

**EVALUATION OF THE IMPLEMENTATION OF THE SIZANANI COMMUNITY
NETWORK HIV SUPPORT GROUP PROGRAMME FOR PEOPLE LIVING WITH
HIV IN MAMELODI**

By

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Submitted in accordance with the requirements for the degree of

MASTER OF ARTS

SOCIAL AND BEHAVIOURAL STUDIES

(HIV/AIDS)

UNIVERSITY OF SOUTH AFRICA (UNISA)

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FEBRUARY 2024

DECLARATION

I declare that the Evaluation of the Implementation of the **Sizanani Community Network HIV Support Group Programme for People Living with HIV in Mamelodi** is my own work and that all the sources that I used and quoted have been indicated and acknowledged by means of complete references.



Signature

24 February 2024

Date

ABSTRACT

This study is an evaluation of the implementation of the Sizanani Community Network (SCN) support group initiatives in supporting people who are living with the human immunodeficiency virus (PLHIV) in Mamelodi, Pretoria. The research aimed to evaluate the nature and types of strategies that the SCN HIV support group employs to: (1) implement the programme; (2) discuss the resource allocation towards the implementation of the SCN HIV support group programme activities; (3) explore challenges in implementing the SCN HIV support group programme activities, as well as; (4) identify ways that can be used to influence the HIV support group programme implementation. A qualitative research approach was chosen, utilising in-depth interviews with 15 participants and conducting 3 focus-group discussions. To explore the experiences of members of the support group, a qualitative research approach was chosen for this study. In-depth interviews and focus-group discussions were conducted with participants. Research findings revealed that the nature and types of activities carried out by the SCN are adequate to support the needs of PLHIV. However, funding emerged as the primary challenge, alongside issues such as skills shortages and non-sustainable resource allocation. The study also revealed that HIV/AIDS support groups have immense capacity to improve the social, psychological, and economic circumstances of members. Recommendations include: (1) an increase in the capacity building of support groups to increase their benefits to members, as well as; (2) increased monitoring and evaluation of the SCN activities to inform resource allocation and future.

Keywords: Sizanani Community Network (SCN); Support group initiatives; People living with HIV (PLHIV); Implementation; Programme strategies; Resource allocation; Influence; Support needs; Funding; Skills shortages; non-sustainable resource allocation; Social circumstances; Psychological circumstances; Economic circumstances; Capacity building; Monitoring and evaluation

KAKERETŠO

Dinyakišišo tše ke tshekatsheko ya phethagatšo ya maithomelo a sehlopha sa thekgo sa Sizanani Community Network (SCN) go thekga batho bao ba phelago ka kokwanatlhoko ya go fokotša mašole a mmele mo mothong (PLHIV) ka Mamelodi, Pretoria. Dinyakišišo di be di ikemišeditše go sekaseka mohuta le mehuta ya maano ao sehlopha sa thekgo sa HIV sa SCN se a šomišago go: (1) phethagatša lenaneo, (2) phethagatša kabo ya methopo go ya go phethagatšo ya mediro ya lenaneo la sehlopha sa thekgo ya HIV ya SCN, (3) hlahloba ditlhohlo ka go phethagatša mediro ya lenaneo la sehlopha sa thekgo ya HIV la SCN, gammogo le (4) go šupa ditsela tše di ka šomišwago go huetša phethagatšo ya lenaneo la sehlopha sa thekgo ya HIV. Mokgwa wa nyakišišo ya boleng o kgethilwe, go šomišwa dipoledišano tše di tseneletšego le batšwasehlabele ba 15 le go swara dipoledišano tše tharo tša sehlopha sa nepo. Go hlahloba maitemogelo a maloko a sehlopha sa thekgo, go kgethilwe mokgwa wa nyakišišo ya boleng bakeng sa dinyakišišo tše. Dipoledišano tše di tseneletšego le dipoledišano tše di nepišitšwego go sehlopha di dirilwe le bakgathatema. Dikutollo tša nyakišišo di utollotše gore mohuta le mehuta ya mediro yeo e dirwago ke SCN di lekane go thekga dinyakwa tša PLHIV. Le ge go le bjalo, thekgo ya ditšhelete e tšweletše bjalo ka tlhohlo ye kgolo, go bapa le ditaba tša go swana le tlhaelelo ya mabokgoni le kabo ya methopo yeo e sa tewelego pele Dinyakišišo tše di utollotše gape gore dihlopha tša thekgo ya HIV/AIDS di na le bokgoni bjo bogolo bja go kaonafatša maemo a tša leago, a monagano le a ekonomi a maloko. Ditšhišinyo di akaretša: (1) koketšego ya go aga bokgoni bja dihlopha tša thekgo go oketša dikholego tša tšona go maloko, gammogo le (2) koketšego ya go hlokomela le go sekaseka mediro ya SCN go tsebiša kabo ya methopo nakong ye e tlogo.

Mantšu a bohlokwa: Netweke ya Setšhaba ya Sizanani (SCN); maitekelo a sehlopha sa thekgo; batho bao ba phelago ka HIV (PLHIV); phethagatšo; maano a lenaneo; kabo ya methopo; khuetšo; dinyakwa tša thekgo; thušo ya ditšhelete; tlhaelelo ya bokgoni; kabo ya methopo yeo e sa swarelelego; maemo a leago; maemo a monagano; maemo a ekonomi; go aga bokgoni; tlhokomedišišo le tshekatsheko

MANWELEDZO

Ngudo heyi ndi ndingo ya u shumiswa ha vhurangeli ha tshigwada tsha thikhedzo tsha Sizanani Community Network (SCN) u tikedza vhathu vhane vha khou tshila na vairasi i kulaho nungo dza maswole (PLHIV) ngei Mamelodi, Pretoria. Thodiso yo livhiswa kha u tola vhuvha na tshaka dza zwiṭirathedzhi zwine zwa shumiswa nga tshigwada tsha thikhedzo tsha SCN HIV kha: (1) u shumisa phurogireme, (2) u avhela zwishumiswa nga ndila yo teaho zwi tshi ḍa kha mishumo ya phurogireme ya tshigwada tsha thikhedzo tsha SCN HIV, (3) u wanulusa khaedu kha u shuma mishumo ya phurogireme ya tshigwada tsha thikhedzo tsha SCN HIV, na (4) u topola ndila dzine dza nga shumiswa u tuṭuwedza u shumiswa ha phurogireme ya tshigwada tsha thikhedzo tsha HIV. Ho nangwa kuitele kwa thodiso ya khwalithethivi, hu tshi shumiswa inthaviwu dzo fhelelaho na vhadzheneli vha 15 na u tshimbidza zwigwada zwiraru zwa therisano zwo sedzwaho khazwo. U wanulusa tshenzhemo ya mirado ya tshigwada tsha thikhedzo, ho nangwa kuitele kwa thodiso kwa khwalithethivi kha ngudo heyi. Inthaviwu dzo fhelelaho na therisano dza tshigwada tsho sedzwaho khatsho zwo itwa na vhadzheneli. Mawanwa a thodiso o wanulusa uri vhuvha na lushaka lwa mishumo lune lwa itwa nga SCN o tea u tikedza thodea dza PLHIV. Naho zwo ralo, ndambedzo yo bvelela sa khaedu khulwane, khathihi na mafhungo a ngaho thahalelo ya zwikili na u avhela zwishumiswa zwi si zwa tshifhinga tshilapfu. Thodiso yo dovha ya wanulusa uri zwigwada zwa thikhedzo zwa HIV/AIDS zwi na vhukoni vhuhulwane ha u khwinisa matshilisano, muhumbulo, na nyimele dza ikonomi kha mirado. Themendelo dzi katela: (1) u engedza u fhaṭa vhukoni kha zwigwada zwa thikhedzo u engedza mbuelo dzavho kha mirado, na (2) u engedzea u tola na u linga mishumo ya SCN u divhadza u avhela zwiko tshifhinganani tshidaho.

Maipfi a ndeme: Sizanani Community Network (SCN); vhurangeli ha tshigwada tsha thikhedzo; vhathu vhane vha tshila na HIV (PLHIV); shumisa; zwiṭirathedzhi zwa phurogireme; u avhela zwiko; thuthuwedzo; thodea dza thikhedzo; ndambedzo; thahalelo ya zwikili; u avhela zwishumiswa zwi si zwa tshifhinga tshilapfu; nyimele dza matshilisano; nyimele dza muhumbulo; nyimele dza ikonomi; u fhaṭa vhukoni; u tola na u linga

ACKNOWLEDGEMENTS

I owe a great debt of gratitude to my supervisor Ms Marie Matee whose keen insights guided me during the whole process. Her advice and constructive criticism throughout the study is appreciated. Mr Leon Roets who through his directorship contributed a lot towards its success as well as his encouragement. Without his encouragement, these findings would have never seen light of day in terms of quality assurance.

I extend heartfelt appreciation to my husband, Prince Gatawa for standing solidly behind me financially and morally too. His belief in me and words of encouragement have been my motivator. To Ms Gladys my mother whom I owe everything concerning love towards education has been a constant inspiration.

I am indebted to my children Anashe, Munashe, Tinashe and Kudiwanashe for being patient with me throughout the course; they are the reason why I keep moving forward every day. It is a dream come true having been supported by my sisters Petronella, Trymore, Tinotenda and Ropafadzo, your trust in me has kept me going against all odds.

To my friends Gamuchirai Kanyemba, Vallerie Mubaiwa and Seba Chinhara who have been there for me from the beginning to the end. Your reminders to stay focused and diligent have been valuable.

I would also like to express my appreciation to the HIV support groups in Mamelodi for their assistance and encouragement throughout this research process. Your dedication to supporting individuals affected by HIV/AIDS is truly commendable and has provided me with valuable insights.

Lastly, I would like to take this opportunity and thank everyone who has been there for me either apparent or inconspicuous. Every contribution counts and it really made a difference.

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ACRONYMS

AIDS: Acquired Immune Deficiency Syndrome

ART: Anti-Retroviral Therapy

ARV: Antiretroviral (drugs used in the treatment of HIV/AIDS)

ASOs: AIDS Service Organisations

AU: African Union

CBOs: Community-Based Organisation

CRS: Catholic Relief Services

CSSR: Centre for the Study of Social Regulation

CSW: Commercial Sex Worker

CSWs: Commercial Sex Workers

DoH: Department of Health

DoSD: Department of Social Development

GNP+: the Global Network of People Living with HIV/AIDS

HIV/AIDS: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

HIV: Human Immunodeficiency Virus

ISALS: Internal Savings and Lending Schemes

IT: Information Technology

MEMA: Monitoring and Evaluation of Medical Assistance

NAPHAM: National Association for People living with HIV/AIDS in Malawi

NAPWA: National Association of People with HIV/AIDS

OECD: Organisation for Economic Cooperation and Development

OVC: Orphans and Vulnerable Children

PEPFAR: President's Emergency Plan for AIDS Relief

PLHIV: People Living with Human Immunodeficiency Virus

PMTCT: Prevention of Mother-to-Child Transmission (of HIV)

PREPARE: Pre-Exposure Prophylaxis Assistance and Research Evaluation

SAFO: Society for AIDS Families and Orphans

SCN: Sizanani Community Network

SHG: Self-Help Group

STD: Sexually Transmitted Disease

TAC: Treatment Action Campaign

TASO: The AIDS Support Organisation

TCAM: Traditional and Complementary Medicines

TM: Traditional Medicine

UNAIDS: United Nations Programme on HIV/AIDS

UNDP: United Nations Development Programme

US: United States

VCT: Voluntary Counselling and Testing

WANN: Women Alive National Network

WHO: World Health Organisation

CHAPTER 1: SITUATING THE RESEARCH PROBLEM

1.1 INTRODUCTION

The implementation of effective support programmes for people living with HIV (PLHIV) is crucial to promote their well-being and enhance their quality of life. In Mamelodi, a township located on the outskirts of Pretoria, South Africa, the Sizanani Community Network has been running an HIV support group programme known as the Sizanani HIV Support Group Programme. This programme aims to provide comprehensive support and assistance to individuals in the community who are living with HIV (Kgarosi 2018). This evaluation's goal is to evaluate how well the HIV Support Group Programme of the Sizanani Community Network is being implemented in Mamelodi. By evaluating its effectiveness, strengths and areas for improvement, the study aims to provide insights that can contribute to enhancing the programme's impact and sustainability. Furthermore, this assessment aims to pinpoint the elements that contribute to the support group programme's effective execution. It also looks for any difficulties that may have arisen along the way. The 2025 UNAIDS Global AIDS report, the importance of effective support programs in overcoming the inequalities that are hindering the fight against AIDS is brought to the fore (UNAIDS 2025:343).

This study assesses how well the Sizanani Community Network (SCN) programmes are being implemented to support HIV-positive individuals in Mamelodi, Pretoria. The SCN was formed in Mamelodi by a group of women who were both affected and infected by HIV. Their aim was to provide support and a sense of hope. According to Mertens and Wilson (2018:61), implementation is the appropriate use of a methodology that raises the likelihood that projects will be completed successfully. In this context, success refers to the positive response and behaviour of PLHIV through learning and development initiatives including enhanced adherence to treatment. The study explores if HIV support group programme activities were implemented as intended and with what success. It describes the nature and types of activities that the SCN HIV support group employed to implement the programme. Furthermore,

mobilising resources is prioritised when it comes to carrying out the program. Additionally, an effort is being made to gain a deeper comprehension of the elements that either support or impede the programme's success. The significance of community-led responses in ensuring resilience amidst crises such as the COVID-19 pandemic and conflict in Ukraine which have exacerbated vulnerabilities for PLHIV is underscored by the 2022 UNAIDS report. (UNAIDS 2022:18).

Despite the presence of various HIV support programmes and initiatives in Mamelodi, a specific evaluation of the SCN HIV support group programme has not been undertaken up to now. In conducting this evaluation, the study can gain a deeper understanding of the programme's implementation and its effectiveness in addressing the needs of PLHIV in Mamelodi. Additionally, this evaluation will provide evidence-based recommendations to guide programme enhancements and improvements, ultimately benefitting the community. The UNAIDS Global AIDS report underscores the necessity for inventive tools and equal sharing of resources to close the existing gaps in the HIV response, something that will be central to this evaluation (UNAIDS 2022:29).

The evaluation of the SCN HIV support group programme in Mamelodi aims to provide a comprehensive understanding of its implementation and effectiveness in addressing the needs of people living with HIV (PLHIV) in the community (Adhikari, 2003:67; Bateganya, Umanyaiwe, Roxo and Dong 2015: 112; Mazambara, Chagwena, Mudzviti, Sithole, Monera-Penduka, Maponga, & Morse, 2022:34). By assessing various aspects such as objectives, activities, facilitation methods, and participant engagement, the study seeks to offer evidence-based recommendations for enhancing the programme's impact (Ajuna, Tumusiime, Amanyanya, Awori, Rukundo and Asiimwe 2021:45; Plummer & Wight, 2017:89). Furthermore, the evaluation intends to examine how the programme aligns with broader goals and integrates with existing HIV support services in Mamelodi (Andriati, Indah and Pratiwi 2023:56; Den Broeder., South, Rothoff, Bagnall, Azarhoosh, Van Der Linden, Bharadwa, and Wagemakers 2022:78).

Given that the SCN HIV support group includes both PLHIV and individuals concerned about them, the evaluation accounts for the experiences and

perspectives of all members to understand programme dynamics (Ananias, Strydom and Ellis 2015:23; Mundell, Visser, Makin, Forsyth and Sikkema 2012:67). This approach acknowledges the dual roles of group members as beneficiaries and implementers of support programmes, ensuring a holistic assessment (Faulkner & Faulkner, 2019:34; Golhasani & Hosseinirad, 2016:45). Additionally, the study explores the feasibility of self-help programmes in addressing the needs of both infected and affected individuals within the community (Baloyi, 2019:56; Cheng & Metcalfe, 2018:78).

Ultimately, the evaluation aims to contribute to the body of knowledge on effective HIV support group programmes, particularly in low-resource settings like Mamelodi (Grant, Bugge & Wells 2020:45; Mahlangu, Vearey, Thomas & Goudge 2017:23). Findings from the evaluation can inform stakeholders, including the SCN, local healthcare providers, and policymakers, to strengthen support services, promote community engagement, and enhance the overall well-being of PLHIV in the area (Casale, 2015:67; Mukumbang, Van Belle, Marchal and Van Wyk 2017:89).

It should be noted that the members of the SCN HIV support group also include people who are concerned about PLHIV, such as community members and caregivers. The members of the SCN HIV support group are also the beneficiaries of the same group's programmes. So, the population in this group refers to both the members of the group (beneficiaries) and those who implement the group's programmes. Therefore, the research looks at the HIV support group and examines the feasibility of their self-help programmes in dealing with HIV-affected and -infected members. The sensitive nature of the research has prompted the inclusion of criteria of both infected and affected people. This was done to learn more about the experiences of SCN HIV support group members and how they carry out the programmes.

The UNAIDS Global AIDS Update 2022 said community-driven projects are critical to tackling the HIV scourge. According to the report, it is fundamental for all people in the community, including caregivers, to take part as it happens in SCN HIV support group so that all-round care can be provided without fail to people living with HIV/AIDS. The SCN's approach also centres on addressing psycho-social

requirements among patients themselves alongside their family members who take care of them directly since these forms the basis about which this question revolves around. In terms of enhancing treatment compliance as well as improving quality of life in general, such an approach promoting compliance while enhancing environmental support systems has been recommended globally by including both infected and affected individual.

This qualitative research study uses process evaluation to describe the implementation of the SCN HIV support group programme for PLHIV in Mamelodi. Process evaluation offers a thorough insight into the implementation processes of complex interventions, typically involving non-linear implementation procedures and outcomes (Limbani, Goudge, Joshi, Maar, Miranda, Oldenburg, & Webster 2019:2). It assesses the adaptation, quality of implementation, barriers, facilitators, sustainability, and intervention components (Scott, Rotter, Flynn, Brooks, Plesuk, Bannar-Martin & Hartling 2019:1). The aim is to assist those responsible for the design and implementation of the HIV support group programmes. The study focuses on understanding the process of implementing the support group programme and exploring its effectiveness in meeting the needs of PLHIV in Mamelodi.

To ensure ethical considerations, the data collection for this study did not involve sourcing personal or sensitive information from the members of the SCN HIV support group. Instead, the evaluation focuses on gathering information about the programme's design, implementation strategies, participant engagement and perceived outcomes. This study aims to obtain a comprehensive understanding of the practical implementation of the SCN HIV support group programme through qualitative techniques such as observations, interviews, and document analysis. Through an analysis of the viewpoints of programme implementers, facilitators, and participants, the research aims to pinpoint segments of strength and obstacles, along with prospects for enhancement.

The results of this research will add to the body of knowledge regarding the development and execution of successful programmes for PLHIV, particularly in relation to support group initiatives. Programme implementers can improve the

creation and implementation of strategies to better meet the demands of PLHIV in Mamelodi by knowing the elements that influence programme success (Jones & Brown, 2018 :112).

The insights gained from this study will benefit the SCN. It will also provide valuable information for other organisations, policymakers, and stakeholders involved in implementing HIV support group programmes. By improving programme design and implementation, the overall well-being of and support provided to PLHIV can be enhanced, leading to better health outcomes and increased community engagement (Robinson & White, 2017: 78).

1.2 BACKGROUND OF THE STUDY

HIV/AIDS remains a significant concern in South Africa because of its high infection rate and important social, economic implications (Gona, Gona, Ballout, Rao, Kimokoti, Mapoma, & Mokdad 202:45). 37.7 million people living with HIV were estimated in 202, as a reflection of its long-lasting effects despite progress made so far in prevention as well as management (UNAIDS, 2021:23). These areas tend to be disproportionately affected by the virus with Eastern and Southern Africa contributing almost half of all global HIV cases/most new infections (Risher et al., 2021:1).

HIV/AIDS presents serious challenges to Southern Africa particularly South Africa. In 2019, the country registered an HIV prevalence rate of 20.4% which represents 7.7 million individuals who tested positive (UNAIDS, 2021:45). Therefore, more efforts should focus on prevention strategies aimed at decreasing incidences of acquiring this infection by stopping its transmission route and decreasing mortality rates through access to antiretroviral therapy (ART).

South Africa is one of the countries with high numbers of people living with AIDS, and that led to introduction of one of the world's largest ART programs by the government (UNAIDS, 2019:39). Aside from this, there still exist barrier like stigma, discrimination and accessing comprehensive healthcare among others thereby making it necessary for interventions such as the SCN HIV support group programme among others to continue existing within communities. Therefore,

community-based interventions such as SCN HIV support group programme crucial components in dealing with these issues as they offer emotional care and all-rounded support systems to PLHIV at the local level.

The HIV epidemic has heavily struck Mamelodi, leading to a wide range of problems like stigma, limited healthcare, and social isolation (Kgarosi, 2018:67). Consequently, an NGO started a project for helping people living with HIV in the town and dealing with their social issues. In Mamelodi another such group was established with an aim of reducing suffering among individuals affected by sickness caused by this virus through sharing experiences among themselves as well as caring for each other emotionally hence reducing many unnecessary deaths which occurs due to lack of knowledge about how best they can access information related to health care services available at their disposal in various parts of South Africa where such programmes operate (Mazambara et al., 2022:112). Through community involvement and empowerment models are seeking to enhance the general well-being and quality of life for PLHIV in Mamelodi.

According to Mazambara et al., (2022:112), support group programmes have been acknowledged to be effective interventions for enhancing the lives of people living with HIV and the sick. Through sharing experiences such programmes provide members with emotional support while sharing vital information on self-management. Furthermore, these groups serve as a platform for mutual encouragement and knowledge sharing that can assist in curbing stigma linked to HIV/AIDS thereby fostering greater social inclusion and resilience among members. Therefore, by integrating psychological counselling and general healthcare delivery in one package, such initiatives are significantly involved in promoting holistic management strategies for AIDS which may not necessarily be curative but rather aimed at increasing patients' quality of life as well as reducing discomfort occasioned by sickening as such (Avert, 2012).

Process evaluation is vital to gain a clearer understanding of how support group programs work on the ground level. Essential aspects of this evaluation process include whether it was well designed as well as content while facilitators too had some form training or orientation beforehand; Participant inputs too play important

roles during such evaluations hence community engagement should take place all times (Mazambara et al., 2022:78). Moreover, there are strengths and weaknesses in support group programs; hence process evaluations help identify areas needing adjustments that will make them more effective, by for instance increasing their relevance in different community contexts. Further still, through systematic analysis into things like resource allocation mechanisms and compliance with established standards, entities can better their results thereby ensuring long run programme sustainability.

Sociocultural factors play a significant role in determining one's likelihood of acquiring HIV/AIDS, especially for groups such as women or people living within highly confined spaces like prisons (WHO, 2021). Most gender norms dictate certain societal roles which consequently affect the accessibility of health care services (Perrin et al., 2019:2). To reach this minority group that is quite often hard hit by this scourge-specific targeted intervention must be based on understanding its culture and tradition that are detrimental than protective with respect to these viruses while encouraging change towards more positive behaviour patterns including healthy lives free from AIDS-Milestones in the fight against AIDS have been registered following recent initiatives like the "Undetectable equals Untransmissible" (U=U) campaign, which underscores the pivotal role treatment plays in halting further transmission of the disease (Sineke et al. 2024:1).

The "Undetectable equals Untransmissible" (U=U) public health campaign has not only raised awareness regarding HIV treatment as a tool for controlling spread but has also contributed greatly towards reducing its stigma. This project aims at sensitising people about the fact that good medication adherence ensures that you become undetectable hence not transmitting the virus to any other person; in addition, it helps in managing the disease effectively within public health setups.

1.3 BACKGROUND OF THE SIZANANI COMMUNITY NETWORK

The SCN is an NGO that runs HIV support groups in Mamelodi South Extension 4, Pretoria. Established in 2000, the organisation was founded by women living with and affected by HIV/AIDS. However, membership is open to both males and females. Supporting those impacted and infected with HIV/AIDS and inspiring hope

in them is the main goal of the SCN (Sizanani Community Network, 2020:1). Over the years, the network has expanded, and it currently has approximately 250 members. The organisation initially received support from the ward councillor. The person now serves as the chairperson of the board of directors. The SCN HIV support groups are ward-based, which means they are in various centres where members gather regularly. Every three months, all members and their facilitators/coordinators from different centres come together for a collective session (SCN, 2020:1).

The organisation's commitment to creating a network of support and hope for those affected by HIV/AIDS demonstrates its dedication to improving the lives of individuals living with the virus. Through the research conducted regarding the implementation of the SCN HIV support group programme, the programme's effectiveness and impact can be evaluated. This can contribute to its ongoing development and success in serving the needs of the community in Mamelodi and surrounding areas.

Over the years, the SCN HIV support group has implemented several HIV/AIDS prevention initiatives. These care and treatment programmes aim to lessen and mitigate the epidemic's impact on the Mamelodi community's members (Kgarosi, 2018:27). The three main areas of prevention, instruction, and training are the focus of the SCN. Additionally, it provides care and support to those who are HIV positive. In addition, it offers material and emergency support to individuals afflicted with HIV. Kgarosi (2018) claims that the organisation offers training, peer education, counselling, and advice in Pretoria. It also helps by developing a variety of tools and resources and by taking an action-oriented strategy regarding HIV/AIDS education, training, and capacity building.

The research focuses on exploring the experiences of the members of the SCN HIV support group, who are also the beneficiaries of the group's programmes. Rather than using the term 'beneficiaries', the study refers to them as 'members' to emphasise their active participation and involvement in the support group (Kgarosi, 2018:30). This strategy acknowledges that the participants themselves are essential to the programme's execution and success. The research aims to evaluate the HIV

support group and assess the feasibility of their self-help programmes in addressing the needs of HIV-affected and -infected individuals. By examining the experiences and perspectives of the members, the study seeks to gain insights into the effectiveness of the group's initiatives and identify areas for improvement. There may be concerns about the objectivity of examining the challenges related to implementing the organisational goals when the members themselves are the focus of the programme. However, this approach provides an opportunity to delve into the daily lives of the members and understand their perspectives on how to enhance their well-being. By adopting a biographical or life history approach, the research enables members to share intimate details and personal experiences that may not be accessible through other research methods.

This approach is particularly relevant as it allows the informants to reflect on their own lives and offer insights into areas that can be improved. By engaging the members in self-reflection, the research aims to capture their unique perspectives and empower them to contribute to the enhancement of the support group's programmes and services. The SCN HIV support group operates in collaboration with the City of Tshwane Municipality, which serves as a significant stakeholder in the programme (Kgarosi, 2018:32). This partnership highlights the importance of the municipality's involvement in supporting and facilitating the work of the support group. The programme's staff members, who play a crucial role in delivering services to the HIV support group, receive a monthly payment for their services. This remuneration emphasises the recognition and value placed on their contributions to the programme.

According to Kgarosi (2018), to ensure the effective delivery of services, all staff members have undergone training. This training equips them with the necessary knowledge and skills to provide relevant and accurate information to PLHIV during the support group sessions. The employees are better suited for handling the specific requirements and issues of the group members because they are knowledgeable and well-trained (Kgarosi, 2018:34). The collaboration with the City of Tshwane Municipality, the provision of monthly payment to programme staff and the training of staff members are important. It demonstrates the commitment to the success and sustainability of the SCN HIV support group. These elements contribute

to the overall effectiveness of the programme in providing essential support, guidance and information to individuals living with HIV/AIDS in Mamelodi and surrounding areas.

1.4 ABOUT MAMELODI

Mamelodi is a township located northeast of Pretoria, Gauteng, South Africa. It is part of the City of Tshwane Metropolitan Municipality. According to the South African History website (SAHO, 2019:1), the name 'Mamelodi' is derived from the Sepedi language, with 'ma' meaning mother and 'melodi' meaning melodies. It can be translated to mean 'Mother of Melodies'. (SAHO, 2019:1), the township was established in June 1953 when 16 houses were built on the farm Vlakfontein. Mamelodi was originally designated as a blacks-only area under the Group Areas Act of the apartheid government. It became a residential area for forcibly removed black citizens from the suburb of Lady Selbourne in Pretoria during the 1960s. However, with the end of apartheid in 1994, the racial segregation policy became obsolete.

Mamelodi has faced various challenges, including the impact of HIV/AIDS (Kgarosi Personal Communication 2018). Today, Mamelodi remains a predominantly black township, with a rich history and ongoing efforts to address social and health issues within the community.

1.5 STATEMENT OF THE PROBLEM

The problem statement of this study revolves around the need for the constant evaluation of HIV support group programmes and its success. Amidst extensive efforts and resources invested in addressing HIV in communities, it is crucial to assess the effectiveness and impact of these programmes. Evaluation plays a vital role in programme planning, management, and implementation by identifying areas for improvement and measuring progress towards the intended goals. However, many organisations are reluctant to evaluate the progress of their programmes, leading to a lack of accountability and the potential disintegration of the programmes. Programme implementers should conduct regular evaluations to ensure that programmes are conforming to the desired standards by producing positive

outcomes. Without proper evaluation measures, it becomes challenging to determine whether the plans and investments are yielding the desired results.

Considering this problem, the research aims to evaluate the implementation of the SCN HIV support group programme. In examining the effectiveness and outcomes of the programme, this study seeks to contribute to the ongoing efforts to improve HIV support services. It also aims to enhance the overall well-being of individuals living with HIV/AIDS.

In this study, the evaluation of the implementation of the SCN HIV support group programme was conducted using the criteria established by the Organisation for Economic Cooperation and Development (OECD) in 2019. These criteria serve as a normative framework for assessing the merit and value of a programme, and they provide the basis for making evaluative judgements.

According to the OECD (2019), relevance refers to how well the intervention's goals and design address the needs, priorities, and policies of its beneficiaries as well as its capacity to do so if conditions change. The SCN HIV support group's goals and layout need to consider Mamelodi, Pretoria's capacity constraints as well as the local economy, environment, equity, social economy, and political economy. Examining the distinctions and trade-offs within the various demands or priorities of PLHIV constitutes relevance assessment. Analysing any modifications to the context is necessary. The goal is to evaluate the degree to which the SCN's group activities have changed to meet the demands and requirements of PLHIV in Mamelodi.

The main factor determining coherence is how well an intervention works with additional measures in a nation, industry, or organization (OECD 2019). Both internal and external coherence are included in this measurement. The synergies and connections among the intervention and the various measures executed by the SCN are addressed by internal coherence. It also discusses the degree to which the intervention complies with the pertinent international standards and norms, which the support group follows. The degree to which the intervention aligns with the interventions of other actors in the HIV situation in South Africa is referred to as external coherence. It involves coordinating, harmonizing, and complementarity with others. It also includes the extent to which the intervention is adding value, while

avoiding a duplication of efforts regarding improving the lives of PLHIV in South Africa.

The degree of success that the intervention met its goals and produced the desired effects, including any differences in outcomes between groups, is referred to as its effectiveness (OECD 2019). When analysing effectiveness, the corresponding significance of the goals or outcomes must be taken into consideration. In this instance, the SCN's interventions ought to be evaluated in relation to the pre- and post-intervention conditions of PLHIV.

Efficiency is the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way (OECD 2019). It involves the conversion of inputs into outputs in the most cost-effective way possible, when compared to feasible alternatives. Timeliness involves delivery within the intended timeframe, or a timeframe reasonably adjusted to the demands of the evolving context. Ultimately, the financial and material resources used for the community-based support group's initiatives must not outstrip the benefits obtained from the support group's initiatives.

Impact measures how much of a positive or negative, planned or unintentionally, higher-level effect the intervention has produced or is predicted to produce. Impact refers to the intervention's importance and possible game-changing effects (OECD 2019). It looks for the intervention's longer lasting or more comprehensive social, environmental, and economic effects that aren't already covered by the effectiveness criterion. This criterion aims to include the indirect, secondary, and possible repercussions of the intervention in addition to the immediate outcomes. It accomplishes this by looking at long-term, comprehensive changes to norms or systems and their possible implications for equity, human rights, and well-being. For persons living with HIV, impact is one of the most important principles for intervention. While the quantitative benefits of support groups may be difficult to measure, the qualitative benefits of the interventions ultimately matter to group members.

Sustainability is the measure to which the intervention's net benefits are still present or are probably still present (OECD 2019). To maintain the overall advantages over time, sustainability entails assessing the institutional, financial, economic, social, and

environmental capacities of the systems. Resilience, risks, and possible trade-offs are all analysed. This could entail analysing the actual distribution of net benefits or projecting the probability of net benefits over the medium to long term, depending on when the evaluation is conducted. Having HIV status is a lifelong condition, therefore membership of the SCN must be lifelong. Programming must therefore be focused on lifelong support for PLHIV in Mamelodi.

1.6 PURPOSE OF THE STUDY

The purpose of this study is to conduct an evaluation of the implementation of the SCN HIV support group programme in Mamelodi. The study's objectives are to evaluate the degree of success attained and the degree to which the programme's activities have been carried out as intended. The legal framework for HIV/AIDS programming in South Africa, which guides the establishment of support groups as important community resources, is taken into consideration.

The study focuses on analysing the nature and types of activities undertaken within the programme. It also examines how these activities contribute to the overall progress of the programme, and it identifies the challenges faced during the implementation process. In conducting this evaluation, the goal of the study is to offer suggestions for enhancing the planning and execution of current and upcoming HIV support group programmes. The evaluation of the programme's implementation was guided by the OECD's evaluation criteria, which served as a benchmark for measuring the success or failure of the programme interventions. These criteria, including relevance, coherence, effectiveness, efficiency, impact, and sustainability, provided a comprehensive framework for assessing the merit and value of the SCN HIV support group programme in Mamelodi.

1.7 SIGNIFICANCE OF THE STUDY

The experiences and challenges faced by HIV support groups could play a crucial role in making informed decisions about the planning and execution of the HIV support group programmes (Mazambara et al., 2022:45). It can lead to both the HIV-affected and -infected people aspiring to belong to a group. Organisations can develop and transform the constraints regarding the improvement of HIV support

groups (Kgarosi, 2018:6). The study can potentially link the observed outcomes to the programme processes, successes, and weaknesses, which will help other HIV support group programmes (Ajuna et al., 2021:12; Plummer & Wight, 2017:34). The study is also important in so far as it focuses on a traditionally overlooked aspect of HIV care and support (Faulkner & Faulkner, 2019:78; Golhasani & Hosseinirad, 2016:22). Therefore, it will address the knowledge gap that exists and inform practitioners through evidence-based interventions (Grant et al., 2020:15; Mahlangu et al., 2017:9). Evaluation largely helps organisations to improve their policies and practices for the benefit of their service users (Robinson & White, 2017:28). Therefore, an evaluation of the activities of the SCN towards the improvement of the lives of its members becomes imperative. This ranges from streamlining initiatives to ameliorating their plight (Casale, 2015:42; Mukumbang et al., 2017:57). Ultimately, this study is envisaged to improve the biopsychosocial outcomes of members of the SCN group and enable them to live more productive and fulfilling lives (Kgarosi, 2018:92).

1.8 LIMITATIONS OF THE STUDY

The study examines only at one Mamelodi HIV support group. As a result, the results might not apply to various support groups in different cities or rural regions. The ethnic and racial variety of the participants in the selected sample is constrained. Because of this, it is impossible to extrapolate the findings to demographics that were left out of the research. Convenience is the basis for the sample; therefore, it is not representative of the entire population. Moreover, the study uses qualitative research methodology and may not be generalisable to bigger populations. The idea behind qualitative research is to gain greater depth into the individual experiences of participants. Therefore, this study captures the lived realities of the members of the SCN in their quest to live more normal lives considering HIV/AIDS (Mazambara et al., 2022:88).

More notable is that the researcher is a Zimbabwean national who is not fluent in South African indigenous languages. This background partly limited the full participation of interviewees. It also limited an understanding of certain aspects of the lives of interviewees. In mitigation, the researcher made use of a research

assistant who is fluent in South African languages. Additionally, limited literature regarding HIV support group programmes in South Africa was a stumbling block, especially with particular focus on Mamelodi. This made the researcher use the national guidelines on South African HIV support groups and regional bodies that are focusing on this subject matter. Disaggregated data allows the researcher deeper insight into the problem area. Unfortunately, in this case the researcher did not have the luxury of accessing disaggregated data. However, the advantage of delving into under-researched areas is the generation of new insights into the problem of concern. It ultimately provides evidence-based interventions and enriches the plight of the participants (Faulkner & Faulkner, 2019:45).

1.9 RESEARCH OBJECTIVES

The research objectives of the study were as follows:

- To assess the strategies employed by the SCN HIV support group for service delivery, participant recruitment and programme adherence.
- To evaluate the adequacy and sustainability of resource allocation towards the implementation of the SCN HIV support group programme activities.
- To identify and analyse, the challenges faced in implementing the SCN HIV support group programme activities.
- To explore and recommend strategies that can enhance the effectiveness of the SCN HIV support group programme in improving the well-being (physical and mental health) of PLHIV participants.

1.10. RESEARCH QUESTIONS

The data-gathering for this study was guided by the following research questions:

- What strategies does the SCN HIV support group for service delivery, participant recruitment and programme adherence?
- How adequate and sustainable is the resource allocation towards the implementation of the SCN HIV support group programme activities?

- What are the primary challenges faced in implementing the SCN HIV support group programme activities?
- How can the effectiveness of the SCN HIV support group programme in improving the well-being (physical and mental health) of PLHIV participants be enhanced through strategic recommendations?

1.11. DEFINITIONS OF KEY TERMS

The operational definitions for a few key terms are below.

- **Support group**

A collection of individuals who share similar experiences or worries and who support, console, counsel, and engage in face-to-face group interaction with each other, emphasizing individual involvement and voluntary attendance. It offers emotional support and has a recognised goal of uniting people to solve issues or assist in coping with illnesses. (Pandey, 2018:429).

- **HIV support groups**

These are groups that help with the counselling and emotional support for people with HIV. These groups help people to fight for change, keep their immune systems strong and fight opportunistic infections (Pandey, 2018:430).

- **People living with HIV.**

A person who has had antibodies against HIV detected in a blood test or saliva test (UNAIDS 2018:10).

- **Programme**

A plan of action to accomplish a specified end (Pandey 2018:429). A set of related measures or activities with a long-term aim.

- **Evaluation**

It is the tracing of the causes of outcomes. It is the making of a judgement about the amount, number, or value of something (UNAIDS 2018:16).

- **Implementation evaluation**

It focuses on the activities undertaken, how they are likely to contribute to the outputs and whether the assumptions, as well as the theory of change, seems to be working in practice (DPME 2019:2).

1.12 STRUCTURE OF THE DISSERTATION

Chapter 1: The chapter presents the introduction and background of research, the reasons for selecting the research problem, the rationale for the study and a statement of the research problem. The chapter also describes the research problem and the focus of the study. In addition to that, a presentation of the research objectives and research questions that guide the study is offered. The chapter concludes with the definition of key working terms used in the study.

Chapter 2: It highlights a summary of the literature review that presents the most authoritative scholarship on the research problem. The chapter provides a critical analysis and valuation of existing knowledge concerning each of the outlined research problems. This analysis identifies the gaps in the existing literature, thereby establishing the foundation for the study. More so, the chapter discusses the theoretical foundation of the research. The chapter concludes by identifying the conceptual as well as operational definitions of the key study concepts.

Chapter 3: The methodology and research approach used to look into the above-posed problem are then discussed. The chapter explains the primary sources of data for this study and explains the reasoning behind utilizing a qualitative research design. The chapter concludes with a detailed discussion of the research setting and the ethical considerations adopted by the study.

Chapter 4: The focus in this chapter is on exploring the challenges and alternatives in implementing the SCN HIV support group activities.

Chapter 5: This chapter is devoted to the analysis of the study findings. This chapter describes how the data gathered and examined for the study are presented and discussed.

Chapter 6: Interpretations, discussions, and summaries of the study are given in Chapter 6. The inclusion of the suggestions for further research is provided.

1.13 CHAPTER SUMMARY

This chapter provided a setting for this study. It introduced the focus of the study area, which is the role played by the SCN in its fight against the problem of HIV/AIDS in Mamelodi. The chapter outlined: the introduction; the background of the study; the background of SCN; the problem statement; the purpose of the study; the significance of the study; the limitations of the study; the research objectives; the research questions; the operational definitions and the chapter organisation. The study's supporting literature is reviewed in the following chapter.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The literature review plays a crucial role in any research study as it provides a comprehensive explanation of the existing knowledge and research on the topic. In this instance, the literature review provides a framework for comprehending how an HIV support group programme for PLHIV is implemented in Mamelodi. The need to comprehend the HIV support group programme's implementation and degree of success in Mamelodi is the research problem this study attempts to address. HIV support groups are recognised as essential resources for PLHIV, providing them with the necessary support, information, and empowerment to cope with the challenges of living with HIV. However, there is a need to evaluate the implementation of these support groups to ensure that they are effectively meeting the needs of PLHIV in Mamelodi.

Through a review of the literature, this study sought to investigate the scholarly perspectives and research that have been done on HIV support groups, with a particular emphasis on the effectiveness and implementation of these groups. The literature review identified gaps in the current knowledge and research, thereby contributing to filling those gaps through this study. Understanding the implementation of the HIV support group programme in Mamelodi is crucial for several reasons. Firstly, it will provide insights into the activities and practices involved in running the support groups, including the nature and types of activities undertaken. Secondly, it will evaluate the success and effectiveness of the programme in achieving its goals and meeting the needs of PLHIV. Thirdly, it will determine any obstacles or difficulties encountered during the programme's implementation and offer suggestions for improvement.

Through a comprehensive literature review, this study aimed to build upon the existing knowledge and contribute to the understanding of HIV support group programmes. It specifically focused on the SCN HIV support group programme in Mamelodi. By evaluating the implementation of the programme and identifying areas for improvement, this study sought to enhance the design and implementation of

future HIV support group programmes. In this way, it is ultimately benefitting PLHIV in Mamelodi and beyond.

2.2 HISTORY OF SUPPORT GROUPS

Support groups have been an important part of community resilience and coping mechanisms in sub-Saharan Africa. These groups often emerge in response to specific challenges or adversities faced by communities. They provide a platform for individuals to come together, share experiences and provide mutual support. The HIV/AIDS epidemic has brought increased attention to the importance of support groups. However, it is essential to recognise that communities in sub-Saharan Africa have a long history of organising and supporting each other in the face of various challenges (WHO 2016). These support groups have been an integral part of community resilience and have contributed to addressing a wide range of social, economic and health issues over time.

In response to these challenges, various forms of informal and traditional grassroots social security systems have emerged and been practiced in many developing countries. Burial societies, grain-saving programmes, labour-sharing groups, and savings account associations like rotating credit and savings associations are a few examples of these social security systems (Muzondo & Rusero, 2021:45). These organisations' operations are based on social support mechanisms and mutual aid principles, aiming to promote solidarity within the community. Their operations are generally not governed by specific legislation but are guided by rules and agreements which were established by the members themselves.

With the onset of the HIV/AIDS epidemic, the requirement for support groups designed especially to address the difficulties encountered by PLHIV became evident. HIV support groups emerged as a response to the unique social, emotional, and practical needs of PLHIV and their communities (Mazambara et al., 2022:67). These support groups provide a safe and supportive space for individuals living with HIV. In these groups they can share their experiences, access information, receive emotional support and engage in activities aimed at improving their well-being and quality of life.

The SCN HIV support group in Mamelodi is one such support group. It was established to provide support and hope to those affected and infected by HIV/AIDS (SCN, 2020:23). These support groups operate within the framework of rules and guidelines agreed upon by their members (Kgarosi, 2018:89). They aim to create a sense of community, reduce stigma, and empower PLHIV through various activities and interventions.

Understanding the history of support groups, both within and beyond the context of HIV/AIDS, provides important insights into the roots of community-based support systems and the principles upon which they operate. In building upon this historical foundation, the SCN HIV support group and similar organisations can effectively tailor their programmes to fulfil the unique requirements of Mamelodi's PLHIV. They can thereby contribute to their empowerment and general well-being.

2.2.1 Social Support Groups

Indigenous social support groups and traditional community-based mechanisms have been prevalent in various African countries, serving as important sources of mutual assistance and social security (Mji, 2019: 39; Rugaranganda, Rugaranganda, & Mabvurira, 2018:46). These groups have played a significant role in supporting community members during times of illness, death, and other special occasions (Mji, 2019: 39; Rugaranganda et al., 2018:46).

Burial societies have also been recognised as indigenous social support organisations in rural areas. Rugaranganda, Rugaranganda, and Mabvurira (2018:20) highlight the role of burial societies in helping in the event of death and illness. These societies offer financial security to members in times of bereavement and cater to their social needs. Additionally, members of burial societies may contribute their time to assist the bereaved by cultivating their fields.

Grain-saving schemes, which have a long history in Africa's rural areas, have served as community-based mechanisms to meet the requirements of people in the

community. Murwira (2019:236) reports that grain-saving schemes in Zimbabwe have been revitalised based on the traditional system of *zunde raMambo*¹ (*King's granary*). According to these schemes, community members contribute labour in the chief or headman's field and store the produce for future needs. These schemes have emerged as an important source of community support for affected households.

Labour-sharing schemes, such as *nhimbe*² in Zimbabwe, have also been prevalent and have provided a major source of social security for households during times of disaster (Mahohoma & Muzambi 2021). These schemes involve communities coming together to provide free labour and support to affected households.

In South Africa, the development of social groups, known as 'stokvels,' has been largely attributed to women's activities (Verhoef 2020:35). Stokvels emerged in the early 1900s and involve individuals contributing a fixed amount over a specific period. There are different types of stokvels in South Africa, including savings clubs, investment clubs, high budget stokvels, and burial societies. These groups serve various financial and social purposes within the community.

The emergence of social groups and indigenous support mechanisms in South Africa and other African countries can be attributed to similar reasons. These reasons include limited access to loans, economic discrimination, and low creditworthiness among black communities under colonial rule (Verhoef, 2020). These circumstances parallel the challenges faced by PLHIV, who often experience discrimination, stigma, and social marginalization (Chime, Arinse-Onyia & Obionu 2018).

The existence of these indigenous social support groups and community-based mechanisms highlights the importance of recognizing and leveraging existing resources and social networks when implementing HIV support group programmes.

¹ *Zunde raMambo* is a Shona method of growing and storing grain for use during the time when food supplies are either high or low.

² *Nhimbe* is a traditional Shona practice of working together as a community to help each other in daily tasks such as harvesting, weeding fields, constructing a house, gathering manure or other tasks.

These traditional systems are being incorporated into the design and implementation of the SCN HIV support group programme in Mamelodi. In this way, it may be possible to enhance its effectiveness and ensure its alignment with the community's existing support structures.

2.2.2 Indigenous Savings Associations

Indigenous savings associations, also known as community-based savings groups or informal savings groups, play a vital part in advancing economic empowerment and financial inclusion in Africa. These groups are formed by community members who come together to pool their savings and provide access to affordable loans. Community members play a significant part in fostering accessibility to finances through financial inclusion especially for disadvantaged groups like PLWHIV who rely on them to solve economic problems. Mji (2019:45) argues that SaveAct acknowledges the crucial role women and people living with disabilities play within their families and societies.

The SCN programme aims to improve the welfare of PLWHIV. Women play the role of facilitators of economic support and people with disability depend on social grant from family. There are indigenous savings clubs including Rotating Savings and Credit Associations (ROSCAs) present in several African countries according to Baland, Guirkinger & Hartwig (2019:112). This is argued to have greatly assisted community deal with the HIV/AIDS issue among other matters.

For example when PLWHIV have access to money from ISA, they can use it for medical needs like drugs, treatment services or even make sure they have some income coming in when they get sick. Studies in South Africa showed that People Living with HIV Positive create economic resilience when they associate themselves with ISAs this leads to an increase in medical services uptake levels as well though increase on adherence rates contrary treatment protocols are nothing more than impressive as regards quality improvement indicators though this issue needs further exploration. For instance, ISAs can ameliorate the impact of HIV/AIDS on members enabling them to continue treatment and recover quicker.

Therefore, understanding ISAs could suggest possible partnerships for the SCN program, or related savings mechanisms could be incorporated therein. Hence, the SCN programme could use ISAs to provide economic assistance directly thereby incorporating savings and credit in a bid to promote the general welfare of PLWHIV in Mamelodi, Pretoria. This would help in making SCN programme sustainable while at the same time enhancing its effectiveness on dealing with the whole needs of the clients.

ROSCAs are groups of people who agree to put in some money regularly into a common purse from which each can take in turns. These payments can be made in cash or in kind (for example food stuffs or farm inputs). This kind of system allows members of such groups access to large sums of money that may be hard to save up on an individual basis. It also helps in creating trust among them as well as providing some sort of protection against contingencies through reciprocal assistance. There are also cases where ROSCA may have an additional social fund for taking care of life or health insurance for its members and/or their dependents as stated by Baland et al. (2019:112).

Overall, the presence of indigenous savings clubs, including ROSCAs and other savings clubs, has proven to be a valuable community resource in many African countries. These informal financial mechanisms provide a means of support, resilience, and social security, particularly for rural households facing challenges such as HIV/AIDS or agricultural uncertainties. Recognizing the effectiveness of these community-based approaches can inform the implementation and improvement of HIV support group programmes, such as the SCN HIV support group in Mamelodi. It can contribute to the overall well-being of PLHIV and their communities.

2.3 THE NEED FOR HIV SUPPORT GROUPS

Nsheha (2021:87) defines an HIV support group as an association of people living with HIV who come together to share their challenges and experiences related to living with the virus. These support groups serve as platforms for PLHIV to develop positive coping strategies, enhance their knowledge about HIV, and strengthen their overall well-being. Within these groups, individuals can confidentially share their

experiences, build self-confidence, establish friendships, and develop a collective voice.

Support groups play a crucial role in HIV programmes, as they provide an opportunity for healthcare workers to disseminate information and educate PLHIV about various aspects of their condition. Through these groups, individuals can gain a better understanding of HIV management, treatment adherence, and other essential health-related topics.

The importance of community-based initiatives in responding to the challenges posed by HIV/AIDS has gained recognition. This includes initiatives from the World Health Organisation (WHO). Community-based approaches have emerged as effective strategies for decentralising healthcare services, task-shifting, ensuring cost-effectiveness in the delivery of medicines, and alleviating the burden on conventional health facilities.

The establishment of HIV community-based initiatives and support groups has been driven by various factors. Mark et al. (2019:324) suggest that these initiatives aim to: (1) encourage the participation of PLHIV in peer support; (2) promote treatment adherence; (3) foster group solidarity; (4) reduce barriers to accessing services and treatment; (5) facilitate information sharing; (6) combat stigma; (7) address mental health conditions like anxiety and depression, and; (8) establish peer support networks. Bessaha et al. (2020:51) further emphasise that social isolation experienced by PLHIV can significantly impact their quality of life and overall health. This highlights the need for community-based interventions as a means of improving their well-being. Many communities have spontaneously come together to support and assist families and children affected by HIV/AIDS. This indicates the critical role played by grassroots initiatives in addressing the complex challenges associated with the epidemic.

Assegaai and Schneider (2019:72) highlight that community coping mechanisms can be categorised into two main types: (1) indigenous or grassroots responses that originate within the community itself, and (2) externally introduced initiatives that receive financial support from outside agencies such as NGOs, international development agencies, government bodies, or religious institutions. These

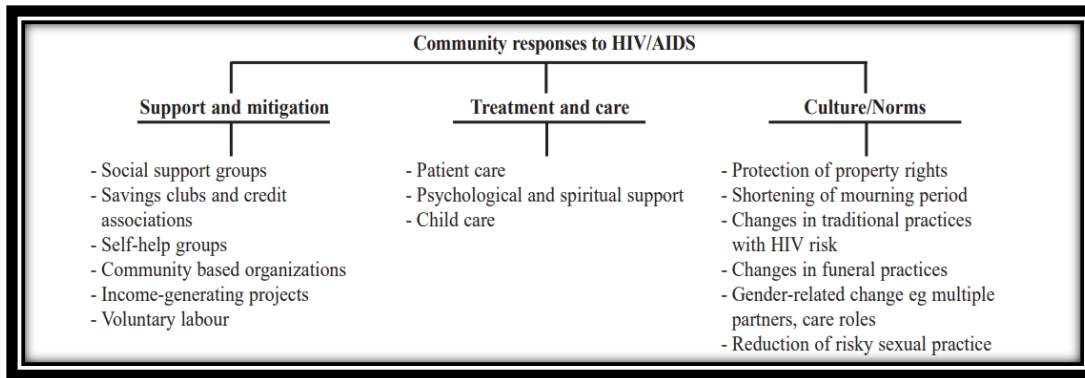
categories are not mutually exclusive. Also, CBO can engage in various support and mitigation initiatives at the same time, such as care and treatment, labor-sharing, income-generating projects, and orphan support.

Caswell et al. (2021:108) suggest that community-based responses play a significant role in providing support to individuals and families affected by HIV/AIDS. The reliance on local networks and community institutions showcases the importance of social capital and solidarity in addressing the challenges posed by the epidemic. Furthermore, the sustainability of these community responses becomes especially evident when external support is gradually withdrawn. This is because communities can continue to mobilise their resources and support mechanisms to meet the ongoing needs of those affected by HIV/AIDS.

According to UNAIDS (2021), the following are the main types of support from communities and mitigation initiatives:

- i. Childcare provided by the community: cooperative nutrition centers and day care centres allow women to work outside or within the home.
- ii. Provision of nutritional and schooling and achievement support to orphans.
- iii. Rebuilding decaying homes is item iii.
- iv. Providing home care and seeing HIV/AIDS patients and orphans.
- v. Making ready and distributing school clothes.
- vi. Training in employable skills and apprenticeship for teenagers who have been abandoned.
- vii. Various scale agricultural projects aimed at boosting productivity.
- viii. Labor sharing.
- ix. Projects that generate income to produce both food and money.
- x. Funeral benefit credit plans

Figure 2.1: Community reactions to HIV/AIDS



Source: UNAIDS (2021)

Self-help groups, CBOs, informal associations, social support groups, and ASOs are just a few of the many ways in which the community copes with HIV/AIDS. The first three types often represent grassroots or indigenous responses led by the community itself, albeit the distinctions between these groupings may not always be obvious (UNAIDS 2021). According to Broeder, South, Rothoff, Bagnall, Azarhoosh, van der Linden, Bharadwa and Wagemakers (2021:78) these organisations' voluntary membership aims to address social challenges. This happens through community building, local engagement, resource mobilisation and social action.

Within these grassroots responses, self-help organisations fulfil several significant societal roles. They offer services to other people living with HIV/AIDS; serve as a liaison between PLHIV and their families; participate in HIV-prevention activities among people who are not infected; share labour responsibilities with medical professionals and engage in advocacy and lobbying activities with local authorities, international organisations and donors (Broeder et al. 2022).

2.3.1 Formal Community-Based Organisations

Community-based organisations (CBOs) play a significant role in developing and running community-based programmes to assist those affected by HIV/AIDS. Akeju, Nance, Salas-Ortiz, Fakunmoju, IEzirim, Oluwayinka, Godpower, Bautista-Arredondo (2021) indicate that these organisations are typically democratic and aim to represent the interests of their members while being accountable to them. They are formed as a response to shared experiences and are often local but can expand and form networks of grassroots organisations.

According to UNAIDS (2021), the Society for AIDS Families and Orphans (SAFO) in South Africa, founded in Soweto in 1992, is one example of a CBO. It offers care and assistance to affected families. Some CBOs, like the AIDS Support Organisation (TASO) in Uganda, have developed into NGOs. In Kampala, where it was founded as a modest community-based group in 1987, TASO has since grown to include six sites serving both urban and rural regions (UNAIDS 2021). The AIDS Support Organisation offers a variety of services. These include counselling, child nursery facilities, therapy and care, home-based care, and social support (the latter includes paying for underprivileged children's school expenses and developing income-generating ventures). ActionAid, THE Danish International Development Agency (DANIDA), USAID, DFID and the Australian International Development Agency Bureau are among the principal sponsors of TASO (UNAIDS 2021).

2.4 THE ROLE OF HIV SUPPORT GROUPS

Support for orphaned children in difficult circumstances can take two main forms: (1) institutional assistance, like orphanages; and (2) customary community and family adoption and fostering. The first section of this section will address initiatives designed to support the community's and extended family's traditional foster care and support systems. The topic of institutional support programmes will be discussed after it. It has long been believed that households receive social, economic, psychological, and emotional support from their extended families and the community. This practice is common in many parts of Eastern and Southern Africa. However, as the AIDS epidemic continues to affect more households, the literature indicates that some communities are struggling to absorb all the orphans resulting from AIDS. This is due to limited resources, urbanisation, and migration (Munodawafa 2017:201). This failure is evident in the presence of unsupported child-headed households or, as observed in the World Bank Kagera study, the disappearance of some households. Despite these challenges, many community-based orphan-support organisations have been established in response to the increasing number of orphans (Fasanmi-Kana 2018).

These CBOs aim to help and support orphaned children in various ways (Mazambara et al. 2022). The organisations may offer financial aid, educational

support, healthcare services, psychosocial support and access to basic needs. These organisations recognise the importance of maintaining the children's connection to their cultural and community roots, while providing them with the necessary support. The ability of extended communities and families to care for the orphaned is strengthened through efforts. This includes providing training, resources and guidance on caregiving, as well as addressing the specific challenges faced by households that are affected by HIV/AIDS. By strengthening traditional fostering and care practices, these programmes aim to ensure that orphaned children can remain within their communities and receive the support that they need to thrive.

In addition to community-based support, institutional support programmes, such as orphanages, are also available. These institutions provide a safe and nurturing environment for orphaned children who cannot be cared for within their extended families or communities. Institutional support aims to meet the physical, emotional, and developmental needs of orphaned children, while providing them with a stable living situation. Both community-based and institutional support programmes play important roles in addressing the needs of orphaned children in difficult circumstances (Munodawafa, 2017, Fasanmi-Kana, 2018). The choice between these two forms of support depends on various factors, including the availability of extended family care, the specific needs of the child, as well as the resources and capacity of the community (Mazambara et al., 2022). It is important to continue developing and strengthening these programmes to ensure that orphaned children receive the care and support that they require.

In summary, the research indicates that orphanages are rarely in the best interests of children, both economically and socially. Foster care or kinship care within the child's community is generally considered a more favourable alternative, as it provides a more family-like environment and promotes better outcomes for children.

2.5 ACTIVITIES OF HIV SUPPORT GROUPS

According to Nsheha (2021:3), most HIV control programmes emphasise the establishment of support groups for PLHIV. The purpose is to provide ongoing psychosocial support and raise public awareness about HIV. Bateganya et al. (2015:368) suggest that integrating support groups into HIV care and treatment

programmes can enhance patient knowledge and literacy while also addressing their psychosocial needs. The WHO (2016:279) recommends support groups as an intervention to improve retention and adherence among PLHIV receiving ART. It emphasises the importance of incorporating quality HIV care services into national policies and strategic plans.

Casale (2015:1004) argues that support groups have a positive impact on health through promoting better well-being and helping individuals to manage the pressures that come with being HIV positive. People living with HIV require various forms of support, including emotional, spiritual, psychological, social, physical, and clinical support. Coming together in support groups allows them to provide mutual support and understanding.

Therefore, support groups for PLHIV play a crucial role in: (1) addressing their psychosocial needs; (2) promoting their health and well-being; (3) enhancing treatment literacy; (4) improving retention and adherence to treatment, and (5) fostering a sense of community and support among individuals facing similar challenges.

According to Ananias, et al. (2015:221), support groups provide participants with functional advice on accessing support resources more effectively. Additionally, it enables caregivers to consider and discuss their own emotional strains and personal caregiving stresses. Involvement in support groups offers an opportunity for socialisation, reducing the social isolation often experienced by PLHIV. The cohesiveness and sharing of experiences within support groups create a supportive environment that can lead to empowerment and a greater uptake of services.

Support groups not only provide a platform for individuals to share their challenges and concerns, but it also offers a space for mutual learning and information exchange. Participants can learn from each other's experiences, gain insights into coping strategies and access practical advice on managing their condition and navigating healthcare systems. By sharing their stories and offering support to one another, PLHIV can feel understood, validated, and empowered to take control of their health and well-being.

Furthermore, support groups can act as a source of motivation and inspiration. Seeing others who have successfully managed their HIV/AIDS diagnosis and are leading fulfilling lives can instil hope and a sense of what is possible among group members. This positive influence can encourage individuals to engage more actively with their healthcare, adhere to treatment regimens and access additional support services.

Therefore, support groups play a vital role in reducing social isolation, providing emotional support, sharing information and resources, as well as fostering empowerment among PLHIV. By creating a supportive environment and facilitating the exchange of experiences, support groups contribute to the overall well-being and improved uptake of services for individuals living with HIV/AIDS.

2.6 LEGAL FRAMEWORK FOR HIV/AIDS MANAGEMENT

Legal frameworks play a crucial role in shaping the response to HIV/AIDS by influencing policies, practices, and social attitudes. It can either facilitate or hinder effective HIV-prevention, treatment, care, and support. According to Pillay (2023:11), to comply with the state's obligations, legislation, policies and 'programmes must be reasonably implemented'. Laws and policies related to HIV can address various aspects. These include prevention strategies, access to healthcare and treatment, protection against discrimination, confidentiality of medical information and the rights of vulnerable populations.

Effective legal frameworks for managing HIV/AIDS are based on evidence-based approaches that prioritise human rights, public health, and social justice. Punitive laws, such as those that criminalise HIV transmission, sex work, drug use or same-sex relationships, can have detrimental effects on HIV-prevention efforts (Kavanagh, Agbla, Joy, Aneja, Pillinger, Case, Erondy, Erkkola & Graeden 2021). These laws not only perpetuate stigma and discrimination but also discourage individuals from accessing essential services, such as HIV-testing, counselling, and treatment.

The global response to HIV/AIDS has recognised the need for legal reform and the protection of human rights. According to The Global Fund (2022) barriers can be conquered by implementing and scaling up recognised, well-defined and evidence-

based programmes. These initiatives lessen stigma and educate individuals about national laws and their rights. It also offers them social and legal help to stop prejudice and violence and to seek redress when it occurs. This recognition reflects the understanding that legal barriers can impede effective HIV-prevention and care activities. It also contributes to the view that an enabling legal environment is necessary to achieve the goal of eliminating HIV and AIDS.

According to Kavanagh et al. (2021), the Global Commission on HIV and the Law emphasises the importance of comprehensive legal environments. These environments help to improve the lives of PLHIV and reduce the vulnerability to HIV infection. It highlights the negative impact of stigma, discrimination, punitive laws, police violence and a lack of access to justice regarding the HIV epidemic. The Southern African Development Community has taken a multi-sectoral approach to address the HIV epidemic, as outlined in its policy on mitigating the impact of HIV and AIDS in the sub-region (Mahlangu et al, 2017). This policy provides a strategic framework for strengthening the response to HIV within the sub-region.

In South Africa, the national legal framework on HIV is summarised in the National Strategic Plan (NSP) for HIV, TB, and STIs 2017–2022 (Toohey & Strode, 2021). The NSP incorporates international and regional legal frameworks to protect human rights and scale up comprehensive HIV-prevention and care services. It includes provisions for voluntary medical male circumcision, information and education on HIV, PrEP, HIV-testing, and counselling services, as well as the provision of contraception (condoms).

These commitments reflect the best practices in regional and global human rights frameworks. It also offers recommendations for an HIV response strategy centred on human rights. Through multi-sectoral national responses, the goal is to guarantee universal access to HIV-related prevention, treatment, care, and support. Additionally, South Africa has committed to incorporating the HIV issue into initiatives that address gender, human rights, poverty, and disabilities. To lower the number of new infections, the nation is also dedicated to focusing on the populations most vulnerable to HIV infection.

Therefore, legal frameworks and policies, when implemented effectively, play a crucial role in creating an enabling environment for national HIV responses. It also contributes towards protecting human rights and ensuring universal access to comprehensive HIV services.

2.7 GUIDELINES FOR HIV SUPPORT GROUPS

The National Guidelines for Chronic Diseases, as discussed by Fox, Pascoe, Huber, Murphy, Phokojoe, Gorgens, Rosen, Wilson, Pillay & Fraser-Hurt (2019:2) provide guidance on HIV community-based initiatives. In response to the large number of individuals receiving ART, the health department recognised the need to decentralise efforts to ensure adherence to ART. The capacity of government clinics and hospitals to effectively monitor ART and other chronic diseases was identified as a challenge.

The national guidelines, which were introduced in 2014, propose several strategies to address these issues. Fox et al. (2019) indicate that these include: (1) the formation of ART adherence groups; (2) the decentralisation of medication delivery through programmes like decentralised medication delivery, and (3) the establishment of enhanced adherence counselling groups.

In implementing these strategies, the aim is to improve the management of HIV and other chronic diseases by using community-based initiatives. These initiatives can help support individuals on ART, ensure adherence to medication and provide enhanced counselling and support services (Fox et al., 2019). A summary of the National Guidelines for Chronic Diseases is tabulated below.

Table 2.1: Summary of National Guidelines for Chronic Diseases

Approach	Intervention
Education and counselling	1. Fast track initiation counselling* 2. Enhanced adherence counselling for unstable patients* 3. Child disclosure counselling for children living with HIV
Repeat prescription collection strategies	4. Adherence clubs* 5. Spaced and fast lane appointment systems 6. Decentralised medication delivery*
Patient tracing	7. Early tracing of all missed appointments*
Integrated HIV, TB, NCD care	8. Integrated consultation and counselling

*Indicates interventions included in this evaluation.
NCD, non-communicable disease; TB, tuberculosis.

Source: Fox et al. (2019)

According to Fox et al. (2018), the allocation of a patient to a specific HIV intervention is based on their viral load. However, the National Adherence Guidelines for Chronic Diseases do not provide specific details on the daily activities of community-based HIV groups. Instead, they focus on outlining the expected activities that these groups should perform.

In other contexts, generic guidelines for HIV support groups have been developed, as mentioned by Nsheha (2021). In Zimbabwe, the meaningful participation of PLHIV is crucial in all aspects of support group formation and operation. This guarantees three things: (1) PLHIV own the group; (2) selections are made by individuals who are most close to the situation; and (3) the group's vibrancy is reliant on their own desires, requirements, and participation. Keeping things private is essential, and support group members may even sign a 'contract' committing to confidentiality.

Each support group should have a constitution developed by its members. The constitution should outline clearly how the group functions. According to Nsheha (2021) membership should be voluntary, and ideally, support groups for PLHIV should consist only of PLHIV to minimise the risk of stigma and discrimination. The selection of group leadership should be transparent and fair, as defined in the group constitution. It is important for all members to have a clear understanding of what the group can and cannot provide in terms of emotional, social, spiritual and health support.

Kave, Khuswayo, Hatcher and Sikweyiya, (2019) point out that meeting venues should be accessible, affordable, safe, and agreeable for group members. Facilitators can be chosen from within or outside the group, but external facilitators should have a thorough understanding of the group's purpose and ground rules. They should prioritise confidentiality. Group members should work together to develop a schedule of events and activities.

2.8 RESOURCE NEEDS OF HIV SUPPORT GROUPS

Support groups are promoted by the WHO and the US President's Emergency Plan for AIDS Relief (PEPFAR), according to Bateganya et al. (2015). It is thought to be a successful intervention strategy for PLHIV to address adherence and retention. The purpose of these support groups, which are led by qualified PLHIV, is to cater to the unique needs of people living with HIV and their partners. They provide a platform for: (1) sharing experiences; (2) encouraging disclosure; (3) reducing stigma and discrimination; (4) improving self-esteem; (5) enhancing coping skills and psychosocial functioning, as well as; (6) supporting medication adherence and retention in HIV care.

In some developed countries, these support groups receive significant support from the government and NGOs in the form of resources, as stated by Bateganya et al. (2015). However, Mkhabele and Peru (2016) argue that no government has a specific budget allocated for HIV support groups yet, although the matter is being discussed in some governments. In South Africa, HIV support groups primarily receive resource support from different municipalities and NGOs.

It is important to note that HIV support groups require various types of resources, both tangible and intangible, to carry out their activities effectively. These resources include financial, physical, and human resources. Mellins, Ehrhardt, Rapkin and Havens (2016) suggest that HIV support groups should publicise their banking details so that well-wishers can easily make donations, with some donors preferring to remain anonymous. Financial resources also require close monitoring and supervision to prevent misuse or abuse. Mellins et al. (2016) recommend using both internal and external auditors to ensure that resources are used appropriately.

Access to resources is essential to HIV support groups' ability to operate and be effective. Efforts are being made to secure support from various sources, including governments, NGOs, and well-wishers.

2.8.1 Physical Resources

Physical resources for HIV support groups refer to tangible assets or materials that are necessary for the functioning and operation of the groups. These resources can vary depending on the specific needs and activities of the support group. Some examples of physical resources that may be required include:

- i. Meeting space: Support groups need a suitable venue to conduct their meetings. This could be a community centre, a dedicated room in a healthcare facility or any other appropriate space that provides privacy and comfort for group members (Bateganya et al. 2015:368-374).
- ii. Furniture and equipment: Chairs, tables and other necessary furniture are essential for creating a conducive environment during support group meetings. Depending on the activities of the group, additional equipment such as audio-visual aids, projectors or computers may also be needed.
- iii. Information and educational materials: Support groups often provide information and educational resources to their members (Bateganya et al. 2015:368-374). These can include brochures, pamphlets, books, posters, or multimedia materials related to HIV-prevention, treatment, adherence and psychosocial support.
- iv. Supplies for group activities: Depending on the specific focus of the support group, various supplies may be required. For example, if the group engages in arts and crafts therapy, they may need art supplies like paints, brushes and paper. If the group organises physical exercise sessions, they may require exercise mats or equipment.
- v. Confidentiality and privacy measures: Ensuring privacy and confidentiality is crucial for HIV support groups (Bateganya et al. 2015:368-374). This may involve having soundproof walls, curtains, or partitions to create a confidential space where sensitive discussions can take place without the risk of being overheard.

- vi. Accessibility features: It is important to ensure that the physical space is accessible to all members, including those with disabilities (Bateganya et al. 2015). This may involve ramps, wheelchair-accessible entrances, accessible restrooms, and other accommodations to ensure inclusivity.

These physical resources contribute to the overall effectiveness and functioning of HIV support groups by: (1) providing a suitable environment for meetings; (2) facilitating information sharing and educational activities and (3) promoting confidentiality and accessibility. The availability and adequacy of these physical resources can greatly enhance the support and services provided by the groups to their members.

2.8.2 Human Resources

Spirig (2018:42) attests that human resources are the most important resources for any organisation as they operate and control all the other resources. Human resources are defined by Mkhabele and Peru (2016:78) as all those people who work for an organisation, skilled or unskilled. In the case of HIV support groups, key employees are the administrators and the facilitators, as they are the ones who directly contribute to the success of the group activities. The CRS guidelines assert that facilitators can either come from within the group or outside the group. Still, external facilitators should have an exceptional understanding of the group's purpose and ground rules. They should also uphold confidentiality.

Mukumbang et al, (2017:215) stress that there is a need for continuous skills development among the group members holding different positions to effectively conduct their duties and responsibilities. As Mkhabele and Peru (2016:82) suggest, dealing with PLHIV is not an easy task and requires certain levels of skills and expertise; therefore, there is a need for continuous skills development.

2.9 CONSTRAINTS FACED BY HIV SUPPORT GROUPS

2.9.1 Poor Coordination

According to Qalinge (2014:97), some HIV support groups' ineffectiveness is caused by poor coordination among group members. Qalinge (2014:102) further alludes that

some problems associated with social support and uncertainty management include a lack of coordination in uncertainty management assistance. Poor coordination is a leadership and administration problem. This is because the leaders are the ones who are supposed to make sure that there is adequate coordination among the group members. Spirig (2018:44) has shown that more than 20% of failed HIV support groups result from poor coordination in the groups. The CRS guidelines state that group members should work together regularly to develop a diary of events and activities. Therefore, it is of paramount importance that the group leaders ensure that there is proper coordination in the group.

2.9.2 Inadequate Funding

Qalinge (2014:110) has also highlighted that inadequate funding remains a significant barrier to the success of many HIV support groups. As emphasised by Mukumbang et al (2017:215), financial resources are vital for making available the other resources that are used in an organisation. Therefore, a shortage of financial resources can cripple the activities of an organisation as the organisation cannot finance its operations. Spirig (2018:46) reveals that at least 60% of HIV support groups across the globe fail because of inadequate funding. At the same time, a study by Mundell et al, (2012:74) in South Africa shows that many of the HIV support groups collapse because of inadequate funding. This means that enough funds should be availed for HIV support groups to be effective. More notable in this study is the lack of financing during the outbreak of yet another virus, the novel Coronavirus. During the Covid-19 pandemic, government and non-governmental organisations partly turned a blind eye to the needs and demands of HIV patients.

2.9.3 Lack of Resources for Capacity Building

A lack of resources for capacity building among staff has largely hampered the organisational goals as stipulated by Pandey (2018:88). Mundell et al. (2012:76) stress that people who take care of PLHIV should always be capacitated with skills since their task is not by any means easy. To capacitate the staff members, there is a need to hire experienced and skilled people who can train them. There is also a need to send the staff members into the external environment for exchange programmes. In these programmes they can meet with staff members from other

organisations to share ideas and discuss trends in their areas as alluded to by Pandey (2018:48). Spirig (2018) has shown that at least 30% of HIV support groups fail, because they fail to invest in their staff members regarding capacity building.

2.9.4 Fear of Stigmatisation of some PLHIV

Ananias et al. (2015:52) assert that HIV support groups face a challenge from some PLHIV who do not want to disclose their status because of fear of stigmatisation. In the end, HIV support groups end up having very few members who are not enough to ensure the continuity of the group. Due to the stigma associated with HIV/AIDS, many newly diagnosed individuals are understandably fearful of disclosing and seeking support and information about HIV. Stigma is now considered to be a major limiting factor in primary and secondary HIV/AIDS care and prevention (Holzemer & Uys, 2004:112). Evidence by Spirig (2018:50) has shown that several HIV support groups have failed to take off. This is due to low numbers resulting from PLHIV who are not willing to disclose their status and look for help.

2.10 WAYS OF IMPROVING HIV SUPPORT GROUPS

The weaknesses of support groups noted above can obviously be improved through effective monitoring and evaluation of evidence-based responses. Several mechanisms can be used to improve the responsiveness of HIV support groups towards the needs of their members.

2.10.1 Inclusion of Social Capital

Implementers of HIV support groups need to consider the inclusion of social capital in their programmes, as suggested by Yalom (2015:62). Anugwom and Anugwom (2016:28) define social capital broadly as referring to those factors in effectively functioning social groups, it includes: (1) interpersonal relationships; (2) a shared sense of identity; (3) shared understanding; (4) shared norms; (5) shared values; (6) trust and (7) cooperation and reciprocity. Incorporating social capital forms a basis for creating strong bonds between the implementers and their clients. Qalinge (2014:116) postulates that fostering personal relationships among PLHIV can play a crucial role in helping them. This is because research has shown that PLHIV is most

likely to open to and take advice from people whom they trust, compared to strangers.

2.10.2 Empowering of People Living with the Human Immunodeficiency Virus

As noted by Mkhabele and Peru (2016:316) to succeed in conducting their activities, PLHIV needs to be empowered with comprehensive knowledge about the virus. They also need to be given the strength to disclose their status, so that they can get help. As cited by Andriati, et al. (2023:79), it is difficult to assist people who have not yet accepted their condition and who are not willing to disclose their status. People living with HIV also need to be empowered to deal with stigmatisation since it is one of the major reasons that they do not want to disclose their status. Empowerment can be done through peer-to-peer education, workshops, media advertisements and one-on-one sessions, among other ways as suggested by Qalinge (2014:120).

2.10.3 Skills Enhancement

Yalom (2015:65) attests that for HIV support groups to be effective, there is a need for the skills enhancement of both the staff members and the leaders of the groups. Leaders should undergo leadership training sessions. In this way they will be equipped with the skills that are needed by them to effectively plan, organise, lead, coordinate and control the operations of their organisations. Similarly, staff members need to be equipped with the skills required for their various responsibilities as articulated by Wu & Li (2014:112). According to Yalom (2015:68), without the development of adequate and necessary skills for the members of the organisation, there are high risks for failure regarding their activities.

2.10.4 Effective Monitoring and Evaluation

According to Maleka (2017:2), the monitoring and evaluation of programmes as well as all the other activities of HIV support groups are critical. It should move beyond inputs to the assessment of achieved outcomes. Monitoring and evaluation should also stretch to the resources of the group, financial resources included. As Spirig (2018:70) argues, strong monitoring and evaluation attract donors, since they will have more confidence in the group. Yalom (2015:72) posits that the monitoring and

evaluation department should ensure that the activities of the group are effectively conducted within the stipulated time and budget limits.

Monitoring “Process Evaluation”			Evaluation “Effectiveness Evaluation”	
Inputs	Process	Outputs	Outcome	Impact
<ul style="list-style-type: none"> i. Funds ii. Suppliers iii. Equipment iv. Policies, guidelines and Procedures 	<ul style="list-style-type: none"> i. Training ii. HIV-Testing iii. Treatment services HAART 	<ul style="list-style-type: none"> i. Number of trained ii. Number of clients receiving Voluntary Counselling Testing (VCT); care; referred. iii. Number of clients receiving PLHA iv. Number of clients receiving HBC v. Number of clients receiving Prevention of Mother to Child Transmissions (PMTCT) prescription 	<ul style="list-style-type: none"> i. Improved provider attitudes ii. Improved community attitudes towards decreased discrimination iii. Restored productivity. iv. Appropriate care delivery; referral v. Enhanced quality of life 	<ul style="list-style-type: none"> HIV-related morbidity Mortality rate/life expectancy

Table 2.2: The monitoring and evaluation pipeline for HIV/AIDS care and support

Source: Adapted from WHO (2004)

2.10.5 Access to Financial Resources

Financial resources are the lifeblood of any organisation because, without them, no organisation can conduct its activities. Therefore, it is vital for the government, NGOs and well-wishers to give financial assistance to HIV support groups so that they can finance their operations. Moskowitz (2003:56) postulates that without enough financial resources, an HIV support group will not even be able to acquire skilled personnel and a leader to conduct its operations and fundraising activities. It is therefore crucial that HIV support groups receive as much financial assistance as they need.

2.10.6 Treatment: ART access and adherence

Despite challenges and constraints, levels of adherence to ART in Africa are reported to be remarkably high (Moosa, Gengiah, Lewis & Naidoo 2019:115). This is noteworthy because adherence to ART medication is crucial for achieving and maintaining viral suppression in PLHIV. Early studies indicated that a high level of adherence, typically $\geq 95\%$, is necessary for effective viral suppression (Moosa et al. 2019). Therefore, viral suppression is a critical goal in HIV management, as it helps to maintain the health of individuals and prevent the progression of the disease.

Support groups play a significant role in helping people on ART to cope with the stigma associated with HIV. According to Mazambara et al. (2022:38) these groups provide a safe space for individuals to share their experiences, challenges, and successes. This can contribute to reducing the negative impact of stigma on their lives. Participation in support groups can facilitate the transformation of gender identities, particularly for men. In response to the perception that existing health services are not well-suited to men's needs, interventions have been developed to address this gap. According to Gittings (2018:220), these interventions are centred around providing health and wellness services that are specifically designed to cater for men's preferences and requirements. For example, the Sonke Gender Justice One-Man-Can Wellness Centre in Gugulethu and the Siseko as well as Kuyasa Men's Clinics in Khayelitsha are created to be 'male-friendly' environments. Here

men can receive services that align with their preferences and comfort. In creating male-centric spaces, the aim is to make healthcare more approachable and relevant to men, potentially encouraging them to engage with health services more proactively.

Grieb, Kerrigan, Tepper, Ellen and Sibinga (2018:85) argue that the robust support from social networks has a direct impact on the adherence behaviour of individuals on ART. According to Ajuna, et al. (2021:105), the emotional and practical assistance offered by these networks positively influences adherence rates. The cultural and communal values prevalent in many African societies create a conducive environment for strong social networks. These networks are characterised by familial, community and peer support systems that contribute to resilience and adherence. Therefore, social networks help individuals to overcome barriers to adherence, such as stigma, treatment complexity and socioeconomic limitations. The collective support mitigates these challenges and empowers individuals to maintain consistent treatment.

2.11 THEORETICAL FRAMEWORK

Creswell and Creswell (2018:108) state that qualitative social researchers use a theoretical perspective to provide an “overall orienting lens”. Such a lens becomes a ‘transformative perspective that shapes the types of questions asked, the type of data to be collected and analysed and [it] provides a call for action and change’. The empowerment and resource mobilisation theories guided the study. These theories broadly encapsulate the approaches needed in general for the management of HIV/AIDS in South Africa. These approaches also contribute to the success and sustainability of support groups for PLHIV.

2.11.1 Empowerment Theory

Empowerment theory, as applied to HIV support groups, focuses on the process of individuals gaining control over their lives, accessing resources, and initiating actions for social change (Bhatta & Liabsuetrakul 2016:87). It recognises that individuals affected by HIV, particularly PLHIV, may face various challenges such as stigma, discrimination, and a lack of access to resources. An empowerment strategy,

according to Maseko, Maunganidze, Mambende and Maphosa (2017:112), can also provide approaches to create interventions that support social transformation. The goal of empowerment theory is to provide PLHIV with the tools, knowledge and support necessary to overcome these challenges and take control of their own well-being.

The empowerment paradigm presupposes that social movements for PLHIV should empower sufferers to oversee their own choices and actions to improve their health status (Bhatta & Liabsuetrakul 2016:87). Therefore, empowerment encompasses social, cultural, and psychological elements. These elements enable a person or a group to communicate their wants, demonstrate their concerns and choose the best approach to meet their daily health requirements. The empowerment paradigm encourages PLHIV to switch from bad to good behaviour. Through this model, individuals are encouraged to share experiences, comprehend societal repercussions and choose the best option to address issues pertaining to community health.

At the individual level, empowerment theory emphasises the strengths, competencies, and capabilities of individuals (Zimmerman 2000:43). Therefore, in this case it recognises that PLHIV have unique strengths and resources that can be used to address their own needs and advocate for their rights. By participating in HIV support groups, individuals can share their experiences, learn from others, and develop a sense of self-efficacy and empowerment.

Furthermore, empowerment theory highlights the importance of natural helping systems, such as support groups, in fostering empowerment (Zimmerman 2000:43). Support groups provide a supportive environment where individuals can engage in mutual respect, critical reflection, and caring relationships. Through active participation in group activities, PLHIV can develop a sense of belonging, connection and solidarity with others who share similar experiences. This sense of community can enhance their feelings of empowerment and encourage them to take proactive actions to improve their lives.

The empowerment process is centred on the local community and involves recognising and addressing the power imbalances and inequalities that may exist

(Zimmerman 2000:43). It emphasises the importance of access to and control over valued resources. In the context of HIV support groups, this can include access to information, healthcare services, social support and opportunities for personal growth and development. In actively participating in support group programmes, PLHIV can gain greater access to these resources and improve their overall well-being.

The SCN HIV support group members need to believe that there are benefits associated with aligning with a support group. The central tenet of this theory is to empower PLHIV with information and support to participate in HIV support group programmes. Facilitators and members can empower one another with information and support that would enhance the functioning of HIV support groups. Being actively involved in an HIV support group helps group members to eliminate challenges such as stigmatisation, discrimination, and bitterness. Therefore, the empowerment theory helps PLHIV to gain control over their lives.

The empowerment theory also emphasises the importance of belief in the benefits of support group participation among PLHIV. By empowering individuals with information, support and a sense of community, HIV support groups can help them gain control over their lives, eliminate challenges, and promote their overall well-being. The theory recognises the transformative power of collective action and mutual support in empowering PLHIV to live fulfilling lives and effect positive change in their communities.

2.11.2 Resource Mobilisation Theory

Resource mobilisation (RM) theory was developed in the early 1970s to challenge social breakdown (Golhasani & Hosseinirad 2016:1). According to Mann and Schreibman (2015:3) RM is the process of accessing the resources of a resource provider. It also pertains to using different mechanisms to implement the organisation's strategies to achieve predetermined organisational goals. Is it possible that the SCN HIV support group can fully function without a monitored mobilisation of resources?

While RM is a crucial aspect of organisational functioning, it is possible for the SCN HIV support group to function to some extent without a monitored mobilisation of resources. However, the effectiveness and sustainability of the support group may be compromised without adequate resources.

Resources are essential for the support group to carry out its activities and achieve its goals (Spirig 2018:76). These resources can include financial support, physical infrastructure, educational materials, training programmes and human resources such as facilitators and volunteers. Without these resources, the support group may face limitations in terms of its capacity to provide comprehensive services and support to its members.

A lack of financial resources can, for example, hinder the group's ability to organise meetings, conduct educational sessions, provide transportation assistance, or offer other forms of support (Bateganya et al. 2015:54). Similarly, the absence of trained facilitators or volunteers may limit the group's ability to provide adequate guidance and assistance to its members. Resource mobilisation helps to ensure that the support group has access to the necessary resources. It involves identifying potential resource providers, establishing partnerships, seeking funding opportunities and managing resources effectively. Monitored mobilisation of resources allows the support group to plan, allocate and use resources in a strategic and sustainable manner.

A support group may initially rely on limited resources or informal contributions from its members. However, it is important to recognise that sustained and expanded support requires a more systematic approach to RM. This may involve seeking external funding, establishing collaborations with NGOs or government agencies, or engaging in fundraising activities. By actively mobilising resources, the support group can enhance its capacity. It can provide ongoing support, organise awareness campaigns, conduct training sessions and implement activities aimed at addressing the specific needs of PLHIV. It also helps to ensure the long-term viability and growth of the support group. The SCN HIV support group may function to some extent without a monitored mobilisation of resources. However, the availability and effective use of resources are vital for its success and sustainability. Resource mobilisation

enables the group to access the necessary support, expertise, and materials to fulfil its goals and meet the needs of its members in a more comprehensive and impactful manner.

2.9.2.1 Resource mobilisation steps

The analysis of mobilisation deals with the ways that groups acquire resources and make them available for collective action (Tilly 1977:89).

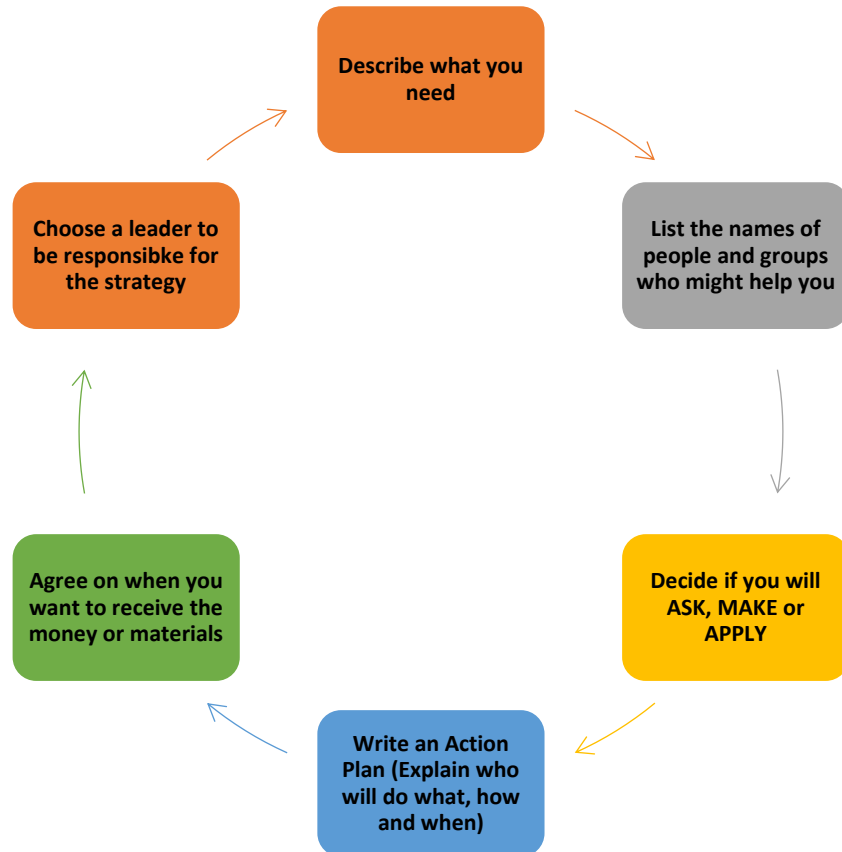


Figure 2.2: Resource mobilisation steps

Source: Tilly (1977:89)

Tilly coins social movements as social interactions aimed at launching a challenge against the people who hold power in societies. Support groups for HIV can be used as an initiative in bringing attention to the community members. Tilly (1977:90) argues that social movements do this through worthiness, unity, numbers, and commitment. Worthiness is the way in which people within the movement present themselves. Commitment is all about the amount of sacrifice that members are making for the movement. Numbers are the number of people participating and unity is a way that a social movement expresses that it is united around a cause. Therefore, the SCN incorporated the social movement theory. The purpose is to

elaborate on how the HIV support group takes advantage of the interactive processes of collective action that would bring about positive change in PLHIV.

The group structure of the SCN HIV support group determines its mobilisation potential. The SCN HIV support group strives to assemble both material and/or non-material resources and place them under collective control for the explicit purpose of pursuing the group's interests through collective action.

2.12 PROCESS EVALUATION

Vedung (2017:3) defines process evaluation as the application of systematic research methods to assess the programme design, implementation, and outcomes. According to Limbani et al. (2019:2), process evaluation can help a researcher to explain the outcomes resulting from a complex intervention that often have non-linear implementation processes. Fonn (2017:4) defines process evaluation as an assessment designed to document how well and how many of the implementation procedures were carried out, to whom, when and by whom. Process evaluations can be used: (1) to assess the adaptation and quality of implementation; (2) to assist in interpreting outcomes; (3) to determine the barriers and facilitators to implementation; (4) to assess sustainability and (5) to understand components of an intervention (Scott et al. 2019:1). In support, Vedung (2017:22) states that process evaluations can assist in interpreting the outcomes. It can also help to determine the barriers and facilitators to implementation, assessing the sustainability. Furthermore, it can assist with examining the participants' views and understandings of the components of the intervention.

The purpose of a process evaluation is to evaluate and explain the relationship between the intervention and its components in relation to the context and outcome (Limbani et al. 2019:5). It can help inform judgements about construct validity as well as internal and external validity. Construct validity pertains to exploring the intervention components and their relationship with one another. Internal validity refers to the connections between the intervention and outcomes while external validity has to do with the relationship between intervention and context (Grant et al, 2020:3). It can also distinguish between implementation failure (where the intervention is poorly delivered) and intervention failure (where the intervention

design is flawed) (Steckler, Linnan & Israel 2020:15). Process evaluations are an important component of an effectiveness evaluation. It focuses on understanding the relationship between interventions and the context to explain how and why interventions work or fail, and whether they can be transferred to other settings and populations (Limbani et al., 2019:5). Process evaluation determines whether programme activities have been implemented as intended and if it resulted in certain outputs.

Process evaluations also provide additional information about the implementation process. It focuses on how different structures and resources were used. Furthermore, it draws attention to the role, participation, and reasoning of different actors (Steckler et al., 2020:15), contextual factors and how all these might have impacted the outcomes (Limbani et al., 2019:6). As such, Limbani et al. (2019:8) state that regardless of the philosophical background, a well-designed process evaluation using case study should consider the following core components: the purpose of the intervention; the definition of the intervention; the trial design; the case, and the theories or logical models underpinning the intervention; the sampling approach; and the conceptual or theoretical framework.

According to Scott et al. (2019:8), process evaluations are vital to identify the success or failure of implementation, which is critical in understanding intervention effectiveness. The two main types of evaluation are summative and formative evaluations. Formative evaluation applies to this study and is explored in the investigation. Within the formative stage of this investigation, the researcher focused on process evaluation to examine how the programme was delivered and how it could be improved. Process evaluation is a component of formative evaluation, which plays a significant role in improving programmes. It evaluates to what extent a programme is being implemented as originally intended and it describes the operation of the programme: (1) how well the programme performs against the intended functions and (2) what its strengths and weaknesses are (Dobbie, Purves, McKell, Dougall, Campbell, White & Bauld, 2019).

2.13 EMPIRICAL EVALUATIONS OF HIV/AIDS INTERVENTION PROGRAMMES

Recently, Xiao, Yan, Chen, Fu, Yang, Yang, Yan and Wei (2020:112) conducted a process evaluation of an HIV self-testing (HIVST) intervention for men who have sex with men (MSM) in China. Data used for this analysis was a part of the process evaluation of an HIVST intervention trial among MSM in China. Data for this process evaluation was collected using self-administered online follow-up surveys. The study demonstrated that a sexual network-based approach towards distributing HIVST among Chinese MSM is feasible. It is a promising strategy to improve the effectiveness of HIVST programmes, including its reach to untested men. The study recommended that such an approach should be complemented by intervention components that enhance HIV-testing efficacy and improve the experience of HIVST.

Plummer and Wight (2017:45) carried out a process evaluation of a school-based adolescent sexual health intervention in rural Tanzania called the MEMA kwa Vijana programme. The process evaluation included the observation of training sessions, monitoring and supervision, annual surveys of implementers, group discussions and participant observations. The study found that most teachers taught curriculum content well. However, they sometimes had difficulties in adopting new teaching styles. The intervention appeared successful in addressing some cognitions, such as the knowledge of risks and benefits of behaviours, but not others such as the perceived susceptibility to risk. The evaluation also revealed that the programme shared the characteristics of other African school-based programmes found to be successful.

In Uganda, Kinsman, and Whitworth (2018:76) undertook a quantitative process evaluation of a community-based HIV/AIDS behavioural intervention in rural Uganda. The intervention involved 560 field-based workers. Intervention channels included drama and video shows, community educators, as well as leaflet and condom distribution. There was some initial resistance to the intervention, particularly in relation to condoms. However, the evaluation demonstrated that people in rural Uganda can accept and actively participate in the dissemination of HIV/AIDS-prevention messages throughout their own communities.

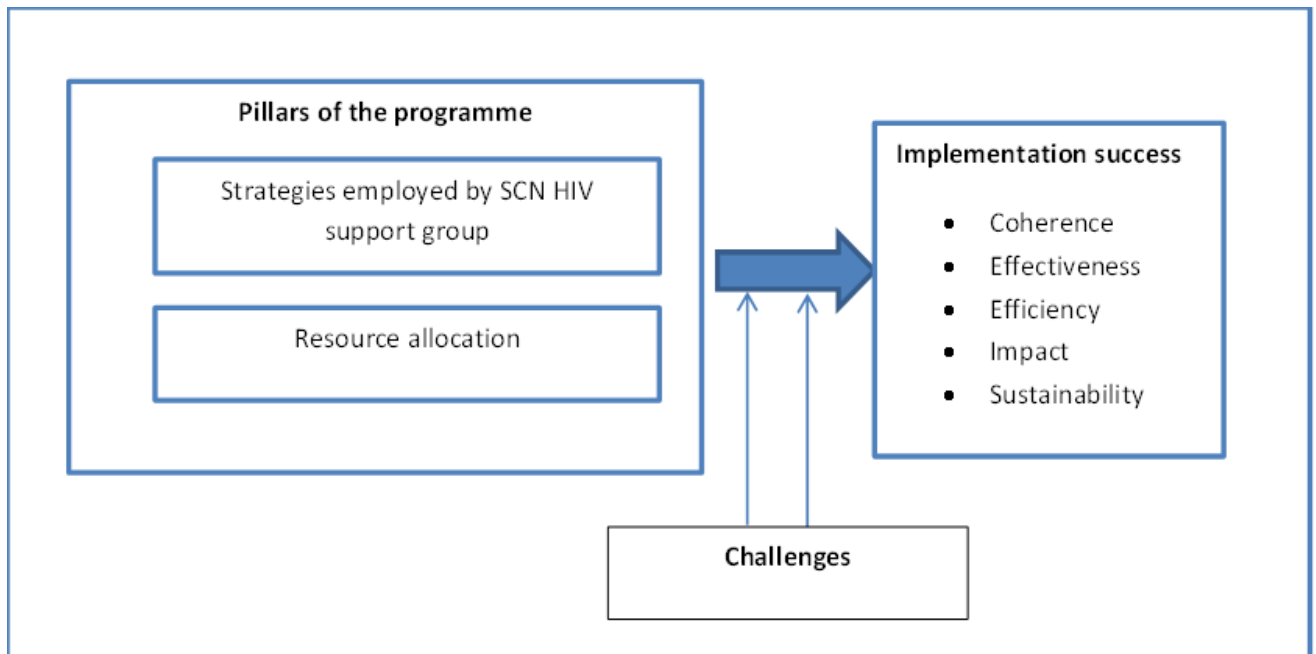
Fasanmi-Kana (2018:89) evaluated the implementation process of HIV/AIDS programmes by NGOs in South Africa's KwaZulu-Natal province, using the process evaluation methodology. A quantitative, explorative, and descriptive design was used, and data was collected by using a self-developed questionnaire. The results revealed that the NGOs showed some inconsistency regarding implementing and delivering the monitoring and evaluation process of the HIV/AIDS programme. The results of the study also indicated that the challenges and issues identified by the respondents affected the way they monitored and evaluated the projects they implemented. The challenges included a lack of skilled human resources. The study therefore recommended for the training of staff to acquire skills for designing and implementing an HIV/AIDS management programme. The study also recommended the need for communication between programme planners and various funders to implement the HIV/AIDS management programme successfully.

Another process evaluation was conducted by Fonn (2017:22) on the PREPARE intervention to promote healthy sexual practices among adolescents in Cape Town, South Africa. The main purpose was to conduct a process evaluation of the PREPARE Cape Town intervention and to understand participants' experiences and perceptions regarding the implementation of the intervention. This was done to assist in the interpretation of the behavioural outcomes and contribute to the broader evidence base regarding the implementation of school-based STI- and HIV/AIDS-prevention programmes. The study followed a phenomenological inductive approach and used qualitative methods to develop an understanding of the PREPARE Cape Town intervention from the perspective of implementers. Data was collected, using semi-structured interviews conducted with participating facilitators, nurses, and principals. The results revealed several structural and contextual factors expected to influence the delivery and therefore the behavioural outcomes of PREPARE Cape Town. Among the most central barriers to the implementation of PREPARE Cape Town were limitations regarding time, preconceptions among and characteristics of implementers. This interfered with the central intervention and caused an inability, to reach the adolescents most in need of PREPARE. It also caused an inability to address social issues.

2.14 CONCEPTUAL FRAMEWORK

Figure 2.3 shows the conceptual framework for the study.

Figure 2.3: Conceptual framework



Source: Author's construction (2022)

As shown in Figure 2.3, the research focused on the main pillars of programme implementation regarding the SCN HIV support group. These are the strategies employed in implementing the programme as well as the resources allocated to the programme. It is noteworthy that challenges may interfere with implementation, and these are also explored in the research. In evaluating success, the OECD criteria were used. These criteria consider the coherence, effectiveness, efficiency, impact, and sustainability of the programme.

2.15 CHAPTER SUMMARY

This chapter discussed the relevant literature underpinning the study. The research objectives guided this review and it discussed: a brief overview of the HIV support group in South Africa; the national guidelines on HIV support groups; the people living with HIV support group; the activities of HIV support groups; the constraints faced by HIV support groups and ways of improving HIV support groups. The study

was underpinned by the empowerment theory and the RM theory. Therefore, the literature review managed to discuss the HIV support groups' activities and the challenges that these groups face in conducting their activities. This information will form the basis for analysing the findings of the study. The next chapter discusses the research methodology.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

Ngulube (2015:5) notes that methodology is central to the research process. This is because it is the lens through which a researcher looks when making decisions on acquiring knowledge about a social phenomenon and getting answers to the research questions. The methodology, therefore, includes the processes that guide the study towards answering the research questions and attaining the objectives of the study. The methodology, in this case, is fundamental to the research. It stems from the background and significance of the study to be congruent with the desired product of the project. This chapter presents the research approach, the research design, the population and sampling, the data collection methods and analysis, as well as the methods to ensure the reliability and trustworthiness of the study. Finally, the chapter looks at the ethical considerations of the study.

3.2 RESEARCH APPROACH

Considering the purpose of the study, which is to evaluate implementation of the SCN HIV support group programme, qualitative research was found to be the most suitable research approach. The qualitative research approach allows the researcher to study selected issues in detail as they identify and understand the categories of information that emerge from data (Bell, Bryman & Harley, 2022:146). This methodology focuses on describing and understanding the phenomenon rather than explaining or predicting human behaviour (Babbie & Mouton, 2018:53). The qualitative research approach was found to be the most appropriate approach for the evaluation research.

According to Maxwell (2020:66), qualitative research provides researchers with the ability to develop an in-depth understanding of a programme or process being evaluated. Maxwell (2020:66) further states that qualitative research involves the 'how' and 'why' questions which allows an in-depth analysis of issues of interest. In addition, qualitative research methods place a priority on peoples' lived experiences and the meanings that they ascribe to the experiences (Patton, 2019:143).

Therefore, this approach was found to be the most suitable to this research compared to the quantitative and mixed-methods research approaches.

Although, qualitative methods can be used in both summative and formative evaluations, as a practical matter, they tend to rely more heavily upon formative evaluations (Cheng & Metcalfe, 2018:2). This study applied formative evaluation, which aimed to determine the effectiveness of a programme. Formative evaluation often uses qualitative research methods to understand the context and detail (Patton, 2019). Miles, Huberman and Saldaña (2018:113) also support that qualitative methods translate well to the analogous stages of programme evaluation. Process evaluation is commonly carried out by using qualitative research approaches to evaluate and explain the outcomes during or after the implementation of an intervention (Duggleby & Williams, 2017:149).

As also highlighted by Maxwell (2020:145), qualitative research is the most appropriate research approach in process evaluation. This is because process evaluation is not about the statistical significance or non-significance of an intervention. Rather, it seeks to understand how and why an intervention works or does not work in the context of a trial. Therefore, the qualitative research approach was deemed the most suitable approach for this research evaluation. Furthermore, as the qualitative approach is an interactive approach, it brought the researcher closer to the participants. The researcher was able to learn from their experiences and understand how they made sense of the SCN programme.

3.3 RESEARCH DESIGN

The study used the case study research design. This facilitated the study in getting a clearer understanding of the implementation of the programme of the SCN HIV support group. Yin (2019:14) defines a case study as a detailed study of a specific subject, such as a person, group, place, event, programme, organisation, or phenomenon. According to Ngulube (2020:26), case studies are more suited for qualitative research. In support, Grant et al. (2020:1) posit that a case study is one of the most appropriate methodologies in process evaluation research. Grant et al. (2020:2) further posit that one of the best research designs to underpin process evaluations is the case study research design. This design helps to capture the

dynamic and complex relationship between interventions and the research context. The case study research design is ideally suited to real-world, sustainable intervention development and evaluation. This is because it can explore and examine contemporary complex phenomena, in depth, in numerous contexts, by using multiple sources of data (Yin, 2019:15). Stake (2018:12) and Papparini, Green, Papoutsi, Murdoch, Petticrew, Greenhalgh, Hanckel and Shaw (2020:1) also report that a case study research design can capture the complexity of the case. It can also accurately encapsulate the relationship between the intervention and the context and how the intervention worked (or not). Therefore, the case study research design was found to be the most suitable research design in the process evaluation of the SCN HIV programme.

3.4 TARGET POPULATION

The SCN HIV support group was started in the year 2000 and has grown remarkably with membership currently standing at around 250 people (SCN, 202:12). However, with respect to this study population of interest was defined as seventy-five (75) members only. It is an association of individuals living with HIV and those who care for them. Inclusive criteria enabled respondents of different perspectives on how the programme was being carried out. It is worth noting that all people who attended the Sizanani HIV support group were African women making up eighty-seven percent while men were less than ten percent in 2018 (Kgarosi,2018).

The research included diverse programme experiences of participants who might have been long-time members as well as newcomers with varying levels of satisfaction, such as willing and able programme coordinators, serving SCN as well as programme facilitators. In contribution new members brought new insights and perceptions about how the support group is seen by people who might have recently joined including their initial experiences and expectations.

The operational aspects of support group were deeply investigated by the programme coordinators and facilitators this includes challenges faced during its implementation strategies used in achieving set goals and how in general activities were managed. It was possible then to explore various opinions and experiences from participants with different satisfaction levels ranging from those who were highly

satisfied with services offered to those who are very critical. Thus, making it possible to ascertain what works within the support group and where there might be room for improvement at all

3.5 SAMPLING

It is relatively difficult and time-consuming to study the whole target population, therefore there is a need for sampling (Neuman, 2017:76). As such, the researcher employed sampling. The study used the non-probability or non-random sampling technique which is suitable for qualitative research. This sampling method is commonly regarded as the antithesis of probability sampling. There is no predefined list of units and each unit in the target population does not have an equal opportunity to be included in the sample; in other words, the non-probability technique is where the researcher chooses the sample based on the influence that they perceive the selected respondent will add to the research (Harrison, Reilly & Creswell 2020). The types of non-probability sampling include quota sampling, purposive sampling, snowball sampling and convenience sampling. However, the purposive sampling technique was used in the study. Purposive sampling refers to selecting a sample based on one's knowledge of a population (Neuman 2017:21). This sampling technique was preferred as it allowed the researcher to select individuals with in-depth knowledge and experiences about the implementation of the SCN HIV support group programme. The researcher had the conviction that the selected sample of participants held key information and rich knowledge regarding the SCN HIV support group programme. A research sample was drawn by using the following criteria:

1. People working within the SCN HIV support group in Mamelodi, including programme co-ordinators and programme facilitators.
2. Community members and caregivers who attend the SCN HIV support group sessions.
3. People living with HIV who attend the SCN HIV support group in Mamelodi.

The sample size comprised of eight regular members of the SCN HIV support group and four programme co-ordinators or facilitators. The study participants were all 18 years old and above. The total participants which made the sample were, therefore, twelve. The gender distribution of the sampled participants was balanced, with five

identifying as female and five as male. According to Neuman (2017:77), a sample size of 8–10 participants is ideal for a qualitative study. Allowing for in-depth exploration of experiences and perspectives. The study methodology extensively explained and justified the sampling technique used in the study.

In qualitative research, data saturation is not just determined by the total number of people who are interviewed but also the level of detail and breadth of information collected. However, there is no exact number that ensures this point of total saturation, so having 12 individuals should cover it through carefully selecting them across different views within the SCN HIV support group as well as involving both ordinary members plus those who coordinate/facilitate our programmes.

Qualitative studies often focus on depth rather than breadth. With twelve participants, researchers can delve deeply into individual experiences, perspectives, and insights related to the SCN HIV support group. The sample includes both regular members and programme coordinators/facilitators, ensuring a range of viewpoints and experiences within the SCN community. This diversity can enrich the data collected and contribute to saturation by capturing varied perspectives on the programme's implementation and impact.

3.6 DATA COLLECTION TECHNIQUES AND TOOLS

The study collected both primary and secondary qualitative data. For this research, in-depth qualitative interviews were employed as data collection tools. Qualitative interviews are generally unstructured and non-standardised when compared to their quantitative counterparts (Ngulube, 2020:23). Maxwell (2020:169) argues that interviews are important for uncovering participants' opinions and immediate follow-up sessions are needed for clarification. The purpose of the interviews was to collect data to help with evaluating the implementation of the SCN HIV support group in Mamelodi. Given the sensitivity of the information that was collected, the researcher used a semi-structured interview guide. This enabled the researcher to probe further.

The interviews were audio-recorded, and notes were taken down. This was done to avoid any loss of data. Face-to-face interviews were carried out in either Setswana, Sepedi or English, where those done in Setswana and Sepedi were later translated

into English. Interviews were conducted in any language of the respondents' choice to allow the participants to express themselves well. Prior to the data collection process, permission to review the activities of the organisation was sought from the members of the organisation through the executive director. Before conducting interviews and audio recording sessions, participants approve of doing so, thereby complying with ethical guidelines and acknowledging the rights of others in the committed study while getting training for his or her capacity building tasks, the researcher recruited an assistant who would carry out this responsibility. Preference was given to persons who can speak any South African language and no background in interviewing was necessary. Interviews lasted an average of 45 minutes.

On the other hand, secondary data was collected using document review to triangulate the data from the interviews. Journals, textbooks, conference papers, the media and the Internet were the main sources of secondary data for this research. Data was collected from 7 February 2022- 16 April 2022.

3.7 RELIABILITY AND TRUSTWORTHINESS

3.7.1 Confirmability

In this research, the researcher ensured confirmability of the research findings. This was achieved by making sure that the research findings were the result of the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher. It was done by presenting the verbatim accounts of the participants. This approach enhances the trustworthiness of the research findings as it demonstrates transparency and allows readers to assess the alignment between the data and the conclusions drawn.

3.7.2 Dependability

A detailed and thorough explanation of how the data was collected and analysed was provided to account for changing conditions in the phenomenon under study. Cacary (2020) states that the researcher asks whether the research process is logical, well documented and audited. In this study, dependability was ensured by keeping records of the meetings with the participants, taking field notes, and making

recordings. This provided a proper audit trail. In addition, to furthermore ensure dependability, the process within the study was reported in detail, thereby enabling future researchers to repeat the work to gain the same results.

3.7.3 Transferability

The study's findings are useful to other organisations in similar situations with similar research questions. Therefore, to ensure the transferability of the research findings, the researcher provided a thick description of the data collection process. A thick description was also given of the research instruments employed, the sample size, the sampling criteria, the sampling method, the data analysis techniques, and the research design employed. This enabled readers to determine to what extent they can be confident in transferring the findings to other situations.

3.7.4 Credibility

In this research, credibility was ensured using methodological triangulation, where data was collected using both interviews and document review. Credibility was also attained by developing an early familiarity with the participants in the interviews before the data collection took place. This was done for the researcher to gain an adequate understanding of the participants and establish a relationship of trust.

In employing these strategies and addressing the concepts of confirmability, dependability, transferability and credibility, the researcher has taken steps to enhance the reliability and trustworthiness of the study's findings. These considerations contribute to the overall rigour and validity of the research, increasing its value for readers and potential future researchers.

3.8 DATA ANALYSIS AND INTERPRETATION

The researcher employed the primary data analysis techniques manually, no software was used. Thematic analysis was employed to analyse data. Prior to the analysis, the researcher translated the interviews, which had been conducted in other languages, into English and all the interview recordings were transcribed for analysis.

3.9 ETHICAL CONSIDERATIONS

According to Creswell and Creswell (2018), social researchers have an obligation to protect and respect the rights, desires, and values of participants. Ethical considerations refer to the suitability of a researcher's actions in relation to the research participants or those impacted by the research. The most critical ethical considerations to be observed during social research are discussed below.

3.9.1 Confidentiality and Anonymity

According to Faulkner and Faulkner (2019:15), confidentiality refers to the fact that all information about participants and all the answers that they provide were to remain in the researcher's hands. No person outside the research process was to have access to this information. Neuman (2017:64) notes that confidentiality means that the researcher keeps the information protected against public disclosure. All information was reported in the aggregate by omitting identifying information. The researcher did not collect any identifying information on the subjects participating in the research study. Anonymity was ensured. The identity of participants was to remain known to the research team only.

Any identifying information was not made available to or accessed by anyone except the programme coordinator. Any identifying information was excluded from reports and published documents. Codes were used to keep the participants' identities anonymous. The collected data was securely saved on a laptop with a password. Any notes were filed and locked. The information will be kept save for five years and, thereafter, all the information will be shredded, and audiotapes will be erased and recycled.

3.9.2. Informed Consent

The research purposes and how the findings were to be used were clearly explained to the participants. The researcher helped potential participants to understand what was being asked of them and what their participation entailed. Any person participating in the evaluation was fully informed about the evaluation being conducted. Participants gave consent in writing, and they were given details of the research, including the risks of the study. Consent was recorded verbally, so that

authorisation could be linked to individuals providing such consent. Participation was voluntary, and participants were informed that they could withdraw at any time. Participants were 18 years and older.

3.9.3. Non-maleficence/Do no Harm

The researcher worked closely with the SCN HIV support group to manage possible harm and risks to participants. The SCN HIV support group coordinator's office in Mamelodi was selected as a safe and neutral venue for interviews with participants. No personal questions were asked to participants. Only questions that were in line with the study objectives were being asked. The programme implementers could go through all the intended interview guides before data collection. The researcher avoided the use of offensive, discriminatory and any other unacceptable language. This resulted in protecting the participants against emotional harm. The researcher also strictly adhered to the Covid-19 regulations and protocols, thereby avoiding the risk of physically harming the participants.

3.9.4 Beneficence

Participants were protected from unwarranted physical or mental distress, harm, danger, or deprivation. Beneficence means the researcher should maximise any benefits, while minimising possible harm. There were no incentives for participants who were engaging in the study. The results of the study will be used as a guideline for future HIV support groups.

3.9.5 Provision of Debriefing, Counselling and Additional Information

Debriefing is the process of fully informing the subjects of the nature of the research when some form of deception has been employed or when some of the information is not disclosed (Creswell 2014:213). All additional information was provided. Information gathered did not invade the privacy and dignity of the participants. After the completion of the study, the researcher conducted a debriefing session with the participants to share the report findings and suggestions of the study.

3.9.6 Ethical Clearance and Permission

The researcher sought ethical clearance from the UNISA's Research Ethics Committee and permission to carry the research was obtained from the university. The researcher also sought permission from the management and members of the SCN HIV support group to carry out the study.

3.10 CHAPTER SUMMARY

This chapter described how the study was conducted. The key aspects that were discussed include the research design, where the qualitative approach was adopted. It also discussed the purposive sampling technique that was used and the data collection technique that was adopted, namely the semi-structured interview. Issues of reliability and trustworthiness were also discussed, and it includes confirmability, dependability, transferability, and credibility. The study adopted thematic analysis as the data analysis technique. The study also took different ethical aspects into consideration. This included confidentiality and anonymity, informed consent, non-maleficence (not harm), beneficence as well as the provision of debriefing, counselling, and additional information.

CHAPTER 4: PRESENTATION AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter presents and discusses the findings of an evaluation that was made regarding the implementation of the SCN HIV support group initiatives. These initiatives support PLHIV in Mamelodi, Pretoria. The aim was to contribute valuable insights into the activities of the group to ultimately improve the psychosocial outcomes of PLHIV in Mamelodi, and ultimately in South Africa.

4.2 PROFILE FOR MEMBERS OF THE SIZANANI COMMUNITY NETWORK

As mentioned previously, the SCN was founded as an HIV community-based initiative by a group of women to support people infected and affected by HIV. Therefore, the group is mainly made up of persons infected with HIV, but it also incorporates non-infected members in a supporting role. Currently, the support group has grown to approximately 260 members, comprising of a mixture of males and females (Kgarosi Personal Communication 2022). The members of the SCN HIV support group can be divided into two groups consisting of open and closed members. Closed members refer to those members who are full-time attendees of the programme and meet weekly. Open members only come for a specific cause and do not come frequently. The SCN HIV support group has a staff complement of five individuals who coordinate and ensure that the programme activities are implemented (Kgarosi, Personal Communication, 2018). The members of the SCN attend the HIV support group meetings every week on Tuesdays and Thursdays. The main target population of the HIV support group were PLHIV in the Mamelodi community and the surrounding areas.

4.3 STRATEGIES EMPLOYED BY THE SIZANANI COMMUNITY NETWORK TO IMPLEMENT THEIR PROGRAMMES

Infection with HIV is often accompanied by a lot of stigma and discrimination, which makes it very difficult for PLHIV as well as their families (Chime et al. 2018). While organisations and institutions can provide critical support, it is important for PLHIV themselves to come together and render each other physical, clinical, emotional, psychological, and social support. The research sought to discover the strategies

employed by the SCN to support their members. The key initiatives implemented by the SCN are discussed below.

4.3.1 Counselling and Psychosocial Support

Counselling and psychosocial support are some of the most important activities of the SCN. The SCN conducts both individual and group counselling sessions for their members. Trained counsellors and facilitators offer counselling, but for most of the group sessions, the SCN members themselves conduct the facilitation (Kgarosi 2018). This approach creates an environment conducive to the open and honest sharing of experiences, coping strategies and collaborative problem-solving (Kgarosi Personal communication 2022). One of the key advantages of the group sessions facilitated by SCN members is that it allows for in-depth understanding and empathy among participants who share similar experiences. People living with HIV (PLHIV) have first-hand knowledge of their own fears, needs and challenges and they are best positioned to define how they want to be understood and supported. By involving a group of individuals who are experiencing similar circumstances, the SCN promotes a sense of empowerment and active participation in the support process.

Furthermore, the SCN acknowledges the importance of addressing gender-specific topics appropriately. They ensure that therapy sessions are sensitive to gender-related issues, and in cases where certain topics are better handled by members of the same sex, separate group sessions are conducted. This approach recognises the need for a safe and comfortable space where individuals can openly discuss sensitive issues and receive support from peers who can relate to their experiences.

These sentiments regarding the importance of member-led facilitation, group dynamics and gender-appropriate discussions were shared by members of the SCN who participated in the study. Their input underscores the value and effectiveness of the approach employed by the organisation in providing counselling and psychosocial support to its members. Overall, there are three things that contribute to the effectiveness and relevance of the counselling and psychosocial support activities offered by the organisation. These include the involvement of SCN members in facilitating group sessions, the focus on shared experiences and collaborative problem-solving and the consideration of gender-specific topics.

Targeting a group of persons who experience similar circumstances enhances the possibility of success regarding this initiative and makes it more engaging. These sentiments were shared by members of the SCN who participated in the study:

'My main aim in joining this support group was to meet other people with HIV. I wanted to see how they were doing, to see if HIV was the death sentence that is often said it is. My joining this group has really helped me to dispel a lot of the myths surrounding HIV infection. This has made me realise that I am just normal, like any other person and my life has improved a lot from the activities and support from this group.'

'Often you feel alone, like your whole world is coming to an end when diagnosed HIV-positive. I did not know where to find help and advice on my condition because I was ashamed to ask. When a colleague informed me of the existence of support groups, I was doubtful at first, but joining SCN has been my pillar of existence ever since I joined three years ago.'

'I think the counselling and support that I have received from both members of SCN, and the experts have played a huge part in my life. Of course, my family has been there throughout with care and love, but when I am at SCN, I really feel understood by people in a similar condition.'

Due to the evaluative nature of the research, members of the SCN were then asked to give an evaluation, in terms of and to what extent they felt the counselling and psychosocial support made an impact in their lives. Participants noted:

'I feel the counselling sessions offered here are very helpful. When I joined SCN as a new member, I had almost lost hope and felt like nothing could change my situation. I was nervous, especially in one-on-one sessions and could not open a lot. It was in group sessions that I saw people really opening up on issues that I previously thought were very private, issues that I felt ashamed of to talk about. Other members encouraged me to express myself, they offered a lot of encouragement, and now I am better able to face my situation with dignity and confidence. I am not sure where I would be today if I had not joined SCN.'

'Before I joined the support group, I really felt down, now I am happy to say I am stress free. Despite the demands of being HIV-positive, I am better able to cope with my emotions and those of others. The counselling sessions helped me a lot.'

'I think the emotional support we get is generally okay, but on some occasions, I feel, the counsellors are not qualified to deal some issues we have. I am not putting the blame on them, but maybe if we had proper counsellors with the right qualifications, it would be better.'

4.3.2 Provision of Education and Information

The interviews revealed that the SCN act as a key conduit for the provision of education, information, and the understanding of HIV/AIDS. As a heavily misunderstood and often stigmatised condition, HIV/AIDS is fraught with misinformation. The SCN support group offers information so that its members can improve in their understanding of the condition and dispel myths surrounding the condition. This enables group members to educate their families, friends and other about the disease. A cross section of participants discussed what they felt they had learned from group membership:

'One of the most important things I learned from participating in SCN activities is that HIV is not a death sentence that it once was. I now understand that with careful choices, I can live a long, healthy, and productive life.'

'When I was diagnosed HIV-positive, I thought I could not have any children, and even if I got pregnant, my child would automatically be infected. I learned that I could have a normal, healthy baby free from HIV using prevention of mother-to-child transmission drugs.'

'I can say the most important thing I learned is the need to adhere to treatment. I have heard of people who were convinced that either sangomas or faith prophets can cure HIV. They stopped taking medications and some of them died, others developed serious health complications.'

'What I think I benefitted from participating in the group activities is that I was living a lifestyle at variance with my condition. Knowing more about HIV and AIDS through SCN helped me to change my lifestyle, and my health has greatly improved through adherence to the correct diet, medication and stopping certain habits like drinking and smoking.'

'I thought that disclosure to family members would change how they felt about me. However, the education I got here helped me to disclose my status to the family and educate them about HIV/AIDS. They are also better informed now.'

The participants were asked to evaluate the nature of the educational programmes offered at the SCN; the responses are noted below:

'I have no complaints with the quality of information we receive here. If I compare the information that we get with what is available on other platforms, there is no difference. The information is very much up to date and relevant.'

'I think our community does a good job of teaching about HIV, especially to the newly diagnosed. I have not heard of any superstitious stuff mentioned here. Everyone agrees that with the use of ARV tablets, living with HIV is just a normal thing.'

'On the teaching side we are excellent, everyone has been taught of ways of staying healthy, what to eat and not. How to have uninfected babies, and how to help others that are still scared of their positive HIV status.'

4.3.3 Life Skills Training

The interviews also revealed that the SCN takes some time to teach, develop and encourage the acquiring of life skills among the members. A key informant who is a resource person at the SCN noted that they teach several life skills to their members:

'Here we teach a wide variety of skills, including self-awareness, communication, thinking creatively, empathy, participation, handling criticism and better interpersonal skills. It is some of these things that others may take for granted, but for an HIV-positive person, such things need to be developed

and rediscovered. As a trained social worker, I utilise some tools like the Johari window to develop these skills among members.'

Participants noted that they had gained critical life skills that enabled them to live a more informed and focused life:

'Here I learned about better communication, as a person and as a person with HIV. I think I can express myself more clearly than before.'

'I think I developed to have more assertiveness than before. What we learned here is to be more vocal and present issues more coherently.'

'Usually when you are HIV-positive, your self-esteem can be compromised, especially in an environment as hostile as ours. I think I regained my self-esteem and I conduct myself more confidently, even with my condition.'

'I always used to run to my mother whenever I faced a challenge. My decision-making skills were very poorly developed, maybe it was because of the way I was raised up as a girl in a patriarchal society. Individual and group sessions helped me to develop independent problem-solving and decision-making.'

'I used to be very sensitive to criticism and I would always think that people criticise me because of my condition. However, group sessions helped me to handle constructive criticism better than before.'

'I don't think I was a very good team player. SCN activities helped me to function better as a member of a team.'

4.3.4 Vocational Training

At the SCN one of the major activities is to train members vocational skills that they can use to become self-reliant. A key informant said:

'We help PLHIV with training to equip them with skills that they can use to become self-sustainable. What we realised is that because of the high levels of informalisation and low academic and professional skills among the people,

most of them are not formally employed. Prolonged periods of illness result in absence from the job environment, and many employers do not want such “dead weight” in their organisations. So, they get fired from work and fall further into poverty. We then identified organisations that help us with vocational skills training for PLHIV. The idea is for them start self-help projects that they can use to generate income to support themselves and their families.’

The researcher inquired about the skills that the members of the SCN had obtained from their sessions. The majority indicated that they had learned technical and vocational skills through the SCN’s initiatives in collaboration with partners from the government and other supporting stakeholders:

‘When I began to have long periods of absence due to illness, I lost my job at a restaurant. The employer told me straight to my face that he cannot have an employee with HIV, cos he’s losing money every day that I’m sick. I then joined SCN, and we received training in technical skills. I am now a plumber and I’ve realised that I am making much more money than I was in my previous job. The construction boom in my area has really helped my small business to thrive.’

‘As a group of women, we received some sewing machines from a well-wisher who donated to SCN having heard of our plight. The administrators then organised training sessions from a local government technical college. We now produce all kinds of clothing, from school uniforms, work suits and overalls, maids’ uniforms, and bedding.’

‘I was a bit easy for me to adjust to start a self-help project because I was a carpenter in my previous job. I could not continue with my job because of illness. I organised training through my contacts and with help from the social worker and other organisations. We then trained a group of mostly men to learn carpentry. We received equipment to start our project and we now make furniture for the local community, schools, and organisations. If we can get a few more contracts, we can be independent of donor organisations, and I think with continued good management, our project can be sustainable.’

'The self-help projects receive guidance and proper management of finances from an accountant who is one of the members. This member does that on his free time and weekends as he is still employed. We have really benefitted from the accounting expertise of the participant as he runs the accounts and manages the finances of the various self-help projects. We really appreciate his commitment.'

4.3.5 Internal Savings (Stokvels) and Lending Schemes (ISALS)

The study uncovered that SCN members had established a rotational credit scheme where members can draw funds from and return them at a concessionary rate. The basic premise behind internal savings (Stokvel) is to gather resources and establish an efficient and transparent financial system. Access to small, regular loans with low interest rates has really helped the members of the SCN to achieve some form of financial stability. It has also empowered them to participate in the mainstream economy. A member of the SCN said the following:

'I really had no hope of getting a loan from the formal banking system because I was not employed. Neither could I get any support from friends and family members because the thinking is that once you're HIV-positive, you can die anytime. Who would want to risk their money with a "moving grave"?''

Another member of the support group noted how these internal savings (Stokvel) had helped her to put her children through school and university. She noted that when he got a job, the financial burden on her had become much lighter, as he was also taking care of the financial needs of the younger ones.

The social worker who helped in the establishment of the internal savings (Stokvel) remarked that:

'We realised that, even though we were dealing with mostly vulnerable and poor households, they do make some form of savings from their economic activities. Individually, these do not amount to much, but when pooled together by say 50 or 60 members, each contributing for example 200 rands, the fund becomes much more sizeable. The members then draw on this fund on a rotational basis to cover for their needs. What we realised then was that

there are periods when there is higher demand for the funds, especially during school fees payment or when members had to pay for medications. We then devised a system of shorter return periods for these seasons so that members can meaningfully benefit.'

A beneficiary with a small community-based business noted that:

'I managed to buy the equipment that I needed for my cell phone repair business. Even though I am very good at repairing cell phones, I used to incur costs to access equipment which I did not have, for example a hot air station or computer to flush these phones. I now have my own which I bought through these loans, and I am happy now that my project is thriving.'

4.3.6 Home Visits

It was also indicated by most participants that home visits are part of the strategies employed. A member of the SCN had the following to say:

'Home-based care occurs from Monday to Friday between 9 a.m. and 4 p.m. Families that are affected or infected by HIV/AIDS are visited at least two or three times a week. Caregivers provide holistic care, which sought to meet the social, emotional, and physical needs of beneficiaries.'

In support, a beneficiary of the programme was particular with what they benefit from these visits, and this is shown in the following response:

'We, the beneficiaries (including OVC and guardians), receive psychosocial care if needed, some of us are bathed by caregivers, and our homes are cleaned. Caregivers become part of our family and they form relationships with us.'

These home visits are taken seriously. This is evident from the fact that some members of the SCN indicated that caregivers are exceptionally thorough with documenting the details of their home visits:

'They write detailed synopses about each visit and capture information about what service was provided. Caregivers capture information about an individual's health status or health progress.'

Another SCN member indicated that they write information about the number of homes visited per day, how many of these homes had individuals who were unwell, and how many people are in receipt of social and foster care grants.

The caregiver went on to say the following:

'...this information, which is captured in a book by each caregiver, is then taken back to Sizanani offices every Friday. The coordinator then captures this information using a paper-based system.'

The importance of the information collected during the home visits was noted by another participant who said:

'The information collected in house visits is used to compile monthly monitoring and evaluation reports to submit to DoH and DoSD, as well as to Management Sciences for Health (MSH). These reports include detailed, updated information on the number of OVC who have been identified to date, the number of child-headed households, how many people receive material assistance or food parcels, and, among other things, how many beneficiaries have been referred to other organisations for other services.'

4.3.7 Drop-in Centre

Another strategy used by SCN members is the drop-in centres. From this activity, it was established that the programme supports sustainability, as it stretches to help the children of those parents who die due to HIV and AIDS. The following information was provided about this activity by one of the SCN members:

'Approximately 15 children attend the Sizanani's Home-Based Care. The venue is open on weekdays between 6 a.m. and 4 p.m. Children are provided breakfast in the mornings and lunch after school.'

A caregiver indicated how they make use of the drop-in centres (DIC) as follows:

‘Essentially, these caregivers take care of meal provision, support recreational and play activities at the DIC, and provide love and affection to these children. Children are engaged in many activities that seek to develop their emotional well-being and social skills. Some of these include play activities and others are educational (using books and learning material). Children between the ages of 13 and 18 are taught about the dangers of promiscuity and unsafe sexual practices, and they are provided information about HIV/AIDS. If a child presents emotional difficulty through death and bereavement or through any other issue, then caregivers offer counselling and help OVC through this.’

It was also indicated that psychosocial care occurs as and when needed:

‘One of the successful psychosocial activities that Sizanani uses is the making of memory boxes. This activity helps children move beyond the grief and sadness associated with loss and death of a parent or family member. It teaches children how to positively embrace memories and capture them in a way that promotes emotional development.’ (One of the caregivers interviewed.)

Other educational programmes are offered as noted by another SCN participant who indicated that:

‘Children are also provided with general education where emphasis is placed on improving reading and writing skills and homework assistance. These activities are carried out daily and occur between 2 p.m. and 4 p.m. at the DIC. Children are also afforded the opportunity to develop life skills as they are taught about gardening, cooking, and baking.’

4.4 THE ADEQUACY AND SUSTAINABILITY OF RESOURCE ALLOCATION TOWARDS SUPPORT GROUP PROGRAMME ACTIVITIES

4.3.1 Resource Sourcing

The SCN is funded externally, it receives funding and resources from the government, through local government authorities, NGOs, local businesses, churches, and any other well-wishers.

4.4.1.1 Level of government support

The study inquired whether the SCN was getting any direct assistance from the government in support of their initiatives. The response was that other than the support given to individual group members as part of the national HIV-response package, the group was not receiving any direct support:

'We receive some technical support from the Tshwane Municipality in terms of training and educational and campaign material for HIV-prevention. In fact, the municipality has been our biggest financier through the Tshwane HIV/AIDS unit. However, the municipality has cited budgetary and financial incapacitation that seriously constrains their scope of activities. Financial and material resource injection is what some of these community-based initiatives really require.'

4.4.1.2 Support from Non-governmental organisations

Participants and key informants acknowledged the role that NGOs have played in supporting the activities of the SCN:

'Such NGOs provide material resources for the establishment of self-help projects, technical expertise on the day-to-day running of projects as well as other crucial assistance as per need.'

'We are very grateful to companies, like Pick 'n Pay and Shoprite. Our operations would be very difficult without the support from these guys. They play a big part in financing our projects. We have received some donations as well, like the food stuffs you see here. The assistance from NGOs goes beyond donations to even assistance with ideas of how to improve our operations. They also push us to be more professional. I hope as we grow, we can attract the attention of bigger NGOs.'

4.4.1.3 Donors

It was also indicated that funds emanate from donors. One of the participants said the following in relation to this theme, which shows the level of resources that the programmes obtain:

'Resources such as clothing items and toys are made available, on an irregular basis, by community members such as the local church and the women's circle. Funding and resources for the programme is made available by DoH, DoSD and from private organisations. The DoH provides first-aid kits, multivitamins, training in health-related issues and money for volunteer stipends. The DoSD provides funds for meals, provides food parcels and training on programme management and childcare.'

It was also noted that local businesses, such as Shoprite stores and Eskom, provide additional resources. This is backed by the following response from a member of the SCN:

'In the past, Shoprite provided SCN with R13,000 worth of appliances and Eskom supplied R13,000 worth of groceries. A Muslim society also donated R10,000 worth of blankets for the children yearly. SCN HBC's monthly rent is R1000 and DoSD pays for this.'

Having established the sources of funding, the researcher went on to investigate how the available resources are allocated towards the implementation of the activities of the SCN.

4.4.2 Resource Allocation Towards Implementation

The second objective of the study sought to evaluate the resource allocation to the various programmes of the SCN. The results focused on this objective are presented below.

4.4.2.1 Resource allocation towards counselling and psychosocial support

The following response was given by the treasurer of the SCN on how and what resources are allocated towards the counselling and psychosocial support programmes:

'The counselling sessions are done by facilitators, who are members who have volunteered and received training by the City of Tshwane HIV/AIDS unit. At present we have 15 trained facilitators who are responsible for group and personal training.'

'We do not have any other resources used for counselling, besides the facilitators and our premises. On some occasions we do cook for the attendees of the meetings, but this is not always done. It depends on the availability of foodstuff to cook. The cooking is done by our members.'

4.4.2.2 Resources allocation towards education and information

The following response was given by the treasurer of the SCN on how and what resources are allocated towards the education and information-sharing programmes:

'Again, this is done by the trained facilitators, this is done during the individual or group sessions. We have not had community outreach programmes or handed out pamphlets with our messages due to non-availability of funds.'

4.4.2.3 Resources allocation towards life skills training and vocational training

The following response was given by the treasurer of the SCN on how and what resources are allocated towards the life skills and vocational training:

'The life skills training and vocational training is done by facilitators and our members who have skills that they have volunteered to share. We are lucky to have some members who have plumbing and sewing knowledge they volunteered to share. The challenge we face is the limited availability of tools and other materials that are needed to facilitate the teaching of these skills to our members. Sometimes we have guests from various groups like churches, NGOs, and government health department.'

4.4.2.4 Resource allocation towards the internal savings (stokvel and lending schemes)

The following response was given by the treasurer of the SCN on how and what resources are allocated towards the internal savings (Stokvel) programme:

'The resources are from the members who are interested. Members are encouraged to join but it is not compulsory for them to join. Most used their grant money or other personal savings. Sadly, the amounts our members can contribute do not amount to much. So, we looked for a sponsor to give us help with no success. We even tried to go for loans, but the interest rates are too much. So, since the beginning of Covid the internal savings (Stokvel) fund has nothing in its books.'

4.4.2.5 Resource allocation towards home visits

The following response was given by the treasurer of the SCN on how and what resources are allocated towards the home visit programme:

'Home visits are done by the trained facilitators and any other members who volunteer. Depending on the availability, sometimes food parcels and medication are also delivered to members during the home visit. The visitors may also offer services like cleaning, cooking, gardening and other household chores.'

4.4.2.6 Resource allocation for drop-in centre.

The following response was given by the treasurer of the SCN on how and what resources are allocated towards the drop-in centre:

"For the drop ins, trained facilitators are available. They offer counselling and information sharing programmes. They also take part in family conflict resolutions. Every community member in distress is welcome. Once every month we offer meals to children of our members to encourage healthy eating."

4.5 CHALLENGES IN IMPLEMENTING THE SCN HIV SUPPORT GROUP PROGRAMME ACTIVITIES

The researcher also explored the challenges faced by the SCN in implementing their HIV support group programmes. The challenges faced during the implementation process were recorded in the sections below. The challenges have been grouped under the following themes: funding; attracting strategic partners; skills shortages; limited impact on the community; resistance from fundamentalist groups and; growing expectations from the community.

4.5.1 Funding

The shortage of funds or financial resources was uncovered as major challenge, that affects the implementation of the SCN programmes negatively. To illustrate the nature and extent of the financial challenges, the following responses from the participants were recorded:

‘One of the greatest challenges we are facing is in financing our programmes. In most cases our sources of funds are irregular and inconsistent. We are in a constant battle to secure new sources of funds. This makes long-term planning for our group very difficult in such conditions. We hardly have any financial reserves in our books, this means a lot of our time is spent looking for funds, rather than implementing our plans.’

‘When we started our group, we used our personal resources, we used to share from our own pockets, we were few then. Now numbers have grown, and we are fighting to sustain the financial demands. In some cases, members are fighting over the little resources available. This results in some unnecessary tension. Setting of priorities is becoming a very contested task in the face of limited resources.’

‘In the beginning, we had only people suffering from HIV. Over the years some have died, and we have in different ways had to step in and assist their families. I cannot say this is a bad thing, but without more funds, this means the cake is divided among even more members. As you know it’s against our culture to ignore those looking for help, we are really trying to stretch the

limited resources. Things are also being made worse by the rising cost of living. Sometimes you see that even those we depend on are also struggling. Ultimately, I think the government must do something to save the situation.'

'Due to financial shortages we fail to hire or enlist specialist services. We would very much like to have some high-profile health workers or counsellors to come and work with us. However, not all these experts are open to voluntary service, in the absence of strong financial resources, we are left only with those that are willing to help for no charge. I think this limits the quality and scope of our services.'

4.5.2 Attracting Strategic Partners.

Another theme that emerged among the challenges hampering implementation of the SCN programmes is the challenges in attracting strategic partners. Literature shows that support groups for PLHIV need to partner with several governmental and NGO groups to improve their operations (Kave et al., 2019). Excerpts of the respondents from the SCN on challenges in attracting strategic partners are given below:

'Several industries and business are not interested in being our partners. They do not see value in partnering with us. Some of them say the donations that we give to you are not tax deductible, so this makes it hard for us to attract lasting partners.'

'As I said before if you look everywhere our economy is shaking. This is a major challenge for the business community we want to be our partners. They have no option but to put their own survival first, leaving us to struggle on our own.'

'Some of our partners only offer short-term commitment, especially the NGOs. Sometimes they tell you that our programme is only for six months or one year, after that they leave. So, we have only a few consistent and reliable partners. You can sometimes easily see that sponsors are more interested in using us for publicity. When they come, they want newspaper or TV coverage,

besides that they do not even pay attention to what we feel or are trying to achieve. Sometimes you just get promises that never come true.'

'Another challenge is that these partners want to impose their views on us. The help they offer is very conditional. After giving us help, they want to direct the way we do our things. Others will tell you openly that for us to work with you, you must do this or that. We try to accommodate them, but sometimes it causes divisions within us. It feels like they want to control us, so we let them go.'

4.5.3 Skills Shortages

Skills shortage is yet another theme that emerged as part of the challenges that the SCN faces in the implementation of their programmes. Several skills are required to effectively manage the programmes run by HIV support groups. The following responses document the impact of skills shortages on the SCN:

'We have a serious need for properly qualified administrators. Many of our founders had limited formal education. So, I think having well-educated administrators can help us organise and reach out to formal organisations better. We have many times been told that we need to restructure properly by some NGOs, but we do not fully understand the processes involved.'

'Even the community care workers that we work with have their limitations. They are good in what they do but sometimes we need help in other areas they cannot help. We also understand that the government cannot give us anything we ask for, so if they help us in getting professional skills like business management and accounting, we can go a long way. So, if they can organise for us to have proper mentors to lead in developing us and others it would make a big difference.'

'In our empowerment programmes, we mostly depend on the skills that our members possess. In the event of illness, or death of a skilled member, we have problems replacing them. I recall one of us who relocated to Cape Town two years ago, he used to help with welding training, and we relied on his tools. Since he left, we had to abandon that.'

4.5.4 Limited Impact on the Community as a Whole

Another theme that emerged among the challenges faced in implementing is the limited impact that the SCN is having on the community. A description of the nature of the challenges is given below:

‘A lot of individuals living with HIV are unaware that they have the virus. HIV transmission cannot be eliminated if individuals do not know their HIV status (i.e., whether they are HIV-positive or HIV-negative). An HIV test is the only method to determine if a person is living with the virus. However, we still see people using their body weight as a sign that they are HIV-negative. Due to a lack of understanding, some community members assumed that all skinny people with sores have the virus. Despite information being distributed, the stigma surrounding the disease continues to grow. HIV-positive people are looked down on and judged and having HIV/AIDS was immediately perceived as one having been given a death sentence.’

‘One of the biggest challenges we come across during testing is couples testing. The main challenge is disclosure within a relationship, most people fear resentment so much that they end up sticking to a relationship knowing that they are HIV+ without telling their partner.’

‘What we have noticed is that male partners usually have the mentality that when their partners are testing regularly and find a negative status, then it automatically makes them negative too. Stop saying clinics are meant for women, there is so much information you could learn by just sitting on those benches at a clinic because health workers educate about all kinds of health issues, it does not only focus on HIV but so many other important health issues.’

4.5.5 Resistance from Fundamentalist Groups

Among the challenges that the SCN faces are resistance and denialism from fundamentalist groups. These fundamentalist groups consist of individuals who hold extreme religious or traditional beliefs. Below are some of the quotes reflecting the beliefs of individuals from these fundamentalist groups:

'We have traditional healers that still believe that HIV is caused by witchcraft, and they will always treat it traditionally. This sometimes makes people not to come to the clinic to receive any treatment.'

'I used to belong to a religious faith group. When I went to the clinic and they told me, I was positive; I couldn't believe that it was because of my husband as we both are very faithful to one another, and we stayed together. So, I went to the prophet to find out what was causing the illness. The prophet told me that my ex-husband was bewitching me because he was jealous of my relationship with my present husband. I was told to buy a sheep so that we can use the fat of the sheep and anointed water to come and fight with the person responsible. Then, I followed what I was advised to do and didn't take the treatment. It was only through the intervention of my family that I started on medical treatment. I regret wasting my time and it almost cost me my life. What is sad is that I know many people that still follow these faith healers.'

'I went to a prophet who told me that I was being attacked by a demon; according to the prophet HIV is a spiritual disease that possesses people when they are not protecting themselves. I was staying at his house; we were many; we prayed day and night. The prophet told us that demons like this are very stubborn, so we had to fast for more than 30 days drinking only water without taking treatment.'

4.5.6 Growing Expectations and Competing Interests

The other challenge faced by the SCN was noted under the theme growing expectations and competing interests. A description of the challenges as narrated is given below:

'Over the years the expectations we have had from the community keep growing. I do understand the need for our operations to expand, but the pressure we are getting from the community is too much. Recently, many of the young people that are hooked on drugs are turning to us for help. In as much as we feel sorry for them, we are not equipped to work as a

rehabilitation facility. Our community does not understand this. They expect us to be a refuge centre for all kinds of afflictions.'

'There is also a loss of focus. The founders' vision is becoming blurred, as we try to expand our operations. I do believe in growth, but we need to maintain our identity as we grow. What I find annoying is the donors and NGOs who want to boss us because of the help they give us.'

'Some of our problems come from the families of PLHIV, they want to relegate responsibility of the sick entirely to us. You can see this in cases when someone falls sick, then they want nothing to do with the sick family member. They need to understand that we have to share responsibility.'

'Some of our members continue to see themselves as victims, they feel as PLHIV, this makes them forever victims. This limits the extent to which they take responsibility of their own lives. Once someone has a victim mentality, it's difficult to fully accept their status and move on positively in life.'

'Covid caused us big problems, during lockdown we must stop all our operations. Most of us lived in fear, we thought getting Covid as an HIV patient meant certain death. The information we got was the risk on PLHIV was greater. What made things worse was the lack of a cure, but with the availability of the vaccine we are more at ease.'

4.6 PROPOSED IMPROVEMENTS IN IMPLEMENTING THE SCN HIV SUPPORT GROUP ACTIVITIES

For the purposes of meeting the fourth objective of the study, the researcher inquired about the ways in which the respondents think that improvements can be made to improve the implementation of the SCN programmes. The responses were classified in the themes below:

4.6.1 Networking with Other Similar Groups

'I think we would benefit a lot from networking with similar groups. If we network with other groups inside or outside our community, we can share

ideas, gain valuable insights, and learn new ways of doing things. I also think if we network it will also be easy to track progress of our members when they relocate.'

'Working together with similar groups is important or even to form some kind of association. If we do that even the government can start hearing us better, we can have people elected to represent us.'

4.6.2 Explore Other Avenues of Expansion

Our IT skills are very limited, as you can see many of us are not young. Your young people are good with new technology. I have heard from my daughter at university that we can use IT to reach new people. If we can get help to do this, I think we can improve our operations.'

4.6.3 Greater Community Support and Involvement

'If our community takes us more seriously and increase the amount of support at all levels we can get better. The community need to realise that we do help everyone infected or not. HIV is a disease that can affect anyone at any time. So, if every member of our community appreciates that no one is safe from the effects of HIV, maybe we can work together for the good of our community.'

4.6.4 Sharing of Responsibilities

'Families of our members need to learn to do their part. There is nothing wrong with even the uninfected family members joining us in our campaigns. We need them to realise that what we do for our members cannot replace the family care they can offer at home.'

4.6.5 Equal Opportunities to All Members

'In as much as we appreciate our founders for their vision. They need to allow for the flow of new ideas especially as they get older. It is important that they let the younger generation take over in positions of leadership. Sometimes I feel that us, the new members may be too afraid to speak because of fear of

being labelled ambitious. Many times, someone new brings a new idea the common phrase is “when we started this, we did this or that”.

4.6.6 Mistrust Among Members Especially on Resource Allocation and Sharing

‘A little more transparency can be helpful, sometimes there are complaints accusing the senior members getting more benefits especially when food parcels are given. We cannot afford to discriminate among ourselves.’

4.7 DISCUSSION OF RESULTS

The evaluation of the activities of the SCN support group was carried out by using the conceptual framework illustrated in Figure 2.3. According to the conceptual framework developed, the evaluation looks at the coherence, effectiveness, efficiency, impact and sustainability of the activities carried out by the SCN.

4.7.1 Discussion of Results for Objective 1

4.7.1.1 Strategies employed

The nature and type of strategies employed can be classified as psychosocial and economic empowerment programmes. The activities which fall under psychosocial, as revealed in the results, are group counselling, face-to-face counselling, the provision of educational programmes and home visits. Activities aimed at economic empowerment are the internal savings and lending scheme, vocational and life skills training. Having identified the nature and types of activities, an evaluation of the activities is done in the section below.

4.7.1.2 Coherence

According to the information provided by the interview respondents, when joining the SCN HIV support group, the member receives certain benefits. A new member is automatically eligible for counselling services, attending the group and receiving key educational health information and home visits. The members are also eligible to attend vocational and life skills training and join the internal savings and lending scheme. This reveals a coherent implementation of the operations and activities of the SCN. It also means that the expectations and benefits of the members are the

same regardless of the period that a member has been with the group. It shows that the implementation is driven by a policy of non-discrimination as enshrined in their constitution. Therefore, the researcher concludes that there is satisfactory coherence in the implementation of the SCN activities.

4.7.1.3 Effectiveness

The responses from the members showed that the activities of the SCN are effective (see Section 4.3). The responses revealed that they are generally satisfied with the services they are receiving. In most of the responses given, they expressed positive changes in their lives because of the programmes implemented by the SCN. Another indicator of the effectiveness of the SCN programmes is the high levels of awareness that the respondents had in general. When answering questions, the respondents acknowledged the importance of sticking to the prescribed medication. They showed awareness of the ways to live healthy lifestyles, as well as the need to fight discrimination, increase community awareness and take charge of their own lives (see Section 4.3). Given the depth of knowledge revealed in the responses, the programme has been effective in disseminating accurate information.

4.7.1.4 Efficiency

The efficiency of activities implemented by the SCN could not be evaluated. This is due to the lack of records in the form of audits.

4.7.1.5 Impact

Based on the responses given by the respondents, it can be said that the operations of the SCN have had a positive impact on their members. This pertains to the levels of awareness and compliance with the prescribed medication. On the other hand, their economic empowerment programmes are yet to achieve a comparable level of success, due to resource constraints. The overall impact of the activities of the SCN on the greater community could not be evaluated. This was due to inadequate data.

4.7.1.6 Sustainability

According to the responses given the sustainability of the SCN's activities is satisfactory. The SCN is responsible for sharing and encouraging the use of medically and scientifically tested medicines. They are also working in collaboration with trained health workers and the Department of Health (DoH). This is evidence of the use of safe and sound methods that have been proven to work in alleviating the effects of HIV/AIDS. The educational programmes that they offer are non-discriminatory. It does not promote hate speech. This guarantees that the group does not attract negative publicity or lawsuits, which can jeopardise their activities. The use of scientific methods to attract strategic partners is also a crucial prerequisite.

Another indicator of sustainability is their encouragement of members to take vocational and life skills training as well as to participate in the internal savings and lending scheme. The presence of such economically empowering schemes shows the need to ensure that the members are able to sustain themselves and their families.

4.7.2 Discussion of Results for Objective 2

The study revealed that the SCN is wholly dependent on external organisations. The network approaches various NGOs, businesses, and other well-wishers for donations. The resources that they receive are in the form of cash, food, medicines, and other goods. The assessment regarding the resource allocation of the SCN is done according to the themes, effectiveness, efficiency, impact, and sustainability as per the study's' conceptual framework.

4.7.2.1 Effectiveness

The study revealed that the SCN is experiencing challenges with regard to attracting long-lasting solutions and funders. This indicates that their RM is ineffective. It may also be interpreted to mean that the plans, vision and resource utilisation are not consistent with the vision of most businesses and NGOs. In Section 4.6.4 alternatives, which may remedy the funding challenges and resource allocation of the SCN, are discussed.

4.7.2.2 Efficiency

In the absence of financial records or published audits on the operations of the SCN, it was not possible to determine the efficiency of resource allocation by the SCN.

4.7.2.3 Impact

The impact of the SCN resource allocation is limited. This is evidenced by the theme that emerged under the challenges, namely that the SCN is having limited impact in their community. This may be a result of the size of the SCN in relation to the size of their community, but it can also be an indicator of poor resource allocation leading.

4.7.2.4 Sustainability

Given that the SCN has up to now been solely reliant on donations and external financing, it is evident that the fund sourcing and allocation is not sustainable. A recurrent theme in the study is that the resources are mostly used to buy and distribute food parcels among members. This is also evidence of the non-sustainable use of funds. It also emerged that the SCN has no funds in the form of savings and it does not employ workers. It mostly depends on unpaid volunteers. This is also evidence of non-sustainable resource allocation.

4.7.3 Discussion of Results for Objective 3

The results show that the SCN is facing several serious challenges. The first challenge documented is inadequate funding. This study revealed that the major source of funding for the SCN is external in nature. The main source of funding is the City of Tshwane Municipality, businesses like Shoprite and Pick n Pay, as well as some religious organisations. However, the greatest concern is the non-consistency of donations and handouts. They also reported that their main funder, the Tshwane Municipality, has for some time been citing financial challenges and therefore incapacity to provide funds to the SCN. They furthermore reported challenges in attracting lasting partnerships from NGOs and businesses. This also affects the funding of their operations in a negative way.

Skills shortages were also noted as negatively affecting the operations of the SCN. In the absence of a steady flow of funds, the SCN is finding it difficult to hire the external specialised services that they require. This makes them wholly dependent on voluntary services offered, which are mainly limited to their trained facilitators. They expressed the need to hire other specialists like auditors and project managers, who can evaluate their operations. These skills shortages also limit the nature and types of vocational and life skills training programmes. It was revealed that members of the SCN depend entirely on the skills of members who volunteer to share their skills. However, they have experienced challenges in replacing the skilled members who either pass on or relocate.

Members of the SCN also lamented their limited impact on the community. This may be a result of their size in comparison to the size of the Mamelodi community. It may also be indicative of a need for them to do some community outreach programmes. They emphasised the persistence of problematic practices in their community such as the non-disclosure of HIV status, discrimination, a lack of couples testing and the prevalence of child marriages. These serve as evidence of their limited impact on their community.

Another challenge revealed is the resistance from fundamentalist traditional believers and faith-based groups. These groups in general promise HIV patients' alternative medication which, they claim, can cure their condition. Such promises have been documented to have endangered the lives of patients and it also spreads the infection. They furthermore promote HIV-spreading practices like the belief that sleeping with a virgin can cure HIV. They also encourage their followers to avoid ART, which worsens the health status of patients.

The last challenge that emerged was that of competing of interests, chief among them was the need for new members to occupy positions of influence. They also lamented about the disruptive effects of the Covid-19 lockdowns and the widespread fear caused by the pandemic.

4.7.4 Discussion of Results for Objective 4

The fourth objective sought a response from the SCN about the ways in which they think their operations can be improved.

It was suggested that the SCN forms networks with groups with similar interests. By networking with like-minded groups, ideas can be shared. This can be used to find new ways of improving their programmes. Through networking they can collectively address challenges like the limited impact of their activities on the greater community and thereby effectively fight ills like the stigmatisation of HIV patients. In this way, they can also learn from the successes and failures of similar groups.

It is also prudent for members of the SCN to direct their educational programme more towards their greater community. One of the themes that emerged under challenges was resistance from fundamentalist groups. Such resistance points to pockets of superstition, disbelief and HIV denialism within the community. Therefore, there is a need for the SCN to find effective ways for reaching all levels of the community. Possible ways of doing this include handing out printed pamphlets and making use of recreational activities like dance and drama to spread their message.

It was also noted that, in some cases, the families of HIV patients transfer the care of the sick family member to the SCN. This can be remedied by outreach programmes to the community. In the face of very limited financial resources, members of the SCN need to come up with innovative and cost-effective ways of spreading their message. An example of doing this is visiting local schools and asking for opportunities to inform the learners of the network's activities. They can also put posters up to spread their message or invite community members to visit strategic places like taxi ranks and shopping malls. Furthermore, they can organise solidarity marches.

Another challenge noted is the tendency by senior or founding members to dominate the operations of the group. Given that the SCN has a clear constitution that directs the selection of office bearers, their roles, and responsibilities, it is important that the constitution be respected. Changes to their constitution are also recommended. This

will allow for the appointment of committees, rather than individuals, to oversee the group's operations. The appointment of committees allows for collective participation in decision-making, thereby making sure that all the members feel included.

Skills shortages was another theme that emerged among the challenges facing the SCN. This is worsened by the non-availability of financial resources to hire external specialised services. A possible solution that they can implement to ease this challenge is to invite college and university students, who are looking for internships as part of their curriculum, to work with them. They can target students studying in areas in which they need assistance, for example students who are studying accounting to help them with the bookkeeping and auditing of their operations.

The greatest challenge facing the operations of the SCN is the shortage of funds. All the other challenges can be directly or indirectly traced to the limited availability of financial resources. There seem to be a tendency in the SCN to be heavily engaged in handing food parcels out to their members. They need to refocus the resources which they have towards long-term self-sustaining projects. They can approach the local municipality for land and start projects which require low capital, like gardening and poultry. Such projects will ensure the collective participation of the group and ensure greater transparency.

4.8 CHAPTER SUMMARY

This chapter presented the major findings of the study. The chapter also analysed the findings, drawing on the major themes that came out of the discussions and interviews with the participants and key informants. The next chapter concludes the study and makes recommendations.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This research started out intending to appraise the operations of the SCN group that gives assistance to HIV/AIDS victims and to evaluate how this influence both its participants and other persons in the society at large. An exhaustive scrutiny of pertinent material served as guide in defining directions for community driven HIV programs and foundation upon which effective community driven HIV programmes may be founded was laid as stated. A literature review was done to show the results of current research regarding the impact of community-based HIV initiatives. The literature review focused on the need and role of HIV support groups and what they aim to achieve. Included in the literature review is also how qualitative evaluations of operations can be done. This led to a theoretical framework employed in the study.

A qualitative research methodology was adopted based on the exploratory and phenomenological nature of the research. Data was obtained through in-depth interviews with participants and key informants as well as through focus-group discussions. The data was analysed thematically to examine the key themes stemming from the study. In addition to interviews, data was collected from secondary sources in the form of documents like the SCN constitution and other operational records. Methods used to ensure research rigour such as confirmability, transferability and dependability were also discussed and implemented as discussed.

The presentation of the data was done in the fourth chapter of the study, together with an analysis and discussion of the results. In doing this the research objectives were achieved. This chapter summarised the key findings of this study based on the main research objectives and questions. The chapter also proffered recommendations to support groups, supporting organisations and the government in relation to HIV support groups in South Africa. The idea was to improve information regarding the activities of such groups. In this way, the lives of PLHIV can be improved, and they can meaningfully contribute to personal, community and national outcomes.

5.2 SUMMARY OF FINDINGS

The study highlighted that the nature and type of activities carried out by the SCN are essential for both the infected and affected members. This is especially true considering the stigma associated with HIV. According to Nkosi and Rosenblatt (2019:78) HIV/AIDS ranks amongst the most highly discriminated illnesses. This is mostly due to the classification of PLHIV as being representative of moral failures (Nkosi & Rosenblatt, 2019:78). The activities carried out by the SCN were reported as essential in fulfilling many of the unique needs that PLHIV have. In that regard offering health care services is important but not sufficient for PLHIV and people affected by HIV. As noted by Chime et al. (2018:112), HIV support groups are essential in addressing the problems resulting from HIV stigma and stereotyping.

At the same time as they are coherent and have a positive effect on member's lives, there are some challenges that are still being faced. These include little outreach and misconceptions fuelled by some conservative religious groups, despite the fact that research shows where they work well like in terms of disseminating correct information and promoting adherence to treatment among others; community-based HIV/AIDS projects often find it hard to reach the marginalised populations as well as trying to deal with established myths (Grimsrud et al., 202; Vernooij, 2022).

The activities of the SCN were coherently planned, effective and positively impacting the feeling of alienation and discrimination among their members. However, many challenges remain like the limited impact on the society at large and misinformation by fundamentalist groups. Community-based HIV initiatives have the capacity to achieve more for their members, their communities and by extension the nation at large. One of the areas in which the SCN excels is the dissemination of accurate HIV/ AIDS information and the encouragement of their members to stick the prescribed treatment. Studies reveal that this achievement is not limited to the SCN, but it is a general characteristic of community-based HIV initiatives (Grimsrud, Pike & Bekker 2020:56; Vernooij 2022:34).

In most cases the effects of HIV are not limited to the health status of the infected and affected. It also affects the social and economic status of the infected and affected (Assegaai & Schneider 2019:92). Therefore, HIV support groups like the

SCN are a form of grassroots safety net for HIV patients and their families. In that regard these support groups deserve more support from the government, as they contribute to economic empowerment of the marginalised. The national and provincial governments therefore need to have clear, visible policies and structures to encourage and aid the formation and sustenance of community-based HIV groups. In the case of the SCN, efforts to empower their members are in the form of vocational and life skills training. However, given the challenges like limited resources and skills shortages, the impact of these empowerment programmes remains very limited. Therefore, there is a call for greater and structured support from the side of government and NGOs.

The call for greater governmental support for community-based HIV initiatives is based on the view that funding and resource availability are the greatest challenges to HIV support groups. Therefore, it is not surprising that this study pinpoints the lack of adequate funding as the root challenge facing the SCN. In the absence of adequate resources, the operations of the SCN can at best be described to be on a hand-to-mouth basis, with several expansion initiatives remaining shelved. The increase in incidences of other chronic illnesses, like HIV, that require intensive and careful management has led to greater community expectations regarding groups like the SCN. In recent years, cases of chronic diseases like cancer have increased. Experts project that cancer-related deaths will increase by 30% in the next two decades (Hamdi, Abdeljaoued-Tej, Satchi, Abdelhak, Boubaker, Brown & Benkahla 2021:112). Diabetes, another chronic case, has a pooled prevalence rate of 15.25% in persons at the age of 25 and above (Pheiffer, Pillay-van Wyk, Turawa, Levitt, Kengne & Bradshaw 2021:45). This rise in chronic diseases naturally puts pressure on groups like the SCN to take such patients on board. It thereby further divides the small cake among many mouths. Therefore, it may be prudent for the government to take an oversight role in the activities of community-based initiatives through the health and finance ministries.

The continued existence of groups like the SCN is under serious threat due to funding challenges. As such, there is a need for more efficiency and astuteness regarding resource allocation among community-based HIV support groups. It has been noted that most support groups remain on the periphery (Kave et al., 2019:78).

Therefore, they need to step up to the challenges through innovative and sustainable management. Through networking they can increase the size of their community and national footprint, thereby demanding greater attention from policy makers. They also need to strive towards self-sustainability. This can be achieved through HIV support groups directing a part of the donated resources to income-generating projects like poultry and semi-commercial market gardening. For such initiatives to succeed, effort and expertise is needed to redirect resource allocation towards sustainability.

Global and national HIV statistics show that a lot remains to be done in fighting HIV/AIDS. In that regard the role of HIV support groups and HIV community-based initiatives will continue to have growing relevance. This is especially true, given the great inequalities that have historically bedevilled South Africa as a country (Freer & Mudaly, 2022:34). The legacy of South African efforts to fight HIV will be determined by the success and influence of groups like the SCN. Given such high stakes, HIV activists, human rights activists, the government, and NGOs all need to adopt a hands-on approach. They must ensure research- and evaluation-guided sustainable growth of HIV support groups like the SCN.

5.3 RECOMMENDATIONS

The researcher would like to make the following recommendations stemming from the conclusions of the study:

5.3.1 Recommendations to HIV Support Groups

The SCN and other allied HIV support groups are key actors in the implementation of their initiatives. They must keep lobbying government (both local and national) for assistance with human, financial and material resources.

It's suggested that the SCN HIV support group should further their strategies by adding initiatives of community outreach. Community outreach is force multiplier of the support group. It can assist SCN to reach more people who might need their help, but they never received it or they even didn't know there was any help available.

The SCN must escalate its community awareness programmes and keep engaging the community, so that harmful acts and practices like child marriages and stigma can be eradicated. Outreach activities foster stronger connections with the community, building trust and collaboration. This can lead to increased participation in support group activities and better alignment of services with community needs.

Members of support groups must enhance their skills so that they can become independent and ensure better livelihood through the development of both life and vocational skills.

5.3.2 Recommendations to Government

Both local and central governments must escalate their funding and other capacitation initiatives for self-help projects like the SCN.

The government must give priority to grassroots-led initiatives to inform national budgeting and programming through bottom-up approaches that harness the potential of such initiatives.

The government must enforce the elimination of harmful societal beliefs and practices that perpetuate maladaptive responses to HIV/AIDS. Practices such as child marriages and virgin rape have no place in a modern and informed society.

5.4 RECOMMENDATIONS FOR FUTURE RESEARCH

This study did not explore the forms and levels of support, apart from the support group, already present (or missing) among the PLHIV. It is therefore plausible that some people who decided not to join the support group already had sufficient levels of support from other sources. Therefore, they did not find support group participation necessary. Further research should be undertaken to confirm the results and trends presented in this study.

Another useful direction for further research would be to assess the outcomes of a support group intervention that take a gendered approach. This could take the form of longitudinal studies of support group interventions, including a range of activities, followed by an evaluation of what worked, why and for whom. A controlled study of

the content, processes, and outcomes of support groups for men and women respectively, as well as together, is essential. It could provide in-depth knowledge on how to create optimal support systems for PLHIV.

Policies and programmes should effectively address the multiple levels of girls' socioecological environments across diverse contexts, to advance the health, well-being, and rights of adolescent girls. This includes working with girls who may be vulnerable to HIV and child marriages. It also necessitates changing the attitudes, behaviours and norms of those individuals, communities and systems that perpetuate the conditions that contribute to girls' vulnerability. To the extent that it is feasible and relevant, programmes and policies should be girl-centred, comprehensive and gender transformative. It should identify context-specific ways to respond to both child marriages and HIV-prevention, where both are a concern. There is a relatively high prevalence of both child marriages and HIV among adolescent girls in parts of Eastern and Southern Africa. Given this, it is timely and appropriate to highlight both issues concurrently in this region. Recent studies indicate a growing HIV epidemic among adolescent girls in Western and Central Africa, which has some of the highest rates of child marriages in the world. Therefore, this region is also in need of increased attention regarding addressing both issues.

There must be greater attention to the fact that adolescent girls are not a homogenous group; neither are the types of relationship structures and vulnerability pathways that they face. There is therefore a need to respond to the specific priorities of those with the greatest vulnerability to HIV and child marriage. There is also a need to understand that different drivers of vulnerability for girls in different settings and during the different stages of adolescent life. It may require different interventions. For example, few programmes reach pregnant, 'in union' or ever-married girls (i.e. those who are currently married, informally married, divorced, or widowed). This includes interventions that aim to prevent them from acquiring HIV or interventions that support those who are already living with HIV. Likewise, few programmes adequately prepare the world's estimated 1.8 million children, aged younger than 15 years, already living with HIV, to address issues related to sexuality and marriage. It is necessary to meaningfully involve girls and young women

throughout the policy and programme design, implementation, and evaluation. This will help to ensure that programmes, policies, and outcomes are grounded in the realities of girls' lives and are achieved effectively and ethically.

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APPENDICES

APPENDIX A: ETHICAL CLEARANCE LETTER



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

21 November 2019

Dear Precious Chimusisi

NHREC Registration # :
Rec-240816-052
CREC Reference # : 2019-
CHS-PsycREC- 47204648

Decision:
Ethics Approval from 21 November
2019 to 01 May 2023

Researcher(s): Precious Chimusisi

Supervisors: Marie Matee

mateem@unisa.ac.za

Evaluation of the Sizanani Community Network HIV support group in Mamelodi.

Qualification Applied: Master of Arts (Social behavioural studies in HIV)

Thank you for the application for research ethics clearance by the Unisa Department of Psychology College of Human Science Ethics Committee. Ethics approval is granted for three years.

The **low risk application** was **reviewed and expedited** by Department of Psychology College of Human Sciences Research Ethics Committee, on **21 November 2019**, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the Department of Psychology Ethics Review Committee.



University of South Africa
Pretoria Street, Muckleneuk Ridge, City of Tshwane
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3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date (**01 May 2023**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **2019-CHS-PsyREC-47204648** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature :



Prof I. Ferns
Ethics Chair: Psychology
Email: fernsi@unisa.ac.za
Tel: (012) 429 8210

Signature : 

Prof A. Phillips
Executive dean : CHS
E-mail: phillap@unisa.ac.za
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APPENDIX B: LETTER OF PERMISSION TO CONDUCT THE STUDY



Health and Social Development Department

Multisectoral AIDS Management

Room 2032 | 2nd Floor | Sammy Marks | Cnr Van der Walt and Vermeulen Streets | Pretoria | 0002
PO Box 440 | Pretoria | 0001
Tel: 012 358 8653 | Fax: 086 211 9807
Email: KhosIM@tshwane.gov.za | www.tshwane.gov.za | www.facebook.com/CityOfTshwane

My ref:
Your ref:
Contact person:
Section/Unit:

Tel: 012 358 8653
Fax:
Email: KhosIM@tshwane.gov.za

To: Ms. Precious Chimusisi

Date: 04 June 2019

CC: Ms. Marie Matee

Department of Sociology

UNISA

PERMISSION TO CONDUCT RESEARCH AT OUR HIV SUPPORT GROUP CENTRE IN MAMELODI

The above has reference.

Permission is herewith granted for Ms. Precious Chimusisi to conduct her research at the Community based support group at Sizanani Network site for support group in Mamelodi. We are in agreement with the proposed methodology for the study and she will have access to all relevant documents and reports about the support group programme.

Yours Sincerely

Date: 04 June 2019

Khosi Mashego: Director: Multisectoral HIV AIDS Response Management

APPENDIX C: INFORMATION SHEET FOR PARTICIPANTS

Date.....

Title: **Evaluation of the implementation of Sizanani Community Network HIV support group programme for people living with HIV in Mamelodi, Pretoria.**

Dear Prospective Participant

My name is Precious Chimusisi (Student Number 47204648) and I am doing research with Ms. M. Matee, senior lecturer in the Department of Sociology towards a Masters of Art in Social Behaviour studies in HIV/AIDS at the University of South Africa. We are inviting you to participate in a study entitled Evaluation of the implementation of Sizanani Community Network HIV support group programme for people living with HIV in Mamelodi.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the study is to evaluate the implementation and impact of HIV support group programme for people living with HIV in Mamelodi. The study will evaluate whether HIV support group programme activities have been implemented as intended and resulted in expected outcomes. Implementation evaluation focuses on the activities undertaken, how they are likely to contribute to the outputs, whether the assumptions and the theory of change seems to be working in practice. The study will give programme facilitators an insight on ways of improving programme design and implementation.

WHY AM I BEING INVITED TO PARTICIPATE?

Participants are invited to be interviewed on the implementation of the HIV support group programme in their community. Participants include programme facilitators. Approximately 12 programme facilitators will be participating in the study.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

Participants will answer questions during interviews. Key informant interviews will indicate whether the HIV support group activities have been implemented as

intended and resulted in the expected outcomes. A semi-structured interview guide with research questions will be used. The duration of each session will be 45–60 minutes.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and participants are under no obligation to participate. Participants are free to withdraw at any time and without giving a reason. If participants do decide to take part, they will be given the consent form to keep and be asked to sign.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

There will be no incentives to participants for engaging in the study. The results of the study will be used as a guideline for future HIV support groups. The issues and challenges faced by HIV support groups could play a crucial role in making informed decisions on the planning and execution of the HIV support group programmes. Organisations will develop on success and transform the constraints to the betterment of PLHIV.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

There are no negative consequences for participants. The study will consider the rights and the dignity of the research participants. The researcher will ensure that there is no risk to participants as a result of the project. Those risks will be assessed, and adequate precautions will be taken to minimise them in line with the UNISA Research Ethics Risk Assessment Standard Operating Procedure.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

The participants' names will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team will know about participants' involvement in this study. No one will be able to connect to the answers

that participants have provided. Participants' answers will be given a code number, or a pseudonym and they will be referred to in this way in the data, any publications or other research reporting methods such as conference proceedings. Data will be shared when it does not identify participants in the form of anonymous or when the rights to anonymity have been waived.

HOW WILL THE RESEARCHER PROTECT THE SECURITY OF DATA?

Hard copies of participants' answers will be stored for a period of five years in a locked cupboard/filing cabinet in the company and at the library for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There will be no incentives or payment for participating in the study. Any costs incurred by the participants will be explained and justified in adherence with the principle of fair procedures (justice).

HAS THE STUDY RECEIVED ETHICS APPROVAL

This study has not yet received written approval from the Research Ethics Review Committee.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If participants would like to be informed of the final research findings, please contact Precious Chimusisi on 081 785 1565 or email address 47204648@mylife.unisa.ac.za

Should you require any further information or want to contact the researcher about any aspect of this study, please contact Precious Chimusisi on the given contacts.

Should you have concerns about the way in which the research has been conducted, you may contact Ms. Marie Matee on 012 429 6975, mmatee@unisa.ac.za.

Alternatively, contact the research ethics chairperson on the number that will be provided.

Thank you for taking time to read this information sheet and for participating in this study.



.....
Precious Chimusisi

APPENDIX D: REQUEST FOR PERMISSION TO CONDUCT STUDY

Precious Chimusisi

408 Arcadian Heights

735 Pretorius

0008

14 November 2018

The Project coordinator

Sizanani Community Network

PO Box 911-146

3501 Ext 4

Rosslyn

0200

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT SIZANANI COMMUNITY NETWORK

Dear Madam

My name is Precious Chimusisi student number 47204648. I am currently enrolled with the University of South Africa in the Department of Sociology towards, Masters Social Behaviour Studies in HIV/AIDS.

As part of the requirement of the master's degree, I am required to conduct a research within an organisation. Your organisation has been selected because of the nature of work that you have implemented which aligns with the interest to the study. This research will be done by conducting interviews with project implementers and the HIV support group members. The topic for my study is 'Evaluation of the

implementation of Sizanani Community Network HIV support group programme for people living with HIV in Mamelodi'. The objectives of the study are:

- To evaluate the nature and types of strategies that the SCN HIV support group employs to implement the programme.
- To evaluate the levels of resource allocation towards the implementation of the SCN HIV support group programme activities.
- To evaluate the challenges faced in implementing the SCN HIV support group programme activities.
- To evaluate ways that can be applied to enhance the execution of HIV support group programme.

Potential risks from the study are expected at the level of individuals to be interviewed. As individuals narrate their stories, it is possible that they will recall some unpleasant personal and household experiences, which may create discomfort and psychological harm to them.

Should you need to verify the contents of the letter, you may contact my supervisor on this email address: mateem@unisa.ac.za or cell number: 012 429 6720.

I would be grateful for an opportunity to conduct my research in your esteemed organisation.

I am looking forward to your positive response.

Yours Sincerely;

Precious Chimusisi

Masters Student (UNISA)

Cell Phone: 081 785 1565

Email Address: 47204648@mylife.unisa.ac.sa

APPENDIX E: CONSENT FORM FOR PARTICIPANTS

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or received explanation) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the interview.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (Please print)

Participant Signature..... Date.....

Researcher's Name & Surname..... (Please print)

Researcher's signature..... Date.....

APPENDIX F: INTERVIEW GUIDE FOR PARTICIPANTS

Thank you for participating in the study. My name is Precious Chimusisi (Student Number 47204648) and I am doing research with Ms. M. Matee, senior lecturer in the Department of Sociology towards a Masters of Art in Social Behaviour studies in HIV/AIDS at the University of South Africa. We are inviting you to participate in a study entitled **Evaluation of the implementation of Sizanani Community Network HIV support group programme for people living with HIV in Mamelodi, Pretoria.** This study is being undertaken to investigate the impact of group membership in an HIV support group, the challenges being faced as well as to map a way forward to improve the experiences of HIV support groups. Please feel free to share your honest views with me because the information gathered in this study will be handled with strict anonymity and confidentiality and will be used for scholarly purposes only.

1. Demographic Details

- a. Sex: Male Female
- b. Age
- c. Marital status
- d. Level of education
- e. Employment status
- f. Period as a member of SCN

2. Nature of and strategies by the SCN HIV Support Group

- a. What services do you receive from the SCN HIV Support Group?
- b. How are these services dispensed to you?
- c. What strategies are used by the facilitators to ensure quality service delivery?

3. Resource Allocation

- a. What resources do you receive from the community? Government? Any other sources?
- b. How useful are the resources towards capacitating your activities?
- c. Do you have any challenges in accessing resources? If so what are the challenges?
- d. How best do you think these challenges can be resolved?

4. Challenges Faced by the SCN HIV Support Group

- a. What challenges are you facing as the SCN HIV Support Group? Social? Economic? Psychological?
- b. Where could the challenges be emanating from?
- c. How best do you think the challenges can be resolved?

5. Suggestions for Improvement

- a. How has participation in the SCN Support group programme affected your wellbeing? (Mental/Physical health).
- b. Do you feel a greater sense of community connection because of the programme?
- c. Has the programme facilitated your access to healthcare services?
- d. What do you suggest can be done to improve the functions of the SCN HIV Support Group?
- e. Any other suggestions?

Thank you for participating in this study in spite of your other pressing obligations.

APPENDIX G: FOCUS-GROUP DISCUSSION GUIDE

Thank you for participating in the study. My name is Precious Chimusisi (Student Number 47204648) and I am doing research with Ms. M. Matee, senior lecturer in the Department of Sociology towards a Masters of Art in Social Behaviour studies in HIV/AIDS at the University of South Africa. We are inviting you to participate in a study entitled **Evaluation of the implementation of Sizanani Community Network HIV support group programme for people living with HIV in Mamelodi, Pretoria.** This study is being undertaken to investigate the impact of group membership in an HIV support group, the challenges being faced as well as to map a way forward to improve the experiences of HIV support groups. Please feel free to share your honest views with me because the information gathered in this study will be handled with strict anonymity and confidentiality and will be used for scholarly purposes only.

1. Briefly, what are your experiences as members of the SCN HIV Support Group?
2. Have you experienced any progress in any areas of your life including: social, physical, psychological and economic changes ever since you joined the SCN? Please give an elaborate description of the changes you have experienced in these areas.
3. How can you describe what a HIV Community support group is from your experience with the SCN?
4. What is the nature of services that are currently offered to you as a member of the SCN?
5. Do you think the organisation is doing enough in offering these services, or do are there any short fall in the services being offered to you??
6. Could you share with us some specific examples of the activities that the SCN has done which directly impact your life as a person living with HIV?
7. Can you please tell me in your opinion what kind of support or action the government has extended to Community-based HIV service groups for example the SCN?

8. Can you tell me what kind of support or resources you would suggest the government might provide in addition to enhance the strength and efficiency of support groups for PLHIV?
9. What would you propose to make the delivery of dis-services by the SCN HIV Support Group better?
10. How can SCN meet the changing needs and challenges of PLHIV in your area best?
11. What are some of advocacy efforts that would help increase information on HIV/AIDS and attract more funding towards Community Based Organizations which offer support groups for people living with HIV?
12. How can SCN activities be impacted by partnerships with other organizations or stakeholders?
13. Are there specific opportunities with people living with HIV (PLHIV) in your communities for collaboration across sectors?
14. As people living with HIV in your community, what obstacles do you encounter when you need to access services?
15. Finally, based on our discussion today, what are your final thoughts or recommendations for improving HIV support services and policy interventions in your community?

Thank you for participating in this study despite your other pressing obligations.

APPENDIX H: IN-DEPTH INTERVIEW GUIDE FOR KEY INFORMANTS

Thank you for participating in the study. My name is Precious Chimusisi (Student Number 47204648) and I am doing research with Ms. M. Matee, senior lecturer in the Department of Sociology towards a Masters of Art in Social Behaviour studies in HIV/AIDS at the University of South Africa. We are inviting you to participate in a study entitled **Evaluation of the implementation of Sizanani Community Network HIV support group programme for people living with HIV in Mamelodi, Pretoria.** This study is being undertaken to investigate the impact of group membership in an HIV support group, the challenges being faced as well as to map a way forward to improve the experiences of HIV support groups. Please feel free to share your honest views with me because the information gathered in this study will be handled with strict anonymity and confidentiality and will be used for scholarly purposes only.

1. What is your understanding of HIV Community Support Groups?
2. What activities do they undertake in supporting the initiatives of PLHIV?
3. Are these activities adequate to improve the lives of PLHIV?
4. What has government done to capacitate community support groups? Are these interventions enough?
5. What improvement are needed to improve service delivery?
6. What else can government do to improve the lives of PLHIV?
7. Any other suggestions?

Thank you for participating in this study in spite of your other pressing obligations.

APPENDIX I: TURNITIN REPORT



Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

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File name: MA_FINAL DISSERTATION_2024.docx
File size: 285.17K
Page count: 98
Word count: 31,043
Character count: 174,203
Submission date: 24-Feb-2024 01:05PM (UTC+0200)
Submission ID: 2303173851



APPENDIX J: DECLARATION OF PROFESSIONAL EDITING

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8 October 2023

To whom it may concern:

This serves to certify that I, Anne Marais, performed the copy edit on the manuscript entitled:

**EVALUATION OF THE IMPLEMENTATION OF THE SIZANANI COMMUNITY NETWORK HIV
SUPPORT GROUP PROGRAMME FOR PEOPLE LIVING WITH HIV IN MAMELODI**

By

PRECIOUS CHIMUSISI

Language, grammar, punctuation and style issues were addressed using MSWord Review (Track Changes) function. I did no structural re-writing of the content. I am qualified to have done such editing, being in possession of a Bachelor's Degree from North-west University and a Postgraduate Certificate in Practical English Editing, from the University of Stellenbosch. As the copy editor, I am not responsible for detecting, or removing, passages in the document that closely resemble other texts and could thus be viewed as plagiarism. I am not accountable for any changes made to this document by the author or any other party subsequent to my edit.

Yours faithfully,

Anne Marais

Member: Professional Editors' Guild RSA (PEG)