only intervention over 24 months: A randomized controlled trial with young adolescents. *Arch Pediatric Adolescents Medicine,* 164(2), 152-159.

Kalichman, S.C., Simbayi, L.C., Kaufman, M., Cain, D. & Jooste, C. (2007). Alcohol use and sexual risks for HIV/AIDS in Sub-Saharan Africa: A systematic review of empirical findings, *Prevention Science,* 8, 141-151.

Kalichman, S.C., Simbayi, L.C., Vermaak, R., Cain, D., Smith, G., Mthembu, J. & Jooste, D. (2008). Randomized trial of a community-based alcohol-related HIV risk-reduction intervention for men and women in Cape Town South Africa. *Ann. Behavioural Medicine,* 36, 270-279.

Kaufman, Z.A., Welsch, R.L., Ericksond, J.D., Craig,S., Adams, L.V. & Ross, D.A. (2012). Effectiveness of a sports-based HIV prevention intervention in the Dominican Republic: A quasi-experimental study. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV,* 24(3), 377-385.

Kaufman, Z.A., Spencer, T.S. & Ross, D.A. (2013). Effectiveness of sport-based HIV prevention interventions: A systematic review of the evidence. *AIDS Behaviour,* 17, 987-1001.

Kay, T. (2009). Developing through sport: Evidencing sport impacts on young people. *Sports in Society: Cultures, Commerce, Media, Politics,* 12(9), 1777-1191.

Keating, J., Meekers, D & Adewuyi, A. (2006). Assessing effects of a media campaign on HIV/AIDS awareness and prevention in Nigeria: Results from the VISION Project. *Bio Medical Central*, (6)123, 1-12.

Keim, M. (2006). *Sport as opportunity for community development and peace building in South Africa.* Cape Town: University of the Western Cape.

Kenyon, C., Zondo, S. & Badri, M. (2010). Determinants of self-perceived HIV risk in young South Africans engaged in concurrent sexual relationships. *African Journal of Reproductive Health,* 14(3), 171-181.

Khan, N. & Hendrin, M. (2010). *Using football for HIV/AIDS prevention in Africa.* Coxswain Social Investment plus (CSI+).

Kicking AIDS Out. (2010). The Kicking AIDS Out Network 2001-2010: A historical Overview. Retrieved from http://www.kickingaidsout.net

Kiene, S.M., Barta, W.D., Tennen, H. & Armeli, S. (2009). Alcohol, helping young adults to have unprotected sex with casual partners: Findings from a daily diary study of alcohol use and sexual behaviour. *Journal of Adolescents Health*, 44(1), 73-80.

Kiene, S.M., Simbayi, L.C., Abrams, A., Cloete, A., Tennen, H. & Fisher, J.D. (2008). High rates of unprotected sex occurring among HIV-Positive individuals in a daily diary study in South Africa: The role of alcohol use. *Journal Acquired Immune Deficiency Syndrome*, 49(2), 219-226.

Kirby, D.B. (2008). The impact of abstinence and comprehensive sex and STD/HIV education programmes on adolescents and behaviour. *Sexuality, Research and Social Policy,* 5(3), 18-27.

Kirby, D.B., Laris, B.A. & Rolleri, L.A. (2007). Sex and HIV education programs: Their impact on sexual behaviours of young people throughout the world. *Journal of Adolescent Health*, 40, 206-217.

Kretzchmar, M., White, R.G. & Carael, M. (2010). Concurrency is more complex than it seems. *AIDS,* 24 (2), 313-315.

Kruse, S.E. (2006). *Review of Kicking Aids Out: Is sport an effective tool in the fight against HIV/AIDS.* Norwegian Agency for Development Cooperation: NORAD.

Kusek, J.Z. & Rist, R.C. (2002). Building results-based monitoring and evaluation systems: Assessing developing countries readiness. *Zeitschrift fuer Evaluation*, (1), 151-158.

Kusek, J.Z. & Rist, R.C. (2004). *A handbook for development practitioners, ten steps to a results-based monitoring and evaluation system.* Washington, D.C: The World Bank.

Kusek, J.Z. (2009). Global HIV/AIDS Programme: *Global Monitoring and Evaluation Team*. Washington, D.C: The World Bank.

Lema, L.A., Katapa, R.S. & Musa, A.S. (2008). Knowledge on HIV/AIDS and sexual behaviour among youths in Kibaha District, Tanzania. *Tanzania Journal of Health Research,* 10(2), 79-83.

Levermore, R. (2008). Sport a new engine of development? *Progress in Development Studies,* 8(2), 183-190.

Levermore, R. (2011). Evaluating sport-for-development: Approaches and critical issues. *Progress in Development Studies,* 11 (4), 339-353.

Levermore, R. & Beacom, A. (2012). Reassessing sport-for-development: Moving beyond 'mapping the territory'. *International Journal of Sport Policy and Politics,* 4(1), 125-137.

Lindsey, I. & Banda, D. (2011). Sport and the fight against HIV/AIDS in Zambia: A 'partnership approach'? *International Review for the Sociology of Sport,* 46 (1), 90-107.

Luppe, T. (2010). Evaluation of the Grassroot soccer club HIV/AIDS programme in Musina. Unpublished Master of Public Health-thesis. Gauteng: University of Witwatersrand.

Lurie, M.N. & Rosenthal, S. (2010). Concurrent partnerships as a driver of the HIV epidemic in Sub-Saharan Africa? The evidence is limited. *AIDS Behaviour,* 14, 17-24.

Lynn Library. (2015). Research methods: Longitudinal study. Retrieved from http://lynn-library.libguides.com/researchmethods

Mackay, K. (2007). *How to build M&E systems to support better government.* Washington, D.C: Independent Evaluation Group of the World Bank.

Mackay, K. (2008). Helping countries build government monitoring and evaluation systems. World Bank contribution to evidence-based policy making. (In Segone, M. (eds.), *Bridging the gap: The role of monitoring and evaluation in evidence-based policy making.* Washington, D.C: Independent Evaluation Group of the World Bank. Part 1.)

Madlala, S.L. (2008). Age-disparate and intergenerational sex in southern Africa: The dynamics of hypervulnerability. *AIDS,* 22(4), 17-25.

Madlala, S.L. (2009). Cultural scripts for multiple and concurrent partnerships in southern Africa: Why HIV prevention needs anthropology. *Sexual Health,* 6(2), 103-110.

Magic Bus Organisation. (2014). Organisation profile. Retrieved from https://www.magicbus.org/

Mah, T.L. & Halperin, D.T. (2010). Concurrent sexual partnerships and the HIV epidemics in Africa: Evidence to move forward. *AIDS Behaviour,* 14, 11-16.

Mallett, M., Talley, A. & Harris, G. (2011). *A guide to developing an outcome logic model and measurement plan.* Greater Richmond & Petersburg: Research and evaluation department.

Managing for Development Results. (2007). *Using monitoring and evaluation: Enhancing development results.* Hnaoi, Vietnam: Third international roundtable on managing for development results.

Maro, C.N., Roberts, G.C. & Sørensen, M. (2009). Using sport to promote HIV/AIDS education for at-risk youths: An intervention using peer coaches in football. *Scandinavian Journal of Medicine Science Sports,* 19, 129-141.

Marshall, M.N. (1996). Sampling for qualitative research, *Family Practice,* 13(6), 522-525.

Mayne, M. (2012). Contribution analysis: Coming of age? *Evaluation,* 18(3), 270-280.

Medley, A., Kennedy, C., O'Reilly, K. & Sweat, M. (2009). Effectiveness of peer education interventions for HIV prevention in developing countries: A systematic review and meta-analysis. *AIDS Education and Prevention,* 21(3), 181-206.

Mehrotra, S. (2013). Monitoring, evaluation and performance management in South Asia: The challenge of building capacity. *Evaluation* 19(1), 74-84.

MercyCorps (2007). *Commitment to Practice: A playbook for practitioners in HIV, youth and sport.* Mercycorps organisation.

Mintzberg, H. (2006). Developing leaders? Developing countries? *Development in Practice,* 16 (1), 4-14.

Mishra, S., Sgaier, S.K., Thomson, L.H., Moses, S., Ramesh, B.M., Alary, M., Wilson, D. & Blanchard, J.F. (2012). HIV epidemic appraisals for assisting in the design of effective prevention programmes: Shifting the paradigm back to basics. *Plos One,* 7(3), 1-10.

Morra Imas. L.G. & Rist, R.C. (2009). *The road to results: Designing and conducting effective development evaluations*. Washington, D.C: The World Bank.

Morris, M. (2010). Barking up the wrong evidence tree. Comment on Lurie & Rosenthal, ''Concurrent partnerships as a driver of the HIV epidemic in Sub-Saharan Africa? The evidence is limited''. *AIDS Behaviour,* 14:31-33.

Mouton, C. (2010). *The history of programme evaluation in South Africa.* Unpublished M Phil Social Science Methods-thesis. Cape Town: University of Stellenbosch.

Mwaanga, O. (2010). Sports for addressing HIV and AIDS: Explaining our conviction. *Leisure Studies Association Newsletter,* 85, 61-67.

Napierala Mavedzenge, S.M., Doyle, A.M. & Ross, D.A. (2011). HIV Prevention in Young People in Sub-Saharan Africa: A Systematic Review, *Journal of Adolescent Health,* 49, 568-586.

National Development Plan. (2011). Vision 2030 *National Development.* South Africa: National Development Commission.

National Strategic Plan on HIV/AIDS. (2012). *Strategic Plan for Grenada, 2012-2016.* Grenada: Government Printer.

National Strategy and Action Plan on HIV/AIDS. (2010). *Strategic Plan for Republic of Indonesia, 2010-2014.* Indonesia: Government Printer.

National Strategic Plan on HIV/AIDS, STIs and TB. (2012). *Strategic Plan for Republic of South Africa, 2012-2016.* Pretoria: Government Printer.

National Treasury. (2007). Key performance concepts. (In Department of National Treasury (eds.), *Framework for managing programme performance information.* Pretoria: Government Printer. Chapter 3.)

Nepal National Planning Commission Secretariat. (2010). *Results based monitoring and evaluation guidelines.* Singha Durbar, Kathmandu, Nepal: Nepal Government Printing Office.

Nepal National Planning Commission Secretariat. (2013). *National monitoring and evaluation guidelines.* Singha Durbar, Kathmandu, Nepal: Nepal Government Printing Office.

Network for Sport and Development. (2009). *How to monitor and evaluate sport-for-development projects,* Denmark.

NGO Carribean Development Foundation. (2014). Retrieved from http://www.ngocarribean.org

Nkosana, J. & Rosenthal, D. (2007). Saying no to intergenerational sex: The experience of schoolgirls in Botswana, vulnerable children and youth studies. *An International Interdisciplinary Journal for Research, Policy and Care,* 2(1), 1-11.

Nobelius, A., Kalina, B., Pool, R., Whitworth, J., Chesters, J. & Power, R. (2010). Delaying sexual debut amongst out of school youth in rural southwest Uganda. *Culture, Health and Sexuality: An international Journal for Research, Intervention and Care,* 12(6), 663-676.

Norris, A.H, Kitali, A.J. & Worby, E. (2009). Alcohol and transactional sex: How risky is the mix? *Social Science & Medicine,* 69, 1167-1176.

Odu, B.K. & Akanle, F.F. (2008). Knowledge of HIV/AIDS and sexual behaviour among the youths in South West Nigeria. *Humanity & Social Sciences Journal,* 3(1), 81-88.

O'Hara, R.E., Gibbons, F.X., Gerrard, M., Li, Z. & Sargent, J.D.(2013). Greater exposure to sexual content in popular movies predicts earlier sexual debut and increased sexual risk taking. *Psychology Science,* 23(39), 984-993.

Oakley, A., Strange, V., Bonell, C., Allen, E. & Stephenson, J. (2006). Health services research: Process evaluation in randomised controlled trials of complex interventions. *BMJ,* 332, 413-416.

Office of Disease Prevention and Health. (2014). Retrieved from http://www.healthypeople.gov/2020/health-indicators/2020/Substance-Abuse

Office of the Presidency. (2011). *National Evaluation Policy Framework*. Pretoria: Government Printer.

Office of Public Management and the Chartered Institute of Public Finance and Accountancy. (2004). *The good governance standard for public services.* London: The Independent Commission for Good Governance in Public Services.

Oladepo, O. & Fayemi, M.M. (2011). Perceptions about sexual abstinence and knowledge of HIV/AIDS prevention among in-school adolscents in a Western Nigeria city. *Bio Medical Central Public Health,* 11(304), 1-10.

Onya, H., Aaro, L.E. & Madu, S.N. (2009). Social outcome expectations regarding delayed sexual debut among adolscents in Mankweng, in South Africa. *Scandinavian Journal of Public Health,* 37(2), 92-100.

Opio, A., Mishra, V., Hong, R., Musinguzi, J., Kirungi, W., Cross, A. Mermin, J. & Bunnell, R. (2008). Trends in HIV-related behaviours and knowledge in Uganda, 1989-2005: Evidence of a shift toward more risk-taking behaviours. *Journal of Acquired Immune Deficiency Syndrome,* 49, 320-326.

Organisation for Economic Co-operation and Development. (2010). *Glossary of key terms in evaluation and result based management.* OECD Publishing.

Organisation for Economic Co-operation and Development. (2011). *Monitoring and evaluation for adaptation: Lesson from development co-operation agencies.* OECD Publishing.

Oxford online Dictionary. (2014). Retrieved from www.oxforddictionaries.com/

Pandey, J.L. (2013*). Review of Magic Bus materials from the sexual reproductive health (SRH) perspective.* Mumbai, India: Magic Bus.

Patton, M.Q. (2002). Evaluation, knowledge management, best practices, and high quality lessons learned. *American Journal of Evaluation,* 22(329), 329-326.

Peacock-Villada, P., DeCelles, J. and Banda, P. S. (2006). Grassroot Soccer resiliency pilot program: Building resiliency through sport-based education in Zambia and South Africa. *New Directions for Youth Development,* 141-154.

Pitney, W.A & Parker, J. (2009). *Qualitative research in physical activity and health professions.* Champaign, IL: Human Kinetics.

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K & Duffy, S. (2006). *Guidance on the conduct of narrative synthesis in systematic reviews:* A product from ESRC method programme.

Porter, L.E., Bouey, P.D., Curtis, S., Hochgesang, M., Idele, P., Jefferson, B., Lemma, W., Myrick, R., Nuwagaba-Biribonwoha, H., Prybylski, D., Souteyrand, Y. & Tulli, T. (2012). Beyond indicators: Advances in global HIV monitoring and evaluation during the PEPFAR era, *Journal of Acquired Immune Deficiency Syndrom*e, 60(3), 120-126.

Puvimanasinghe, J., Gill, W. & Beck, E. (2007). The third one: Monitoring and evaluation of HIV programs (In Richard G. Marlink, R.G. & Teitelman, S.J. (eds.), *From the ground up: Building comprehensive HIV/AIDS care programs in resource-limited settings*. Washington, DC: Elizabeth Glaser Pediatric AIDS Foundation pg. 261-291.)

Rabie, B. & Cloete, F. (2011). Policy evaluation. ((In Cloete, F. & De Coning, C. (eds.), *Improving public policy: From theory, practice and review.* Van Schaik, Pretoria. Chapter 9.)

Rabie, B. (2011). *Improving the systematic evaluation of local economic development results in South African Local Government.* Unpublished Doctor of Public and Development Management-thesis. Cape Town: Stellenbosch University.

Rabie, B. (2014). Evaluation models, theories and paradigms. (In Cloete, F., Rabie, B. & De Coning, C. (eds.), *Evaluation management in South Africa and Africa.* First Edition, SUN MeDIA: SUN PRESS, Stellenbosch. Chapter 4.)

Rehle, T.M., Hallett, T.B., Shisana, O., Pillay-van Wyk, V., Zuma, K., Carrara, H. & Jooste, S. (2010). A decline in new HIV infections in South Africa: Estimating HIV incidence from the three national HIV surveys in 2002, 2005 and 2008. *Plos One*, 5(6), 1-8.

Rehle, T., Saidel, T., Mills, S. & Magnani, R. (2001). *Evaluating programmes for HIV/AIDS prevention and care in developing countries: A handbook for programme managers and decision makers.* Family Health International' implementing AIDS prevention and care (IMPACT) project.

Roaf, V., Khalfan, A., Langford, M. (2005). *Monitoring implementation of the right to water: A framework for developing indicators.* Berlin: Heinrich Böll Foundation.

Rodgers, M., Sowden, A.,Petticrew, M., Arai, L., Roberts, H., Britten, N. & Popay, J. (2009). Testing methodological guidance on the conduct of narrative synthesis in systematic reviews: Effectiveness of interventions to promote smoke alarm ownership and function, *Evaluatio*n, 15(1), 49-74.

Rositch, A.F., Cherutich, P., Brentlinger, P., Kiarie, J.N., Nduati, R. & Farquhar, C. (2012). HIV infection and sexual partnerships and behaviour among adolescent girls in Nairobi. *International Journal STI and AIDS*, 23(7), 468-474.

Rogers, T., Chappelle, E.F., Wall, H.K & Barron-Simpson, R. (2011). *Using outcome indicators for policy and systems change for program planning and evaluation.* Atlanta, GA: Center for Disease Control and Prevention.

Rugh, J. & Bamberger, M. (2012). *The challenges of evaluating complex, multi-component program, real world evaluatio*n, SAGE.

Santos, F.M. & Eisenhardt, K.M. (2004). Multiple Case Study. (In Lewis-Beck, M.S., Bryman, A. & Futing Liao, T. (eds.), *Qualitative Research Methods*. Thousand Oaks, CA, Sage Publication. pg. 685-686). DOI: http://dx.doi.org/10.4135/9781412950589.n596.)

Sawers, L. & Stillwaggon, E. (2010). Concurrent sexual partnerships do not explain the HIV epidemics in Africa: A systematic review of the evidence. *Journal of the International AIDS Society,* 13(34), 1-23.

Schofield, H. T., Bierman, K. L., Heinrichs, B., Nix, R. L., & the Conduct Problems Prevention Research Group. (2008). Predicting early sexual activity with behaviour problems exhibited at school entry and in preadolescence. *Journal of Abnormal Child Psychology,* 36, 1175-1188.

SCORE organisation. (2014). Organisation profile. Retrieved from www.score.org.za/about/

Scott-Sheldon, L.A.J., Huedo-Medina, T.B., Warren, M.R., Johnson, B.T. & Carey, M.P. (2011). Efficacy of behavioural interventions to increase condom use and reduce sexually transmitted infections: A meta-analysis, 1991 to 2010. *Journal of Acquired Immune Deficiency Syndrome,* 58(5), 489-498.

Selikow, T., Ahmed, N., Flisher, A.J., Matthews, C. & Mukoma, W. (2009). I am not "umqwayito": A qualitative study of peer pressure and sexual risk behaviour among adolescents in Cape Town, South Africa. *Scandinavian Journal of Public Health,* 37(2), 107-112.

Sewak, A. & Sigh, G. (2012). Assessment of the FIGI-based condom social marketing programme. *Sexuality and culture*, 16, 389-407.

Sharp, C.A. (1999). Strategic evaluation: Performance in the service of corporate governance. *Evaluation Journal of Australasia*, 1-19.

Shisana, O., Rehle, T., Simbayi, L.C., Zuma,K., Jooste, K., Pillay-van-Wyk, V,. Mbelle, N., Van Zyl, J., Parker, W., Zungu, N.P., Pezi, S. & SABSSM 111 Implementation team. (2009). *South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide amongst teenagers.* Cape Town: Human Science Research Council Press.

Shisana, O., Rehle, T., Simbayi, L.C., Zuma,K., Jooste, K., Zungu, N.P., Labadarios, D., Onayo, D. et al. (2014). *South African national HIV prevalence, incidence and behaviour survey 2012.* Cape Town: Human Science Research Council Press.

Simister, N. (2009). *Developing M&E systems for complex organisations: A methodology.* United Kingdom: International NGO training and research centre.

Smith, J., Nyamukapa, C., Gregson, S., Lewis, J., Magutshwa, S,. Magutshwa, S., Schumacher, C., Mushati, P., Hallett, T. & Garnett, G. (2014) The Distribution of sex acts and condom use within partnerships in a rural Sub-Saharan African population. *Plos One*, 9(2), 1-12.

Soul City Institute Health and Development. (2010). *One Love South Africa evaluation report.* Johannesburg.

South African National AIDS Council (SANAC). (2014). Organisation profile. Retrieved from http://www.sanac.org.za

Sport and Development Organisation. (2014). Organisation profile. Retrieved from www.sportanddevelopment.org/

Sport for Development and Peace International Working Group (SDP IWG. (2007). *Literature reviews on sport for development and peace.* Toronto, Canada.

Sport for Development and Peace International Working Group (SDP IWG). (2008a). *Harnessing the power of sport for development and peace: Recommendations to governments.* Toronto, Canada.

Sport for Development and Peace International Working Group (SDP IWG). (2008b). *Sport for development and peace: Governments in actions.* Toronto, Canada.

Sport and Recreation South Africa (SRSA). (2012). *The White Paper on Sport and Recreation for the Republic of South Africa.* Pretoria: Government Printer.

Sport and Recreation South Africa Strategic Plan (SRSASP) (2012). *Strategic Plan for Republic of South Africa, 2012-2016.* Pretoria: Government Printer.

Sport and Recreation South Africa (SRSA) (2013). *Annual Performance Plan for the 2013/2014 financial year.* Pretoria: Government Printer.

Sport and Recreation South Africa (SRSA) (2015). *Annual Performance Plan for the 2015/2016 financial year.* Pretoria: Government Printer.

Spreckley, F. (2009). *Results based monitoring and evaluation.* United Kingdom: Local Livelihood.

Steffenson, A.E., Pettifor, A.E., Seage, G.R., Rees, H.V. & Clearly, P.D. (2011). Concurrent sexual partnerships and human immunodeficiency virus risk among South African youth. *Sexually Transmission Diseases,* 38(6), 459-466.

Stetler, C.B., Legro, M.W., Wallace, C.M., Bowman, C., Guihan, M., Hagedorn, H.,Kimmel, B., Sharp, N.D. & Smith, J.L. (2006). The Role of formative evaluation in implementation research and the QUERI experience. *Journal of General International Medicine,* 21, 1-8.

Stirling, M., Rees, H., Kasedde, S. & Hankins, C. (2008). Introduction: Addressing the vulnerability of young women and girls to stop the HIV epidemic in southern Africa. *AIDS,* 22(4), 1-3.

Suthar, A.B., Ford, N., Bachanas, P.J., Wong, V.J., Rajan, J.S., Saltzman, A.K. Ajose, O.A., Fakoya, A.O. Granich, R.M., Negussie, E.K. & Baggaley, R.C. (2013). Towards universal Voluntary HIV Testing and Counselling: A systematic review and meta-analysis of community-based approaches. *Plos Medicine,* 10(8), 1-23.

Sweat, M.D., Denison, J., Kennedy,C., Tedrow, V. & O'Reillyd, K. (2012). Effects of condom social marketing on condom use in developing countries: A systematic review and meta-analysis, 1990-2010. *Bulletin World Health Organisation,* 90, 613-622.

Swenson, R.R., Rizzo, C.J., Brown, L.K., Vanable, P.A., Carey, M.P., Valois, R.F.,DiClemente, R.J. & Romer, D. (2010). HIV knowledge and its contribution to sexual health behaviours of low-income African American adolescents. *Journal of Natl Medical Association,* 102(12), 1174-1182.

Tanser, F., Bärnighausen, T., Hund, L., Garnett, G.P., McGrath, N. & Newell, M. (2011). Effect of concurrent sexual partnerships on rate of new HIV infections in a high-prevalence, rural South African population: A cohort study. *Lancet,* 378, 247-55.

Taplin, DH. & Rasic, M. (2012). *Source book for facilitators leading theory of change development sessions.* New York: ActKnowledge.

Taplin, D.H., Clark, H., Collins, E. & Colby, D.C. (2013). *Theory of change technical papers: A series of papers to support development of theory of change based on practice in the field.* New York: ActKnowledge.

Theatre for Life NGO. Organisation profile. Retrieved from http://www.arepp.org.za

Thornton, R. (2009). Sexual networks and social capital: Multiple and concurrent sexual partnerships as a rational response to unstable social networks. *African Journal of AIDS Research,* 8(4), 413-421.

Tobisch, C. & Preti, D. (2010). *The role of football in in HIV prevention in Africa.* Swiss for Academic Development, King Baudouin Foundation. Brussels.

Townsend, L., Jewkes, R., Mathews, C., Johnston, L.G., Flisher, A.J., Zembe, Y. & Chopra, M. (2011). HIV risk behaviours and their relationship to intimate partner violence (IPV) among men who have multiple female sexual partners in Cape Town, South Africa, *AIDS Behaviour,* 15, 132-141.

Treasury Board of Canada Secretariat. (2012). *Theory-based approaches to evaluation: Concepts and practices.* Canada.

Trochim, W. (2006). *Research methods knowledge bases*. 3rd edition, Atomic Dog Publishers. Retrived from http://www.socialresearchmethods.net/kb/BookDetails.asp?BookEditionID/

UNAIDS. (2004, 1 June). *Memorandum of Understanding between the Joint United Nations Programme on HIV/AIDS and the International Olympic Committee.* Geneva, Switzerland.

UNAIDS. (2006). *Combination prevention in Eastern and Southern Africa: Focus on multiple concurrent partnerships.* Geneva, Switzerland.

UNAIDS. (2008). *Technical meeting on young women in HIV hyper-endemic countries of Southern Africa: Intergenerational/age-disparate sex policy and programme action brief.* Geneva, Switzerland.

UNAIDS. (2009a). *Glossary monitoring and evaluation terms.* Geneva, Switzerland.

UNAIDS. (2009b). *Monitoring and evaluation fundamentals: An introduction to indicators*. Geneva, Switzerland.

UNAIDS. (2009c). *Indicators for education sector HIV response programmes: A review of existing resources*. Geneva, Switzerland.

UNAIDS. (2010a). Combination HIV Prevention: *Tailoring and coordinating biomedical, behavioural, and structural strategies to reduce new HIV infections,* a UNAIDS discussion paper. Geneva, Switzerland.

UNAIDS. (2010b). *Indicator standards: Operational guidelines for selecting indicators for the HIV response.* Geneva, Switzerland.

UNAIDS. (2010c). *Basic terminology and frameworks for monitoring and evaluation*. Geneva, Switzerland.

UNAIDS. (2011). *UNAIDS terminology guidelines.* Geneva, Switzerland.

UNAIDS. (2013a). *Global report. global AIDS epidemic*. Geneva, Switzerland.

UNAIDS. (2013b). *Evaluating a national surveillance system*. Geneva, Switzerland.

UNAIDS. (2013c). *Global AIDS Response Progress Reporting: Construction of core indicators for monitoring the 2011 United Nation Political Declaration on HIV/AIDS.* Geneva, Switzerland.

UNAIDS. (2014a). *Global AIDS Response Progress Reporting: Construction of core indicators for monitoring the 2011 United Nation Political Declaration on HIV/AIDS.* Geneva, Switzerland.

UNAIDS (2014b). *The GAP Report*. Geneva, Switzerland.

UNAIDS. (2015). *Global AIDS Response Progress Reporting: Construction of core indicators for monitoring the 2011 United Nation Political Declaration on HIV/AIDS.* Geneva, Switzerland.

Underhill, K., Operario, D. & Montgomery, P. (2007). Systematic review of abstinence plus HIV prevention programmes in high-income countries. *Plos Medicine*, 4(9), 1471-1485.

United Nations Development Programme. (2002). *Handbook on monitoring and evaluating for results.* New York: UNDP Evaluation Office.

United Nations Development Programme. (2009). *Handbook on planning, monitoring and evaluating for development results.* New York: UNDP Evaluation Office.

United Nations Educational Scientific and Cultural Organisation. (1978, 21 November). *International Charter of Physical Education and Sport.* Paris.

United Nations Millennium Declaration. (2008). *The Millennium Development Goals and targets: Official list of MDG indicators.* New York.

United Nations Millennium Development Goals. (2014). *The Millennium Development Goals report.* New York.

United Nations Population Fund. (2013). *Contraceptives and condoms for family planning and STI/HIV prevention: External procurement support report 2012.* New York: UNFPA Commodity Security Branch, Technical Division.

United Nations. (2003). *Sport for Development and Peace: Towards achieving the Millennium Development Goals.* Report from the United Nations Inter-Agency Task Force on Sport for Development and Peace.

United Nations Office on Sport for Development and Peace. (2010). *Contribution of Sport to the Millennium Development Goals,* Geneva: United Nations.

United Nations Office on Sport for Development and Peace. (2015). Sport and the Sustainable Development Goals. Retrieved from http://www.un.org

United Nations Office on Sport for Development and Peace & SDP IWG. (2011). *Annual report of the 2011 activities*. Geneva: United Nations.

United States Agency for International Development. (USAID). (2000). *Handbook of indicators for HIV/AIDS/STI programmes.* Washington, DC.

United States Agency for International Development. (2010a). *Theories of change and indicator development in conflict management and conflict mitigation.* Washington, DC.

United States Agency for International Development (2010b). *USAID performance monitoring and evaluation tips: Selecting performance indicators*. Washington, DC. 2nd Edition.

United States Agency for International Development. (2010c*). Resiliency coach's guide for a sport-based HIV/AIDS prevention and youth life skills intervention.* Washington, DC.

United States Agency for International Development. (2011). *Systematic review of integration of maternal, neonatal and child health and nutrition, family planning and HIV final report*: Global Health Technical Assistant Project. Washington, DC.

United States Agency for International Development. (2013). *The President's Emergency Plan for AIDS Relief: Next generation indicators reference guide.* Washington, DC.

United Way of America. (1996). *Measuring programme outcomes: Practical approach*. United State of America.

Visser, M.J. (2007). HIV/AIDS prevention through peer education and support in secondary school in South Africa. *Journal of Social Aspects of HIV/AIDS,* 4(3), 678-694.

Vogel, I. & Stephenson, Z. (2012). *Examples of theories of change*. United Kingdom.

Vogel, I. (2013). *ESPA guide to working with theory of change for research projects.* United Kingdom: Ecosystem services for poverty alleviation.

Westercamp, N., Mattson, C.L., Madonia, M., Moses, S., Agot, K., Ndinya-Achola, J.O., Otieno, E., Ouma, N. & Bailey, R.C. (2010). Determinants of consistent condom use vary by partner type among young men in Kisumu, Kenya: A multi-level data analysis. *AIDS Behaviour,* 14, 949-959.

W.K. Kellogg Foundation. (2004). *Using logic models to bring together planning, evaluation and action, logic model development guide.* Michigan: W.K. Kellogg Foundation.

Wong, L., Chin, C., Low, W. & Jaafar, N. (2008). HIV/AIDS-related knowledge among Malaysian young adults: Findings from a nationwide survey. *Journal of the International AIDS Society* ,10(148), 1-9.

World Health Organisation. (2012). *Health education: Theoretical concepts, effective strategies and core competencies. A foundation document to guide capacity development of health educators.* Geneva, Switzerland.

Wyrod, R., Fritz, F., Woelk, G., Jain, S., Kellogg, T., Chirowodza, A., Makumbe, K., McFarland, W. (2011). Beyond sugar daddies: Intergenerational sex and AIDS in urban Zimbabwe. *AIDS Behaviour,* 15, 1275-1282.

Ybarra, M.L., Bull, S.S., Prescott, T.L., Korchmaros, J.D., Bangsberg, D.R. & Kiwanuka, J.P. (2013). Adolescent abstinence and unprotected sex in CyberSenga, an internet-based HIV prevention program: Randomized clinical trial of efficacy. *Plos One,* 8(8), 1-14.

Yin, R.K. (2012). *Application of case study research.* 3rd edition, Sage Publications.

Yin, R.K. (2014). *Case study research design and methods,* 5th edition, Sage Publications.

Young, S.D. & Rice, R. (2011). Online social networking technologies, HIV knowledge, and sexual risk and testing behaviours among homeless youth. *AIDS Behaviour,* 15, 253-260.

Zablotska, I.B., Gray, R.H., Koenig, M.A., Serwadda, D., Nalugoda, F., Kigozi, G., Sewankambo, N., Lutalo, T., Mangen, F.W. & Wawer, M. (2009). Alcohol use, intimate partner violence, sexual coercion and HIV among women aged 15–24 in Rakai, Uganda. *AIDS Behaviour,* 13, 225-233.

APPENDICES

APPENDIX A: TABLE A.1 CHARACTERISTICS OF INCLUDED STUDIES (N=14).

Author	Source	Country	Intervention	Study design	Sample size (N)	Age group (in years)	Length
Clark et al., (2006)	AIDS & behaviour	Zimbabwe	Soccer-based curriculum intervention: adapted from grassroot soccer curriculum	Quasi-experimental	304	12-14	Four 2-hour sessions
Delva et al., (2010)	AIDS care: Psychological and Socio-medical Aspects of AIDS/HIV	Kenya	Mathare Youth Sport Association HIV/AIDS prevention and awareness project	Cross-sectional study	772	12-24	Varied
Fuller et al., (2010)	British journal of sport medicine	South Africa	Football-for-health: a football-based education programme: play football (football skills) and play fair (health issues)	Parallel cohort study	370	11-15	Eleven sessions of 90 minutes each divided into 45 minutes
Fuller et al., (2011)	British journal of sport medicine	Mauritius	11 for health: a football-based education programme	Pre/post cohort study	389	12-15	Eleven sessions of 90 minutes
Fuller et al., (2011)	British journal of sport medicine	Zimbabwe	11 for health: a football-based education programme	Pre/post cohort study	395	10-14	Eleven sessions of 90 minutes

Author	Source	Country	Intervention	Study design	Sample size (N)	Age group (in years)	Length
Kaufman et al., (2012)	AIDS care: Psychological and Socio-medical Aspects of AIDS/HIV,	Dominican Republic	Sport-based HIV prevention: adapted from grassroot soccer curriculum	Quasi-experimental	164	10-20	Ten hours over the course of 5 days
Maro et al., (2009)	Scandinavian journal of medicine and science in sports	Tanzania	EMIMA: AIDS education intervention programme in a sport context	Quasi-experimental	764	12-15	8 weeks
Carter (2006)	Coaching for Hope report	Burkina Faso	Coaching for Hope peer education programme	Quasi-experimental	44	17-64	6 months
Farrar et al., (2010)	Whizzkids on the Ball United report	South Africa	On the ball intervention: behavioural HIV prevention	Pre/post	486	9-17	4 months
Farrar et al., (2012)	Whizzkids on the Ball United report	South Africa	On the ball intervention : behavioural HIV prevention	Pre/post	737	9-20	16 months
Mercy Corps, (2007)	Mercycorps. org: report	Liberia	Yes to soccer: adapted from grassroot soccer curriculum	Pre/post	230	16-30	5 months
Mercy Corps, (2007)	Mercycorps. org: report	Southern Sudan	Sport for peace and life: adapted from grassroot soccer curriculum	Pre/post	360	14-25	9 months

Author	Source	Country	Intervention	Study design	Sample size (N)	Age group (in years)	Length
Peacock-Villada et al., (2006)	New Directions for Youth Development: report	Zambia	Grassroot soccer: resiliency	Pre/post	274	10-18	6 weeks
Luppe, (2010)	Unpublished Masters Thesis	South Africa	Grassroot soccer club HIV/AIDS programme	Pre/post	61	9-20	Eight sessions for 4 weeks

APPENDIX B: TABLE B.1: OBJECTIVES, REPORTED OUTCOMES AND FINDINGS FROM INCLUDED STUDIES.

Source	Objectives	Reported outcomes	Description of findings
Clark et al., (2006:80) Zimbabwe	**Objective 1:** To prevent HIV/AIDS among youth	**Outcome 1:** Increased belief in condom effectiveness	The percentage of respondents in the intervention group who could correctly answer that condoms are effective in preventing HIV/AIDS increased from 53% to 78% relative to the respondents in the control group
		Outcome 2: Increased number of respondents knowing 3 or more persons with whom they are able to talk about HIV/AIDS	The percentage of respondents in the intervention group who could list people who they could talk to about HIV/AIDS increased from 48% to 64% compared to the respondents in the control group
		Outcome 3: Increased awareness about HIV/AIDS prevention services in community	The percentage of respondents in the intervention group who reported that they knew where to look for HIV/AIDS related problems increased 51% to 78% compared to the respondents in the control group
		Outcome 4: Reduced HIV stigma (not endorsing avoidance of person with HIV/AIDS	The percentage of respondents in the intervention group who reported they would not avoid a classmate who is HIV/AIDS positive increased from 49% to 60% compared to the respondents in the control group
Delva et al., (2010:1015-1016) Kenya	**Objective 1:** To prevent HIV/AIDS among young people through awareness	**Outcome 1:** Delayed sexual experience (having had vaginal and/or anal intercourse	There was no significant difference in the fraction of respondents reported to have ever had sex in the intervention group Mathare Youth Sport Association (MYSA) and in the control group MYSA: 38.6% Control group: 34.0% *p*-value = 0.23
		Outcome 2: Delayed sexual debut	The mean age at sexual debut was 14, 4 years for the MYSA group and 15.2 years for the control group *p*-value = 0.08
		Outcome 3: Increased condom use at first/last sexual intercourse	More significant difference was observed in the percentage of respondents reported to have used a condom during the first sexual intercourse in the MYSA group compared to the respondents in the control group MYSA: 30.6% Control group: 17.4%

			p-value = 0.003 There was a slightly significant difference in the percentage of respondents reported to have used condoms in the last sexual intercourse in the MYSA group compared to the respondents in the control group MYSA: 56.4% Control group: 41.9% *p*-value = 0.040
		Outcome 4: Increased consistent condom use	The prevalence of consistent condom use was only marginally higher among the respondents in the MYSA group compared to the respondents in the control group MYSA: 23.2% Control group: 17.2% *p*-value = 0.31
		Outcome 5: Increased condom use with current/last partner	Frequency of condom use with the current or last partner was higher among the respondents in MYSA group than the respondents in the control group *p*-value = 0.037
		Outcome 6: Decreased concurrent sexual relationships	There were no significant differences in the percentage of respondents reporting to have ever had sexual concurrent relationships either for respondents in MYSA and for respondents in the control group *p*-value = 0.23
		Outcome 7: Decreased number of sexual partners in the last year	Among the sexual active group, the respondents in MYSA reported to have had no or one sexual partner during the last year compared to the control group MYSA: 55.8% Control group: 52.0%
		Outcome 8: Positive attitude towards risk-avoiding behaviour	There were no significant differences on reported attitude towards risk-avoiding behaviour between the MYSA group and the control group Median score 6 *p*-value = 0.97
		Outcome 9: Increased reported subjective norms on virginity and responsibility	There were no significant differences on reported subjective norms on virginity and responsibility between the MYSA group and the control group Median score 6 *p*-value = 0.49

		Outcome 10: Positive behavioural intention concerning condom use and remaining faithful to a partner	There were no significant differences on reported behavioural intention concerning condom use and remaining faithful to a partner between the MYSA group and the control group Median score 6 *p*-value = 0.22
		Outcome 11 (a): Positive behavioural intention concerning condom use: having one or more condoms with	Respondents in the MYSA group scored better than the respondents in the control group on reported behavioural intention concerning condom use (having one or more condoms and not having difficulty finding a place to buy condoms) Median MYSA score = 4 Median control group score 3 *p*-value = 0.003
		Outcome 11 (b): Positive behavioural intention concerning condom use: not having difficulty finding a place to buy a condom	

Source	Objectives	Reported outcomes	Description of findings
Fuller et al., (2010:551) South Africa	**Objective 1:** To raise awareness of the causes and prevention strategies for communicable and non-communicable disease	**Outcome1:** Improved knowledge of HIV/AIDS	There were no dramatic change in the level of knowledge related to HIV/AIDS and respect for girls in any of the groups after the intervention HIV/AIDS knowledge (correct responses) HIV/AIDS is the same as AIDS Grade Pre Post 3 months after post Grade 7 intervention 60.8% 67.2% 78.6%+ Grade 7 control 56.6% 53.5% 77.5%§ Grade 6 intervention 30.6% 62.9% § Not having sex is the most effective way to avoid HIV/AIDS Grade Pre Post 3 months after post Grade 7 intervention 69.2% 56.5% 65.6% Grade 7 control 44.6% 57.5% 55.9% Grade 6 intervention 60.5% 66.9% There is no cure for HIV/AIDS Grade Pre Post 3 months after post Grade 7 intervention 42.0% 72.5% 60.0%+ Grade 7 control 44.6% 33.3% 52.6% Grade 6 intervention 45.5% 49.6% Respect for girls (correct responses) There is a rape telephone helpline for girls Grade Pre Post 3 months after post Grade 7 intervention 91.6% 72.5% 95.4% Grade 7 control 96.4% 93.8% 97.4% Grade 6 intervention 91.1% 95.2% There are trained police to help abused girls Grade Pre Post 3 months after post Grade 7 intervention 82.3% 74.6% 74.0% Grade 7 control 73.0% 73.7% 76.3% Grade 6 intervention 70.4% 79.2% *p-value ≤ 0.05, #p-value ≤0.01, + p-value ≤0.005 §p-value ≤0.001

Source	Objectives	Reported outcomes	Description of findings
Fuller et al., (2011:615) Mauritius	**Objective 1:** To raise awareness of the causes and prevention strategies for communicable and non-communicable disease	**Outcome1:** Improved knowledge of HIV/AIDS	There was significant improvement in the level of knowledge related to HIV/AIDS and respect for girls after the intervention. *p*-value ≤0.001 for all questions. HIV/AIDS knowledge (correct responses) 1.You can get HIV/AIDS by touching someone 2. Not having sex is the most effective way to avoid HIV/AIDS 3. You can tell whether people have HIV/AIDS by the way they look 4. The right medication can help people with HIV/AIDS to live longer 5. I can stop taking my medication as soon as I begin to feel better Pre / Post / Change 1. 80.2% / 94.6% / 14.4%**** 2. 68.4% / 86.6% / 18.2%**** 3. 65.8% / 87.6% / 21.8%**** 4. 55.9% / 89.4% / 33.5%**** 5. 58.4% / 94.1% / 35.7%**** Respect for girls (correct responses) 1. Important for boys to listen to girls 2. Boys should help to protect girls from harm 3. Football is just for boys Pre / Post / Change 1. 58.0% / 83.0% / 25.0%**** 2. 89.9% / 96.4% / 6.5%**** 3. 92.3% / 98.7% / 6.4%**** **p*-value ≤ 0.05, ***p*-value ≤0.01, *** *p*-value ≤0.005 *****p*-value ≤0.001

Source	Objectives	Reported outcomes	Description of findings
Fuller et al., (2011:615) Zimbabwe	**Objective 1:** To raise awareness of the causes and prevention strategies for communicable and non-communicable disease	**Outcome1:** Improved knowledge of HIV/AIDS	There was significant improvement in the level of knowledge related to HIV/AIDS and respect for girls after the intervention. *p*-value ≤0.001 for 7 out of 8 questions. HIV/AIDS knowledge (correct responses) 1.You can get HIV/AIDS by touching someone 2. Not having sex is the most effective way to avoid HIV/AIDS 3. You can tell whether people have HIVAIDS by the way they look 4. The right medication can help people with HIV/AIDS to live longer 5. I can stop taking my medication as soon as I begin to feel better Pre Post Change 1. 67.0% 84.1% 17.1%**** 2. 68.4% 83.5% 15.1%**** 3. 42.6% 52.7% 10.1%*** 4. 77.4% 89.1% 11.7%**** 5. 54.8% 79.5% 24.7%**** Respect for girls (correct responses) 1. Important for boys to listen to girls 2. Boys should help to protect girls from harm 3.Football is just for boys Pre Post Change 1. 37.6% 67.8% 30.2%**** 2. 78.5% 88.2% 9.7%**** 3. 77.4% 94.1% 16.7%**** **p*-value ≤ 0.05, ***p*-value ≤0.01, *** *p*-value ≤0.005 ****p*-value ≤0.001

Source	Objectives	Reported outcomes	Description of findings
Kaufman et al., (2012:379-383) Dominican Republic	**Objective 1:** To improve youth's knowledge about HIV/AIDS	**Outcome1:** Improved knowledge of HIV/AIDS	There was an improvement in the HIV/AIDS knowledge in the intervention group compared to the control group Overall knowledge (correct responses) Baseline Intervention Control 44% 50% Post intervention Intervention Control 83% 48% Four months follow-up Intervention Control 78% 56%
	Objective 2: To engender a feeling that they can protect themselves from contracting HIV/AIDS	**Outcome 1:** Positive attitude towards risk avoiding behaviours	There was an increase in positive attitude towards risk avoiding behaviours of intervention group compared to the control group Overall attitude on risk avoiding behaviours (correct responses) Baseline Intervention Control 39% 43% Post intervention Intervention Control 84% 43% Four months follow-up Intervention Control 84% 52%
	Objective 3: To foster an open environment in which they feel comfortable discussing sexual and reproductive health issues among peers and with community role models	**Outcome 1:** Increased reported communication about HIV/AIDS	There was an increase on reported communication about HIV/AIDS in intervention group compared to the control group Overall communication about HIV/AIDS (correct responses) Baseline Intervention Control 44% 49% Post intervention Intervention Control 71% 58% Four months follow-up Intervention Control 75% 58%

Source	Objectives	Reported outcomes	Description of findings
Maro et al., (2009:136-137) Tanzania	**Objective 1:** To deliver HIV/AIDS education and knowledge about the use of safe sex behaviours to at-risk youths	**Outcome 1:** Improved knowledge of HIV/AIDS	Please note that the two EMIMA intervention groups were the following: EMIMA regular group who attended a regular EMIMA intervention EMIMA mastery group who attended an intervention with added procedure aimed at enhancing mastery perceptions of the children receiving HIV/AIDS education The two EMIMA intervention groups did not reliably differ from each other, but both were higher in HIV/AIDS knowledge scores than the in-school and out-of-school groups
		Outcome 2: Increased direct condom experience	The two EMIMA intervention groups did not reliably differ from each other, but both reported more experience with condom use than in-school and out-of-school groups who did not reliably differ from each other
		Outcome 3: Positive attitude towards condom use	The two EMIMA intervention groups did not reliably differ from each other, and had more positive attitude towards condom use than the -school and out-of-school groups
		Outcome 4: Positive attitude towards exclusive sexual partner	The in-school and out-of-school groups did not reliably differ from each other, and both were less likely to believe that having an exclusive sexual was a safe behaviour against HIV infection than the EMIMA interventions groups The EMIMA mastery intervention group had a more positive attitude to the use of an exclusive sexual partner than the regular intervention group
		Outcome 5: Increased perceived behaviour control in condom use	The in-school and out-of-school groups did not reliably differ from each other, but perceived lower behaviour control in condom use than the two EMIMA intervention groups The EMIMA mastery intervention group was reliably higher in perceived behaviour control in condom use than all other groups

		Outcome 6: Positive intention towards use condom	The in-school and out-of-school groups did not reliably differ from each other, but had less intention to use condom at the first/next sexual intercourse than the EMIMA intervention groups. The EMIMA mastery intervention group had higher intention to use condom than the EMIMA regular group
		Outcome 7: Increased subjective norm-abstinence	The in-school and out-of-school groups did not reliably differ from each other, but they had reliably lower subjective norms about abstinence and condom use than the two EMIMA intervention groups The mastery EMIMA intervention group was significantly higher in normative beliefs about using condoms and abstaining than the other groups
		Outcome 8: Increased subjective norm-condom use	
		Outcome 9: Increased subjective norm-exclusive sexual partner	The two EMIMA intervention groups did not reliably differ from each other, but both had higher subjective norms about having an exclusive sexual partner than the in-school and out of school groups, which did not reliably differ from each other
Carter, (2006:2) Burkina Faso	**Objective 1:** To raise awareness of HIV/AIDS among young people	**Outcome 1:** Improved knowledge of HIV/AIDS	According to Carter (2006:2) "the results were inconclusive in terms of a definitive and consistent difference between those who have been through the Coaching for Hope Football project and those who have not"
		Outcome 2: Positive attitude towards uptake of HIV testing	
		Outcome 3: Positive attitude towards sexual conduct	
		Outcome 4: Positive attitude towards people living with HIV/AIDS	

Source	Objectives	Reported outcomes	Description of findings
Farrar et al., (2010:5) South Africa	**Objective 1**: To prevent HIV amongst youth through behaviour change	**Outcome 1:** Improved knowledge of HIV/AIDS	The results showed improvement in the responses of HIV/AIDS knowledge from pre to post
		Outcome 2: Positive attitude towards uptake of HIV testing	The results showed improvement in the responses on HIV/AIDS testing from pre to post
		Outcome 3: Increased perceived self-efficacy to refuse unsafe sex	The results showed improvement in the responses on perceived self-efficacy to refuse unsafe sex from pre to post
		Outcome 4: Increased in communication about sexual health with parents	The results showed improvement in the responses on communication about sexual health with parents from pre to post
		Outcome 5: Positive intention towards delaying sexual debut	The results showed improvement in the responses on intention towards delaying sexual debut from pre to post
		Outcome 6: Improved knowledge about risks involved in sexual violence	The results showed improvement in the responses on sexual violence from pre to post
		Outcome 7: Positive attitude towards equality in relationships	The results showed improvement in the responses on equality in relationships from pre to post
		Outcome 8: Improved gender equitable norms concerning sport	There was a statically change in the responses on gender equitable norms concerning sport from pre to post
	Objective 2: To enable those youth already HIV-positive to manage infection	**Outcome 1:** Decreased HIV incidence	No findings reported since it was not practical to measure these outcomes
		Outcome 2: Decreased HIV prevalence	
		Outcome 3: Increased CD4 counts	
		Outcome 4: Reduced viral load	

Source	Objectives	Reported outcomes	Description of findings
Farrar et al., (2012:10) South Africa	**Objective 1:** To prevent HIV amongst youth through behaviour change	**Outcome 1**: Improved knowledge of HIV/AIDS	The results showed that there was a statically significant improvement in the responses of HIV/AIDS knowledge from pre to post Median (pre) = 2.75 Median (post) = 3 *p*-value Statically significant improvement 5.075e-06 Yes
		Outcome 2: Positive attitude towards HIV/AIDS	The results showed that there was a statically significant improvement in the responses on attitude towards HIV/AIDS from pre to post Median (pre) = 2.5 Median (post) = 3 *p*-value Statically significant improvement 1.01e-05 Yes
		Outcome 3: Positive attitude towards gender equitable norms	The results showed that there was a statically significant improvement in the responses on gender equitable norms from pre to post Median (pre) = 3.5 Median (post) = 3.5 *p*-value Statically significant improvement 0.006285 Yes
		Outcome 4: Increased perceived self-efficacy: risk- behavioural control	The results showed that there was a statically significant improvement in the responses on perceived self-efficacy from pre to post Median (pre) = 3 Median (post) = 3.5 *p*-value Statically significant improvement 0.001717 Yes

Source	Objectives	Reported outcomes	Description of findings
Mercy Corps, (2007:8) Liberia	**Objective 1:** To increase young people's HIV/AIDS knowledge and protective attitude	**Outcome 1:** Improved knowledge and attitude of HIV/AIDS	Knowledge of HIV/AIDS (correct responses) 1. HIV/AIDS affects everyone 2. I can tell if someone has HIV/AIDS by looking at him/her 3. I feel I know how to prevent getting HIV/AIDS 4. A woman who has HIV/AIDS can give birth to a baby that does not have HIV/AIDS 5. HIV is the same as AIDS There was an improvement from pre-post-test in all 5 questions: 1. 13% improvement 2. 24% improvement 3. 25% improvement 4. 36% improvement 5. 48% improvement
		Outcome 2: Positive attitude towards condom use	Attitude towards condom use (correct responses) If I decide to have sex, using condoms correctly every time can help protect me from getting HIV/AIDS There was a 5% increase from pre-post test
		Outcome 3: Improved knowledge on risks associated with multiple sexual partners	Attitude towards multiple sexual partner (correct responses) It is safer to have sex with one person than to have sex with many partners There was a 12% increase from pre-post
		Outcome 4: Positive attitude towards abstinence	Attitude to abstinence (correct responses) The most effective way to avoid HIV/IDS is to have NOT sex at all There was a 41% increase from pre-post test
		Outcome 5: Reduced stigma: attitude towards people living with HIV/AIDS (PLWHA)	Reduced stigma: attitude towards people living with HIV/AIDS (positive responses) If a shopkeeper has HIV/AIDS, people should not buy from them There was a 41% increase from pre-post test

Source	Objectives	Reported outcomes	Description of findings
Mercy Corps, (2007:8) Southern Sudan	**Objective 1:** To increase young people's HIV/AIDS knowledge and protective attitude	**Outcome 1:** Improved knowledge of HIV/AIDS	Knowledge of HIV/AIDS (correct responses) 1. HIV/AIDS affects everyone 2. I can tell if someone has HIV/AIDS by looking at him/her 3. I feel I know how to prevent getting HIV/AIDS 4. A woman who has HIV/AIDS can give birth to a baby that does not have HIV/AIDS 5. HIV is the same as AIDS There was an Improvement from pre-post-test in all 5 questions: 1. 12% improvement 2. 24% improvement 3. 6% improvement 4. 20% improvement 5. 35% improvement
		Outcome 2: Positive attitude towards condom use	Attitude toward condom use (correct responses) If I decide to have sex, using condoms correctly every time can help protect me from getting HIV/AIDS There was a 13% increase from pre-post test
		Outcome 3: Improved knowledge on risks associated with multiple sexual partners	Attitude towards multiple sexual partner (correct responses) It is safer to have sex with one person than to have sex with many partners There was a 2% increase from pre-post test
		Outcome 4: Positive attitude toward abstinence	Attitude toward abstinence (correct responses) The most effective way to avoid HIV/IDS is to have NOT sex at all There was a 15% increase from pre-post test
		Outcome 5: Reduced stigma: attitude towards people living with HIV/AIDS (PLWHA)	Reduced Stigma: attitude towards people living with HIV/AIDS (positive responses) If a shopkeeper has HIV/AIDS, people should not buy from them There was a 16% increase from pre-post test

Source	Objectives	Reported outcomes	Description of findings
Peacock-Villada et al., (2006:25) Zambia	**Objective 1:** To teach young people skills to build resiliency and prevent infection of HIV/AIDS	**Outcome 1:** Improved knowledge of HIV/AIDS	HIV/AIDS knowledge (correct responses) The most common way HIV/AIDS is spread in South Africa is through unprotected sex with an HIV positive person There was a slight difference in both correct responses of boys and girls from baseline to post-test. Boys: Pre 82.9% Post 83.8% Change 1.0% *p*-value 0.86 Girls 72.3% 75.5% 3.2% 0.44
		Outcome 2: Positive attitude towards abstinence	Attitude towards abstinence (correct responses) The most effective way to avoid HIV/IDS is to have NOT sex at all There was a slight difference in correct responses of boys and no difference in girls from baseline to post-test. Boys: Pre 81.9% Post 85.7% Change 3.8% *p*-value 0.42 Girls 81.2% 78.6% 2.5% 0.50
		Outcome 3: Reduced stigma: attitude towards people living with HIV/AIDS (PLWHA)	Stigma: attitude towards people living with HIV/AIDS (positive responses) 1.I know how to support someone in my community who is HIV positive There were significant increase in positive responses of both boys and girls from baseline to post-test Boys: Pre 49.0% Post 76.0% Change 26.9% Girls 64.7% 78.2% 13.5%

Source	Objectives	Reported outcomes	Description of findings
Luppe, (2010:48-50) South Africa	**Objective 1:** To raise awareness of HIV/AIDS among young people	**Outcome 1:** Improved knowledge of HIV/AIDS	The overall results show that the grassroot soccer programme managed to increase beneficiary's knowledge, attitude and self-efficacy concerning HIV/AIDS prevention, however the increase was significant in HIV/AIDS knowledge gained There was an increase in the mean of one correct answer out of seven possible correct answers for the seven questions that aimed specifically at testing the HIV/AIDS knowledge of respondents from pre and post. There was a significant statically difference HIV is the same as AIDS Knowledge pre-intervention: Mean = 4.7 Knowledge post-intervention: Mean = 5.7 Increased pre-and post- intervention: Mean = 1.0 *p*-value = 0.001

APPENDIX C: QUESTIONNAIRE/INTERVIEW SCHEDULE FOR MANAGERS AND M&E/INFORMATION OFFICERS OF SELECTED NGOs: FOR THE STUDY

Facilitated by Mrs. Nelisiwe Maleka from the University of the Western Cape, Department of Sport, Recreation and Exercise Science.

PHD Title: Monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected

Non-Governmental Organisations in South Africa: Strengthening outcome indicators

Email: 9908535@myuwc.ac.za
nelisiwemaleka@gmail.com
Contact number: 0786416199
Supervisor: Professor De Coning: 0824637866

GENERAL

This questionnaire has been developed for the research purposes and will make a contribution to a generic monitoring and evaluation framework by improving the options for the use of outcome indicators of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. Research results will be obtained on indicators currently in use by the selected NGOs as well as information on the monitoring and evaluation of the outcomes of sport-based HIV/AIDS programmes for effective monitoring and evaluation purposes. For the purpose of the study, the questionnaire/schedule focuses on three themes namely:

- Description of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa.
- Information about reporting, outputs, outcomes and indicators in use for monitoring and evaluation of sport-based HIV/AIDS awareness in of selected NGOs in South Africa
- Institutional arrangements for monitoring and evaluation

Signature: I …… understand the purpose of the research and the rights that I have and I freely and voluntarily agree to participate. My questions about the project have been answered. I understand that my identity and of my organisation will not be disclosed to anyone. I understand that I may withdraw from the project without giving a reason at any time and this will not negatively affect me in any way. I hereby give the Sport, Recreation and Exercise Science PHD student from UWC permission to use all collected data from the interviews and focus group discussion for the described purpose of this project.

NAME OF THE ORGANISATION (OPTIONAL): …….

NAME (OPTIONAL): ……

POSITION IN THE ORGANISATION: ……

DATE OF COMPLETION OF QUESTIONAIRE/SCHEDULE: …….

INTERVIEW SCHEDULE FOR MANAGERS AND M&E/INFORMATION OFFICERS OF SELECTED NGOS: FOR THE STUDY

Facilitated by Mrs. Nelisiwe Maleka from the University of the Western Cape, Department of Sport, Recreation and Exercise Science.

Title: Monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected Non-Governmental Organisations in South Africa: Strengthening outcome indicators

SECTION A: DESCRIPTION OF SPORT-BASED HIV/AIDS AWARENESS PROGRAMMES

1. Please describe the objectives of the organization's sport-based HIV/AIDS awareness programme.

_____
_____
_____
_____
_____
_____

2. What are the results that you expect from the sport-based HIV/AIDS awareness programme?

_____
_____
_____
_____
_____
_____

3. What are the key issues does the sport-based HIV/AIDS awareness programme focus on?

_____
_____
_____
_____
_____
_____
_____

4. Who are the target audiences and their age range?

_____
_____
_____
_____
_____
_____

5. Does the sport-based HIV/AIDS awareness programme follow any specific approach or strategy? If yes describe it.

_____
_____
_____
_____
_____

6. What are the methods and instruments used to implement the sport-based HIV/AIDS awareness programme?

_____
_____
_____
_____
_____

7. Here is a list of methods and instruments in use to implement sport-based HIV/AIDS awareness programmes. Please tick the ones that work better for this organisation.
    - Soccer
    - Games
    - Role plays
    - Video clips
    - Writing poetry
    - Peer-peer
    - Other please specify _____

8. Describe how the organization conducts the sport-based HIV/AIDS awareness programme (time spent and type of activities)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

9. Which curriculum does the sport-based HIV/AIDS programme follow (e.g. Grassroot Soccer, Kicking AIDS Out, if other please specify)?

_____
_____
_____

10. Who does the implementation and how? Comment also on their training credentials in relation to HIV/AIDS and how long was the training? What are the cost and impact of the implementation?

11. What is the duration of the sport-based HIV/AIDS awareness programme? Where (location) and when does it take place? (Please specify per session and for the entire programme).

12. What are the challenges the organisation face regarding the sport-based HIV/AIDS awareness programmes in South Africa? How can they be addressed?

SECTION B: INFORMATION ABOUT REPORTING, OUTPUTS/OUTCOMES AND INDICATORS OF SPORT-BASED HIV/AIDS AWARENESS PROGRAMMES

1. Does the organisation do reporting on sport-based HIV/AIDS awareness programme? If yes what type of reports and what information and outputs are reported on?

2. Who is responsible for writing reports/reporting and how often is it written?

3. What are the reports used for?

4. What are the outputs of the organisation's sport-based HIV/AIDS awareness programme?

5. What are the anticipated outcomes of the organization's sport-based HIV/AIDS awareness programme/changes the organization wants to see as a result of the sport-based HIV/AIDS programme?

_____
_____
_____
_____
_____
_____
_____
_____

6. Does the organisation uses any of the following instruments to monitor and evaluate sport-based HIV/AIDS awareness programmes? Please tick the ones that the organisation uses.
    - Logic or change models
    - Logframe or planning methodology
    - Programme description
    - Other please specify _____

7. Please list data collection methods, instruments and tools the organization uses to collect information on outputs of sport-based HIV/AIDS awareness programme.

_____
_____
_____
_____

8. Does the organisation do monitoring and how is the information collected?

_____
_____
_____
_____
_____

9. How often is the data/information on outputs of sport-based HIV/AIDS awareness programme collected? (Explain when and by whom?)

_____
_____
_____
_____

10. Please explain how the data/information is stored and retrieved/reported on within the organisation.

_____
_____
_____
_____

11. What are the indicators the organisation uses to monitor outputs of sport-based HIV/AIDS awareness programme? Please list them alongside their outputs using the table below.

OUTPUTS	INDICATORS

12. What are the indicators the organisation uses to monitor the anticipated outcomes of sport-based HIV/AIDS awareness programme? Please list them alongside their anticipated outcomes using the table below.

ANTICIPATED OUTCOMES	INDICATORS

SECTION C: INSTITUTIONAL ARRANGEMENTS FOR MONITORING AND EVALUATION

1. Does the organization have a monitoring and evaluation function? If **YES**, please continue and answer questions 2-9.

If **NO**, please answer questions 8 & 9 only.

_____
_____
_____

2. What type of evaluation does the organisation perform? Please tick the type (s) of evaluation that the organisation uses.
   - o Informative evaluation
   - o Ongoing or process evaluation
   - o Outcome-based evaluation
   - o Impact evaluation
   - o Other please specify _____

3. How are monitoring and evaluation results reported and used?

_____
_____
_____
_____
_____
_____

4. How many people are involved in the M&E function? Please also describe responsibilities for each person.

_____
_____
_____
_____
_____

5. Have they received M&E training and who provided the training?

_____
_____
_____
_____
_____
_____

6. How long was the training and at what National Qualification (NQF) level?

_____
_____
_____

7. When last was M&E training provided?

8. What are the challenges the organisation face regarding monitoring and evaluation? How can they be addressed?

9. Is there anything else that you would like to add?

THANK YOU FOR YOUR PARTICIPATION AND TIME!!!

APPENDIX D: TABLE D.1 CORE FEATURES OF THE FIVE SELECTED NGOS.

Sport-based HIV/AIDS awareness programmes of five selected NGOs	Modes of delivering HIV/AIDS awareness messages						Implementation	Monitoring and evaluation: reporting, outputs, anticipated outcomes and indicators				
	Soccer	Basketball	Games	Role plays/ theater	Writing poetry	Video clips	People who implement HIV/AIDS awareness programmes	Reporting monthly/ quarterly/ mid-year/ annual/ biennual	Outputs	Output indicators	Anticipated Outcomes	Outcome indicators
A	Yes	No	Yes	Yes	No	Yes	Coaches & Peer Educators	Yes: M, Q, M-Y, A & B	Yes	Yes	Yes	No
B	Yes	No	Yes	No	No	Yes	Sport Coordinator, Coordinator & Peer Educators	Yes: M & A	Yes	Yes	Yes	No
C	Yes	No	Yes	Yes	No	No	Coaches	Yes: Q & A	Yes	Yes	Yes	Yes
D	Yes	Yes	Yes	Yes	Yes	Yes	Coaches	Yes: M	Yes	Yes	Yes	No
E	No	No	Yes	Yes	Yes	Yes	Peer motivators & Community Mobilizers	Yes: M & A	Yes	Yes	Yes	No

Please note that the alphabets in reporting column represent types of reports: M: monthly, Q: quarterly, M-Y: mid-year,

A: annual, B: biennual

APPENDIX E: TABLE E.1 CORE FEATURES OF THE FIVE SELECTED NGOS

Sport-based HIV/AIDS awareness programmes of five selected NGOs	Monitoring and evaluation: instruments to monitor and evaluate ouputs and outcomes				Monitoring and evaluation: types of evaluation					M&E function
	Logic/ change model	Logframe/ Planning methodology	Programme description	Other	Informative	Ongoing/ process	Outcome-based	Impact	Other	
A	Yes	Yes	Yes	N/A	Yes	Yes	No	No	N/A	No
B	Yes	No	Yes	N/A	Yes	Yes	No	No	N/A	No
C	Yes	Yes	Yes	Key Performance Indicators (KPIs)	Yes	Yes	Yes	Yes	N/A	Yes: (M&E Director & M&E intern)
D	No	Yes	Yes	Master document/ log-sheets	No	Yes	No	No	N/A	No
E	Yes	Yes	Yes	N/A	Yes	Yes	Yes but not yet	Yes, but done by external evaluators	N/A	Yes: Senior Manager: Monitoring Senior Manager: Evaluation

APPENDIX F: DRAFT OUTCOME INDICATOR FRAMWORK SENT TO SPECIALISTS/EXPERTS

Proposed indicators to monitor and evaluate anticipated outcomes of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa

Compiled and/or developed by Mrs. Elma Nelisiwe Maleka: PHD Candidate from the University of the Western Cape, Department of Sport, Recreation and Exercise Science.

Email: 9908535@myuwc.ac.za
emaleka@uwc.ac.za
Contact number: 0786416199
Supervisors: Professor De Coning: 0824637866
Professor Keim: 021 959 3859

Introduction: brief background of the research study
The aim of this study is to contribute to a generic monitoring and evaluation framework by improving the options for the use of outcome indicators of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. For the purpose of this study, sport-based HIV/AIDS awareness programme refers to sport programme/intervention that integrates HIV/AIDS awareness and life skills. These are offered during/at sport events, tournaments and trainings as well as at hubs/centers/sites.

Description of the proposed framework
The proposed outcome indicator framework is based on the generic anticipated outcomes and objectives of sport-based HIV/AIDS awareness programmes of five selected NGOs examined in this study. The generic outcome indicator framework seeks to strengthen monitoring and evaluation of sport-based HIVAIDS awareness programmes. The proposed generic outcome indicators were identified, compiled and/or developed based on the systematic review of outcome indicators currently in use for sport-based HIV/AIDS awareness programmes. In addition, they are based on the desktop review of existing indicators in use to monitor or evaluate outcomes of HIV/AIDS awareness programmes. These included the use of guidelines from Department of Basic Education-SA, USAID, UNAIDS, United Nations Millennium Development Goals, international and local NGOs providing HIV/AIDS awareness.

The anticipated outcomes of selected NGOs were grouped into categories related to the determinants of HIV/AIDS. The generic anticipated outcomes associated with each category were listed under each objective, and then a list of proposed outcome indicators was compiled. The proposed outcome indicators rely mostly on measuring short-term change in self-reported behavioural predictors.

Participation of Experts/Specialists to the study
You are kindly invited to provide comments, suggestions, recommendations on the value and relevance of the proposed indicators as well as suggestions for refinement of the generic anticipated outcomes and indicators. In addition, possible or alternative outcome indicators to improve the quality of proposed framework are welcomed. **The proposed outcome indicator framework starts at page 2 to page 8.**

Ethics, confidentiality and sensitivity to the proposed framework
Please note that the draft outcome indicator framework is confidential as it is part of ongoing research. You are kindly requested not to distribute the draft framework in part or as whole. Participants in this research are welcome to make use of the proposed framework upon the completion of the publication of the research study, but must provide reference to the author (Elma Nelisiwe Maleka) and copyright holder

(University of the Western Cape). A copy of the final proposed indicator framework will be made available to all participants in the study. Please find attached the consent form.

A: <u>Proposed indicators for sexual and behavioural determinants of HIV/AIDS</u>

Objective 1: To improve knowledge of HIV/AIDS

Generic anticipated outcome of objective 1

Improved knowledge of HIV/AIDS among participants reached with sport-based HIV/AIDS awareness intervention

Proposed generic outcome indicators

- Percentage of participants reached with sport-based HIV/AIDS awareness intervention who correctly identify ways of preventing sexual transmission of HIV/AIDS and who reject major misconceptions about HIV/AIDS
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention who identify correct modes and dispels myths about how HIV is transmitted

Additional notes: Indicators should be disaggregated by gender and age: 0-14, 15-19, 20-24, 25+

Objective 2: To discourage early sexual intercourse/debut

Generic anticipated outcome of objective 2

Delayed sexual intercourse/debut among participants reached with sport-based HIV/AIDS awareness intervention

Proposed generic outcome indicators

- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting to have had sexual intercourse before the age of 15
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting to have intention to delay sexual intercourse before the age of 15

Additional information: Indicators should be disaggregated by gender and age: 0-14, 15-19, 20-24, 25+

Objective 3: To reduce multiple sexual concurrent partnerships

Generic anticipated outcomes of objective 3

Decreased number of multiple sexual concurrent partners among participants reached with sport-based HIV/AIDS awareness intervention

Increased positive attitude to the use of an exclusive sexual partner among participants reached with sport-based HIV/AIDS awareness intervention

Proposed generic outcome indicators

- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting to have had sexual intercourse with more than one partner in the past 12 months
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention who identify the risks associated with multiple concurrent partners
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting to believe that having an exclusive sexual partner is a safe behaviour to prevent HIV infection

Additional information: Indicator should be disaggregated by gender and age: 0-14, 15-19, 20-24, 25+

Objective 4: To prevent exposure to HIV/AIDS through unprotected sexual intercourse

Generic anticipated outcomes of objective 4

Increased condom use among participants reached with sport-based HIV/AIDS awareness intervention

Increased consistent correct condom use among participants reached with sport-based HIV/AIDS awareness intervention

Increased perceived behavioural control in condom use among participants reached with sport-based HIV/AIDS awareness intervention

Increased access to condoms

Proposed generic outcome indicators

- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting to have had more than one partner in the past 12 months who report the use of condom during their last sexual intercourse
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting to have used condom the first time they ever had sex, of those who have ever had sex
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention who identify how to clearly and correctly use a condom, and what benefits it provides
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting to have intention to use condom at the first or next sexual intercourse
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting believing that consistent correct condom use reduces risk of HIV infection
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting self-efficacy to refuse unprotected sex
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention who feel that a wife/girlfriend is justified in refusing unsafe sex or proposing condom use if she knows her husband/partner has sexually transmitted infection
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting not having difficulty finding a place to get or buy condoms
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting to have one or more condom with
- Distance travelled by participants reached with sport-based HIV/AIDS awareness intervention to access condoms

Additional information: Indicator should be disaggregated by gender and age: 0-14, 15-19, 20-24, 25+

Objective 5: To prevent exposure to HIV/AIDS through age-disparate sex/cross-generational sex

Generic anticipated outcome of objective 5

Reduced in age-disparate sex/cross-generational sex among participants reached with sport-based HIV/AIDS awareness intervention

Proposed generic outcome indicators

- Percentage of women reached with sport-based HIV/AIDS awareness intervention reporting to have had non-marital sex with a man 10 years older or more than themselves in the last 12 months, of all those who have had non-marital sex in the last 12 months.
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention who identify the risks associated with older sexual partners

Additional information: Indicators should be disaggregated by age: 0-14, 15-19, 20-24, 25+

Objective 6: To prevent exposure to HIV/AIDS through transactional sex (*provision of sex in exchange for money*)

Generic anticipated outcome of objective 6

Reduced in transactional sex among participants reached with sport-based HIV/AIDS awareness intervention

Proposed generic outcome indicator

- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting having transactional sex in the last 12 months.

Additional information: Indicator should be disaggregated by gender and age: 0-14, 15-19, 20-24, 25+

Objective 7: To reduce alcohol and substance abuse

Generic anticipated outcome of objective 7

Reduced alcohol and substance abuse among participants reached with sport-based HIV/AIDS awareness intervention

Proposed generic outcome indicator

- Percentage of adolescents reached with sport-based HIV/AIDS awareness intervention reporting to have had used alcohol or illicit drugs in the past 30 days

Additional information: Indicator should be disaggregated by gender: 0-11, 12-14, 15-19, 20-24, 25+

B: <u>Proposed generic outcome indicators for uptake of HIV Counselling and Testing (HCT)</u>

Objective 1: To promote uptake of HCT services

Generic anticipated outcomes of objective 1

Increased uptake of HCT services among participants reached with sport-based HIV/AIDS awareness intervention
Increased attitude towards HCT among participants reached with sport-based HIV/AIDS awareness intervention
Proposed generic outcome indicators:

- Number of community members tested for HIV at sport events
- Number of community members tested for HIV at sport events and know their test results
- Number of community members first ever tested for HIV in their lives at sport events
- Number of graduates graduated from sport-based HIV/AIDS awareness programming tested for HIV
- Number of graduates graduated from sport-based HIV/AIDS awareness programming tested for HIV and know their results
- Number of graduates graduated from sport-based HIV/AIDS awareness programming first ever tested for HIV in their lives
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reported willing to go for an HIV test

Additional notes: Indicators should be disaggregated by gender and age: <15, 15-24, 25+

C: <u>Proposed generic outcome indicators for structural determinants of HIV/AIDS</u>

Objective 1: To eliminate gender inequalities

Generic anticipated outcomes of objective 1

Increased in gender equitable norms among participants reached with sport-based HIV/AIDS awareness intervention

Reduced prevalence of reported intimate partner violence against women

Proposed generic outcome indicators

- Percentage of participants reached with sport-based HIV/AIDS awareness intervention who express attitude of gender equity-primarily in regards to gender-based violence
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting to be against sexual violence
- Proportion of ever-married or partnered young women reached with sport-based HIV/AIDS awareness intervention reporting to have had experienced physical or sexual violence from a male intimate partner in the past 12 months
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting to believe in equality in a relationship

- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting to believe that girls should be respected
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting to believe that boys should protect and not harm girls
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reporting to belief that football is for boys only

Additional information: Indicators should be disaggregated by gender: 0-14, 15-19, 20-24, 25+

D: <u>Proposed generic outcome indicators for biological determinants of HIV/AIDS</u>

Objective 1: To promote uptake of HIV treatment, care and support

Generic anticipated outcomes of objective 1

Increased number of participants reached with sport-based HIV/AIDS awareness intervention referred to HIV care and support services

Increased number of eligible HIV positive participants reached with sport-based HIV/AIDS awareness intervention who receive antiretroviral therapy/HIV treatment

Increased number of HIV positive participants reached with sport-based HIV/AIDS awareness intervention who adhere to antiretroviral therapy/ HIV treatment

Proposed generic outcome indicators

Eligible individuals: participants who test HIV positive through sport-based HIV/AIDS awareness programming

- **Referred:** number of participants who test HIV positive and referred for a tertiary test, clinic enrolment, CD4 counts and ART. Every participant who tests HIV positive should receive one of the service referrals
- Percentage of HIV positive participants currently receiving antiretroviral therapy
- Percentage of participants with HIV known to be on treatment 12 months after initiation of antiretroviral therapy

Additional information: Indicators should be disaggregated by gender: 0-14, 15-19, 20-24, 25+

Objective 2: To promote uptake of Voluntary Medical Male Circumcision (VMMC)

Generic anticipated outcomes of objective 2

Increased number of participants reached with sport-based HIV/AIDS awareness intervention referred: VMMC

Increased in the knowledge of voluntary medical male circumcision (VMMC) among participants reached with sport-based HIV/AIDS awareness intervention

Proposed generic outcome indicators

Eligible individuals: MCUTS 1 and 11 trial participants: This topic should be touched on in all sport-based HIV/AIDS awareness curricular, but the referrals should be explicitly offered only in MCUTS

- **Referred:** number of those who access information, request, and receive VMMC counseling, and are referred for VMMC procedures
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention who identify the benefits of medical male circumcision where this service is offered

Additional information: Indicators should be disaggregated by gender: 0-14, 15-19, 20-24, 25+

Objective 3: To encourage the use of HIV/AIDS and other health services

Generic anticipated outcomes of objective 3

Access to HIV/AIDS and other health service

Increased uptake/use of HIV/AIDS and other health services

Proposed generic outcome indicators

Eligible individuals: any participants reached with sport-based HIV/AIDS awareness intervention

- **Referred:** number of participants who have asked coaches for referral to PMTCT, STI, antenatal care, post exposure prophylaxis, TB, family planning services and services that deals with gender-based violence
- Percentage of participants reporting to be aware of HIV/AIDS prevention service in their community

Additional information: Indicators should be disaggregated by gender: 0-14, 15-19, 20-24, 25+

E: <u>Proposed generic outcome indicators for stigma and discrimination</u>

Objective 1: To eliminate stigma and discrimination

Generic anticipated outcomes of objective 1

Reduced discriminatory attitude among participants reached with sport-based HIV/AIDS awareness intervention towards people living with HIV

Increased in communication about HIV/AIDS among participants reached with sport-based HIV/AIDS awareness intervention

Increased in communication about HIV/AIDS among participants reached with sport-based HIV/AIDS awareness intervention with their peers and families

Increased number of HIV positive participants reached with sport-based HIV/AIDS awareness intervention who report to feel comfortable to disclose HIV status

Proposed generic outcome indicators

- Percentage of participants reached with sport-based HIV/AIDS awareness intervention who report discriminatory attitude towards people living with HIV/AIDS
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention who are willing to talk, care for, and identify with someone who has HIV/AIDS
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention reported communicating with someone outside of a programme about HIV/AIDS
- Percentage of participants reached with sport-based HIV/AIDS awareness intervention who express a positive ability to feel comfortable to disclose their HIV status to their sexual partners

Additional notes: Indicators should be disaggregated by gender and age: 0-14, 15-19, 20-24, 25+

F: <u>Proposed generic outcome indicators for anticipated outcomes related to positive behaviour as a result of sport as a tool for social change</u>

Objective 1: To encourage positive attitude towards future, health and lifestyle

Generic anticipated outcomes of objective 1

Positive attitude among participants towards future, health and lifestyle

Eligible individuals: participants reached with sport-based HIV/AIDS awareness intervention/ reached with HIV/AIDS and health awareness messages during sport events

Proposed outcome indicator

- Number of participants reported positive change in attitude towards future, health and lifestyle

Additional notes: Indicator should be disaggregated by gender and age: 0-14, 15-19, 20-24, 25+

Additional notes: Participants should at least report positive change in attitude towards one of the three: future, health and lifestyle

Objective 2: To attract participants reached during mass participation at sport events to come and participate in small group HIV/AIDS awareness sessions offered at hubs/centers/ sites

Generic anticipated outcomes of objective 2

Increased number of participants reached with small group sport-based HIV/AIDS awareness interventions

Eligible individuals: participants reached with HIV/AIDS and health awareness messages during mass sport events

Proposed outcome indicator

- Number of participants reached during mass sport events who came and attended small group HIV/AIDS awareness sessions offered at hubs/centers/sites

Additional notes: Indicator should be disaggregated by gender and age: 0-14, 15-19, 20-24, 25+

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2445, Fax: 27 21-959 1240

E-mail: emaleka@uwc.a.ac.za

APPENDIX G: INFORMATION SHEET

Title of Research Project: Monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected Non-Government Organisations in South Africa: Strengthening outcome indicators

What is this study about?

This is a qualitative research project being conducted by Mrs. Elma Nelisiwe Maleka at the University of the Western Cape. We are inviting you to participate in this research project because you are involved in the field of HIV/AIDS. The overall purpose of the study is to develop options for the improvement of the indicators to be used in the monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa.

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

You will be asked to participate in a key informant and focus group interviews to discuss the topic researched. The discussions will be recorded with your permission. All data obtained, transcriptions and recordings will be kept confidential and you will remain anonymous. Your participation in the study will contribute in improving monitoring and evaluation of sport-based HIV/AIDS programmes. The interviews for employees of NGOs will take place at their workplace and for approximately an 1.5h. The interviews for evaluation specialist will be conducted using telephone/SKYPE communication.

Would my participation in a study be kept confidentiality?

We will do our best to keep all data obtained and personal information confidential. To help protect confidentiality your name, surname and name of your NGOs will not be used in the data collection procedure. If required, a permission to use your identification will be requested and respected. The data from audiotapes and transcripts will be kept in a lock cabinet at the researcher's office at the university. Only the researcher and the supervisors will have access to it. All data obtained and transcriptions will be coded using numeric codes. Disposal of all records of the data from audiotapes and transcripts will be done after three years once the study is completed. If we write a report about this research project, your organisation's identity and yours will be protected to the maximum extent possible.

Would my identity be revealed if I agree to participate in a study?

Anonymity will be used at all stages of research. You will not be required to submit your name, surname and the name of your organisation or any other form of identification during interviews. If required, a permission to use your identification will be requested and respected.The data will be coded using numeric code.

What are the risks of this study?

There may be some risks from participating in this research. To avoid the risk such as language barrier during interviews a co-facilitator who understand the language will be appointed to conduct the interview. The co-facilitator will be informed about the research ethics policy and the researcher will be present at all times to facilitate the process. In a case where you do not feel comfortable to share certain information, you are under no obligation to answer. You may withdraw from this research study without giving a reason at any time and this will not negatively affect you in any way. Other than that there are no known risks associated with participating in this research project.

What are the benefits of this research?

This research is not designed to help you personally, but the findings of the study will contribute to the understanding and improve the quality of specific indicators related to sport-based HIV/AIDS awareness programmes. These will benefit the NGOs to improve how they monitor and evaluate the outcomes of sport-based HIV/AIDS programmes.

Do I have to be in this research and may I stop at any time?

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

What if I have questions?

This research is being conducted by Elma Nelisiwe Maleka from Department of Sport, Recreation and Exercise Science at the University of the Western Cape. If you have any questions about the research study itself, please contact me at +27 (0) 078641699 or 021 959 2445 email: 9908535@myuwc.ac.za or emaleka@uwc.ac.za

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact:

Head of Department: Professor Andre Travill

Telephone: (021) 959-3934

Fax: (021) 959-2606

Email: atravill@uwc.ac.za

Dean of the Faculty of Community and Health Sciences: Professor Jose Frantz

University of the Western Cape

Private Bag X17,

Belville 7535,

Telephone: (021) 959-3137

Fax: (021) 959-3688

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2445, Fax: 27 21-959 1240

E-mail: emaleka@uwc.a.ac.za

APPENDIX H: INFORMED CONSENT FORM

Title of Research Project: Monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected Non-Governmental Organisations in South Africa: Strengthening outcome indicators

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name: …….

Participant's signature: …….. Date: ……/……/201…

Witness Name: …….

Witness Signature: …….. Date: ……/……/201…

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Professor C de Coning

University of the Western Cape

Private Bag X17,

Belville 7535,

Telephone: (021) 959- 3859

Email: cdeconing@uwc.ac.za

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2445, Fax: 27 21-959 1240

E-mail: emaleka@uwc.a.ac.za

APPENDIX I: KEY INFORMANT INTERVIEW BINDING FORM

Title of Research Project: Monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected Non-Governmental Organisations in South Africa: Strengthening outcome indicators

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I agree to be audiotaped and also agree not to disclose any information that was discussed during the interview.

Participant's name: ……..

Participant's signature: …….. Date: ……/……/201…

Witness Name: …….

Witness Signature: …….. Date: ……/……/201…

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Professor C de Coning

University of the Western Cape

Private Bag X17,

Belville 7535,

Telephone: (021) 959- 3859

Email: cdeconing@uwc.ac.za

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2445, Fax: 27 21-959 1240

E-mail: emaleka@uwc.a.ac.za

APPENDIX J: FOCUS GROUP INTERVIEW BINDING FORM

Title of Research Project: Monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected Non-Governmental Organisations in South Africa: Strengthening outcome indicators

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I agree to be audiotaped and also agree not to disclose any information that was discussed during the group interview.

Participant's name: ……..

Participant's signature: …….. Date: ……/……/201…

Witness Name: …….

Witness Signature: …….. Date: ……/……/201…

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Professor C de Coning

University of the Western Cape

Private Bag X17,

Belville 7535,

Telephone: (021) 959- 3859

Email: cdeconing@uwc.ac.za

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2445, Fax: 27 21-959 1240

E-mail: emaleka@uwc.a.ac.za

APPENDIX K: SPECIALIST/EXPERT INTERVIEW BINDING FORM

Title of Research Project: Monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected Non-Governmental Organisations in South Africa: Strengthening outcome indicators

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I agree to be audiotaped and also agree not to disclose any information that was discussed during the group interview.

Participant's name: ……..

Participant's signature: …….. Date: ……/……/201…

Witness Name: …….

Witness Signature: …….. Date: ……/……/201…

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Professor C de Coning

University of the Western Cape

Private Bag X17,

Belville 7535,

Telephone: (021) 959- 3859

Email: cdeconing@uwc.ac.za

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2445, Fax: 27 21-959 1240

E-mail: emaleka@uwc.a.ac.za

APPENDIX L: LETTER OF PERMISSION FOR NGOs

Title of Research Project: Monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected Non-Governmental Organisations in South Africa: Strengthening outcome indicators

Re: A request for a permission to conduct a research study at your organisation

I hereby request for the permission to conduct a research study in your organisation. I am currently enrolled at the University of the Western Cape for a PhD degree in the Department of Sport, Recreation and Exercise Science of the Faculty of Community and Health Sciences.

The overall purpose of the study is to develop options for the improvement of the indicators to be used in the monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. The qualitative study will include key informant and focus group interviews with 10 employees of NGOs including five (5) evaluation specialists/experts involved in the field of HIV/AIDS. Documents such as annual and evaluation reports of the NGOs will be used for document analysis. Please be assured that the honest opinions of participants will not be used to their disadvantages. They will not be required to submit their names or surnames, the names of their organisations or any other form of identification during interviews. If required, a permission to use your identification and quotes will be requested and respected. Anonymity will be used at all stages of research study and all information will be handled in confidential. To ensure confidentiality the data will be kept in a lock cabinet at the researcher's office at the university and only the researcher and the supervisors will have access to the data.

Study Coordinator's Name: Professor C de Coning

University of the Western Cape

Private Bag X17,

Belville 7535,

Telephone: (021) 959- 3859

Email: cdeconing@uwc.ac.za

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2445, Fax: 27 21-959 1240

E-mail: emaleka@uwc.a.ac.za

APPENDIX M: LETTER OF PERMISSION FOR HIV/AIDS EVALUATION SPECIALISTS/EXPERTS

Title of Research Project: Monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected Non-Governmental Organisations in South Africa: Strengthening outcome indicators

Re: A request for your permission to participate as specialists/experts in this research study

I hereby request your permission to participate in my research study. I am currently enrolled at the University of the Western Cape for a PhD degree in the Department of Sport, Recreation and Exercise Sciences of the Faculty of Community and Health Sciences.

The overall purpose of the study is to develop options for the improvement of the indicators to be used in the monitoring and evaluation of sport-based HIV/AIDS awareness programmes of selected NGOs in South Africa. The qualitative study includes key informant and focus group interviews with 10 employees of NGOs including addition five (5) evaluation specialists involved in the field of HIV/AIDS. Documents such as annual and evaluation reports of the NGOs will be used for document analysis. Please be assured that the honest opinions of all participants will not be used to their disadvantages. They will not be required to submit their names or surnames, the names of their organisations or any other form of identification on the questionnaire. If required, a permission to use your identification and quotes will be requested and respected. Anonymity will be used at all stages of research study and all information will be handled in confidentiality. To ensure confidentiality the data will be kept in a lock cabinet at the researcher's office at the university and only the researcher and the supervisors will have access to the data.

Study Coordinator's Name: Professor C de Coning

University of the Western Cape

Private Bag X17,

Belville 7535,

Telephone: (021) 959- 3859

Email: cdeconing@uwc.ac.za