



HIV and AIDS Audit: Interventions in South African Higher Education 2003-2004

A partnership programme of the DOE | SAUVCA | CTP |



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Education



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Preface

SAUVCA

Recently released HIV/AIDS prevalence figures make for disturbing reading. According to the HSRC HRD Review 2003, 25% of Technikon students and 20% of university students have contracted HIV. The study anticipates that by 2005, these numbers will have increased by 10% across institutions. This is in line with the Department of Health's 2002 antenatal survey where the estimated prevalence of HIV for university and technikon students indicates that in 2002 the estimated HIV/AIDS prevalence rate for those under 20 was 14,8% and 29.1% for those aged 20 to 24 years old. The audit and scan shows us how institutions are responding to this reality.

Although we still lack an accurate picture of prevalence at each of our universities, the audit clearly reiterates the need for support at the highest level of leadership in order to ensure that HIV and AIDS initiatives impact on all layers of the institution. Only then can we say that we have begun to offer a healthy future to staff and students. This audit is a decisive step in that direction and clearly highlights those areas where greater communication needs to exist within the university as well as between universities.

The South African Vice-Chancellors Association (SAUVCA) is convinced that the HIV/AIDS audit and scan will not only offer urgently needed tools to respond to the epidemic but will also go some way to providing a blueprint that can be used for other higher education interventions across the sector.



Piyushi Kotecha (CEO – SAUVCA)

HEAIDS

Tertiary institutions have a two-fold responsibility to the HIV/AIDS epidemic. Firstly, South Africa's Public HE institutions are an instrument for the public good. This not only means that the institution must create a conducive space in which to foster the country's future knowledge workers, but also to foster citizens that have the capacity to critique and become compassionate citizens in the world around them. Secondly, the average student in South Africa falls into a high-risk grouping, is sexually active and is away from home, often for the first time in his or her life. This means that these students are at risk through an accumulation of psycho-social and sexual factors. While this does not necessarily predict behaviour, it must alert staff and leadership to the dangers implicit within the higher education environment

The objective of this audit and scan is to assess the state of HE institutions in order to see how best to respond to these challenges. The audit provides us with the building materials in order to forge that response, to build a viable future. There is no denying that given the brief window of this research, there are omissions and findings that still need to be validated. But these results point very clearly to what has and what needs to be achieved in the sector.

It also provides the HEAIDS programme with valuable information in order to flag current institutional initiatives and to establish what the national directorate needs to prioritise for the future. As we enter a new period in the transformation of higher education, it is vital that all institutional forms embrace the single mission of combating of HIV/AIDS across the sector.



Barbara Michel (Programme Director - HEAIDS Programme)

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In conducting this audit and scan, HEAIDS worked with Khulisa Management Services to complete the project. Special thanks are due to Mary Pat Selvaggio, Gina Wilson, Valerie Kwaramba, Penelope Richards and Dhianaraj Chetty for their hard work.

Many thanks are also due to the efforts of the Institutional Officers (IOs).

It was the IOs who took the original questionnaire devised by Khulisa and piloted and refined it to the point where we have a document that not only represents the reality on the ground but is more incisive than it would have been otherwise. They also provided valuable input into the draft instruments as well as data collection assistance. They are as follows:

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University of Durban-Westville	Prof. Satyapals	Mrs. Saloshini Pillay
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1.

INTRODUCTION

1.1 BACKGROUND/HISTORY OF THE HEAIDS PROGRAMME

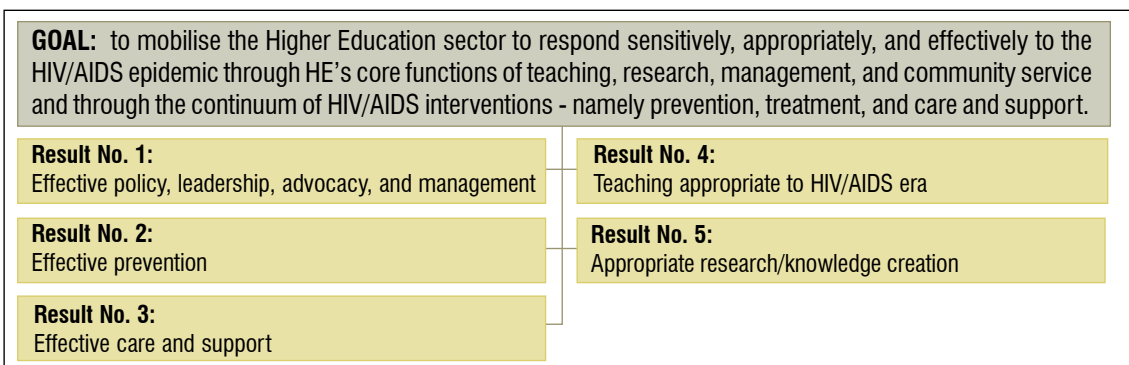
The Higher Education HIV and AIDS Programme (HEAIDS) initiative is based on a partnership between the South African Universities Vice-Chancellors Association (SAUVCA), the Committee of Technikon Principals (CTP), and the national Department of Education (DoE). Launched in November 2001, HEAIDS is the first nationally co-ordinated effort aimed at improving the capacity of higher education institutions (HEIs) in the prevention, management and mitigation of the impact of HIV and AIDS.

At the national level, a small team based at SAUVCA's Pretoria office manages the HEAIDS programme. At institutional level, each HEI has assigned a focal person (entitled the Institutional Officer) to help drive the institutional response to HIV and AIDS. Institutional Officers (IO) were identified and nominated by the Vice-Chancellors at each institution and are mainly responsible for shaping the strategy, planning, co-ordination, reporting, capacity building and managing their institutional grant. Many are involved in a range of other HIV and AIDS related activities aside from HEAIDS, whilst others have more conventional institutional responsibilities.

At its inception the HEAIDS programme was focused broadly on four priority service areas (Voluntary Counselling and Testing, Peer Education, Workplace Programmes, and Curriculum Integration) that were deliberately flexible in order to accommodate the wide variations between institutions in their responses to HIV and AIDS. Such flexibility was also appropriate to the culture of HEIs in which devolved authority and institutional autonomy are key principles. Within the broader outcomes, institutions were given the freedom to define an institutional response which best reflected their needs, priorities and capabilities.

However, over the past year it has become apparent that a stronger strategic framework with clearer indicators is necessary in order to better manage the programme and elaborate it over the longer term. A results based framework (as depicted in Figure 1) with indicators were co-developed with IOs at the institutions and will be formally adopted in 2004 (see Appendix B).

FIGURE 1: HEAIDS PROGRAMME FRAMEWORK USED AS THE BASIS FOR THIS AUDIT



1.2 PURPOSE OF THE AUDIT

HEAIDS commissioned this audit to assess the range of HIV and AIDS services, activities and interventions in each of the 35 Higher Education Institutions in South Africa against the framework and indicators described above. This audit represents a baseline against that framework and its indicators but cannot be used to judge the performance of institutions prior to 2003.

This audit and scan was not commissioned to describe all the activities of each institution's response, but only those that fall within the scope of the framework. HEAIDS recognises that each institution is pursuing a wide variety of actions that do not necessarily relate to the five results areas, and therefore are not reflected in this report. Nevertheless, for HEAIDS programme management purposes, this audit should assist in providing HEAIDS Programme Managers (both at national and institutional level) with an understanding of the current situation and the areas where further attention is required.

Thus, the information from the audit aims to:

- report on the sector's current activities in the framework's four priority service areas and five cross-cutting results areas and
- serve as a baseline against which further HEAIDS programme planning and guidance can be formulated.

This audit was conducted during a volatile period of change for the HEI sector due to impending mergers of several HEIs - but the timing is significant in the context of the restructuring process currently in progress. By 2005, the higher education system will comprise fewer and larger institutions (23 in total) and the existing distinctions between the types of institutions will have changed. The student profiles, needs on campus, and a host of other factors will change the institutional landscape. The audit also coincides with major changes in government policy on the provision of treatment - specifically the provision of Anti-Retroviral Therapy through the public health care system. These developments will significantly affect the way in which HEIs need to think about institutional strategies and the most effective ways of responding to an epidemic that is increasingly more visible on campuses across the country.

Nevertheless, the findings presented herein have considerable value in describing the status of HIV and AIDS activities in the HEIs at the present time, as well as suggesting where future assistance to HEIs could be focused.

1.3. METHODOLOGY

TABLE 1: PROVINCIAL DISTRIBUTION OF HEIS

Province	Number of HEIs
Eastern Cape	7
Gauteng	11
KwaZulu Natal	5
Limpopo	2
Mpumalanga	0
North West	3
Northern Cape	0
Free State	2
Western Cape	5
Total HEIs	35

1.3.1. Sampling

All 35 of South Africa's HEIs (i.e. 100 percent sample) were reviewed in this audit, comprised of 14 technikons and 21 universities. The provincial distribution of the 35 HEIs is shown in Table 1.

From each institution, instruments were administered to one Vice-Chancellor (or Rector), the IO, a Human Resources representative, the Dean of Research, the Dean of Students, an On-Site Clinic representative and a Peer Education Manager, as well as a subset of Heads of Departments. A description of each instrument is found in Table 2 below.

1.3.2. Instrument Design

Construction of the instruments was based on specific indicators that were generated by HEAIDS, which make up the research questions to be answered by this study. Programme documentation was also consulted in the design of the questionnaires (see Appendix C). All questionnaires contain items designed to capture the relevant indicator data as well as the additional questions identified in the TOR. The questionnaires were structured to contain both closed and open-ended items.

1.3.3. Pre-testing

The designed questionnaires were pre-tested by administering them to the IOs during the training for data collection. This proved to be a useful process as it allowed for input into the structure and effectiveness of the questionnaires.

1.3.4. Data Collection

IOs served as evaluators in the audit, administering the designed questionnaires to the various respondents within their institutions. This approach provided the benefits of building the officers' capacity in basic monitoring and evaluation of the HEAIDS programme within their own institutions. In order to ensure their effectiveness in the data collection process, IOs took part in a two-day training workshop during which they familiarised themselves with the questionnaires and provided comments on how they could be improved. IOs were trained on how to administer the questionnaires emphasising quality control guidelines. Data collection was carried out during August 2003.

1.3.5. Data Analysis

Once all the completed evaluation instruments had been received, they were scanned and verified using a TELEform system. TELEform is a software package that works in conjunction with a high-speed scanner to expedite the data capturing process while also making it more accurate through the use of Optical Character Recognition (OCR) and Optical Mark Recognition (OMR). Once the instruments were scanned and verified, all the data was automatically collated in a database for analysis. Quantitative and qualitative analysis formed the basis for this report.

TABLE 2: INSTRUMENTS USED IN THE AUDIT

Instrument/Questionnaire	Type and purpose of instrument
Institutional officer	Closed and open-ended questionnaire for the I O. To determine HIV and AIDS management, financial and policy issues of the institution as well as of the HEAIDS programme.
Vice-Chancellor	Closed and open-ended questionnaire for the Vice-Chancellor (or Rector) of the institution. To determine HIV and AIDS management and policy issues of the institution.
Human Resources Representative	Closed and open-ended questionnaire for the Human Resources Manager or any other authority in the HR department. To determine the existence and effectiveness of a staff workplace programme, institutional HIV and AIDS policy and issues around the management of HIV and AIDS within the institution.
Dean of Students Questionnaire	Closed and open-ended questionnaire for the Dean of students. To determine types of HIV and AIDS activities taking place within the campus, the extent of SRC involvement and the training of wardens and sub-wardens in HIV and AIDS issues amongst students.
Dean of Research	Closed and open-ended questionnaire for the Dean of Research or any other authority heading up research within the institution. To determine the extent to which various departments, faculties and research centres within the institution

CONTINUED ON PAGE 26

Instrument/Questionnaire	Type and purpose of instrument
	are involved in HIV and AIDS related research, partnerships that have been established with outside organisations and the focus of research output in the institution.
On-site Health Services or-Representative	Closed and open-ended questionnaire for a representative from the institution's site clinic or health service. To determine the variety of HIV and AIDS-related services offered at the health centre (e.g. VCT, STI Treatment and Counselling) and the sufficiency of basic HIV and AIDS drugs and supplies. Also provides information on capacity of clinic staff.
Peer Education	Closed and open-ended questionnaire for the individual responsible for heading up the institution's peer education programme. To determine the existence and effectiveness of staff and student peer education programmes, the capacity of the peer educators and the availability of counselling services within the institution.
Heads of Departments	Closed and open-ended questionnaire for Heads of (selected) Departments to determine the extent of integration of HIV and AIDS into the curriculum. At the HEAIDS National Meeting in June 2003, certain departments were selected for data collection under this audit and scan: Anthropology, Communications, Economics, Education, Engineering, Journalism, Law, Medicine, Management Studies, Nursing, Psychology, Public Health, Religious Studies, Social Work and Sociology.

1.4. RESPONSE RATES

Overall, there was an 84 percent response rate for all the instruments (Table 3). Response rates were lowered because UNISA, the main distance education institution, was unable to submit any data. Thus, in various parts of this report the analysis of the data appears somewhat negative but it must be borne in mind that the absence of responses is still included in the sample.

TABLE 3: QUESTIONNAIRE RESPONSE - RATES

Instrument/Questionnaire	Number Expected Returned	Actual Number Rate	Response
Institutional Officer	1 per institution = 35	34	97%
Vice Chancellor or Rector	1 per institution = 35	32	91%
Human Resources Representative	1 per institution = 35	34	97%
Dean of Students Questionnaire	1 per institution = 35	34	97%
Dean of Research Questionnaire	1 per institution = 35	33	94%
On-site Health Services Representative	1 per institution = 35	33	94%
Peer Education	1 per institution = 35	33	94%
Heads of Departments	Varied with institution (see explanation in Table 2 above) = 330	252	76%
Overall	575	485	84%

1.5. Limitations and Assumptions

This audit and scan was conducted during a period of change in the HE sector. In some cases, the impending mergers of HEIs affected the nature and availability of information crucial to this research effort. South Africa is experiencing a merger process that rivals the UK and Australian transformation of the 1980s and Hungary's equivalent consolidation. This means that this collated information - for those institutions directly affected - necessarily has a short shelf life given that at the time of the information gathering, institutions were already in a state of re-configuration. Directly as a consequence of this restructuring, continuity is disrupted as some IOs may assume new (and larger) posts - and have to start from the beginning - while other positions are restructured.

Similarly, this effort was designed as a rapid audit and scan and thus, whilst a significant amount of information was collected on the sector, it was not possible to explore each and every avenue of HIV and AIDS activities in South African HEIs.

The involvement of IOs in the data collection process was a valuable and important exercise. As can be seen from the parameters of this report, a great deal of data was collected and assimilated in this research process. However, it must be noted that the reliance on the IO to collect the necessary data has, in some cases, impacted the extent of information available for analysis as not all IOs were able to access all the participants necessary, or alternatively returned questionnaires which were not complete. It must also be noted that IOs self-reported and the overall accuracy of an institutional response depends on their input. Moreover, the quality of the response from HODs with regards to curriculum development is in part limited due to a relatively poorer response than other questionnaires.

2.

BASELINE FINDINGS: POLICY, LEADERSHIP, ADVOCACY AND MANAGEMENT

2.1. INTRODUCTION

Clear and unambiguous policy, strong leadership, advocacy, and management are essential in fostering an effective institutional and strategic response to the AIDS pandemic. The HEAIDS programme defines these as key programme outputs (comprehensive policies, risk assessments, financial investment) and organisational behaviours (evidence of commitment of Councils and Senates, appropriate management authority and leadership behaviours) that represent the adequacy of institutional support.

2.2. BASELINE RESULTS

TABLE 4: RESULTS FOR POLICY, LEADERSHIP, ADVOCACY, AND MANAGEMENT INDICATORS

INDICATOR	Unit of Measure and N Value	Technikons	Universities	Total
Risk Assessments Conducted	# of HEIs (n=35)	7 %	19 %	14 %
Risk Assessments conducted that included examination of the following criteria:				
<ul style="list-style-type: none"> Existing levels of HIV and AIDS within the workforce/student community. 	Total # of risk assessments conducted (n=5)	100 %	25 %	40 %
<ul style="list-style-type: none"> Costs to the HEI of HIV and AIDS-related employee absence and death. 	Total # of risk assessments conducted (n=5)	0 %	0 %	0 %
<ul style="list-style-type: none"> Costs to the HEI resulting from hospitalisation, home care, and prevention activities. 	Total # of risk assessments conducted (n=5)	0 %	0 %	0 %
HIV and AIDS Policy	# of HEIs (n=35)	86 %	86 %	86 %
Policies established that include the following:				
<ul style="list-style-type: none"> Promotes voluntary counselling and testing as well as treatment. 	Total # of policies established (n=30)	75%	78%	77%
<ul style="list-style-type: none"> Clearly states that employees and students will not be discriminated against on the basis of their actual or perceived HIV status. 	Total # of policies established (n=30)	92%	94%	93%

INDICATOR	Unit of Measure and N Value	Technikons	Universities	Total
HIV and AIDS Policy	# of HEIs (n=35)	86 %	86 %	86 %
<ul style="list-style-type: none"> • Guarantees the confidentiality of infected or affected employees and students. • Prohibits mandatory and pre-employment testing. • Has been effectively disseminated to the following groups: employees, students, employee representatives/ unions and student representatives. • Prohibits sexual harassment and exploitation 	Total # of policies established (n=30)	67%	83%	77%
	Total # of policies established (n=30)	42%	44%	43%
	Total # of policies established (n=30)	50%	50%	50%
	Total # of policies established (n=30)	50%	72%	63%
HEI Council committed to address HIV and AIDS	# of HEIs (n=35)	64 %	62 %	63 %
Authority for managing HIV and AIDS programme emanates from the highest institutional level	# of HEIs (n=35)	57 %	57 %	57 %
HEI financial commitment for implementing HIV and AIDS programmes within the institutions	# of HEIs (n=35)	43 %	57 %	51 %
Effective marketing or advocacy of HIV and AIDS programmes and services at HEIs	Indicator not captured in this audit.			
Policies that encourage or require infusion of HIV and AIDS into curriculum	# of HEIs (n=35)	29 %	43 %	37 %

2.3. DISCUSSION

2.3.1. Risk Assessments

Risk assessments are a key aspect of institutional HIV and AIDS initiatives in that they allow managers and policymakers to use the results to direct strategic planning for the initiative. Without risk assessments or any other form of situational analysis, there is little to no way of knowing the extent of the impact of HIV and AIDS on an institution.

As shown in Table 4 above, very few HEIs (n=5) have completed risk assessments of the threat posed by HIV to the HEI and its impact on the workforce. However, it is encouraging to note that nearly half of all HEIs plan to conduct such an assessment and a quarter plan to use the results of the risk assessment for strategic planning purposes.

More HEIs have examined the impact of HIV and AIDS on the students of the institution than the impact on staff (Table 5). This has been done through risk assessments and other mechanisms. Workforce related components of risk assessments have also been overlooked throughout the sector - for example, not one HEI has examined the costs to the HEI due to HIV and AIDS-related employee absence or death. Only one HEI has examined the impact of HIV on pension benefits.

TABLE 5: ISSUES EXAMINED BY HEIs THROUGH RISK ASSESSMENTS AND OTHER MECHANISMS

	Unit of Measure and N Value	Students	Staff
Existing levels of HIV and AIDS on...	# of HEIs (n=35)	31 %	9 %
Costs of establishing or delivering prevention activities for ...	# of HEIs (n=35)	23 %	14 %

Amongst the key respondents, there was a notably higher number of "Don't know" responses to questions regarding risk assessments from HR managers. It is interesting that HR managers seem to be less familiar with the planned risk assessments considering they are so closely linked to the status of employees and other human resource-related issues.

2.3.2. HIV and AIDS Policies

Another indicator of the extent of institutional commitment in addressing the AIDS pandemic is the development of policies to define each institution's response.

As shown in Table 4, a large majority of HEIs (n=30) report that they have created an HIV and AIDS policy with an additional two HEIs saying they plan to draft such a policy. Policies vary widely in their content - most policies have confidentiality and non-discrimination clauses, while few reportedly contain clauses that prohibit mandatory and pre-employment testing. Interestingly, more universities have HIV and AIDS policies that prohibit sexual harassment and exploitation than technikons. Few policies contain clauses relating to the following:

- Inclusion of HIV in the curriculum (53 percent).
- Plans to manage the employee living with HIV (40 percent).
- Plans that anticipate the loss of work hours and skills when staff members become ill (20 percent).

Indeed, the number of policies that have included clauses on absenteeism (n=6) is similar to the number of HEIs that have conducted risk assessments (n=5), suggesting that a risk assessment is the stimulus for the creation of the leave and absenteeism policy.

Dissemination of HIV and AIDS policies appears to be aimed more at staff and SRCs rather than students themselves. Most universities (78 percent) said they have effectively disseminated their HIV and AIDS policies to staff but fewer (50 percent) said they have done so for students. Half of all technikons (n=7) said they have effectively disseminated their policies to both staff and students. Both universities and technikons have also more effectively disseminated their policies to student representatives (77 percent) rather than individual students (53 percent) as well.

In terms of managing the institutional response, most HEIs (n=31) have a Steering Committee guiding their institutional response to HIV and AIDS and nearly all report that students are represented on the Committee.

Once again, it was identified that HR managers are not as knowledgeable about policies as Vice-Chancellors, IOs and others - more HR Managers "don't know" or have answers that contradicted those of the VC and IO. This is an interesting trend, which requires further exploration to determine the extent to which HR managers are involved in the institutional response, particularly around issues relating to HIV and the workplace⁴.

⁴ Although the audit did not examine the way in which HR managers deal with HIV in terms of employment equity legislation or other programmes.

2.3.3. Policies for Infusion of HIV and AIDS into Curriculum

Another measure of the extent of policy development and planning around HIV and AIDS is whether an HEI has a formal policy for infusing HIV and AIDS into the curriculum. The questions for this area were directed to Heads of (Academic) Departments (HODs) of the departments targeted at the HEAIDS National Meeting in June 2003 - namely, Anthropology, Communications, Economics, Education, Engineering, Journalism, Law, Medicine, Management Studies, Nursing, Psychology, Public Health, Religious Studies, Social Work and Sociology.

Due to differentiation between HODs regarding whether or not their HEI has a policy on infusing HIV and AIDS into the curriculum it was decided that at least 75 percent of the HODs from a single institution should agree in order to state conclusively whether such a policy exists or not. With that being the case, the HODs from nine universities and four technikons answered in agreement (of at least 75 percent) that their institution has established a policy for infusing HIV and AIDS into the curriculum. Considering the small number of positive responses and the high priority level of infusing HIV and AIDS into the curriculum (see Section 9.3), this is certainly an area that requires further assistance and development throughout the HE sector.

2.3.4. HEI Council Commitment

Another indicator of an institution's commitment to addressing the AIDS pandemic is the extent to which its Council or Senate has passed resolutions that are designed to define and shape the institution's response to the pandemic. Well over half of all HEIs' Councils or Senates (n=22) have passed at least one resolution regarding the institution's response to HIV and AIDS. The content of those resolutions as well as the total number of such resolutions is not known at this time, as this was not within the gamut of this audit.

2.3.5. IO Authority for Managing the HIV and AIDS Programme

IOs were asked to whom they report regarding HEAIDS matters as a measure of the extent to which the highest levels of the institution are involved in the implementation programme. Encouragingly, half of all IOs (57 percent) report directly to the VC's office, while the remaining report to one of the following:

- Vice-Principal Administration
- Dean of Faculty of Medicine
- Dean of Health Sciences
- Dean of Faculty of Health
- Head of Student Health
- Dean of Students
- Dean of Student Affairs
- Executive Director SSD
- Head of Student Council
- Institutional HIV Board
- The HIV Committee
- The Registrar

It is interesting to note that four out of the 12 offices listed above are focused on health and this may reflect a perception that HIV and AIDS is merely a health issue for the HEIs. Indeed, while more than half of all IOs report to their VC's office, the majority of IOs are based at the HIV and AIDS

Centre/Unit, counselling services, or health services, and only one IO is actually based in the VC's office (Table 7).

TABLE 6: LOCATION OF INSTITUTIONAL OFFICERS

Location	Number of IOs
HIV and AIDS Centre or Unit	7
Counselling/Support	6
Health/Wellness	6
Human Resources	4
Student Affairs	2
Other	9
Total	34

Because the audit assumed that it is the IO's role to drive each HEI's institutional response to HIV and AIDS, their optimal participation is key to the potential of each institution's response. Another indication of the extent to which the IO is able to maximise their role is the level of authority given to each IO. Table 7 below reveals the positions, other than IO, that many IOs presently hold in their respective HEIs. Obviously these positions involve other duties and responsibilities that could take up much of the IO's time and energy. This is another

factor that could possibly compromise the potential of the HEAIDS programme.

TABLE 7: POSITIONS CURRENTLY HELD BY INSTITUTIONAL OFFICERS

Position Title	Number of IOs
Coordinator	10
Director/Chief Officer	9
Social Worker/ Field Worker/ Practitioner/Psychologist	4
Manager	2
Lecturer	2
Special Assistant to the VC	1
Dean	1
Professor	1
Head of Department	1
Project Officer	1

Unfortunately, many IOs are not employed full-time and most are not employed on a permanent basis (Table 8) and this may affect the success of the programme in that institution. Indeed, only one quarter of all IOs are both working full-time on HIV and AIDS and have secure employment in their institution. If IOs are spread too thin, with too many responsibilities and not enough assistance, then they won't be able to devote the necessary time and energy to the HEAIDS programme that is required. However, it is important to note that most HEIs do have individuals other than the IO dedicated either on a part-time or full-time basis to assist with HIV and AIDS activities. One IO indicated "don't know" in response to the involvement and permanence of their position at their HEI.

TABLE 8: INSTITUTIONAL OFFICERS' EMPLOYMENT STATUS

	Permanent Basis	Non Permanent Basis	TOTAL
Full-time on HIV and AIDS	9	10	19
Part-time on HIV and AIDS	4	10	14
Don't Know	-	-	1
Total	13	20	34

2.3.6. Response by Student Services

Deans of Students were also asked about their offices' response to HIV and AIDS. Most (n=27) indicated that their office had developed a policy regarding HIV and AIDS⁵. Other responses included counselling (n=25), setting up of referral systems (n=24), designing advocacy campaigns (n=16), and developing systems for care and support (n=15).

⁵ It is not possible to determine if the policies created and mentioned by the Deans of Students are the same HIV and AIDS policies mentioned by the IOs in Table 4.

Many HEIs have given training in HIV and AIDS to their student services staff (n=21), with the most frequent type of training being how to run Peer Education programmes (n=20) or how to communicate HIV and AIDS messages (n=19). Most offer this training quarterly (n=10), although some only offer training on an annual basis (n=10).

2.3.7. Financial Commitment

The extent to which HEIs have received and/or allocated additional funding (above and beyond the HEAIDS programme funding) is indicative of their commitment and the amount of planning that has gone into their HIV and AIDS response.

Table 4 shows that half of the HEIs report that they do have additional financial resources allocated to HIV and AIDS planning and activities, and the most common source of this additional funding being the institution's central budget. Less than a quarter of all HEIs (n=7) said that they receive additional funding from external donors and/or businesses.

When asked whether their institution would be able to assume financial responsibility for the HEAIDS programme if funding ended in 2004, only eight HEIs answered, "Yes." Nine answered "No," but the most common response to that question was "Unsure." This data reflects the lack of long-term planning and commitment to a strategic institutional response to HIV and AIDS throughout the HE sector.

Moreover, while the majority of HEIs (n=29) have a three-year rolling plan, less than half reported that HIV and AIDS features in their current plan. Most likely this is influenced by the impending mergers.

2.3.8. Effective Marketing and Advocacy of Programmes and Activities

The formal indicator on marketing and advocacy was discussed during the pilot study and removed due to feasibility complications. The original indicator sought to measure the number of HEIs where printed HIV and AIDS messages on prevention, anti-stigma, VCT, care/support, gender violence, and other general health support services are easily visible in a 15 minute walk throughout the campus and in student support centres, student-counselling services, and in administration buildings. There was much concern regarding the time of the year that such a walk-through would take place, as HEIs have different advocacy and awareness campaigns running at different times throughout the year, and no single visitation would be able to capture a year's-worth of different campaigns. Also there was concern regarding who would do the walk-through and what their bias might be. Because there seemed to be too much room for bias within this indicator, it was decided the information would not be reliable and valid. Nevertheless, there remain some very interesting findings on HIV and AIDS advocacy and marketing.

Table 9 below lists the types of Information, Education and Communication (IEC) activities offered at HEIs. Nearly all respondents indicated that their institution holds awareness days and campaigns. Other marketing of HIV and AIDS and related services is less often pursued. The DOSs tended to note training as an IEC activity and this is consistent with other information presented in this report.

TABLE 9: MOST COMMON INFORMATION, EDUCATION AND COMMUNICATION (IEC) ACTIVITIES

	Unit of Measure and N Value	On-Site Health Clinic Manager	HR Managers	Deans of Students
Awareness Days	# of HEIs (n=35)	30	25	32
Campaigns	# of HEIs (n=35)	28	17	29
Marketing of Services	# of HEIs (n=35)	19	9	24
Training Sessions	# of HEIs (n=35)	-	18	29

Most HEIs report that their Public Relations Office (PRO) is involved in their institution's response to HIV and AIDS, although most respondents state that the PRO is only "somewhat involved." About half of all HEIs' websites (n=17) include information regarding the institution's response to HIV and AIDS.

Table 10 below reflects the responses of Peer Education respondents and DoSs regarding which HIV and AIDS messages they believe are most appealing to students. The results show that peer education authorities believe that students are most responsive to messages on prevention while DoSs seem to believe students are more receptive to condom use. However, most respondents (60 percent) seem to believe that students are only "somewhat responsive" to any HIV and AIDS information.

TABLE 10: HIV AND AIDS MESSAGES TO WHICH STUDENTS ARE MOST RESPONSIVE

	Unit of Measure and N Value	Peer Education Respondents	Deans of Students
Prevention Messages	# of HEIs (n=35)	10	3
Basic HIV and AIDS facts	# of HEIs (n=35)	9	1
Condom Use	# of HEIs (n=35)	8	9
Non-Discrimination Messages	# of HEIs (n=35)	8	6
Awareness Campaigns	# of HEIs (n=35)	7	4

3.

BASELINE FINDINGS: PREVENTION⁶

3.1. INTRODUCTION

HEAIDS focuses on the provision of key prevention services (to both students and staff) for stemming the spread of HIV and AIDS. These include condom provision, VCT, STI and Peer Education services. These may either be established on-site (within the institution) or be provided off-site through an effective referral service.

3.2. BASELINE RESULTS

TABLE 11: RESULTS FOR PREVENTION INDICATORS

INDICATOR	Unit of measure	Technikons	Universities	TOTAL
Condom Distribution during March, April and May 2003	No. Condoms (n=30)	129 800	313 300	443 100
Existence of quality HIV and AIDS prevention services for HEI staff and students	% of HEIs that have established on-site VCT, STI and Peer Education services or who have established an effective referral system (n=35) ⁷	86	62	71
Prevention Services available ⁸ :				
• VCT	% of HEIs (n=35)	79	71	74
• STI Treatment	% of HEIs (n=35)	79	76	77
• Peer Education services	% of HEIs (n=35)	79	67	71
• Referral systems for off-site VCT services	% of HEIs(n=35)	14	14	14
Use of VCT services:	No. persons tested (March to May 2003)	500	1 484	1 984
• Males		175	603	778
• Females		325	881	1 206
• Staff		12	53	65
• Students		488	1 431	1 919
Use of STI Treatment services:	No. persons tested (March to May 2003)	1 342	2 472	3 814
• Males		427	654	1 081
• Females		915	1 818	2 733
Partner Notification/referral rate	Indicator not measured in this audit.			

⁶ A fuller discussion on clinic characteristics and services can be found in section 5.1.

⁷ This number is based upon HEIs who have ALL of the services mentioned OR who have an established referral service.

⁸ The following numbers are based upon the availability of EACH of the individual services within HEIs and not on the existence of ALL of the services in a single HEI.

3.3. DISCUSSION

Various questions were posed to representatives from each institution to determine the extent to which (i) HEIs offer quality prevention services and (ii) students and staff make use of these services. The HEAIDS programme indicators define HIV and AIDS prevention services as including condom distribution, VCT, STI and Peer Education services.

3.3.1. Condom Distribution

Most HEIs (n=30) report condoms are distributed on their campuses. Table 11 shows that more than 440 000 condoms were distributed throughout all the HEIs during March, April and May 2003 and that over 70 percent of these condoms were distributed at universities.

Condoms are obtained free of charge from the Department of Health for most HEIs (n=30), but several HEIs (n=12) report receiving additional condoms from other groups or organisations (free of charge). No institution reported selling condoms on their campuses.

3.3.2. Existence and Use of Prevention Services

It is encouraging to note that high percentages of both technikons and universities have established prevention services for their students and staff (Table 11). Although most universities and technikons are providing VCT services (n=26), a slightly higher proportion of universities than technikons are providing STI services. Overall, fewer HEIs are offering Peer Education services than VCT and STI services.

VCT Services⁹

Overall 26 HEIs (10 technikons and 16 universities) have established VCT services for both staff and students. A few HEIs (n=5) reported having an established off-site referral system for VCT. Three of these were universities.

Nearly all the VCT services (n= 24) are provided free of charge.

Table 12 shows that VCT services at universities tend to have more paid staff compared to technikons, as well as utilising more volunteers.

TABLE 12: STAFFING FOR VCT SERVICES

	Technikons n=10	Universities n=16	Total n=26
Ave No. Paid VCT Staff per VCT service	3.5	4.9	4.4
Ave No. Volunteer VCT Staff per VCT service	1.0	2.6	2.3
Overall Average Staff	4.5	7.5	6.7

Of the 26 institutions that offer VCT services, only two indicated that the DoH provides them with staff for VCT for no charge. Of the 26 institutions offering VCT, half (13) reported receiving materials from the DoH. All of these institutions reported that the materials were free of charge.

All of these VCT services report an increase in the use of their institutions' VCT services since January 2002. 'Use' is based upon those individuals who received VCT. However, the data in Table

⁹ An important caveat and one that only came to light after the completion of the study is that no VCT services are offered on Fridays. The utilisation measure was, however, based on a five day week which suggests that VCT use is higher than the 1.3 measure that was returned in the scan.

11 suggests that utilisation of the service is very low - on average only 1.3 persons use the VCT service each day, although the utilisation rate varies from institution to institution. The HEI with the highest utilisation rate reported a rate of 4.8 persons per day while the HEI with the lowest utilisation rate reported a rate of 0.07 persons per day. The data also show that many more students utilise the VCT service than staff and more females than males use the service. This suggests that there is considerable room for increasing the reach of the VCT service, especially to males and staff within the HEIs.

Pre-test counselling appears to strongly encourage testing, as determined from data collected between March and May 2003. These results show that 92 percent of those that received counselling during this period were subsequently tested. Across both technikons and universities, the requesting of VCT for the months March - May 2003 was as follows:

TABLE 13: NUMBERS OF STUDENTS AND STAFF REQUESTING VCT

	Technikons (n=11)	Universities (n=11)	Total (n=22)¹⁰
Males	257	570	827
Females	474	844	1318
Staff	39	57	96
Students	692	1357	2049

STI Treatment Services

A total of 27 HEIs offer STI treatment services. These services are slightly more likely to be found at universities than at technikons. All of these services reported an increase in the use of their institutions' STI services since January 2002. However, similar to VCT services, the data in Table 11 suggest that utilisation rates are very low - on average, the number of persons using STI services is 2.4 persons per day. Again, the utilisation rates vary among institutions, with the highest utilisation rate being 12.8 persons per day and the lowest being 0.1 persons per day. Similar to the VCT service, the numbers of females and staff significantly outnumber males, suggesting that males and staff members are either not getting treatment or are using other services than those available at the institution.

The quality of STI services needs attention, particularly in ensuring consistent supplies of STI drugs - 30 percent of all clinics reported experiencing shortages or stockouts of STI management drugs in the past six months. This suggests that although the services are theoretically available, they are not always functioning optimally to meet the need.

The health services staff at the institution generally manages STI services and these staff are also responsible for monitoring the delivery of the service.

Student Peer Education programmes

Many HEIs (n=25) have established a Student Peer Education programme, and among those who don't yet have a programme, a few (n=3) have a plan developed for introducing the programme.

The most common model for the HEI Peer Education programme is one that delivers both a peer education and peer counselling model (60 percent) rather than one that delivers only peer education (28 percent), or one delivering only peer counselling (12 percent).

¹⁰ Whilst 26 institutions reported offering VCT, only 22 reported numbers. Data is based upon 22 HEIs who have VCT.

Support to Peer Educators is generally provided in the form of training (96 percent), followed by provision of materials (84 percent). Few programmes (24 percent) provide financial remuneration to the Peer Educators.

Three quarters of all programmes provide peer educators with a room in which to conduct their education and counselling sessions.

The programme is equally likely to be delivered independently (48 percent) as incorporated into other support services (48 percent), although at technikons it was more likely to be delivered independently of other support services.

Most HEI Peer Education programmes are overseen by counselling services rather than the health service (see Table 14). This may explain why Peer Education programmes are the most common preventive service even in the absence or presence of an on-site health service. Moreover, compared to an on-site health clinic, counselling services have few other competing services and possibly more staff (in the form of volunteers); the training for Peer Education is far less specialised than that for VCT or STI services and therefore a larger number of Peer Education counsellors can be trained and used to deliver this service; and finally recurrent costs for the Peer Education programme is far less than that required to establish and operate VCT and STI services.

TABLE 14: WHO OVERSEES THE STUDENT PEER EDUCATION PROGRAMME?

	Technikons (n=11)	Universities (n=14)	Total (n= 25)
Counselling Services	50 %	43 %	46 %
On-site Health Clinic	14 %	14 %	14 %
Student Services	14 %	14 %	14 %
HR Office	7 %	0 %	3 %
SRC	7 %	14 %	11 %
AIDS Centre	14 %	14 %	20 %
Institutional Officer	7 %	0 %	4 %
Dramaide	0 %	5 %	4 %
Health Science Department	7 %	0 %	4 %
No peer education programme	14 %	10 %	11 %

The Peer Education programmes are most commonly managed by the IO (36 percent). Other responses included the student advisor (16 percent), health services staff (16 percent), SRC (8 percent) as well as other groups, which include counselling services. Likewise, the programmes are more commonly monitored by the IO (32 percent). Peer educators usually report back to their supervisors on a weekly basis (40 percent) or a monthly basis (28 percent).

Nearly half of all Peer Education programmes (48 percent) have been evaluated, and most respondents (84 percent) indicated that they intended using "Rutunang Guidelines for Peer Education Programmes in the HEI Sector" to improve or establish their student Peer Education programme. Many also indicated that they intended using these guidelines to evaluate their Student Peer Education programmes (76 percent).

Funding for the programme is generally provided by the institution itself (72 percent) or the HEAIDS programme (56 percent).

Where Student Peer Education programmes exist, almost all (24 of 25) institutions reported that the student peer educators have been trained. Of these 24 institutions, only 4 reported that their Student Peer Education training programme is credit-bearing. The average number of student peer educators that have been trained since the programmes began within the institutions is 244, and the average time used to train a student peer educator is 24 hours. As shown in Table 15, twice as many females than males are being trained as peer educators. Table 16 shows that peer educators are not always delivering services on the topics that they have been trained in, suggesting that there is need for closer support and supervision once they are providing services.

TABLE 15: AVERAGE NUMBER OF PERSONS TRAINED PER INSTITUTION DURING MARCH, APRIL AND MAY 2003

	Technikons n=11	Universities n=13	Total n=2411
Females	23.9	23.7	23.8
Males	12.5	11.0	11.7
Totals	36.5	34.7	35.5

TABLE 16: TOPICS WHERE STUDENT PEER EDUCATORS HAVE BEEN TRAINED AND WHERE THEY ARE REPORTEDLY DELIVERING

Peer Education Themes	Unit of Measure	Peer educators that have received training on the theme			Peer Educators delivering education on the theme		
		Technikons n=11	Universities n=13	Total n=24	Technikons n=11	Universities n=13	Total n=24 ¹¹
Life Skills (e.g. goal setting, assertiveness, problem solving, decision-making and planning)	% HEIs (n=)	91 (10)	100 (13)	96 (23)	82 (9)	100 (13)	92 (22)
Rights and responsibilities (e.g. Human rights, how to say no, sexual harassment, respect and abstinence)		100 (11)	100 (13)	100 (24)	82 (9)	100 (13)	92 (22)
General Health (e.g. hygiene, nutrition, substance abuse, managing stress and healthy safe living)		82 (9)	92 (12)	88 (21)	73(8)	85 (11)	79 (19)
HIV and AIDS (e.g. STI signs and symptoms, universal precautions, VCT, condom use and care and support for infected friends and family)		100 (11)	100 (13)	100 (24)	91(10)	100 (13)	96 (23)

¹¹ One institution that claimed to have a Peer Education Programme for Students did not provide data for these questions. Data reflects responses from 24 HEIs.

Staff Peer Education programmes

Only a few HEIs (n=7) have established a Peer Education programme for staff, and only few of the remaining HEIs (n=11) intend on introducing the programme for staff in the future. Although two HEIs started their staff peer education in 2000, the remaining five programmes were only started in 2003.

Many of the characteristics of the Staff Peer Education programme are similar to those in the student programme, although a few differences emerge. The largest number of respondents indicated that the staff programmes are based in the HR office (43 percent) rather than based at the counselling services, as is the case with the student programme. IOs or HR managers are the main managers and monitors of the staff programme.

As with the student programme, Staff Peer educators mostly get training (100 percent) and material support (100 percent). However a major difference between the student and staff programme is that many of the staff programmes offer financial remuneration (43 percent) as well as reimbursement of expenses (57 percent). Also more staff programmes (100 percent) provide a room to conduct education and counselling than student programmes.

Only one HEI reported having evaluated its Staff Peer Education programmes, and this was in March 2001.

Many staff programmes (57 percent) require Staff Peer educators to provide any feedback to their supervisors, and these occur with equal frequency either monthly or weekly.

The staff programmes are more likely to be funded by the institution itself (57 percent) and/or the HEAIDS programme (29 percent). Several also are funded by external donors (43 percent).

Nearly all respondents (86 percent) reported achievements of the Staff Peer Education programme as being 'training of peer educators' (29 percent), 'participation from members of staff' (29 percent) or 'integration of HIV and AIDS into the curriculum' (29 percent).

Where Staff Peer Education programmes exist, all (n=7) peer educators have received training. An average of 140 staff peer educators per institution have been trained since the programme began within these institutions. An overall total of 980 staff peer educators have been trained within the seven institutions. Results indicate that an average of 20.25 hours is required to train a staff peer educator.

4.

BASELINE FINDINGS: TREATMENT, CARE, AND SUPPORT¹²

4.1. INTRODUCTION

Managing HIV and AIDS after infection allows the infected individual to continue to lead a “normal” life and to improve the overall quality of his/her life. The HEAIDS programme defines treatment care and support services as consisting of sufficiently trained personnel to deliver one or more of the following services: food and nutrition, support for the prevention of onward transmission of HIV, follow-up counselling, protection from stigma and discrimination, spiritual support, treatment of STIs, management of nutritional effects, prevention and treatment of opportunistic infections (OIs), traditional treatment, end of life (palliative) care, home-based care and provision of anti-retrovirals.

Common opportunistic infections include various bacterial diseases (e.g. TB), protozoal diseases (e.g. leishmaniasis), fungal diseases (e.g. candidiasis), viral diseases (e.g. herpes) and HIV-associated malignancies such as Kaposi sarcoma. Psychosocial support assists an individual to cope with the effects of HIV and AIDS in all dimensions of his/her life: physical, psychological, social and spiritual. Post-Exposure Prophylaxis (PEP) describes the prevention of possible HIV infection after an individual has recently been in a position in which s/he was at risk of contracting the virus. Prevention measures are taken by administering anti-retrovirals to the individual. A common means by which an individual is highly exposed to HIV infection is rape. Palliative care is essentially end-of-life care to prepare the terminally ill individual for death though support and pain relief. Anti-retroviral therapy is an increasingly common treatment that controls (slows down) the spread of HIV inside the human body, after infection. Provision of anti-retrovirals to HIV-infected individuals requires instruction and monitoring by health services staff. This form of treatment assists the infected person to continue leading a normal life. In the later stages of HIV, when the virus has affected the immune system to the point where the affected individual is unable to cope with normal day-to-day activities, the condition becomes known as AIDS. The individual requires a great deal of care and clinical supervision. Home-based Care is a system by which either a health care professional or a nurse aide voluntarily commits a portion of his/her time to care for and support the terminally ill individual on a regular basis. Home-based Care incorporates supervision of nutrition, control of OIs as well as providing palliative and general support.

¹² A fuller discussion on clinic characteristics and services can be found in section 5.1

4.2. BASELINE RESULTS

TABLE 18: RESULTS FOR CARE AND SUPPORT

INDICATOR	Unit of measure	Technikons	Universities	TOTAL
HEI medical personnel trained in the care of HIV-related conditions	% of HEIs with trained personnel (n=35)	64	67	66
<ul style="list-style-type: none"> Number of clinical staff trained in the natural history of HIV Number of clinical staff trained in the diagnosis and care of common opportunistic infections Number of clinical staff trained in the comprehensive management of HIV and AIDS 	No. Persons Trained	29 29 20	69 45 33	98 74 53
Provision of Treatment, Care and Support Services	% of HEIs with any of the following onsite or referral services (n=35)	71	71	71
Treatment of opportunistic infections: <ul style="list-style-type: none"> To Staff To Students 	(N) % of HEIs offering TCS (n=25)	(4) 40 (4) 40	(5) 33 (6) 40	(9) 36 (10) 40
Psycho-social support: <ul style="list-style-type: none"> To Staff To Students 	(N) % of HEIs offering TCS (n=25)	(8) 80 (8) 80	(12) 80 (12) 80	(20) 80 (20) 80
Post-Exposure Prophylaxis (PEP) : <ul style="list-style-type: none"> To Staff To Students 	(N) % of HEIs offering TCS (n=25)	(3) 30 (3) 30	(5) 33 (7) 47	(8) 32 (10) 40
Palliative care: <ul style="list-style-type: none"> To Staff To Students 	(N) % of HEIs offering TCS (n=25)	(4) 40 (4) 40	(1) 7 (2) 13	(5) 20 (6) 24
Antiretroviral therapy: <ul style="list-style-type: none"> To Staff To Students 	(N) % of HEIs offering TCS (n=25)	(1) 10 (1) 10	(2) 13 (2) 13	(3) 12 (3) 12
Home-based care: <ul style="list-style-type: none"> To Staff To Students 	(N) % of HEIs offering TCS (n=25)	(1) 10 (1) 10	(1) 7 (0) 0	(2) 8 (1) 4
Use of Treatment, Care and Support Services	Indicator not captured in this audit.			

4.3. DISCUSSION

Many HEIs (n=25) reported that they offer treatment care and support services to staff and students either on-site (n=20), off-site (by referral) (n=2), or both (n=3)¹³. As seen with the provision of VCT and STI services, a slightly larger percentage of universities than technikons are providing treatment, care and support services.

When treatment, care and support services are available, they are offered to students and staff alike, although in some cases, the service is only made available to students. The most common services provided are Psychosocial Support (n=24) and PEP (n=11). The least common services offered are Home-based Care (n=2) and Anti-Retroviral Therapy, (n=4).

Although few HEIs are presently offering ART to students or staff, (ART) the recent changes in government policy (i.e. availability of generic drugs and the government's recently issued roll-out plan) as well as the funding landscape, mean that this is expected to change significantly in the near future.

The availability of trained clinical staff in general HIV and AIDS areas is good, although institutions have fewer staff that have been trained in comprehensive management of HIV (per Table 19).

TABLE 19: AVERAGE NUMBERS OF CLINICAL STAFF TRAINED IN VARIOUS HIV-RELATED AREAS PER INSTITUTION

Ave number of clinical staff (per institution) trained in ...	Technikons n=12	Universities n=17	Total n=29
...Natural history of HIV	2.9	4.6	3.9
...Diagnosis and care of common opportunistic infections	2.9	3.0	3.0
...Comprehensive management of HIV and AIDS	2.9	2.4	2.5

¹³ The data on support for treatment of staff are likely to be an underestimate, as it is possible that HEIs finance treatment care and support services for staff through medical aid programmes without directly providing the services to staff. However, the extent to which treatment services are available through such financing mechanisms was not explored in this audit.

5.

BASELINE FINDINGS: CLINIC AND HEALTH SERVICES

5.1. CLINIC AND HEALTH SERVICE CHARACTERISTICS

Most HEIs (n=30) have on-site clinic or health services. Some of these services are free (n=10), but many charge a general clinic fee to both staff and students (n=20).

Less than half of all clinics (n=13) offer an after-hours emergency service. Stockouts occur at the clinics with half (n=15) of all clinics experiencing stockouts of drugs, contraceptive methods or general clinic supplies in the past six months.

TABLE 20: HEALTH SERVICE CHARACTERISTICS

	Unit of Measure and N Value	Technikons	Universities	Total
Percent HEIs with an on-site health service	# of HEIs (n=35)	86	86	86
Percent of clinic services with <ul style="list-style-type: none"> • After hours emergency clinic 	Total # of HEIs with onsite clinics (n=30)	42	44	43
<ul style="list-style-type: none"> • Fees charged to students 	Total # of HEIs with onsite clinics (n=30)	50	78	67
<ul style="list-style-type: none"> • Fees charged to staff 	Total # of HEIs with onsite clinics (n=30)	58	67	63
<ul style="list-style-type: none"> • Stockouts of STI Syndromic mangement drugs in the past six months 	Total # of HEIs with onsite clinics (n=30)	25	33	30
<ul style="list-style-type: none"> • Stockouts of drugs to prevent OIs in the past six months 	Total # of HEIs with onsite clinics (n=30)	33	17	23
<ul style="list-style-type: none"> • Stockouts of contraceptive methods in the past six months 	Total # of HEIs with onsite clinics (n=30)	42	28	33
<ul style="list-style-type: none"> • Stockouts of general clinic supplies (gloves, needles, client forms) in the past six months 	Total # of HEIs with onsite clinics (n=30)	17	22	20
<ul style="list-style-type: none"> • Have a system for obtaining client feedback on satisfaction with service 	Total # of HEIs with onsite clinics (n=30)	58	78	70

Several institutions indicated that they offer counselling services. The variety of the counselling services differed and is further represented in the table below.

TABLE 21: INSTITUTIONS THAT OFFER COUNSELLING SERVICES

Counselling	Unit of Measure	Technikons n=14		Universities n=21		Total n=35	
		For students	For Staff	For students	For Staff	For students	For Staff
VCT	% HEIs, (n)	79 (11)	79 (11)	71 (15)	57 (12)	74 (26)	66 (23)
STIs		79 (11)	79 (11)	86 (18)	67 (14)	82 (29)	71 (25)
Sexuality		79 (11)	79 (11)	81 (17)	57 (12)	80 (28)	66 (23)
Rape		64 (9)	64 (9)	76 (16)	62 (13)	71 (25)	63 (22)
Pregnancy		79 (11)	79 (11)	81 (17)	57 (12)	80 (28)	66 (23)
Sexual abuse		64 (9)	64 (9)	71 (15)	57 (12)	69 (24)	60 (21)
Substance abuse		64 (9)	57 (8)	52 (11)	57 (12)	57 (20)	57 (20)
Family planning		79 (11)	79 (11)	57 (12)	57 (12)	66 (23)	66 (23)

Nearly all (90 percent) reported an increase in the use of general health services within their institutions since January 2002. Most (83 percent) also reported an increase in the use of their institutions' reproductive health services since January 2002.

Almost all HEIs with on-site clinical services indicated that they disseminate information about their services through awareness campaigns (93 percent) followed by the use of posters (83 percent). A few (13 percent) institutions indicated that this was also done through delivering talks at secondary schools.

Table 22 shows that the majority of clinics believe that their clinical staff have adequate training in pregnancy counselling (n=21), family planning (n=20) and STI diagnosis and treatment (n=19). However, the most common areas in which clinical staff require additional training is in providing ART (n=18).

TABLE 22: ADEQUACY OF KNOWLEDGE AND SKILLS OF CLINICAL STAFF

	Unit of Measure	Clinics whose staff have adequate training in...			Clinics whose staff require additional training in ...		
		Technikons n=13	Universities n=17	Total n=30	Technikons n=13	Universities n=17	Total n=30
Pregnancy counselling	% clinics, (n)	62 (8)	76 (13)	70 (21)	15 (2)	18 (3)	17 (5)
Family planning counselling		77 (10)	59 (10)	67 (20)	15 (2)	18 (3)	17 (5)
STI diagnosis and treatment		69 (9)	59 (10)	63 (19)	15 (2)	24 (4)	20 (6)
HIV testing		62 (8)	59 (10)	60 (18)	15 (2)	12 (2)	13 (4)
Pre and post test HIV counselling		54 (7)	53 (9)	53 (16)	15 (2)	12 (2)	13 (4)
Sexuality counselling		31 (4)	59 (10)	47 (14)	15 (2)	12 (2)	13 (4)

CONTINUED ON PAGE 24

	Unit of Measure	Clinics whose staff have adequate training in...			Clinics whose staff require additional training in ...		
		Technikons n=13	Universities n=17	Total n=30	Technikons n=13	Universities n=17	Total n=30
Treatment of Opportunistic Infections e.g. TB	% clinics, (n)	54 (7)	35 (6)	43 (13)	23 (3)	47 (8)	37 (11)
Sexual abuse counselling		31 (4)	41 (7)	37 (11)	30 (4)	41 (7)	37 (11)
Palliative care (e.g. pain management)		38 (5)	24 (4)	30 (9)	30 (4)	29 (5)	30 (9)
Rape counselling		31 (4)	29 (5)	30 (9)	38 (5)	47 (8)	43 (13)
Crisis counselling (e.g. relationship breakdown, Post-traumatic stress)		31 (4)	24 (4)	27 (8)	30 (4)	41 (7)	37 (11)
Post Exposure Prophylaxis (PEP)		23 (3)	24 (4)	23 (7)	38 (5)	41 (7)	40 (12)
Substance abuse counselling		15 (2)	29 (5)	23 (7)	23 (3)	35 (6)	30 (9)
Anti-retroviral Therapy (ART)		23 (3)	6 (1)	13 (4)	46 (6)	65 (12)	60 (18)

5.2. ADEQUACY OF INSTITUTIONAL RESOURCES FOR EFFECTIVE ON-SITE SERVICES

Clinical staff were asked whether they thought their institutions had the necessary resources to deliver effective on-site HIV and AIDS services. These services related both to the clinical and counselling services. The results are presented according to the different resources - staffing, knowledge and skills, financial and material resources and leadership.

Staffing

Generally less than half of all respondents felt that there are sufficient clinical/counselling staff to deliver an effective HIV and AIDS response.

TABLE 23: ARE THERE SUFFICIENT STAFF TO DELIVER AN EFFECTIVE HIV AND AIDS RESPONSE?

Respondents	Unit of Measure	Yes	Some	No	Don't Know	No Response
Clinical services	% clinics (n)	37 (13)	20 (7)	29 (10)	0	14(5)
Counselling services		34 (12)	29 (10)	20 (7)	0	17(6)

Knowledge and Skills

Most respondents believe that there is sufficient knowledge and skills to deliver an effective HIV and AIDS response. This was true for both clinical and counselling staff.

TABLE 24: ARE THERE SUFFICIENT KNOWLEDGE AND SKILLS TO DELIVER AN EFFECTIVE HIV AND AIDS RESPONSE?

Respondents	Unit of Measure	Yes	Some	No	Don't Know	No Response
Clinical services	% clinics (n)	51 (18)	31 (11)	6 (2)	0	11(4)
Counselling services		57 (20)	29 (10)	3 (1)	0	11(4)

Financial and Material Resources

Very few respondents (particularly amongst the clinical staff) believe that there are sufficient financial and material resources. The majority of clinical staff believe that there are some resources.

TABLE 25: ARE THERE SUFFICIENT FINANCIAL AND MATERIAL RESOURCES TO DELIVER AN EFFECTIVE HIV AND AIDS RESPONSE?

Respondents	Unit of Measure	Yes	Some	No	Don't Know	No Response
Clinical services	% clinics (n)	3 (1)	43 (15)	29 (10)	3(1)	23(8)
Counselling services		26 (9)	31 (11)	20 (7)	3 (1)	20(7)

Leadership

Most clinical and counselling staff believe that their institution has the necessary leadership to deliver an effective HIV and AIDS response.

TABLE 26: IS THERE SUFFICIENT LEADERSHIP TO DELIVER AN EFFECTIVE HIV AND AIDS RESPONSE?

Respondents	Unit of Measure	Yes	Some	No	Don't Know	No Response
Clinical services	% clinics (n)	57 (20)	23 (8)	3 (1)	3 (1)	14(5)
Counselling services		57 (20)	20 (7)	3 (1)	0	20(7)

6.

BASELINE FINDINGS: TEACHING HIV AND AIDS

6.1. INTRODUCTION

The HEAIDS programme envisions that all universities and technikons in South Africa will build HIV and AIDS content into teaching and learning, through rewarding teaching staff in their efforts to teach HIV and AIDS and/or in incorporating HIV and AIDS content into coursework for students.

The HEAIDS programme also envisions that a majority of graduates in the humanities¹⁴ particularly will be well versed in HIV and AIDS and will be able to use this knowledge in their careers.

6.2. BASELINE RESULTS

TABLE 27: RESULTS FOR TEACHING FOR HIV AND AIDS INDICATORS

INDICATOR	Unit of measure	Technikons n=14		Universities n=21		TOTAL n=35	
Promotion of Lecturer involvement in HIV and AIDS teaching	Percentage of HEIs	14 %		10 %		11 %	
Infusion of HIV and AIDS into the curriculum through	% of academic qualification programmes	Undergrad	Postgrad	Undergrad	Postgrad	Undergrad	Postgrad
• Service Learning		49	26	54	47	53	43
• Infused through all courses		32	23	44	47	40	41
• Core Courses		58	26	62	47	61	43
• Foundation		41	17	37	25	38	23
• Elective Courses		18	20	46	46	39	41
• Short Courses		30	4	25	27	26	21
Humanities graduates trained in the care of those affected by HIV and AIDS	Percentage of graduates	Indicator not measured in this audit					

¹⁴ As explained in Table 2, during the HEAIDS National Meeting in June 2003, certain departments were selected for data collection under this audit – Anthropology, Communications, Economics, Education, Engineering, Journalism, Law, Medicine, Management Studies, Nursing, Psychology, Public Health, Religious Studies, Social Work and Sociology. Thus the data in this section only represents the situation in these departments and not other academic programmes.

6.3. DISCUSSION

A number of academic programmes are integrating HIV and AIDS into their curriculum (Table 27) - especially at universities and especially in undergraduate academic courses. Using core courses and service learning are the most common means of integrating HIV and AIDS while fewer institutions seem to prefer short courses.

More universities (60 percent) than technikons (51 percent) have established an institutional policy for including HIV and AIDS into the curriculum. Similarly, more university departments (45 percent) than technikon departments (30 percent) have established departmental policies for including HIV and AIDS in the curriculum.

A small portion of technikons (26 percent) and universities (28 percent) involved students in the development of their institutional curriculum policy. On the other hand, more universities (91 percent) than technikons (71 percent) involved staff in the development of their curriculum policy. Overall, student involvement is minimal in all institutions, with staff involvement much higher. Results also revealed that nearly half of universities (52 percent) and technikons (48 percent) have effectively disseminated or displayed the policy so that all stakeholders are aware of the policy. However, these dissemination figures could be higher.

From those institutions that disseminated the policy to stakeholders:

- Slightly more universities (66 percent) than technikons (54 percent) effectively disseminated the policy to the employees/staff.
- More universities (63 percent) than technikons (54 percent) effectively disseminated the policy to students.
- More technikons (43 percent) than universities (35 percent) effectively disseminated the policy to employee representatives/unions.
- Both universities and technikons (63 percent) effectively disseminated the policy to student representatives.

The low dissemination to employee representatives and unions is a point of concern and should be encouraged in the future.

Further analyses revealed that more HODs in universities (80 percent) than technikons (77 percent) believe it is their responsibility to incorporate HIV and AIDS into the curricula, and report that they are taking more action to infuse HIV and AIDS into their academic programmes. Particularly:

- More universities (25 percent) than technikons (16 percent) focused mainly on the impact of HIV and AIDS on a particular profession.
- More universities (49 percent) than technikons (35 percent) focused primarily on the content related to the particular profession.
- More universities (60 percent) reported that employers or professional bodies are highly interested in the incorporation of HIV and AIDS into their department's curriculum.
- On the other hand, more technikons (49 percent) incorporated personal behaviour changes for HIV and AIDS, than did universities (26 percent).
- Also, both universities (13 percent) and technikons (13 percent) reported that all staff members received some form of training or capacity building, to enable them to teach HIV-related materials.

Table 27 shows that few HEIs (n=4) report that they are using HIV and AIDS criteria for the promotion of lecturers.

Despite the large level of interest and efforts by universities, more could be done. The discussion above as well as the data in Table 27 show that the majority of HEIs have not effectively infused HIV and AIDS into their curriculum. Indeed, as discussed in section 9.3 below, this is regarded by nearly all respondents as the greatest priority for the HEAIDS programme.

HIV and AIDS Content in Distance Learning Programmes

From the thirty percent of universities that reported being distance-learning institutions, seven percent of them reported that their institution had established a policy for including HIV and AIDS into the distance-learning curriculum. From the twenty eight percent of technikons that reported being distance-learning institutions, seven percent of them reported that their institution established a policy for including HIV and AIDS into the distance-learning curriculum.

Slightly more universities (16 percent) than technikons (15 percent) infused HIV and AIDS content in courses for distance learners. More universities (13 percent) than technikons (5 percent) disseminated HIV and AIDS within study material to distance learners. A small portion of distance learning programmes at universities use the web and contact sessions (2 percent), or satellite (4 percent) to disseminate HIV and AIDS to distance learners.

A higher number of technikons (11 percent) than universities (8 percent) reported that their academic qualification programmes are offered through distance learning.

7.

BASELINE FINDINGS: RESEARCH/KNOWLEDGE CREATION

7.1. INTRODUCTION

One of the goals of the HEAIDS programme is to generate new knowledge about how to address HIV and AIDS in the higher education sector, as well as to ensure that such research conducted through the HEI meets ethical standards. The programme also aims to effectively disseminate new knowledge through a variety of mechanisms.

However, the data for this portion of the audit was fraught with problems. First because much of the data submitted was incomplete, the analysis below represents only a small portion of the sector. Second, it is clear that most HEIs do not have a central database on HIV and AIDS research from which the audit could draw. However, it is encouraging that two institutions have noted that they are conducting internal audits on HIV and AIDS research, which can inform this programme result in the future. Lastly, it is important to note that technikons have only recently developed a research focus, thereby exploring important issues centred on HIV and AIDS.

Given these limitations, the data presented below should be interpreted with due caution.

7.2. BASELINE RESULTS

TABLE 28: RESULTS FOR RESEARCH/KNOWLEDGE CREATION INDICATORS

INDICATOR	Unit of measure	Technikons n=14	Universities n=21	TOTAL n=35
Ethics Policies appropriate ¹⁵ for HIV and AIDS research activities	% of HEIs	7 %	24 %	17 %
No. of postgraduate research projects that relate to HIV and AIDS for 2002	Total No. for sector	28	197	225
	No. HEIs responding affirmatively to question ¹⁶	3	6	9
	Ave No. Research projects per institution	9	33	19

¹⁵ The term appropriate refers to ethics policies with specific reference to HIV and AIDS.

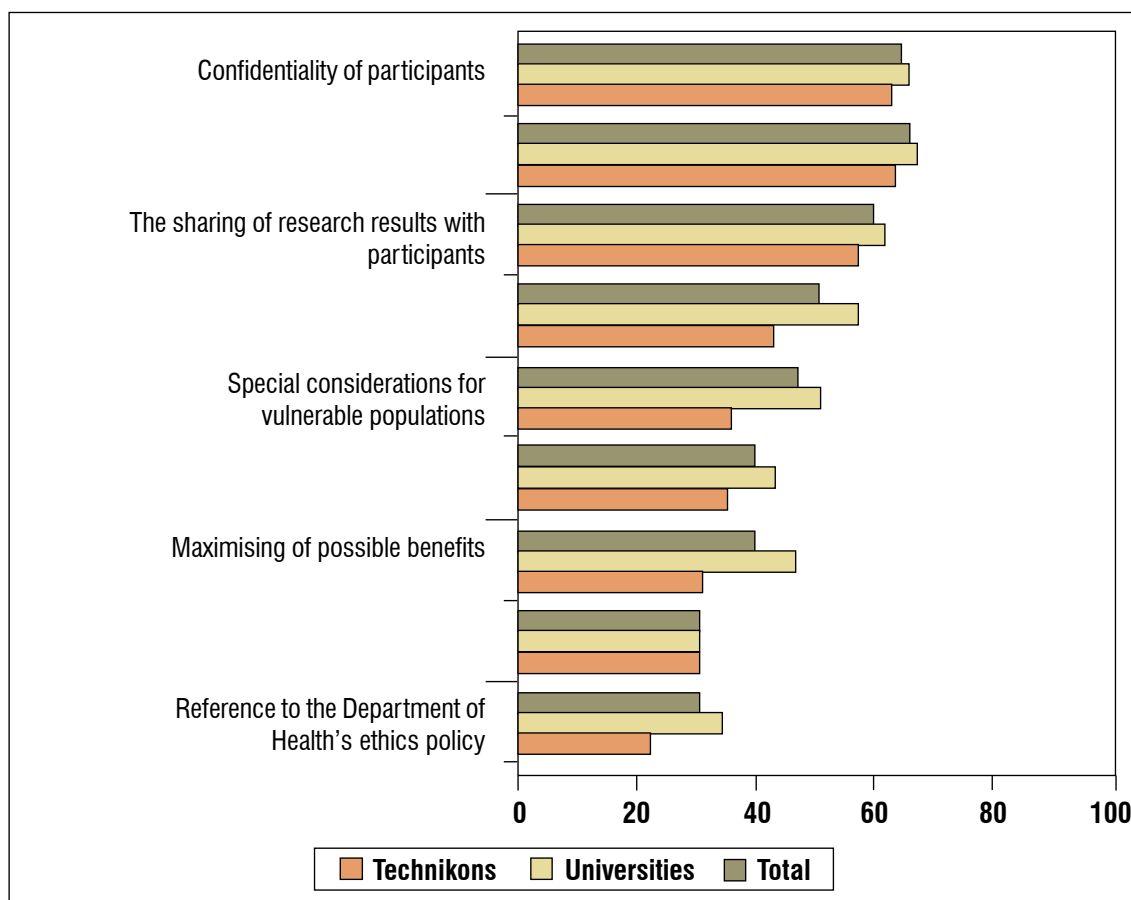
¹⁶ Very few respondents were able to provide actual data on the number of projects. Therefore, the data reflects responses from only 9 HEIs.

7.3. DISCUSSION

Ethics Policies: Most HEIs (n=25) have ethics policies with some¹⁷ reference to HIV and AIDS research although these are found significantly more in universities (n=15) than technikons (n=10). The reported content of these policies, depicted in Figure 2, shows that confidentiality and informed consent are the most common features, although not all policies contain these.

Respondents indicated that the research protocols are not always submitted to the institution's ethics committee¹⁸ although this occurs more often at universities than technikons - half the Deans of Research (DoRs) at universities (53 percent) compared to 14 percent at technikons indicated that all research projects were submitted to the ethics committee.

FIGURE 2: PERCENT OF RESEARCH ETHICS POLICIES THAT HAVE THE FOLLOWING CONTENT: (N=25)



Focal point for HIV and AIDS research: Six technikons and eight universities report that they have specific units that deal with HIV and AIDS research. Nearly half of HEIs work with their Faculty of Medicine (n=15) in HIV and AIDS related research at the university.

¹⁷ Some refers to both “non-specific” and/or “specific” reference.

¹⁸ The difference between different types of research protocols was not explored - for example a student's KAP study versus a larger study of human seroprevalence - so the data only reflect an aggregation of all types of research.

Partnerships for HIV and AIDS Research: Several HEIs indicated that they have partnerships with other internal units for HIV and AIDS related research. Most of these are with medical units [such as the Medical Research Council Unit (n=19), and the Sexually Transmitted Infections Research Niche Area (n=11)], rather than with social science oriented research units.

Production of HIV and AIDS research: It appears that more DoRs from universities (47 percent) than technikons (25 percent) prioritise HIV and AIDS research in comparison to other forms of research. For universities, most focus on medical and treatment fields of study, as well as the social impact of the disease, transmission and levels of infection. Among technikons, however, all reported that education, prevention and behavioural change are the most important field of study for HIV and AIDS research.

Nearly all HEIs (n=27) report that they encourage the use of research findings in their teaching, but more universities (56 percent) than technikons (45 percent) track HIV and AIDS research outputs.

Because very few HEIs responded to the question regarding the number of HIV and AIDS related research projects, it is not possible to draw firm conclusions regarding the extent of research production. Of the few that responded to these questions (n=9), a total of 357 staff postgraduate research projects related to HIV and AIDS were reportedly produced in universities in 2002. In contrast, technikons produced only six staff postgraduate research projects related to HIV and AIDS in 2002. Despite the limited data for this indicator, it does track with the trend that more universities (n=7) had higher amounts of funding generated in HIV and AIDS research than technikons (n=2).

Also, it is interesting to note that most HEIs disseminate their research results by publications and conferences.

TABLE 29: RESEARCH RESULTS DISSEMINATED VIA...

	Technikons %¹⁹ (n=13)²⁰	Universities % (n=19)
Publications	100 (13)	94 (16)
Conferences	100 (13)	94 (16)
Databases	23 (3)	59 (10)
Workshops	85 (11)	94 (16)
Websites	23 (3)	53 (9)
Other means	15 (2)	18 (3)

¹⁹ The percentage is indicative of the number of respondents.

²⁰ This 'n' is indicative of the number of valid responses.

8.

BASELINE FINDINGS: WORKPLACE PROGRAMMES

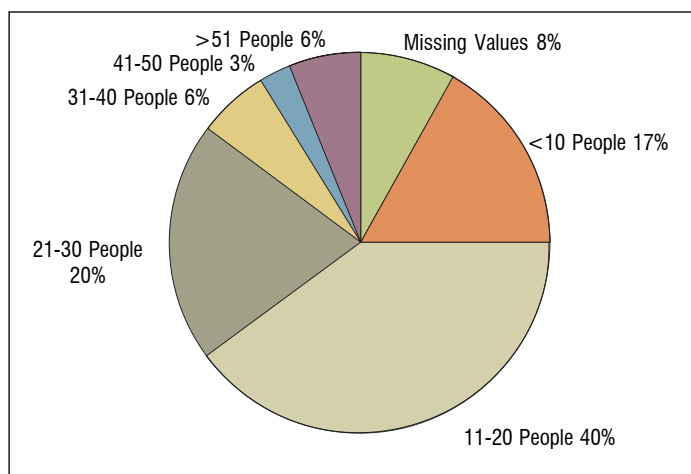
The HEAIDS programme contains no formal indicators focused on workplace programmes because many of the components of a workplace programme are contained in other results and indicators. However, because this was identified as a key service at the beginning of the HEAIDS programme, it was explored whether the HEIs' workplace programmes contained the elements of a typical workplace programme²¹: (i) determining the potential impact of HIV and AIDS on the organisation, (ii) developing policies and strategies with relevant stakeholders, (iii) delivering specific services to staff, such as information and education on prevention methods, company policy on HIV/AIDS, voluntary counselling and testing (VCT), and/or treatment, care, and support services.

Earlier chapters in this report presented data on all three of these items, although in this chapter, it more generally summarise the characteristics of current HEI workplace programmes. It is important to note however, that Khulisa did not explore if the unions were running their own programmes for non-academic staff, or if other sources of financing (such as medical aid schemes, access to teaching hospitals) were being utilised as part of the workplace programme.

8.1. SIZE OF TARGET GROUPS IN WORKPLACE PROGRAMMES

Size of Human Resources Staff: HR managers were asked how many staff members work in their departments. The most common responses (40 percent) were less than 20 staff members, followed by 21-30 staff members. A very small percentage of respondents (6 percent) indicated that more than 51 staff members work in their institution's HR department. The size of the HR department is

FIGURE 3: SIZE OF HUMAN RESOURCES STAFF



significant when compared to the size of the academic and administrative staff in institutions. Based upon the numbers indicated in the questionnaires, sector wide ratios of HR staff to students, academic staff and administrative staff are as follows:

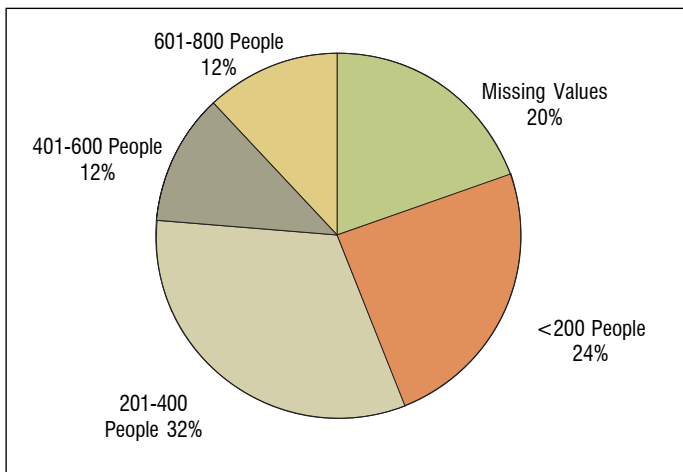
- HR Staff to Students: 1 to 561;
- HR Staff to Academic Staff: 1 to 14; and
- HR Staff to Administrative Staff: 1 to 16.

²¹ UNAIDS and the International Organisation of Employers. Employers Handbook on HIV/AIDS: A Guide to Action. UNAIDS/02.17E. May 2002.

This highlights the possibility that many HR departments might not currently have the capacity for developing and implementing new programmes, such as a workplace programme.

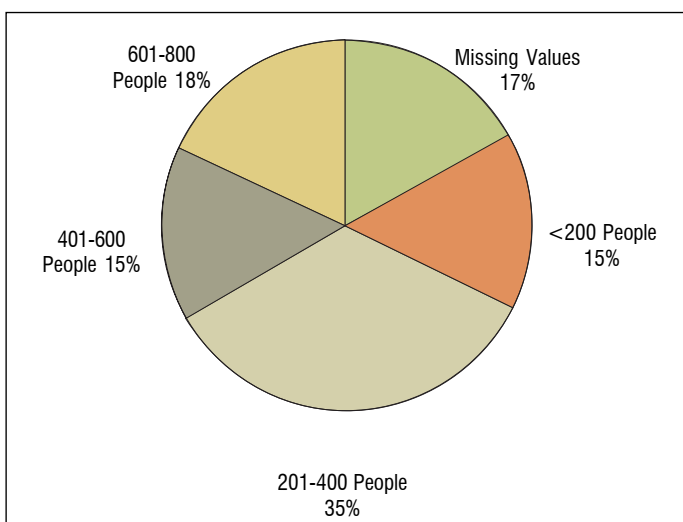
Size of Academic Staff: The largest responses (32 percent) for the number of academic staff were 201- 400 people, followed by less than 200 people (24 percent). The range of answers was between 100 to 800 academic staff members.

FIGURE 4: SIZE OF ACADEMIC STAFF



Size of Administrative Staff: Responses on the number of administrative staff members ranged from 44 to 800, with the most common response (35 percent) being 201- 400 administrative staff members. For institution support staff, the range is from 50 to 490, with the most common responses falling between 100 and 300 institution support staff members.

FIGURE 5: SIZE OF ADMINISTRATIVE STAFF



8.2. CONTENT OF WORKPLACE PROGRAMMES

Three technikons and seven universities currently have a staff workplace programme in place, although ten HEIs (five technikons and five universities) say that the development of their workplace programme is in progress.

The ten HEIs with existing workplace programmes report that all staff are targeted, including administrative, academic and support staff. Seven of the ten say that their programmes consider the diversity of staff such as low literacy and/or diversity of languages spoken.

Table 30 reflects the content of the ten current workplace programmes.

TABLE 30: CONTENT OF WORKPLACE PROGRAMMES (N=10)

Content	No. of workplace programmes where included
Correct basic information of HIV and AIDS.	9
Develop an environment of acceptance and non-discrimination.	9
Promote positive living skills and messages.	9
Work towards gender equality.	9
Information of how HIV and AIDS will affect their lives and the lives of their families.	8
Enable access to STI services.	8
Training on HIV and AIDS and universal precautions.	7
Motivate to take action and change own behaviour.	7
Encourage the development of supportive social values such as gender equality.	7
Enable access to HIV voluntary testing and counselling.	7
Enable access to on-going psychosocial support, such as counselling services and/or support groups.	7
Medical aid for the HIV-positive employee.	6
Enable access to general medical treatment.	6
Clinical management of common opportunistic infections.	6
Enable access to reproductive health services.	5
Retirement medical services.	5
Develop skills for decision-making, negotiation, and condom use.	5
Provide referrals for mother-to-child transmission.	4
Enable access to family assistance programmes.	3
Palliative Care (i.e. end of life care = pain management, spiritual and emotional support, and treatment of physical symptoms).	4

8.3. ADEQUACY OF RESOURCES AND CAPACITY FOR IMPLEMENTATION

Funding for workplace programmes: Five workplace programmes are supported through the institutions' own financial resources, while three use HEAIDS funds, and one uses ETDP SETA funds. One institution with a workplace programme did not indicate the source of funding for their programme.

Adequacy of HR resources for workplace programmes: Nearly all workplace programmes (n=9) report that they have sufficient skills and knowledge to effectively deliver their programme, although only four say that they have enough staff to effectively deliver their programme, and these are all at universities. Those who report that they have insufficient staff include all three workplace programmes at technikons and three others at universities.

Management and Monitoring of workplace programmes: Management and monitoring of the workplace programmes is more commonly undertaken by the IOs (four workplace programmes), although other staff are also involved: One HEI has their programme managed by the HIV and AIDS Coordinator and the HIV and AIDS Committee and is monitored by the VCs office. Another is managed by the Campus Health Service and monitored by the Counselling and Careers Office. Still another is managed by senior staff and monitored by the Director of Transformation. One institution outsources both the management and the monitoring of the Workplace Programme.

Training for Staff in HIV and AIDS: In terms of capacity building for key stakeholders throughout the sector, there is a variety of training being delivered:

- General training on HIV and AIDS for employees is delivered by most HEIs (n=25), although about half (n=17) indicated that someone from management and human resources has received such training, and fewer (n=11) say that union officials had received HIV and AIDS training.
- Training on the legal aspects of HIV and AIDS is being delivered by approximately half of all HEIs for employees (n=17) and human resources (n=18). Less HEIs (n=12) indicated that someone from management has received such training, and fewer (n=9) say that union officials had received training on the legal aspects of HIV and AIDS.
- Training for wardens in student residences is being delivered by 13 HEIs. The training mainly focuses on counselling, which is offered annually at nine institutions, and quarterly at two institutions. Training for sub-wardens in student residences most commonly focuses on support for sexual assault victims, with eleven institutions saying they offer such training annually, one institution bi-annually and three institutions quarterly.

More institutions focus on building lay-counselling capacity among wardens (n=12) than sub-wardens (n=7). The most common response for the type of lay-counselling provided by both wardens and sub-wardens is stress counselling, followed by grief counselling.

There seems to be a need for broadening the types of counselling training that sub-wardens receive, as student residents need well-informed and trained people to be readily available to them for counselling and other forms of personal assistance.

As shown in Table 4 of Section 2.3.1, very few HEIs (n=5) have completed risk assessments of the threat posed by HIV to the HEI and its impact on the workforce. More HEIs have examined the impact of HIV and AIDS on the students of the institution than the impact on staff (Table 5, Section 2.3.1). This has been done through risk assessments and other mechanisms. Workforce-related components of risk assessments have also been overlooked throughout the sector - for example, not one HEI has examined the costs to the HEI due to HIV and AIDS-related employee absence or death, and only one HEI has examined the impact of HIV on pension benefits.

9.

GENERAL PROGRAMME MANAGEMENT AND IMPLEMENTATION CHARACTERISTICS

Respondents were asked to provide their views on a wide range of other aspects of the HEAIDS programme:

- Other characteristics of the HEIs' HIV and AIDS response, including roles, responsibilities, and partnerships.
- Strengths, Weaknesses, Opportunities and Threats (SWOT) of each institution's HIV and AIDS response.
- Resource requirements.
- The quality of communication among stakeholders, as well as their involvement in HIV and AIDS activities on campus.
- Views on the future of the HEAIDS Programme.

9.1. OTHER CHARACTERISTICS OF HEI'S INSTITUTIONAL RESPONSE

9.1.1. Existence of an HIV and AIDS Centre

Less than half of all HEIs (n=15) have an HIV and AIDS Centre at their institution, although fourteen institutions that do not have a Centre said that they see a need for one - presumably because a Centre would be an asset as it could serve as the focal point in the development and implementation of an institutional response.

9.1.2. Internal Relationships, Roles, and Responsibilities

Quality of Internal Relationships: Internal relationships between the important stakeholders in each institution are very positive. The majority of VCs (n=31), IOs (n=27) and HR managers (n=31) reported that they had an excellent or good relationship with the senior management (e.g. Senate) and the HIV and AIDS committee in the institution.

Less than one-third of HR managers (n=10) indicated that they had a poor relationship with their Senior Management (e.g. Council, Senate) relating to HIV and AIDS issues. This further points to the need for more attention within to the role and involvement of HR managers within the programme.

Views on the Role of the Institutional Officer (IO): Most VCs (n=31) and HR managers (n=31) are positive about the role of the IO. However, two institutions indicated that there is no relationship between the IO and the VC/HR manager, suggesting that there may be a problem with the implementation of the programme in these institutions.

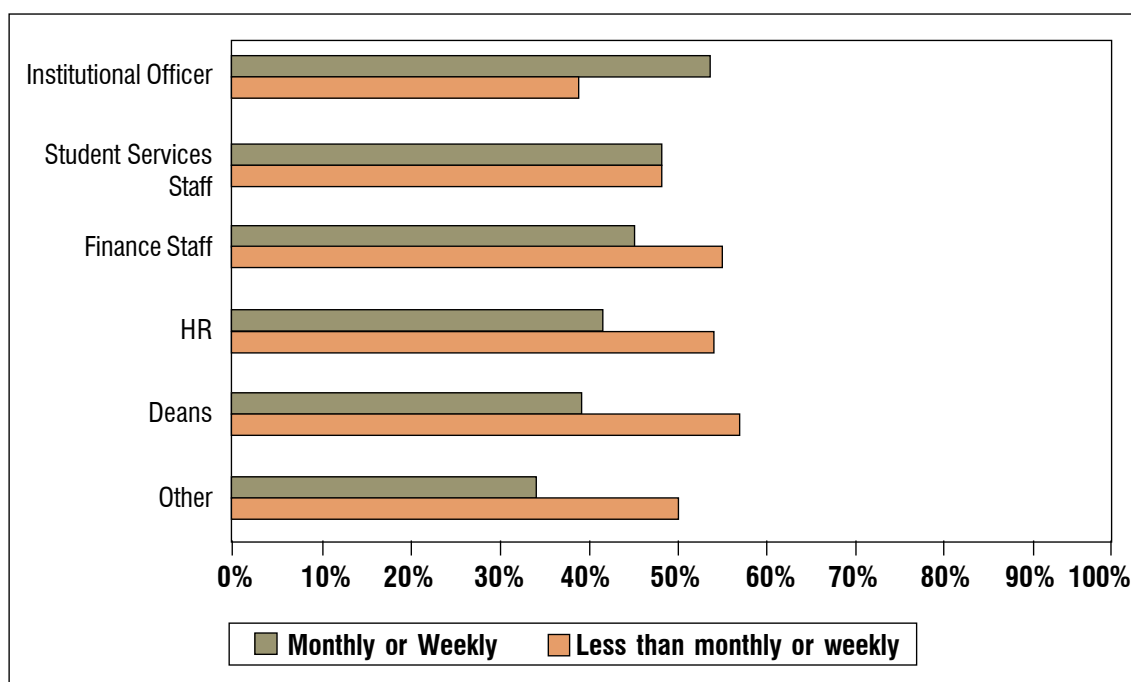
Internal Communications: VCs were asked with whom they communicate on HIV and AIDS issues and how frequently (see Table 31 and Figure 6). The data are revealing: While 80 percent of VCs communicate with someone about HIV and AIDS in their institution, only half communicate on a frequent basis - either weekly or monthly - suggesting that many VCs address HIV and AIDS issues in their institution only infrequently.

VCs generally communicate about HIV and AIDS with the IO, usually weekly or monthly, although a significant portion (40 percent) communicates less frequently. VCs report that they also communicate with Student Services staff on a weekly/monthly basis (48 percent) although again, many (48 percent) also communicate less frequently.

Communication between VCs and other individuals (e.g. HR) is reported among 65 percent of VCs, although this is less frequent than with the IO and Student Services staff. Consistent with earlier findings in this audit, communication between the VC and HR is less frequent than with other departments and this may result in staff HIV and AIDS issues being overlooked.

TABLE 31: VC COMMUNICATION PATTERNS

No. of VC responses	With whom does the VC communicate?	How often does the VC communicate with these individuals?						
		Annually	Bi-Annually	Once per semester	Once per term	Monthly	Weekly	Other (e.g. when necessary; continuous; bi-monthly)
28	Institutional Officer	2	2	3	4	10	5	2
22	Finance Staff	4	3	2	3	7	3	0
23	Student Svcs Staff	2	2	3	4	7	4	1
23	Deans	4	3	3	3	7	2	1
22	HR	2	2	4	4	6	3	1
6	Other: (e.g. HODs; HIV and AIDS committee; marketing/communications; AIDS Task force; HIV and AIDS Unit; staff and unions)	1	0	0	2	1	1	1

FIGURE 6: FREQUENCY OF COMMUNICATION BETWEEN VCs AND OTHERS IN HEIs REGARDING HIV AND AIDS

9.1.3. Partnerships

Partnerships are a key management strategy for initiatives such as the HEAIDS programme for assisting in the HIV and AIDS response. Accordingly HEAIDS asked each institution to identify their existing partners and to indicate the quality of the partnerships. However, the scopes of these partnerships were not explored for the purposes of this audit.

General Attitudes toward Partnerships: VCs and IOs generally acknowledged positive partnerships with external organisations (such as NGOs, donor organisations, SAUVCA, CTP, and the Government) while HR managers were either unsure if relationships existed or indicated that there was no relationship at all. Again, this indicates that HR managers are less involved or less aware of external partnerships in the HEAIDS programme implementation.

Quality of Partnership with the HEAIDS Programme: Overall, institutions showed a very positive response to their relationship/partnership with the HEAIDS Programme. Thirty IOs stated that their relationship was excellent or good, although one IO was unsure of his or her relationship. This positivity was echoed by twenty eight VCs who rated their relationship with the programme as excellent or good, although two VCs indicated that their relationship with the HEAIDS Programme was poor.

Again, nearly half of all HR managers (n=15) stated that their relationship was excellent or good, whilst the remaining sixteen stated that they were either unsure, or had a poor or no relationship with the HEAIDS Programme.

Quality of Partnership with other HEIs: Whilst most IOs (between 20 and 23) and stated that their relationship with other universities and technikons was positive, several (n=7) report a poor relationship with the other institutions. This suggests that there is room for further developing and enhancing inter-institutional relationships to ensure a unified HIV and AIDS response.

Quality of Partnership with Government Departments: Most VCs and IOs agree that their relationship with the DoH is good or excellent. However, a relatively large number of VCs (n=10) and IOs (n=8) reported a poor relationship with the Department of Labour (DoL). There is consensus between the IOs, HR managers and VCs that the relationship with the DoL is not explicit, is poorly managed, or alternatively does not exist at all.

This has implications for the planning of skills development in line with HIV and AIDS issues and should be explored more proactively by institutions as cross-cutting collaboration on issues around HIV and AIDS and its impact on the Labour Market would be beneficial for all parties.

Partnerships with South African NGOs: Most HEIs (n=28) report that they work with NGOs on their institutional response to HIV and AIDS. A wide variety of national, provincial, and local AIDS support organisations were mentioned (see Table 32), although a few organisations were more often mentioned: Planned Parenthood Association of South Africa (4), ATTIC (4), Hospice (4), Treatment Action Campaign (3), DRAMAIDE (3), and NAPWA (3). Although three VCs stated that their institution had no relationship with NGOs, twenty two indicated their relationships with NGOs was excellent or good.

Partnerships with International Organisations: As expected, more universities (65 percent) than technikons (33 percent) report partnerships with international organisations and development agencies that are focused on HIV and AIDS. These organisations and agencies ranged from donors to research organisations to international NGOs. Among the organisations mentioned are the U.S. National Institute of Health (n=3) and the Medical Research Council (MRC) (n=3).

TABLE 32: HIV AND AIDS SUPPORT ORGANISATIONS MENTIONED BY HEIs AS PARTNERS IN IMPLEMENTATION

• AIDS Can Project	• KZN Tertiary Education HIV and AIDS Forum	• Association of South Africa
• AIDS Consortium	• Lifeline	• PLWHA
• Alice Trained Community Workers	• Limpopo HIV and AIDS Directorate	• Positive Muslims
• Alliance Against AIDS in Africa	• Local AIDS Council	• Potch Hospice Raphael Centre
• ATTIC	• Local Municipalities	• Red Cross SA
• AWID	• LoveLife	• SAUVCA/CTP
• Bambanani Youth Project	• Mahube Youth	• Sedibeng AIDS Council
• Baptist Children Centre	• Makona District Health Office	• Settlers Hospital
• CADRE	• Mankweng Hospital	• Sinikithemba
• CANSA	• McCords Hospital	• Sizophila
• CompreCare	• Memory Boxes	• SOS
• Department of Education	• NACOSA	• Soshanguve Theatre Organisation
• Department of Health	• NAPWA	• South African Youth Council
• Dept of Health, Germany	• Nazareth House	• St Johns Ambulance
• Dept of Labour	• NICDAM	• Stellenbosch AIDS Council
• Dept of Land Affairs	• NMMM AIDS Council	• SWEAT
• Dept of Social Development	• Oliver Tambo Chair of Human Rights	• Tabeisa
• Dramaide	• Other Tertiary Institutions	• The House of Resurrection
• FAFHEF	• Partnership in HIV and AIDS Support Organization	• Treatment Action Campaign
• Faith and Hope Integrated Organization	• People Centred Development Program	• Tshepong AIDS Project
• HIVAN	• Planned Parenthood	• Tshibogang Christian Action Group
• Hospice		• Ubuntu Youth Organization
• Human Health Development Trust		• UNDP - Northern Province
		• YMCA

9.1.4. Role of SRC in Implementation

The role of the SRC in implementing the HEAIDS programme appears to be an area where more attention could be given. The majority of HEIs still rate their current SRC as only "somewhat active" and "somewhat effective" in addressing HIV and AIDS issues, although it is encouraging that most respondents seem to think that this year's SRC is more active than last year's SRC.

The SRC is most commonly involved in organising HIV and AIDS talks from outside organisations (n=21), posting HIV and AIDS messages throughout the campus (n=20), and condom distribution (n=17). Some SRCs (n=16) receive funding for HIV and AIDS activities, mostly (n=15) from their institution's own budget.

Few SRCs (n=12) have a designated HIV and AIDS officer, which may be one factor associated with weak involvement of SRCs in HIV and AIDS activities. A designated HIV and AIDS officer on the SRC could establish another focal point that could create more impetus for driving an institution's response forward.

Many HEIs (n=22) have other student organisations (other than the SRC) that prioritise HIV and AIDS. While the nature and type of these student organisations were not explored in this audit, it is important to recognise these as potential stakeholders whose participation in programme implementation could be tapped.

9.1.5. Perceived Quality of Institutional HIV and AIDS Response

A variety of different stakeholders (VC, IO, HR, onsite Health Services Representative and Peer Education Representative) were asked to rate the quality of (i) their institution's response to HIV and AIDS for staff and students, and (ii) the involvement staff and students have in campus HIV and AIDS activities.

HEI Response toward Students: Many VCs (n=28), IOs (n=29), health service representatives (n=25), and Peer Education Representatives (n=23) report that their institution's response to HIV and AIDS toward students was very effective/somewhat effective, although it is interesting that fewer health service and Peer Education Representatives who directly deliver services to students are as positive. This suggests that the providers of services may not be seeing the results of their efforts and do not view their efforts as being highly effective.

HEI Response toward Staff: As seen elsewhere in this report, the institutional response for staff is not viewed as effective as the response toward students. Across the board, fewer respondents rated the staff programme very effective/somewhat effective as compared to the student programme - VCs (n=20), IOs (n=18), Health Service Representatives (n=7), and Peer Education Representatives (n=15). Indeed, VCs (n=10), IOs (n=15), Health Service Representatives (n=17), and Peer Education Representatives (n=11) rated the staff programme as weak/not effective at all. This points to the need to give more attention to the institution's response to staff, as this has long-term implications for future planning, staffing, absenteeism, medical costs, and staff retention.

Interestingly, many HR managers (n=19) believe the response toward staff is very effective or somewhat effective, raising concern about persistent dichotomy between HR and other respondents in knowledge, understanding and views of their institution's response.

Student Involvement: Students are rated as very involved/somewhat involved by the vast majority of VCs (n=31), Dean of Students (n=33), Peer Education Representatives (n=26) and IOs (n=34).

Staff Involvement: Slightly fewer respondents view staff as very involved/somewhat involved compared to the data on student involvement - VCs (n=26), Peer Educator Representatives (n=22) and IOs (n=30) providing a rating. Only 5 VCs indicated that their staff were not at all involved.

Again, HR managers were far more positive about the involvement of staff in HIV and AIDS activities with 29 HR managers showing a very involved/somewhat involved rating.

Student Response toward the Institution: In addition, the (DoS) were asked to rate student responses to HIV and AIDS initiatives by their institutions. In this instance, 32 DoS indicated that their students' responses were very/somewhat positive. Only one DoS indicated a weak response.

9.2. CHALLENGES AND RESOURCE REQUIREMENTS

9.2.1. Challenges to Implementation

Peer Education managers, HR, VC, and health services staff were asked to indicate the three greatest challenges that face their institution in addressing the epidemic.

All respondents agreed that their greatest challenge was general financial restraints followed by Human Resources shortage. HR, health managers and Peer Education Representatives also indicated negative attitudes/behavioural and attitudinal change amongst stakeholders (especially with regards to perceptions, stigma, attitude, lifestyle, morals, behaviour, and discrimination) as major challenges. Several VCs also indicated that complacency/non-participation and lack of interest among staff, students and the SRC was a large challenge being faced by their respective institutions.

9.2.2. Adequacy of Institutional Resources for Implementation

To confirm the questions on challenges, key respondents were asked if they believed their institution had the necessary resources to deliver an effective HIV and AIDS response. The responses correlate strongly with the challenges reported above.

Staffing

Most respondents, especially IOs, believe there are insufficient human resources to deliver an effective HIV and AIDS response. This is a concern for overall implementation of the HEAIDS programme as it could mean that programmes cannot be implemented fully or effectively as they are planned.

TABLE 33: ARE THERE SUFFICIENT HUMAN RESOURCES TO DELIVER AN EFFECTIVE HIV AND AIDS RESPONSE.

	YES	NO	DON'T KNOW
VC (n=31)	35 %	65 %	0 %
DoS (n=34)	38 %	62 %	0 %
IO (n=34)	24 %	74 %	3 %
HR (n=33)	30 %	61 %	9 %
PEER ED (n=29)	41 %	52 %	7 %
TOTAL (n=161)	34 %	63 %	4 %

Several DoS respondents, IOs, and VCs stated that the staffing limitation appears to be related to financial constraints that limit the ability of the institution to hire and pay additional staff. This provides a difficult scenario in light of the funding challenges and institutional mergers that are currently occurring. HR managers also indicated that the lack of a full-time person to manage their HIV and AIDS response was a key problem exacerbated by the financial constraints. As will be seen below, financial constraints are being felt in every sphere of academic life.

In addition, six Peer Education Representatives identified limited counselling and clinical staff (especially VCT/TB coordinators and lay-counsellors) as the predominant problem with staffing.

Six VCs also indicated the need for a dedicated HIV and AIDS Programme Manager. Employing a full-time HIV and AIDS Programme Manager should be carefully considered as it appears that this could alleviate some of the stress being felt by staff with regards to the demands of implementation.

Knowledge and Skills

Table 34 shows no doubt that respondents, especially VCs, feel very positive about the knowledge and skills abilities of their staff in managing the institutions HIV and AIDS response. Whilst the above discussion highlights the need for additional manpower, it is encouraging that those respondents perceive those employees currently working in the institution's response as having the necessary knowledge and skills to effectively carry out their HIV and AIDS response.

Among those who indicated that knowledge and skills were insufficient, this was mainly attributed to the lack of dedicated HIV and AIDS staff, which when combined with the staff's myriad other responsibilities negatively affected the strength of the institutions' HIV and AIDS response. In addition, HR managers indicated that insufficient knowledge and skills were due to insufficient training and capacity building, including at a senior level. Two VCs believe that insufficient knowledge and skills in their institutions are due to insufficient funds for training staff, as well as uncertainty as to how to incorporate HIV and AIDS into the curriculum.

TABLE 34: ARE THERE SUFFICIENT KNOWLEDGE AND SKILLS TO DELIVER AN EFFECTIVE HIV AND AIDS RESPONSE?

	YES	NO	DON'T KNOW
VC (n=32)	94 %	6 %	0 %
DoS (n=33)	85 %	15 %	0 %
IO (n=34)	88 %	12 %	0 %
HR (n=31)	71 %	26 %	3 %
PEER ED (n=29)	83 %	7 %	10 %
TOTAL (n=159)	84 %	13 %	3 %

Necessary Financial and Material Resources

As seen in challenges above, all respondents reiterated the need for additional financial resources (Table 35). Interestingly, fewer Peer Education Representatives indicated financial resources as a constraint, possibly because their programme is more dependent on the use of volunteers rather than paid staff, while other respondents often highlighted financial constraints in terms of the personnel strain that is conferred.

Many respondents (13 VCs, 15 DoS, 20 HR, 17 IOs, and 6 Peer Education Representatives) attributed the lack of financial and material resources to budget cuts as well as insufficient funds allocated to HIV and AIDS issues. This was closely linked to the comment that most institutions were dependent on government/municipal support (both financially and medically) and that this was having an adverse effect on their response. Other reasons for lack of financial and material resources related to a lack of dedicated HIV and AIDS facilities as well as the current mergers and consolidations.

A few IOs (n=4) also indicated that they lacked medical resources.

TABLE 35: ARE THERE SUFFICIENT FINANCIAL AND MATERIAL RESOURCES TO DELIVER AN EFFECTIVE HIV AND AIDS RESPONSE?

	YES	NO	DON'T KNOW
VC (n=31)	13 %	81 %	6 %
DoS (n=34)	24 %	74 %	3 %
IO (n=34)	15 %	79 %	6 %
HR (n=33)	12 %	73 %	15 %
PEER ED (n=29)	31 %	55 %	14 %
TOTAL (n=161)	19 %	73 %	9 %

Leadership

The majority of respondents indicate that their institutions have sufficient leadership to lead the HIV and AIDS response. This is a positive observation and should be built upon and nurtured in the future.

A few Peer Education Representatives and IOs felt that their institutions lacked leadership, and this was explained as an absence of required HIV and AIDS support and leadership skills among management. Interestingly, two DoS respondents reported that leadership was insufficient due to the gender dynamics of their institutions ("men are not committed") as well as the death of key staff members, thereby creating turnover in leadership and strategic areas. Indeed, this could become a more prominent issue in the future and emphasises the importance of addressing staff HIV and AIDS issues as a strategic institutional priority.

TABLE 36: IS THERE SUFFICIENT LEADERSHIP TO DELIVER AN EFFECTIVE HIV AND AIDS RESPONSE?

	YES	NO	DON'T KNOW
VC	Not asked of VC as too subjective		
DoS (n=34)	79 %	12 %	9 %
IO (n=33)	67 %	18 %	15 %
HR (n=33)	79 %	15 %	6 %
PEER ED (n=29)	72 %	17 %	10 %
TOTAL (n=129)	74 %	16 %	10 %

Additional Resources Required to Address the HIV and AIDS Pandemic?

Over half of all respondents indicated the need for additional resources (Table 37) to deliver an effective HIV and AIDS response in their institutions.

TABLE 37: DOES YOUR INSTITUTION NEED OTHER RESOURCES TO DELIVER AN EFFECTIVE HIV AND AIDS RESPONSE?

	YES	NO	DON'T KNOW
VC (n=29)	52 %	34 %	14 %
DoS (n=30)	73 %	17 %	10 %
IO (n=33)	58 %	27 %	15 %
HR (n=26)	38 %	23 %	38 %
PEER ED (n=28)	64 %	11 %	25 %
TOTAL (n=117)	58 %	23 %	20 %

DoS respondents indicated they needed additional resources in the form of medical equipment and resources, staff, and financial/funding support. A number of other items were noted as additional resource requirements (see Table 38). IOs felt the most strongly about the need for physical space (for counselling and consultations); staff and medical equipment and resources. Nine VCs highlighted the need for external funding and staff.

Again, as discussed elsewhere in this report, fewer HR managers compared to other respondents knew if there were sufficient resources available to formulate an effective response - ten HR managers "don't know" if they need additional resources.

TABLE 38: ADDITIONAL RESOURCES REQUIRED BY HEIs TO ADDRESS HIV AND AIDS

<ul style="list-style-type: none"> ● Building materials ● Training of staff ● Resources for community outreach ● Marketing and fundraising ● DoH registration of campus clinic as STI clinic ● VCT/Needlestick Policy ● External funds ● Student and Staff Awareness 	<ul style="list-style-type: none"> ● Dedicated unit to assist infected students continue life on campus ● Curriculum integration of HIV and AIDS issues ● Commitment from top management/Supportive structure ● Dedicated HIV and AIDS unit (Wellness Centre) ● HIV and AIDS info and materials ● Physical space (for counselling and consultations) ● Networks with additional health service providers/ organisations
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Adequacy of Resources for IOs

IOs were also asked whether they had sufficient resources for directing and managing the HEAIDS programme in their institution.

Their responses (Table 39) are consistent with the responses of other staff above - only half of all IOs indicated that financial and human resources are adequate for managing and implementing the programme. On the other hand, nearly all IOs believe that their knowledge and skills, as well as the institutional leadership are adequate for managing and implementing the programme.

TABLE 39: IOs: I HAVE ADEQUATE..... TO MANAGE AND IMPLEMENT THE HIV AND AIDS PROGRAMME IN MY INSTITUTION?

	Percent who answer 'yes' or some'	Yes	Some	No	Don't know
Financial and Material Resources...	56 %	4	14	1	0
Human Resources Capacity...	59 %	6	14	13	1
Knowledge and Skills...	94 %	23	8	1	1
Leadership...	91 %	20	9	1	2

9.2.3. Institutional SWOT Analysis

Five respondents from each institution (VC; DoS, IO, HR, and the Peer Education manager) were asked to highlight the Strengths, Weaknesses, Opportunities, and Threats (SWOT) of their institutions HIV and AIDS response, as well as recommendations for improving overall programme implementation. The results allow insight into possible areas of future focus, as well as identifying the core development needs of institutions' approaches to HIV and AIDS.

Strengths

The most common strength indicated across respondents (n=39), particularly from IOs, was the committed leadership and management (at both senior and middle management level) by those directing their institutions' HIV and AIDS response.

The second most common strength was seen as the skills and knowledge of individuals (n=20) as well as the dedicated, qualified and talented professional staff (n=20). Thus, while earlier sections of this report highlight the perceived need for additional staff, it is encouraging to note that the skills and knowledge of those currently working with HIV and AIDS in institutions are seen favourably.

Several (n=16) respondents indicated that the existence of an HIV and AIDS or Non-Discrimination Policy was a strength of their institution.

Weaknesses

The greatest weakness cited was funding constraints and the need for additional funding (n=49), and this came particularly from DoS and IOs. Interestingly, only four HR managers stated that there was need for additional funding. Yet, the second most common weakness mentioned (n=33), emanating mostly from HR, was the lack of human resources (including in some cases, health services staff and administrative support). This appears to be contradictory in that HR does not generally emphasise the need for additional funding but does recognise the need for additional staff. Yet acquiring human resources requires funding.

A lack of general resources was raised as a weakness by twenty five different respondents, and twenty three respondents felt that their institution's HIV and AIDS response lacked management and/or commitment. In addition, twenty one respondents felt that their institution's weakness was based upon a lack of strategic planning and coordination (including the absence of risk assessments).

Opportunities

By far the predominant response to this question relates to the opportunities for establishing mutually beneficial partnerships (n=30) on a local, national and international basis. Based upon the large numbers of partnerships that were indicated earlier in this report, it is encouraging to see that respondents recognise additional avenues to establish collaborative programmes and projects.

Other opportunities cited included establishing a full-time HIV and AIDS coordinator (n=11), curriculum integration (n=10), and multidisciplinary research (n=9).

All of the opportunities identified offer valuable suggestions for improving and expanding the scopes of the institutional HIV and AIDS responses.

Threats

Apathy and lack of commitment from staff and students towards HIV and AIDS and the implications it has for all spheres of life was highlighted as the biggest threat to the HEAIDS programme (n=41).

The next most common threat again linked limited budgetary resources for combating the HIV and AIDS pandemic. The limitation of finances is a pervasive element throughout this report and whilst many positive suggestions have been made by different respondents with regards to the establishment of partnerships etc. HEIs will need to create more innovative approaches to accessing HIV and AIDS funding.

Perhaps one of the most interesting threats raised is the impending mergers (n=19), suggesting that the changes in structure are seen to be placing additional strain on already inadequate human resources directly relating to HIV and AIDS.

Recommendations

Not surprisingly, the biggest recommendation (n=41) from respondents was to access additional funding in order to provide a solid HIV and AIDS response and to establish specific HIV and AIDS programmes in different curriculum areas.

Again, the need for additional human resources was mentioned by many respondents (n=30) of whom half (n=15) suggested that their institutions establish a dedicated HIV and AIDS unit with a full-time coordinator. Similarly, the need for enhanced leadership and commitment to HIV and AIDS by senior management was mentioned (n=14).

9.2.4. Technical Assistance and Capacity Building Needs

Respondents were asked what additional support and guidance they need to implement their programmes.

Although few respondents indicated that they need additional technical assistance or capacity building in basic HIV and AIDS facts, more than half of all HR managers said they do need more support and guidance on basic HIV and AIDS facts. This is consistent with previously reported findings where HR managers seem to not have the same level of knowledge, understanding and familiarity as other respondents with issues relating to HIV and the workplace.

As is indicated in Figure 7 below, the majority of respondents need future technical support and guidance in several key areas, including determining the impact of HIV and AIDS on human resources and HR policies and processes and how to implement them. Additional training needs identified by these same respondents are indicated in Figure 8.

FIGURE 7: HUMAN RESOURCE-RELATED TRAINING NEEDS

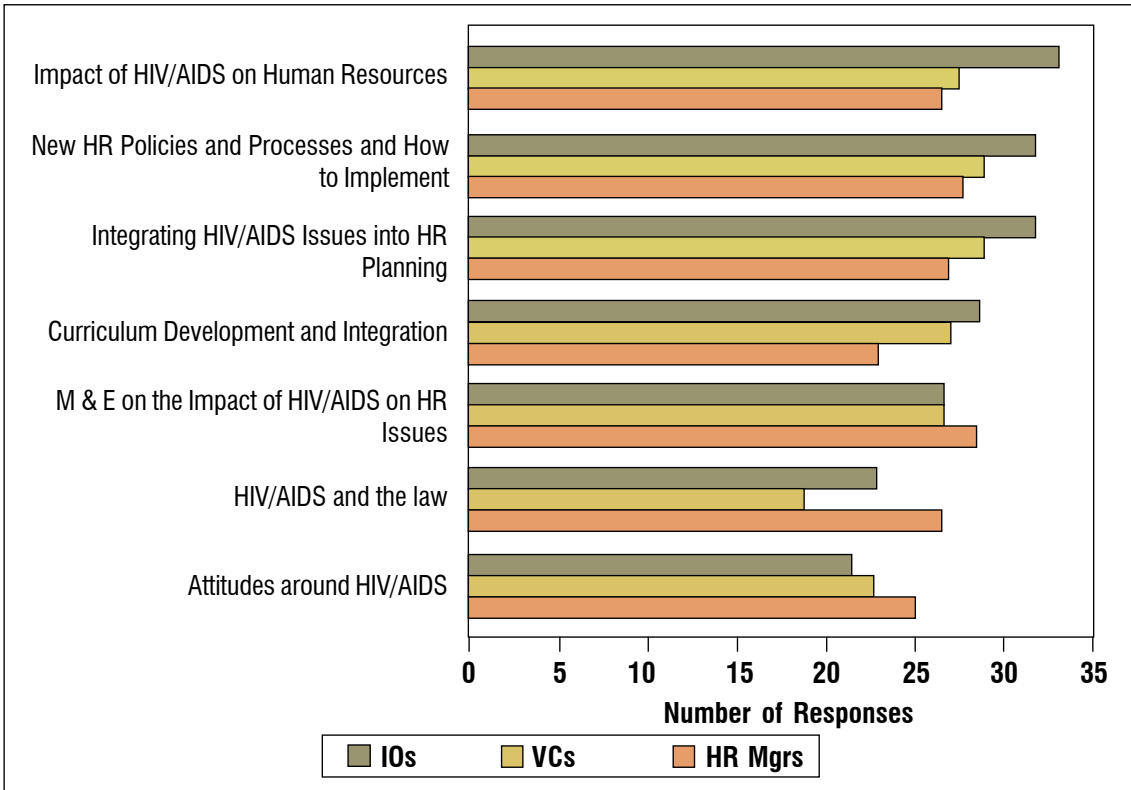
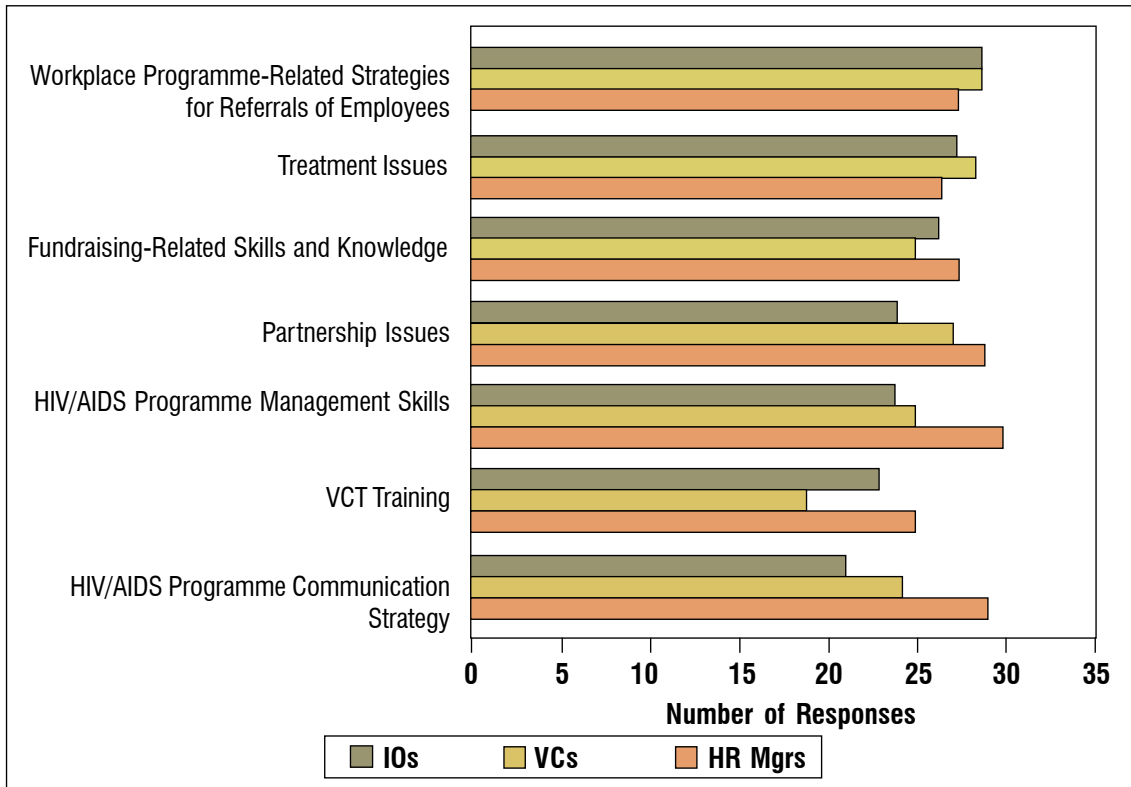


FIGURE 8: OTHER PROGRAMME-RELATED (IN CAPITALS) TRAINING NEEDS



9.3. ISSUES FOR THE FUTURE

9.3.1. Priority HEAIDS Programme Areas

VCs and IOs were asked to rank the most important programme components for future HEAIDS programme focus, and the results show overwhelming consensus (Table 40) that integrating HIV into the curriculum, followed by prevention services as the principal priority areas.

TABLE 40: PRIORITY AREAS FOR HEAIDS FOCUS

		Score (out of 150 possible points)	
RANK	Programme Area	VC	IO
1	Teaching for HIV and AIDS (integrating HIV and AIDS in the curriculum)	108	113
2	Prevention	98	105
3	Treatment, Care and Support	96	103
4	Policy, Leadership, Advocacy and Planning	91	89
5	Research/Knowledge Creation	87	62

It is interesting to note that research/knowledge creation was seen as the lowest priority by both VCs and IOs. This suggests that at institution level there is recognition of the need to focus on visible actions (i.e. services delivery) that directly benefit the institution and its stakeholders.

Additional suggestions for focus (emanating mainly from respondents at universities) include:

- "Mobilisation of entire community" / "Community Outreach".
- "More activities should be regionally orientated. Monthly regional pre/review sessions and only quarterly national training".
- "Training, Monitoring, Support and Evaluation".
- "Funding".

9.3.2. Financial Sustainability

IOs were also asked whether their respective institutions had planned for funding HEAIDS activities once the HEAIDS programme was completed. Only ten institutions confirmed that they have plans whilst twelve have no plans and the remaining ten "did not know". This is a cause for concern as it reflects the lack of attention given to sustaining the HIV and AIDS activities beyond the HEAIDS programme. This also reflects the views that the need for financial resources is a priority (per discussion above).

Of the ten institutions that have already started planning their post-HEAIDS activities, the following plans were described:

- "Do more fundraising proposals to other organisations".
- "Internal funding, regional collaboration to funding".
- "Further fundraising and partnership development".
- "Through the technikon council funding will be made available. Marketing and communications department is designing a fund raising project and in partnerships with other institutions regionally, fundraising will be conducted".

- “Mechanisms for ensuring sustainability are in place - e.g. curriculum development, HIV and AIDS policy for both staff and students, and relationship with health centres”.
- “HIV and AIDS committee approved strategic plan for facilitation of curriculum integration”.
- “We have applied for funds from donors and businesses”.
- “It is hoped that corporates will fund the Wellness Centre. Seek donor funding for peer education, research, etc.”.
- “Establishment of health awareness centre. Compile future budget for HIV and AIDS”

One institution noted that “HEAIDS funding is a very small percent of the total” thereby indicating that the institution had alternative sources from which to fund HIV and AIDS activities.

9.3.3. What Changes should be made to the current HEAIDS Programme?

IOs and VCs were asked to suggest improvements or changes to the current programme. Responses from thirty four IOs focus primarily on two main suggestions:

- Provide more technical assistance to them and their institution, including more user-friendly Management Information Systems (n=9).
- Increase communication between the VC and the IO, HIV and AIDS unit, HEAIDS programme, and other key players (n=6).

Other recommendations included the need to market and promote the programme better; to involve all stakeholders more conclusively (including the community) and to encourage regional collaboration on initiatives. These are important observations that reflect the IOs’ need for adequate knowledge, skills, and effective relationships to allow them to coordinate and manage an institutional-level response better. The responses also suggest the need for HEAIDS to allocate funding for the training of IOs in key management competencies that will enable them to manage the programmes within their institutions more effectively and efficiently.

Whilst many VCs answered this question (n=31), less consensus is apparent amongst their responses, and some responses pertain more to the internal implementation of the programme at their institutions rather than the overall national programme:

- “Marketing and promoting the HEAIDS programme (n=5)”.
- “Involve stakeholders more conclusively (as was noted by the IOs above) (n=4)”.
- “Improve services delivery to emphasise prevention as well as attend to HIV positive students (n=1)”.
- “Increase resources and funding (n=2)”.
- “Improve programme management, including clarifying roles and responsibilities, giving IOs more authority to run the programme, improved financial accounting, and improved programme M&E (n=3)”.
- “Better networking with other HEIs and more emphasis on regional collaboration, monthly regional meetings and quarterly national session (n=3)”.
- “Build the workplace programme, including employee assistance programme (n=1)”.

10.

CONCLUSIONS AND RECOMMENDATIONS

The conclusions and recommendations presented below are based on the results presented herein, as well as the input of many IOs during the HEAIDS workshop in November 2003.

10.1. EXTENT OF HIV AND AIDS ACTION IS ENCOURAGING

This audit reveals the wide-ranging activities occurring among South African HEIs in their efforts to respond to the HIV and AIDS pandemic. Indeed, every institution that participated in this audit is currently doing something about HIV and AIDS², and although the quality and comprehensiveness of the responses vary widely, this is a large improvement over the findings in 2003 where many institutions had no response at all.

Presently, many HEIs have established a variety of HIV and AIDS prevention services (such as STI treatment, Peer Education, VCT) as well as some treatment care and support services (mainly Psycho-social Support and PEP). Partnerships with NGOs and other organisations that can support the institution's response are growing, and there is a consensus that leadership within the institutions is strong.

There can be no doubt that the growing threat of the HIV and AIDS epidemic has spurred substantial action on the part of most HEIs, and while some credit can be attributed directly to the efforts of the HEAIDS programme, many HEIs have clearly taken their own initiative to respond and have accessed resources outside the scope of the HEAIDS programme. These are very positive developments that the HEAIDS programme can build on to facilitate even more action and better responses.

Recommendations

- The HEAIDS programme should continue to provide the necessary technical support and guidance to ensure that all HEIs have comprehensive HIV and AIDS response elements available for students and staff alike.
- The HEAIDS programme should assume a brokering role between HEIs and other sources of support (financial and material) to ensure that each HEI has access to the same wide pool of resources for formulating their institutional response.

10.2. STRATEGIC NATURE OF THE RESPONSE

The data suggests that thus far most institutions have established their response from a health services perspective, rather than from a consolidated, comprehensive response that encompasses a variety of elements, including HR planning related to HIV and AIDS. Many of the programmes are established within or are under the management of the HEI's health service, although some of these services are not always well coordinated with one another. HR is generally not knowledgeable about

or involved in the institution's strategic response. IOs are only rarely assigned full-time to the HEAIDS programme implementation and their other responsibilities could adversely affect the quality of the institutional response.

The limited scope of some HEI responses may be partially due to the absence of risk assessments that have been conducted and that could promote more comprehensive strategic planning for HIV and AIDS. No HEI has investigated - either through risk assessments or other mechanisms - the costs to the HEI of HIV and AIDS-related employee absence and death or likewise, the costs to the HEI resulting from hospitalisation, home-care and prevention activities. This information is imperative for the HEI's strategic human, financial and infrastructural resource planning.

Although most HEIs have established HIV and AIDS policies, there appear to be gaps in the content of those policies (e.g. few contain clauses on prohibiting mandatory and pre-employment testing) and there is a shortage of policies for infusing HIV/AIDS into curriculum. There is also a weakness in dissemination of the policies, and consequently, the policies appear not to reach the target population for a variety of reasons.

Recommendations

- HEIs should:
 - Conduct in-depth risk and impact assessments of the impact of HIV and AIDS on the institution so as to improve the quality of overall planning and strategy for students and staff.
 - Review and strengthen policies to ensure that gaps are remedied and that policies are effectively disseminated to all relevant audiences.
 - Clarify the role of the IO and other key personnel in addressing HIV and AIDS and provide capacity building to these individuals (e.g. how to operationalise recommendations relating to the National Budget).
 - Review all current HR relating to the institution's HIV and AIDS response and plan for the expansion of the HR resources (where necessary) in line with available funding.
 - Consider using statutory instruments in education as a means of putting in place fundamental elements of the HEIs response (including the establishment of an HIV and AIDS committee and an HIV and AIDS strategy).
 - Conceptualise and implement a Comprehensive Disease Management Strategy for HIV infected staff.
 - Institute formalised mechanisms for monitoring and evaluation.
 - Ensure that HIV and AIDS implementation is linked to the HEIs Strategic Plan as well as the that of the broader HEAIDS programme.
 - Consider the possibility that the differences between HIV and AIDS may require separate strategic responses in the future.

10.3. AVAILABILITY AND UTILISATION OF HIV AND AIDS SERVICES

The HEAIDS programme envisioned that each HEI, in addition to generating political will, advocacy, and structure for a broad institutional response, would also offer the continuum of HIV and AIDS services for students and staff alike. This means the range of services from prevention (such as IEC through Peer Education and other means as well as provision of condoms, VCT and STI treatment services), to treatment, care, and support services.

Many HEIs offer Peer Education services for students, although fewer institutions offer Peer Education for staff. This is related to the paucity of workplace programmes that exist for HEI staff, strongly

suggesting a need for HR and workplace programmes to be much better linked to the institutions' strategic planning and overall delivery of the response.

Overall, universities and technikons are almost equal in their provision of prevention services. However, universities focus slightly more on VCT and STI treatment whereas technikons focus more on Peer Education. Similarly, the provision of treatment, care and support services was higher in universities than technikons.

Even when services are theoretically available to students and staff, overall utilisation rates are low, and reportedly reach females and students far more than males or staff. Although the data does not provide an explanation for the low utilisation rates, some have postulated that effective marketing of the services, and/or stigma could be explanations. Regardless, this should be investigated further. In addition, 50 percent of health services have experienced stockouts that could adversely affect their ability to provide quality services.

The most commonly reported treatment, care and support services offered by the majority of institutions were Psychosocial Support and PEP. Only a few HEIs provide ART to staff or students although with the recent legislative changes relating to ART, along with an increased availability of international funding for treatment, this is likely to change for many institutions in the near future. It is imperative that institutions begin planning their treatment, care and support services more strategically, as these services will become crucial to addressing the needs of infected individuals as the epidemic progresses.

Other services offered by on-site health services include a range of reproductive health and primary care services and counselling.

Recommendations

- HEIs should:
 - Develop a comprehensive health services system that makes provision for off-campus programmes (including networking and linking systems with other service providers) and that is able to deal with other illnesses (e.g. stress).
 - Regularly monitor and evaluate health services (including the evaluation of services rendered and the marketing of the service).
 - Develop a solid source of human resource capacity (including an HIV and AIDS coordinator, dedicated HIV and AIDS counsellors and other clinic staff able to render the necessary health services).
 - Develop staff workplace programmes as a matter of priority.
 - Explore the reasons behind low utilisation rates of HIV and AIDS services, especially for males and staff, and develop strategies for increasing overall utilisation, especially for prevention services.
 - Overcome service quality issues such as stockouts of HIV and AIDS related supplies and increase the number of condoms distributed.
 - Further develop Peer Education programmes, particularly for staff.
 - Train more clinical staff in all HIV-related fields, particularly ART.
 - Establish on-site health services for those institutions that currently lack such services but which provide campus housing for students (including where possible 24 hour services to accommodate both staff and students).
 - Explore alternative funding mechanisms for clinics and other health services to broaden access for staff and students.

- Increase communication channels between key programme players and HR to ensure that HR is more involved and active in programme implementation.

10.4. TEACHING FOR HIV AND AIDS

Perhaps the most noticeable area requiring attention is that of curriculum development. Only limited curriculum integration is occurring and many respondents cited it as a general weakness of institutional responses. In the immediate future, integration of HIV and AIDS into curriculum needs to be a priority for institutions and funders alike. However, anecdotal evidence suggests that there is resistance amongst staff with regards to curriculum development and this should be investigated further to ensure curriculum integration as a priority.

Similarly, the promotion of lecturer involvement in HIV and AIDS teaching should be an avenue further explored by institutions, particularly as many HoDs believe it is their responsibility to incorporate HIV and AIDS into the curriculum.

Recommendations

- HEIs should:
 - Link HIV and AIDS policy to formal teaching structures (and where possible, be governed by a formal committee).
 - Provide integrated training on how to infuse HIV and AIDS policy into the curriculum (include utilisation of the teaching development department to train lecturers on how to infuse HIV and AIDS into their course material).
 - Develop curriculum integration policy at institutional and departmental levels.
 - Increase infusion of HIV and AIDS content across courses (including service learning components and core, foundation, elective and short courses).
 - Increase the emphasis on HIV and AIDS in Distance Learning Curriculum.
 - Look for opportunities for replicating best practices amongst national and international HEIs. In particular, this should be explored within the realm of distance learning.

10.5. RESEARCH/KNOWLEDGE CREATION

Overall, HEAIDS considers promotion of research on HIV and AIDS a critical element of the institutional response. However, the audit was unable to obtain detailed, quantitative information because of time constraints and limited availability of information from the institution's heads of research. Moreover, the audit demonstrates that research outputs are difficult to track because of large number of departments in each HEI, and research may also be linked to contract services supplied by units based at HEIs that are not linked to teaching. During the HEAIDS workshop in November 2003, the audit team learned that a few institutions are conducting detailed research audits, but this is not occurring on a wide scale.

While only a few institutions reported on the research/knowledge creation area of this audit, it is apparent that more research is taking place in universities than technikons. This is in line with the technikon's historical role of training in trades and not focusing specifically on the production of research.

However, technikons are becoming more involved in research, and they can play a major role in building knowledge about HIV and AIDS, particularly as it impacts on their specific academic areas. Another issue arising from the data on research is the need to promote more study in areas other than health sciences, as well as conducting ongoing research for internal management purposes.

Indeed, overall there is room for increased research output in all the different areas (medical, social, economic, etc.) of the HE sector.

Recommendations

- HEIs should:
 - Ensure that research and ethic policies are in place and appropriate for HIV and AIDS research within the context of the institution concerned.
 - Grow the importance and output of research in technikons (including training for ethics committees).
 - Develop incentives for researchers focusing on HIV and AIDS.
 - Encourage research in areas such as the social impact of the epidemic and the psychosocial implications of the epidemic.
 - Increase research partnerships with internal and external partners to enhance knowledge sharing and collaboration (including funding opportunities for interdisciplinary research).
 - Encourage better tracking of research progress and output with regards to HIV and AIDS.

10.6. GENERAL MANAGEMENT AND IMPLEMENTATION

The management of the HIV and AIDS response, particularly from an IO perspective, appears to be hindered by the fact that many IOs have additional responsibilities over and above their institution's HEAIDS programme, and that many institutions have no centre where the overall programme is based.

It is likely that those institutions with full-time IOs are providing a stronger and more strategic response. It is unfortunate that more than half of the thirty four IOs in this audit have additional responsibilities outside of the HEAIDS programme. Accordingly, HEAIDS should explore the appointment and financing of full-time IOs as a mechanism for ensuring a collaborative, cross-cutting, encompassing HIV and AIDS response in each HEI.

In addition, some aspects of a comprehensive response (such as workplace programmes and HR planning) are adversely affected by the poor involvement of HR personnel in overall programme implementation.

Recommendations

- HEIs should:
 - Clarify roles of the IO and other key players in the HEAIDS programme e.g. HR, VC, Peer Education manager, Health Clinic, SRC etc.
 - Develop a permanent centre from which all institutional HIV and AIDS activities can be implemented and monitored.
 - Develop the IO position into a full-time, permanent role (including capacity building of IOs to train other key players on improving implementation).
 - Review the level and authority of the IO to ensure they are able to provide strategic direction to the HIV and AIDS activities of their institution (including the management of the grants generated for HIV and AIDS implementation).
 - Conceptualise different mediums in which to deliver an effective HIV and AIDS response (e.g. the use of Electronic Media).
 - Improve HR involvement in programme implementation, through training and other forms of support.

11.

REFERENCES AND LINKS

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BORDER TECHNIKON

Narrative on Institution

Border Technikon reported that it has 5 712 students currently enrolled and 236 staff members¹. The IO, also serving as the Director of Student Affairs, does not have full-time responsibility for HIV and AIDS. The IO was appointed in July 2001, and Border Technikon began receiving HEAIDS funding in January 2002. The IO reports to the VC's Office. The IO indicated that there are other individuals assisting, but did not specify whether those individuals are full-time, part-time or volunteers.

Border Technikon will be merging with the University of the Transkei and Eastern Cape Technikon to form the Walter Sisulu University for Technology and Science in 2005.

TABLE 1: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Return	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	6	6	100%
Overall	13	13	100%

¹ In cases where institutions did not report figures, staff and student numbers have been sourced from the HEMIS database, (November 2002) in order to provide a more composite picture of the sector.

² Since the data collection for this audit and scan, Border Technikon began a Risk Assessment on 1 October 2003.

TABLE 2: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No ²
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Yes
Prevention	
Condom Distribution (March - May 2003)	7 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established On-site VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No ³
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	50
<ul style="list-style-type: none"> • Males 	17
<ul style="list-style-type: none"> • Females 	33
<ul style="list-style-type: none"> • Staff 	0
<ul style="list-style-type: none"> • Students 	50
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	61
<ul style="list-style-type: none"> • Males 	16
<ul style="list-style-type: none"> • Females 	45
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	2
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	2
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	Don't know

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³ Since the data collection for this audit and scan, Border Technikon has responded that they do have an established referral system for off-site VCT.

Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff		Referred
• Treatment of Opportunistic infections for Students		Referred
• Psychosocial support for Staff		On-site
• Psychosocial support for Students		Referred
• Post -Exposure Prophylaxis (PEP) for Staff		On-site
• PEP for Students		On-site
• Palliative Care for Staff		On-site
• Palliative Care for Students		On-site
• ART for Staff		Referred
• ART for Students		On-site
• Home-based Care for Staff		Referred
• Home-based Care for Students		Referred
Use of Treatment, Care and Support Services		Indicator not captured in this audit
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching		No
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	2-yes	No response
• Infused through all courses	1-yes	No response
• Core courses	3-yes	1-yes
• Foundation courses	1-yes	1-no
• Elective courses	1-yes	No response
• Short courses	1-yes	1-no
Humanities graduates trained in the care of those affected by HIV and AIDS		Indicator not captured in this audit
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities		No, there is no research ethics policy
Increase in the number of post-graduate research projects that relate to HIV and AIDS		No response

VCT

The institution has an established on-site VCT service that is offered to both staff and students for counselling and testing, and the initial consultation is free.

The VCT staff consists of 2 paid nurses and 1 other paid staff, totalling 3 staff members. During the period from March to May 2003, 50 students (17 males and 33 females) requested VCT and the same number received VCT.

Peer Education

There is an established Student Peer Education programme that began in March 2001. This programme is run by the institution and overseen by Counselling Services. The funding for the programme comes only from the institution. The programme has not yet been evaluated.

There is no Staff Peer Education programme in place.

Workplace Programmes and Policies

Border Technikon does not have a workplace programme.

Curriculum Development

- HoDs from the Hospitality, Building, Civil Engineering, EuC (Applied Technology), Journalism and Management departments completed the questionnaire relating to curriculum development.
 - 50% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 17% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 100% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 67% of HoDs indicated some staff members received training or capacity building in order to teach HIV-related material.



CAPE TECHNIKON

Narrative on Institution

Cape Technikon reported that they have 15 982 students currently enrolled and did not report on the number of staff members. The IO, also serving as Lecturer and AIDS Coordinator, does not have full-time responsibilities on HIV and AIDS. Cape Technikon began receiving HEAIDS funding in June 2002, and the IO was appointed in January 2003. The IO reports to the VC's Office. The IO has one other individual assisting on a full-time basis.

In 2005, Cape Technikon will merge with Peninsula Technikon to form the Cape Peninsula University of Technology.

TABLE 3: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	7	6	86%
Overall	14	13	93%

TABLE 4: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Don't Know
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Don't Know
Prevention	
Condom Distribution (March - May 2003)	15 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established On-site VCT service? 	Yes
<ul style="list-style-type: none"> • Established On-site STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	Yes
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	44
<ul style="list-style-type: none"> • Males 	12
<ul style="list-style-type: none"> • Females 	32
<ul style="list-style-type: none"> • Staff 	0
<ul style="list-style-type: none"> • Students 	44
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	149
<ul style="list-style-type: none"> • Males 	35
<ul style="list-style-type: none"> • Females 	114
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	2
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	2
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	2

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	On-site	
• Treatment of Opportunistic infections for Students	On-site	
• Psychosocial support for Staff	Referred	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	Referred	
• PEP for Students	Referred	
• Palliative Care for Staff	On-site	
• Palliative Care for Students	On-site	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	2-yes 2-no	3-no
• Infused through all courses	4-no	3-no
• Core courses	3-no	4-no
• Foundation courses	2-yes 2-no	4-no
• Elective courses	2-no 2-n/a	2-no
• Short courses	3-no	3-no
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	25	

VCT

The institution has an established on-site VCT service that began in 1999. This service is offered only to students for counselling and testing and the initial consultation is free. The VCT staff consists of 2 paid nurses. During the period from March to May 2003, 54 students (20 males, 34 females) requested VCT and 44 students (12 males, 32 females) received VCT.

Peer Education

There is an established Student Peer Education programme that began in January 1996. This programme is run by the institution and overseen by Counselling Services. The funding for the programme is provided by the HEAIDS programme and by the institution itself. The programme was evaluated in July 2003.

A Staff Peer Education programme has been in place since March 2001, and was evaluated at the same time. This programme is run by the institution and overseen by Human Resources. 17 Staff Peer Educators have been trained.

Workplace Programmes and Policies

Cape Technikon started their workplace programme in June 2002. Their target audience is academic, administrative and support staff. Cape Technikon reported that their workplace programme is both managed and monitored by "Training and Skills Development."

The following table reflects the content of the workplace programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS			
Information of how HIV and AIDS will affect their lives and the lives of their families	✓		
Training on HIV and AIDS and universal precautions	✓		
Motivate to take action and change own behaviour	✓		
Encourage the development of supportive social values such as gender equality	✓		
Enable access to HIV voluntary testing and counselling	✓		
Medical aid for the HIV-positive employee	✓		
Retirement medical services	✓		
Enable access to general medical treatment		✓	
Develop skills for decision-making, negotiation, condom use			
Enable access to STI services	✓		
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)		✓	
Clinical management of common opportunistic infections	✓		
Enable access to reproductive health services	✓		
Provide referrals for termination of pregnancy	✓		
Provide referrals for mother-to-child transmission			✓
Enable access to on-going psychosocial support, such as counselling services and/or support groups		✓	
Develop an environment of acceptance and non-discrimination	✓		
Promote positive living skills and messages	✓		
Enable access to family assistance programmes		✓	
Work towards gender equality	✓		

Curriculum Development

- HoDs from the Maritime Studies, Surveying, Chemical Engineering, Health Sciences, Food and Agricultural Sciences and Civil Engineering departments completed the questionnaire relating to curriculum development.
 - 17% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 67% indicated that there was no departmental policy for including HIV and AIDS into the curriculum.
 - 17% indicated that they did not know if their department had a policy for including HIV and AIDS into the curriculum.
 - 100% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 33% of HoDs believe it is their responsibility to incorporate HIV and AIDS in their department's curricula.
 - 33% of HoDs do not believe it is their responsibility to incorporate HIV and AIDS in their department's curricula.
 - 33% of HoDs don't know if it is their responsibility to incorporate HIV and AIDS in their department's curricula.
 - 17% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.
 - 67% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.
 - 17% of HoDs indicated that it was not applicable to their departments whether academic staff members received any training or capacity building in order to teach HIV-related material.

DURBAN INSTITUTE OF TECHNOLOGY

Narrative on Institution

Durban Institute of Technology reported having 820 staff members and 20 418 students currently enrolled. The IO, serving as Manager of the HIV and AIDS Centre, has full-time responsibility for HIV and AIDS. The IO was appointed in January 2003 and DIT began receiving HEAIDS funding in May 2003. The IO reports to the VC's Office. The IO indicated that there are other individuals assisting but not indicate whether it is on a full-time, part-time or volunteer basis.

TABLE 5: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	12	3	25%
Overall	19	10	53%

TABLE 6: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	No
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	30 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established On-site VCT service? 	Yes
<ul style="list-style-type: none"> • Established On-site STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	167
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	74
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	93
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	2
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	165
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	240
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	101
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	139
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	3
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	3
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	3

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	On-site ⁴	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	Referred ⁵	
• Post -Exposure Prophylaxis (PEP) for Staff	Referred	
• PEP for Students	Referred	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Not offered	
• ART for Staff	Not offered	
• ART for Students	Not offered	
• Home-based Care for Staff	Not offered	
• Home-based Care for Students	Not offered	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	1-yes 1-no	1-n/a
• Infused through all courses	2-no	2-no
• Core courses	1-yes	1-no
• Foundation courses	1-yes	1-n/a
• Elective courses	1-yes	1-yes
• Short courses	1-no	1-no
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy with specific reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	Don't know	

VCT

The institution has an established on-site VCT service that began in 2002. The programme (which is run by the institution) is offered to both staff and students for counselling and testing. The VCT staff consists of 2 paid nurses only. During the period from March to May 2003, 2 (male) staff

⁴ Since the data collection for this audit and scan, DIT has responded that this service is also referred to an off-site service provider.

members and 167 students (72 males and 95 females) requested VCT. 2 staff members and 165 students (74 males and 93 females) received VCT.

Peer Education

There is an established Student Peer Education programme that began in May 2002. This programme is run by the institution and overseen by the On-site Clinic and HIV and AIDS Centre. The institution itself provides the funding for the programme.⁶ The programme was evaluated in November 2002.

There is no Staff Peer Education programme in place.

Workplace Programmes and Policies

Durban Institute of Technology indicated that they are currently in the process of developing a workplace programme. The workplace programme will be monitored and managed by the HR Manager.⁷

The following table reflects the content of the workplace programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS	✓		
Information of how HIV and AIDS will affect their lives and the lives of their families	✓		
Training on HIV and AIDS and universal precautions		✓	
Motivate to take action and change own behaviour	✓		
Encourage the development of supportive social values such as gender equality	✓		
Enable access to HIV voluntary testing and counselling	✓		
Medical aid for the HIV-positive employee			✓
Retirement medical services	✓		
Enable access to general medical treatment	✓		
Develop skills for decision-making, negotiation, condom use	✓		
Enable access to STI services	✓		
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)	✓		
Clinical management of common opportunistic infections	✓		
Enable access to reproductive health services	✓		
Provide referrals for termination of pregnancy		✓	
Provide referrals for mother-to-child transmission	✓		
Enable access to counselling services and/or support groups	✓		
Develop an environment of acceptance and non-discrimination	✓		
Promote positive living skills and messages	✓		
Enable access to family assistance programmes	✓		
Work towards gender equality	✓		

⁶ Since the data collection for this audit and scan, DIT has indicated that DrumAide also provides funding.

⁷ Since the data collection for this audit and scan, DIT has indicated that their Workplace Programme will be co-managed by the HR Manager and the HIV and AIDS Manager.

Curriculum Development

- HoDs from the Environmental Health, Postgraduate Nursing Studies and Architectural Technology departments completed the questionnaire relating to curriculum development.
 - 33% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 50% indicated that they did not have criteria related to HIV and AIDS teaching incorporated in to the performance appraisal process for academic tenure and promotion.
 - 50% indicated that they did not know if criteria related to HIV and AIDS teaching was incorporated into the performance appraisal process for academic tenure and promotion.
 - 67% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 33% of HoDs do not believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 33% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.
 - 33% indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 33% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.



EASTERN CAPE TECHNIKON

Narrative on Institution

Eastern Cape Technikon reported having 8 025 students enrolled and 415 staff members. The IO does not have full-time responsibility for HIV and AIDS. Eastern Cape Technikon began receiving HEAIDS funding in February 2002 and the IO, also serving as a Coordinator, was appointed in March 2002. The IO reported having no other individuals assisting. The IO reports to the Dean of Health Sciences.

Border Technikon will be merging with the University of the Transkei and Eastern Cape Technikon to form the Walter Sisulu University for Technology and Science in 2005.

TABLE 7: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	0	0%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	0	0%
Dean of Research Questionnaire	1	0	0%
On-site Health Services Representative	1	0	0%
Peer Education	1	0	0%
Heads of Departments	6	2	33%
Overall	13	4	31%

TABLE 8: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No Response
Non-discrimination Policy	No Response
HEI Council committed to address HIV and AIDS	No Response
Authority for managing HIV and AIDS programme emanates from the highest institutional level	No
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	No response
Existence of quality HIV and AIDS prevention services for HEI staff and students	No response
<ul style="list-style-type: none"> • Established VCT service? 	No response
<ul style="list-style-type: none"> • Established STI service? 	No response
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No response
<ul style="list-style-type: none"> • Established Student Peer Education? 	No response
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No response
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No response
<ul style="list-style-type: none"> • Staff 	No response
<ul style="list-style-type: none"> • Students 	No response
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	No response
<ul style="list-style-type: none"> • Males 	No response
<ul style="list-style-type: none"> • Females 	No response
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following:	No response
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	No response
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	No response
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	No response

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Existence of Treatment, Care and Support Services	No response	
• Treatment of Opportunistic Infections for Staff	No response	
• Treatment of Opportunistic infections for Students	No response	
• Psychosocial support for Staff	No response	
• Psychosocial support for Students	No response	
• Post -Exposure Prophylaxis (PEP) for Staff	No response	
• PEP for Students	No response	
• Palliative Care for Staff	No response	
• Palliative Care for Students	No response	
• ART for Staff	No response	
• ART for Students	No response	
• Home-based Care for Staff	No response	
• Home-based Care for Students	No response	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No response	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	No response	No response
• Infused through all courses	No response	No response
• Core courses	1-yes	No response
• Foundation courses	No response	No response
• Elective courses	No response	No response
• Short courses	No response	No response
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	No, there is no research ethics policy	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	No response	

VCT

No information was received from the institution.

Peer Education

No information was received from the institution.

Workplace Programmes and Policies

Eastern Cape Technikon does not have a workplace programme.

Curriculum Development

- HoDs from the Education Department and the School of Electrical Engineering completed the questionnaire relating to curriculum development.
 - 100% indicated that there was no departmental policy for including HIV and AIDS into the curriculum.
 - 100% indicated that there were no criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 50% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 50% of HoDs did not know if it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 100% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.



CENTRAL UNIVERSITY OF TECHNOLOGY (FORMERLY TECHNIKON FREE STATE)

Narrative on Institution

Technikon Free State reported having 9 140 students currently enrolled and 1 075 staff members. The IO does not have full-time responsibility for HIV and AIDS. The IO, also serving as Executive Director of Human Resources, was appointed in April 2002 and Technikon Free State began receiving HEAIDS funding at that same time. The IO reports to the VC's Office. The IO indicated having 7 people assisting on a part-time basis.

Technikon Free State has incorporated the Welkom campus of Vista University in 2004.

TABLE 9: RESPONSE RATES

Instrument / Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	5	4	80%
Overall	12	11	92%

TABLE 10: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No Response
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	No Response
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Don't Know
Prevention	
Condom Distribution (March - May 2003)	Yes, but number not specified
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	No
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	Not specified
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	Not specified
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	Not specified
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	Not specified
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	Not specified
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	67
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	32
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	35
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	Don't know
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	Don't know
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	Don't know

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	No response	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	Referred	
• Post -Exposure Prophylaxis (PEP) for Staff	Referred	
• PEP for Students	On-site	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Referred	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	Yes	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	2-no	2-no
• Infused through all courses	2-no	2-no
• Core courses	2-yes	1-no
• Foundation courses	2-yes	1-no
• Elective courses	1-yes 1-no 1-don't know	1-no 1- don't know
• Short courses	1-no 1- don't know	1-no 1- don't know
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	2	

VCT

The institution has an established on-site VCT service that it offers to both staff and students, with a free initial consultation for both. The clinic has no dedicated VCT staff.

Peer Education

There is an established Student Peer Education programme that is overseen by Student Services and Counselling Services. The institution itself provides the funding for the programme. The programme has not yet been evaluated. There is no Staff Peer Education programme in place.

Workplace Programmes and Policies

Technikon Free State reported that they are currently in progress of developing a workplace programme. The HR Manager will both monitor and manage the programme. The following table reflects the intended content of the workplace programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS	✓		
Information of how HIV and AIDS will affect their lives and the lives of their families			✓
Training on HIV and AIDS and universal precautions	✓		
Motivate to take action and change own behaviour	✓		
Encourage the development of supportive social values such as gender equality	✓		
Enable access to HIV voluntary testing and counselling		✓	
Medical aid for the HIV-positive employee	✓		
Retirement medical services	✓		
Enable access to general medical treatment		✓	
Develop skills for decision-making, negotiation, condom use	✓		
Enable access to STI services		✓	
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)		✓	
Clinical management of common opportunistic infections		✓	
Enable access to reproductive health services	✓		
Provide referrals for mother-to-child transmission		✓	
Enable access to on-going psychosocial support, such as counselling services and/or support groups	✓		
Develop an environment of acceptance and non-discrimination	✓		
Promote positive living skills and messages	✓		
Enable access to family assistance programmes		✓	
Work towards gender equality	✓		

Curriculum Development

HoDs from the Health Technology, Information Technology and Teacher Education departments and the School of Electrical Engineering completed the questionnaire relating to curriculum development.

- 50% indicated that they did not have a departmental policy for including HIV and AIDS into the curriculum, while 50% indicated that they did not know if their department had a policy for including HIV and AIDS into the curriculum.
- 50% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion, while 50% indicated that they did not know if criteria related to HIV and AIDS teaching is incorporated into the performance appraisal process for academic tenure and promotion.
- 33% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula, although 67% of HODs do not believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
- 100% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.



MANGOSUTHU TECHNIKON

Narrative on Institution

Mangosuthu Technikon reported having 7 465 students currently enrolled and did not indicate the number of staff members. The IO works full-time on HIV and AIDS. Mangosuthu Technikon began receiving funding in January 2002 and the IO, also serving as Director of Staff Development, was appointed in May 2002. The IO reports to the Vice Principal Admin, and indicated having one person assisting on a full-time basis.

TABLE 11: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	9	9	100%
Overall	16	16	100%

TABLE 12: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	No
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	35 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	No
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	Yes
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	Yes
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	0
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	0
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	0
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	0
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	0
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	233
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	75
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	158
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	10
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	10
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	10

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	On-site	
• Treatment of Opportunistic infections for Students	On-site	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	Not offered	
• PEP for Students	Referred	
• Palliative Care for Staff	Not offered	
• Palliative Care for Students	Referred	
• ART for Staff	Not offered	
• ART for Students	Not offered	
• Home-based Care for Staff	Not offered	
• Home-based Care for Students	Not offered	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	2-yes 2-no 2-don't know	1-yes 1-no 1-n/a
Infused through all courses	4-no	2-no
• Core courses	3-no	1-yes 1-no 1-n/a
• Foundation courses	4-no	2-no
• Elective courses	3-no	1-no 1-n/a
• Short courses	3-no	2-no
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	No, there is no research ethics policy	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	None	

VCT

The institution does not offer on-site VCT services. Staff and students requesting VCT are referred to an off-site service. In the period from March to May 2003, 50 students (10 males and 40 females) requested VCT. According to Mangosuthu Technikon, no staff and students received VCT.

Peer Education

There is an established Student Peer Education programme that began in June 1999 and is run by the institution. This programme is overseen by Human Resources, Onsite Clinic, Student Services and the IO. The funding for the programme is provided by the HEAIDS programme and by the institution itself. The programme has not yet been evaluated.

The Staff Peer Education programme was established in June 2002. It is privately run and is overseen by the HR office. 21 Staff Peer Educators have been trained and the programme is funded by the HEAIDS programme, Department of Health, external donors and Atic, as well as the institution itself. The staff programme also has not yet been evaluated.

Workplace Programmes and Policies

Mangosuthu Technikon reported being in the process of developing their workplace programme. Their programme will target academic, administrative and support staff. The EAP Manager will manage the programme and the HR manager will monitor the programme. The following table reflects the intended content of the programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS	✓		
Information of how HIV and AIDS will affect their lives and the lives of their families			✓
Training on HIV and AIDS and universal precautions	✓		
Motivate to take action and change own behaviour	✓		
Encourage the development of supportive social values such as gender equality			✓
Enable access to HIV voluntary testing and counselling	✓		
Medical aid for the HIV-positive employee	✓		
Retirement medical services		✓	
Enable access to general medical treatment		✓	
Develop skills for decision-making, negotiation, condom use		✓	
Enable access to STI services	✓		
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)		✓	
Clinical management of common opportunistic infections		✓	
Enable access to reproductive health services		✓	
Provide referrals for termination of pregnancy			✓
Provide referrals for mother-to-child transmission			✓
Enable access to on-going psychosocial support, such as counselling services and/or support groups			✓
Develop an environment of acceptance and non-discrimination			✓
Promote positive living skills and messages			✓
Enable access to family assistance programmes	✓		
Work towards gender equality		✓	

Curriculum Development

HoDs from the Environmental Health, Mathematics, Agriculture, Chemistry, Community Extension, Biomedical Sciences, Chemical, Law and Communication departments completed the questionnaire relating to curriculum development.

- 22% indicated that there was a departmental policy for including HIV and AIDS into the curriculum, while 67% indicated that they did not have a departmental policy for including HIV and AIDS into the curriculum, and 11% indicated that they did not know if their department had such a policy.
- 22% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion, but 78% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
- 89% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula, but 11% of HoDs do not believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
- 11% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material, 33% indicated yes, some staff members have received training or capacity building in order to teach HIV-related material, while 56% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.

TSHWANE UNIVERSITY OF TECHNOLOGY (FORMERLY TECHNIKON NORTH WEST)

Narrative on Institution

Technikon North-West did not report on how many students are currently enrolled, however, they did report having 292 staff members on campus. The IO works full-time on HIV and AIDS. The IO, also serving as a Psychologist, was appointed in January 2002, the same time that Technikon North-West began receiving funding from HEAIDS. The IO, who reports to the Executive Director of SSD, indicated that they have no assistance from any other individuals.

Technikon North-West has merged with Technikon Pretoria and Technikon Northern Gauteng to form the Tshwane University of Technology in 2004.

TABLE 13: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	5	5	100%
Overall	12	12	100%

TABLE 14: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	No Response
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	7 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	Yes
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	Yes
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	29
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	9
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	20
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	6
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	23
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	126
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	10
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	116
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	2
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	2
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	0

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	Referred	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	Referred	
• PEP for Students	Referred	
• Palliative Care for Staff	Not offered	
• Palliative Care for Students	Not offered	
• ART for Staff	Not offered	
• ART for Students	Not offered	
• Home-based Care for Staff	Not offered	
• Home-based Care for Students	Not offered	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	2-no	1-no 1-n/a
• Infused through all courses	2-no	1-no 1-n/a
• Core courses	2-no	1-no 1-n/a
• Foundation courses	2-don't know	2-don't know
• Elective courses	2-no	2-no
• Short courses	2-no	1-no 1-n/a
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	Don't know	

VCT

The institution has established an on-site VCT service which began in 2001. This service is offered to both staff and students for counselling and testing and the initial consultation is free.

The VCT staff consists of 3 paid nurses and two other paid staff, totalling five staff members.

During the period from March – May 2003, 6 staff members (4 males and 2 females) and 23 students (5 males and 18 females) requested VCT. The same number of individuals received VCT.

Peer Education

There is an established Student Peer Education programme that began in February 2002 and is run by the institution. This programme is overseen by Counselling Services and funding for the programme is provided by the HEAIDS programme. The programme has not yet been evaluated.

There is no Staff Peer Education programme in place.

Workplace Programmes and Policies

Technikon North-West does not have a workplace programme.

Curriculum Development

- HoDs from the Management, Computer Studies, Paralegal Studies, Office and Tourism and Accounting departments completed the questionnaire relating to curriculum development.
 - 100% indicated that there wasn't a departmental policy for including HIV and AIDS into the curriculum.
 - 40% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 60% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
 - 80% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 20% of HoDs feel it is not applicable to their department to incorporate HIV and AIDS into their department's curricula.
 - 75% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.
 - 25% of HoDs indicated that it was not applicable to their departments whether academic staff members received any training or capacity building in order to teach HIV-related material.

TSHWANE UNIVERSITY OF TECHNOLOGY (FORMERLY TECHNIKON NORTHERN GAUTENG)

Narrative on Institution

Technikon Northern Gauteng reported having 11 863 students currently enrolled and 680 staff members. The IO does not have full-time responsibility for HIV and AIDS. The IO, also serving as Director of Human Resources, was appointed in August 2001, the same time that Technikon Northern Gauteng began receiving HEAIDS funding. The IO reports to the VC's Office, and indicated having eight people assisting, three part-time and five volunteers.

Technikon North-West has merged with Technikon Pretoria and Technikon Northern Gauteng to form the Tshwane University of Technology in 2004.

TABLE 15: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	7	7	100%
Overall	14	14	100%

TABLE 16: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	1 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	No
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	Yes
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	No VCT
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No VCT
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No VCT
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	No VCT
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	No VCT
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	60
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	10
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	50
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	Don't know
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	Don't know
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	Don't know

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	On-site	
• Treatment of Opportunistic infections for Students	On-site	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	On-site	
• PEP for Students	On-site	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Referred	
• ART for Staff	On-site	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	3-yes	2-yes
• Infused through all courses	2-yes	1-yes
• Core courses	3-yes	1-yes
• Foundation courses	1-yes 1-no 1-n/a	1-yes
• Elective courses	1-yes 1-no 1-n/a	1-yes
• Short courses	1-no 1-n/a	No response
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities to HIV and AIDS	Yes, there is a research policy, with some reference	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	None	

VCT

The institution does not offer on-site VCT services. Staff and students requesting VCT are referred to off-site services.

Peer Education

The institution has no Peer Education programme in place.

Workplace Programmes and Policies

The Human Resources Manager reported that there is no workplace programme.

Curriculum Development

- HoDs from the Tourism, Management, Marketing and Logistics, Commercial, Science and Technology Education, Computer Studies, Biomedical Nursing Science and Accounting departments completed the questionnaire relating to curriculum development.
 - 57% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 29% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 71% indicated that there was not criteria related to HIV and AIDS teaching are incorporated in to the performance appraisal process for academic tenure and promotion.
 - 100% of HoDs believe it is their responsibility to incorporate HIV and AIDS in the their department's curricula.
 - 14% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.
 - 29% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 57% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.

TSHWANE UNIVERSITY OF TECHNOLOGY (FORMERLY TECHNIKON PRETORIA)

Narrative on Institution

Technikon Pretoria reported having 40 000 students currently enrolled and 2 599 staff members. The IO, also serving as a Manager, does have full-time responsibility for HIV and AIDS. The IO was appointed in January 2002, the same time that the technikon began receiving HEAIDS funding. The IO indicated reporting to both the VC's Office and the Dean of Student Affairs. The IO indicated having 33 people assisting, 3 full-time and 30 peer educators.

Technikon North-West has merged with Technikon Pretoria and Technikon Northern Gauteng to form the Tshwane University of Technology in 2004.

TABLE 17: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	11	6	55%
Overall	18	13	72%

TABLE 18: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	In Progress
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	No
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No ⁸
Prevention	
Condom Distribution (March - May 2003)	8 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	4
<ul style="list-style-type: none"> • Males 	3
<ul style="list-style-type: none"> • Females 	1
<ul style="list-style-type: none"> • Staff 	1
<ul style="list-style-type: none"> • Students 	3
Persons reached through STI during March to May 2003	95
<ul style="list-style-type: none"> • Males 	30
<ul style="list-style-type: none"> • Females 	65
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	1
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	1
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	1

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⁸ The "No" response for this indicator was based on the responses from HoDs. Technikon Pretoria has subsequently stated that they do have a policy that encourages infusion of HIV and AIDS into the curriculum.

Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	On-site	
• Treatment of Opportunistic infections for Students	On-site	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	On-site	
• PEP for Students	On-site	
• Palliative Care for Staff	On-site	
• Palliative Care for Students	On-site	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	3-yes	1-yes 1-n/a
• Infused through all courses	3-yes	1-yes 1-n/a
• Core courses	2-yes	1-n/a
• Foundation courses	1-no	1-n/a
• Elective courses	1-no	1-n/a
• Short courses	1-no	1-n/a
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	Don't know	

VCT

The institution has an established on-site VCT service that began in 1992. The programme is offered to both staff and students for counselling and testing, and the initial consultation is free. There are no dedicated VCT staff at the clinic. During the period from March to May 2003, 13 staff members (5 males and 8 females) and 65 students (25 males and 40 females) requested VCT. Only 1 staff member (male) and 3 students (2 males and 1 female) were tested during this period.

Peer Education

There is an established Student Peer Education programme that is run by the institution and overseen by the HIV and AIDS Consultancy Centre. The funding for the programme is provided by the HEAIDS programme and by the institution itself, and so far 60 Peer Educators have been trained. The programme was evaluated in November 2002.

There is no Staff Peer Education Programme in place.

Workplace Programmes and Policies

Technikon Pretoria started its workplace programme in January 2000. The target audience includes academic, administrative and support staff. The IO both manages and monitors the workplace programme.

The table below reflects the content of the programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS	✓		
Information of how HIV and AIDS will affect their lives and the lives of their families	✓		
Training on HIV and AIDS and universal precautions	✓		
Motivate to take action and change own behaviour	✓		
Encourage the development of supportive social values such as gender equality			
Enable access to HIV voluntary testing and counselling	✓		
Medical aid for the HIV-positive employee	✓		
Retirement medical services	✓		
Enable access to general medical treatment	✓		
Develop skills for decision-making, negotiation, condom use			✓
Enable access to STI services	✓		
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)		✓	
Clinical management of common opportunistic infections	✓		
Enable access to reproductive health services	✓		
Provide referrals for termination of pregnancy	✓		
Provide referrals for mother-to-child transmission		✓	
Enable access to on-going psychosocial support, such as counselling services and/or support groups	✓		
Develop an environment of acceptance and non-discrimination	✓		
Promote positive living skills and messages	✓		
Enable access to family assistance programmes			✓
Work towards gender equality	✓		

Curriculum Development

- HoDs from the People Management Development, Teacher Training, Nursing, Dental Sciences and Law departments completed the questionnaire relating to curriculum development.
 - 40% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 60% indicated that there wasn't a departmental policy for including HIV and AIDS into the curriculum.
 - 100% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 100% of HoDs believe it is their responsibility to incorporate HIV and AIDS in their department's curricula.
 - 60% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 40% of HoDs indicated no, no staff members have received any training or capacity building in order to teach HIV-related material.



PENINSULA TECHNIKON

Narrative on Institution

Peninsula Technikon did not indicate the number of students currently enrolled but did report having 513 staff members. The IO, also serving as a Lecturer, works full-time on HIV and AIDS. The IO was appointed in January 2002 although they did not report on when they began receiving funding from HEAIDS. The IO reports to the VC's Office and indicated that they do have people assisting, although they didn't say how many.

Peninsula Technikon and Cape Technikon are due to merge in 2005.

TABLE 19: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	7	5	71%
Overall	14	12	86%

TABLE 20: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	No
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Yes
Prevention	
Condom Distribution (March - May 2003)	10 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	Yes
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	30
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	17
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	13
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	0
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	30
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 146 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	52
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	94
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	4
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	4
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	Don't know

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	Referred	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	Referred	
• PEP for Students	Referred	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Referred	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	On-site	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	No response	No response
• Infused through all courses	1-yes	1-yes 1-no
• Core courses	No response	No response
• Foundation courses response	No response	No
• Elective courses	No response	No response
• Short courses	No response	No response
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	Don't know	

VCT

The institution has an established on-site VCT service that began in 2002. The programme is offered to students for counselling and testing, and the initial consultation is free.

The VCT staff consists of 3 paid nurses and 1 other paid staff, totalling 4 staff members. During the period from March to May 2003, 30 students (17 males and 13 females) requested VCT. The same number received VCT during this period.

Peer Education

There is an established Student Peer Education programme that began in March 1997. This programme is run by the institution and overseen and funded by the Health Sciences Department. The programme has not yet been evaluated.

The Staff Peer Education programme began in November 2000 and is run by the institution and overseen by Learner in Academics. The institution itself provides funding for the programme and so far 902 Staff Peer Educators have been trained. The programme has not yet been evaluated.

Workplace Programmes and Policies

Peninsula Technikon does not have a workplace programme.

Curriculum Development

A pilot programme – TABEISA (Technical and Business Education initiative in South Africa) – has been undertaken to mainstream HIV/AIDS into the curriculum. The traditional materials used for the first year module covering ‘Professional Skills Development for Information Technologists’ were replaced with the TABEISA learning materials ‘How 2 B Aids Aware’. The AIDS awareness materials are used as a vehicle for teaching communication / professional skills. During the pilot, students were encouraged to work in teams to design and develop their own mini-AIDS awareness projects. These projects were all carefully mentored using either previous peer educators or members of the HIV/AIDS pilot team. The pilot received strong support from senior management and it is planned to broaden and modify the approach to encompass a wider number of subject areas in 2004.

HoDs from the Dental Services, Horticulture & Food, Health Sciences and Physical Sciences departments completed the questionnaire relating to curriculum development.

- 60% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
- 100% indicated that there weren’t criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
- 100% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department’s curricula.
- 60% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.
- 20% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
- 20% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.



PORT ELIZABETH TECHNIKON

Narrative on Institution

Port Elizabeth Technikon 9 469 students and did not report on staff members. The IO, also serving as the HIV and AIDS Coordinator, does not have full-time responsibility for HIV and AIDS. The IO was appointed in January 2000 and the Technikon began receiving HEAIDS funding in January 2002. The IO reports to the Dean of Students and indicated having two people assisting, one part-time and one volunteer.

Port Elizabeth Technikon will merge with University of Port Elizabeth and Vista to form a comprehensive institution in 2005.

TABLE 21: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	6	6	100%
Overall	13	13	100%

TABLE 22: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	Yes
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	No
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Yes
Prevention	
Condom Distribution (March - May 2003)	15 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	Yes
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	60
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	13
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	47
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	3
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	57
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	34
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	10
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	24
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	4
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	4
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	4

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	On-site	
• Treatment of Opportunistic infections for Students	On-site	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	Referred	
• PEP for Students	Referred	
• Palliative Care for Staff	On-site	
• Palliative Care for Students	On-site	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	2-n/a	1-n/a
• Infused through all courses	2-yes	1-no
• Core courses	3-yes	1-yes
• Foundation courses	2-yes	1-yes
• Elective courses	2-n/a	1-n/a
• Short courses	2-n/a	1-n/a
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	1	

VCT

The institution has an established on-site VCT service that is offered to both staff and students for counselling and testing, and the initial consultation is free.

The VCT staff consists of 3 paid nurses and 1 other paid staff, totalling 4 staff members⁹. During the

⁹ 4 paid VCT staff members were indicated on the On-site Health Services questionnaire. Port Elizabeth Technikon has since reported that they have 4 paid nurses and 1 other paid staff, totalling 5 staff members.

period from March to May 2003, 18 staff members (10 males and 8 females) and 79 students (18 males and 61 females) requested VCT. 3 staff members (1 male and 2 females) and 57 students (12 males and 45 females) received VCT.

Peer Education

There is an established Student Peer Education programme that is run by the institution and overseen by Counselling Services. The funding for the programme is provided by the HEAIDS programme and by the institution itself. The programme was evaluated in June 2003. There is no Staff Peer Education Programme in place.

Workplace Programmes and Policies

Port Elizabeth Technikon started its workplace programme in 2002. The programme targets academic, administrative and support staff. The IO manages and monitors the programme. The following table reflects the content of the workplace programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS	✓		
Information of how HIV and AIDS will affect their lives and the lives of their families	✓		
Training on HIV and AIDS and universal precautions	✓		
Motivate to take action and change own behaviour	✓		
Encourage the development of supportive social values such as gender equality	✓		
Enable access to HIV voluntary testing and counselling	✓		
Medical aid for the HIV-positive employee			
Retirement medical services	✓		
Enable access to general medical treatment	✓		
Develop skills for decision-making, negotiation, condom use	✓		
Enable access to STI services	✓		
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)	✓		
Clinical management of common opportunistic infections	✓		
Enable access to reproductive health services	✓		
Provide referrals for termination of pregnancy	✓		
Provide referrals for mother-to-child transmission	✓		
Enable access to on-going psychosocial support, such as counselling services and/or support groups	✓		
Develop an environment of acceptance and non-discrimination	✓		
Promote positive living skills and messages	✓		
Enable access to family assistance programmes	✓		
Work towards gender equality	✓		

Curriculum Development

- HoDs from the Educational Studies, Journalism, Architecture and Information Technology departments, Faculty of Management and Faculty of Engineering completed the questionnaire relating to curriculum development.
 - 67% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 83% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 17% indicated that they did not know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
 - 83% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 17% of HoDs do not believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 20% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.
 - 80% of HoDs indicated no, no staff members have received any training or capacity building in order to teach HIV-related material.



UNISA (FORMERLY TECHNIKON SOUTHERN AFRICA)

Narrative on Institution

There are 53 154 students and 1 030 staff members at Technikon South Africa. The IO, also serving as an EAP Practitioner, does not have full-time responsibility for HIV and AIDS. The IO was appointed in January 2003 although they did not report when the Technikon began receiving funding from HEAIDS. The IO reports to one of the Deputy Vice-Principals, and the IO indicated having assistance from other individuals, although they did not specify the number of individuals assisting or the nature of the assistance.

Technikon Southern Africa has merged with UNISA and Vista (2004) in order to form the new UNISA.

TABLE 23: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	5	6	120%
Overall	12	13	108%

TABLE 24: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	Yes, not specified
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	No
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	No
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	No VCT
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No VCT
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No VCT
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	No VCT
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	No VCT
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	No STI
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No STI
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No STI
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	Don't know
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	Don't know
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	Don't know

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	Referred	
• Psychosocial support for Staff	Not offered ¹⁰	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	Not offered	
• PEP for Students	On-site	
• Palliative Care for Staff	On-site	
• Palliative Care for Students	On-site	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	Yes	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	2-yes	1-n/a
• Infused through all courses	1-yes 1-no	1-n/a
• Core courses	1-yes	1-yes 1-n/a
• Foundation courses	1-yes 1-no	1-n/a
• Elective courses	1-yes 1-no	1-n/a
• Short courses	2-yes	1-n/a
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	No, there is no research ethics policy	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	Don't know	

VCT

The institution does not offer VCT services at all.

Peer Education

The institution has no Peer Education programmes in place.

¹⁰ While the On-site Health Service questionnaire reflects that psychosocial support for staff is neither offered nor referred to another site, Technikon Southern Africa has stated that it is offered.

Workplace Programmes and Policies

Technikon Southern Africa indicated that their workplace programme is in the process of being developed. The IO will manage and monitor the programme. They did not report on the content that the programme is intended to cover.

Curriculum Development

- HoDs from the departments of Human Resource Management and Correctional Services Management and Schools of Information Technology, Business Management, and Public Management and the Faculty of Applied Natural Sciences and Engineering completed the questionnaire relating to curriculum development.
 - 17% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 83% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 17% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
 - 83% of HoDs believe it is their responsibility to incorporate HIV and AIDS in their department's curricula.
 - 17% of HoDs do not believe it is their responsibility to incorporate HIV and AIDS in their department's curricula.
 - 67% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 33% of HoDs indicated no, no staff members have received any training or capacity building in order to teach HIV-related material.



TECHNIKON WITWATERSRAND

Narrative on Institution

Technikon Witwatersrand reported having 12 000 students currently enrolled but did not report on the number of staff members. The IO, also serving as a Social Worker, did not indicate whether he/she has full-time responsibility for HIV and AIDS. The IO did not indicate when she/he was appointed nor when the Technikon began receiving HEAIDS funding. The IO reports to the Dean of Students and indicated having one individual assisting on a part-time basis.

Technikon Witwatersrand is to merge with RAU in 2005.

TABLE 25: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	7	3	43%
Overall	14	10	72%

TABLE 26: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	No Response
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	Yes, not specified
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	116
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	30
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	86
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	0
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	116
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	45
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	20
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	25
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	0
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	0
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	0

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	Referred	
• Psychosocial support for Staff	Referred	
• Psychosocial support for Students	Referred	
• Post -Exposure Prophylaxis (PEP) for Staff	Referred	
• PEP for Students	Referred	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Referred	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	Don't know	
• Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	2-yes	No response
• Infused through all courses	1-yes 1-don't know	1-yes
• Core courses	1-yes	No response
• Foundation courses	No response	No response
• Elective courses	No response	No response
• Short courses	No response	No response
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	None	

VCT

The institution has an established on-site VCT service that began in 2002. The programme is offered to both staff and students for counselling and testing, and the initial consultation is free.

The VCT staff consists of 2 paid nurses, 4 other paid staff and 2 volunteers, totalling 8 staff members. During the period from March to May 2003, 113 students (32 males and 81 females) requested VCT. 116 students (30 males and 86 females) received VCT during this period.

Peer Education

There is an established Student Peer Education programme that began in October 2000. The programme is run by the institution and overseen by Counselling Services. The funding for the programme is provided by the institution itself and so far 100 Peer Educators have been trained. The programme has not yet been evaluated.

There is no Staff Peer Education Programme in place.

Workplace Programmes and Policies

Technikon Witwatersrand did not report on whether there is a workplace programme.

Curriculum Development

- HoDs from the Emergency Medical and Radiography departments and the Hotel School completed the questionnaire relating to curriculum development.
 - 33% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 67% indicated that there wasn't a departmental policy for including HIV and AIDS into the curriculum.
 - 100% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 100% of HoDs believe it is their responsibility to incorporate HIV and AIDS in their department's curricula.
 - 33% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 33% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.
 - 33% of HoDs indicated that it was not applicable to their departments whether academic staff members received any training or capacity building in order to teach HIV-related material.



VAAL UNIVERSITY OF TECHNOLOGY (FORMERLY VAAL TRIANGLE TECHNIKON)

Narrative on Institution

Vaal Triangle Technikon reported having 27 486 students currently enrolled and 885 staff members. The IO, also serving as the HIV and AIDS Coordinator, has full-time responsibility for HIV and AIDS. The Technikon began receiving HEAIDS funding in 2002 and the IO was appointed in March 2003. The IO reports to the Head of Student Counsel and indicated that there are no other individuals assisting.

TABLE 27: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	6	9	150%
Overall	13	16	123%

TABLE 28: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	No Response
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Don't Know
Effective marketing or advocacy of HIV and AIDS programmes and services at HE institutions	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Yes
Prevention	
Condom Distribution (March - May 2003)	1 800
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	No response
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	86
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	36
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	50
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	1
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	1
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	Don't know

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Not offered	
• Treatment of Opportunistic infections for Students	Not offered	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	Not offered	
• PEP for Students	On-site	
• Palliative Care for Staff	On-site	
• Palliative Care for Students	On-site	
• ART for Staff	Not offered	
• ART for Students	Not offered	
• Home-based Care for Staff	Not offered	
• Home-based Care for Students	Not offered	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
• Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	1-yes 1-no	2-no
• Infused through all courses	2-no	2-no
• Core courses	2-no	2-no
• Foundation courses	2-no	2-no
• Elective courses	2-no	3-no
• Short courses	4-yes	5-no
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	Don't know	

VCT

The institution has an established on-site VCT service that began in 2002. The programme is offered to both staff and students for counselling and testing, and the initial consultation is free. The VCT staff consists of 2 paid nurses and 2 other paid staff, totalling 4 staff members. During the period from March to May 2003, 55 students (20 males and 35 females) requested VCT. The number of individuals who received VCT was not specified.

Peer Education

There is an established Student Peer Education programme that began in August 2002. The programme is run by the institution and overseen by Counselling Services. There is currently no funding for the programme. To date, 25 Peer Educators have been trained. The programme was evaluated in August 2003.

There is no Staff Peer Education Programme in place.

Workplace Programmes and Policies

Vaal Triangle Technikon reported being in the process of developing their workplace programme. They did not indicate who their target audience would be. The Staff Counsellor and the HIV and AIDS Coordinator will manage the programme and the HR Manager will monitor the programme.

They did not report on the intended content of the programme.

Curriculum Development

- HoDs from the Biological Nursing, Hospitality & Tourism, Process Instrumentation, Chemical Engineering, Mechanical Engineering, Biological Sciences, Electronics, Production Management and Civil Engineering & Building departments completed the questionnaire relating to curriculum development.
 - 11% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 67% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 33% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
 - 44% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 22% of HoDs do not believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 33% of HoDs feel it is not applicable to their department to incorporate HIV and AIDS into their department's curricula.
 - 13% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 87% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.



UNIVERSITY OF CAPE TOWN

Narrative on Institution

The University of Cape Town reported having 20 455 students currently enrolled and 1 139 staff members. The IO, also serving as a fieldworker, has full-time responsibility for HIV and AIDS. The IO was appointed in January 2002 and UCT began receiving HEAIDS funding in March 2002. The IO reports to the VC's Office and indicated having 5 full-time people and 50 volunteers assisting.

TABLE 29: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	15	15	100%
Overall	22	22	100%

TABLE 30: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No ¹¹
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	No Response ¹²
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No ¹³
Prevention	
Condom Distribution (March - May 2003)	Yes, not specified
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	No ¹⁴
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	288
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	121
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	167
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	0
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	288
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	170
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	47
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	123
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support¹⁵	
HEI Medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	8
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	8

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¹¹ Subsequently it has been noted that staff and student risk assessments were conducted in 2003.

¹² While no response was received from the questionnaire, UCT has responded that they approved an HIV/AIDS policy in 1993 (updated in 2000). A new version was submitted to Council in 2003.

¹³ UCT has subsequently stated that they do have a policy that encourages infusion of HIV and AIDS into the curriculum since September 2003.

¹⁴ UCT has subsequently stated that they have had a VCT service, treatment for Opportunistic Infections and counselling for students since 1993. An outsourced service for staff has been in place since mid 2003.

¹⁵ Since the collection of data for this audit and scan, UCT has contracted the Direct AIDS Intervention Programme to provide ARV treatment, workshops and training for staff, VCT services, web-site, counselling ICAS, STI management and counselling, PEP, and management of staff with AIDS and case management of opportunistic infections.

• Comprehensive HIV and AIDS management	1	
Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Not offered ¹⁵	
• Treatment of Opportunistic infections for Students	Not offered ¹⁴	
• Psychosocial support for Staff	Not offered	
• Psychosocial support for Students	Not offered ¹⁴	
• Post -Exposure Prophylaxis (PEP) for Staff	Not offered ¹⁶	
• PEP for Students	Not offered ¹⁷	
• Palliative Care for Staff	Not offered	
• Palliative Care for Students	Not offered	
• ART for Staff	Not offered ¹⁵	
• ART for Students	Not offered	
• Home-based Care for Staff	Not offered	
• Home-based Care for Students	Not offered	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	Yes	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	5-no	4-no
• Infused through all courses	5-no	3-no
• Core courses	4-no	4-yes
• Foundation courses ¹⁸	4-no	3-no
• Elective courses	3-yes 3-no	6-yes
• Short courses	2-no 2-n/a	3-n/a
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	No response ¹⁹	

¹⁶ UCT has subsequently stated that this is offered through the Groote Schuur hospital.

¹⁷ UCT has subsequently stated that this is offered through the Groote Schuur hospital.

¹⁸ UCT has subsequently stated that the HIV/AIDS unit has introduced a two week compulsory foundation course for all first year Commerce students on HIV/AIDS.

¹⁹ Since the collection of data for this audit, UCT has reported that its research support services conduct a survey of all research every six months.

VCT

The institution has an established on-site VCT service that is offered to students for counselling and testing, and the initial consultation is free.

The VCT staff consists of 2 paid doctors and 6 other paid staff, totalling 8 VCT staff members. During the period from March to May 2003, 288 students requested VCT (121 males and 167 females). The same number of individuals received VCT.

Peer Education

There is an established Student Peer Education programme that began in February 1994. The programme is run by the institution and overseen by HIV and AIDS Unit. The institution itself provides the funding for the programme. The programme has been evaluated (evaluation date not specified). There is no Staff Peer Education Programme in place.

Workplace Programmes and Policies

University of Cape Town started its workplace programme in August 2003. The programme targets academic, administrative and support staff. The management and monitoring of the programme is outsourced. The following table reflects the content of the workplace programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS	✓		
Information of how HIV and AIDS will affect their lives and the lives of their families	✓		
Training on HIV and AIDS and universal precautions	✓		
Motivate to take action and change own behaviour	✓		
Encourage the development of supportive social values such as gender equality	✓		
Enable access to HIV voluntary testing and counselling	✓		
Medical aid for the HIV-positive employee	✓		
Retirement medical services ²⁰			
Enable access to general medical treatment	✓		
Develop skills for decision-making, negotiation, condom use	✓		
Enable access to STI services	✓		
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)	✓		
Clinical management of common opportunistic infections	✓		
Enable access to reproductive health services			✓
Provide referrals for termination of pregnancy			✓
Provide referrals for mother-to-child transmission	✓		
Enable access to on-going psychosocial support, such as counselling services and/or support groups	✓		
Develop an environment of acceptance and non-discrimination	✓		
Promote positive living skills and messages	✓		
Enable access to family assistance programmes		✓	
Work towards gender equality	✓		

²⁰ UCT has subsequently stated that staff members remain on medical aid and UCT subsidises the contribution.

Curriculum Development

HoDs from the departments of Architecture, Psychology, HIV and AIDS, TB Epidemiology Unit, Medical Virology, Education Development Unit, Economics, Accounting, Information System, Sociology, Social Anthropology, Social Development and Criminal Justice, School of Graduate and Business and Faculty of Commerce completed the questionnaire relating to curriculum development.

- 36% indicated that there was a departmental policy for including HIV and AIDS into the curriculum, while 64% indicated that wasn't a departmental policy for including HIV and AIDS into the curriculum.
- 7% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion, but 86% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion and 7% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
- 86% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula, while 14% of HoDs do not believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
- 46% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material, although 54% of HoDs indicated no, no staff members have received any training or capacity building in order to teach HIV-related material.



UNIVERSITY OF KWAZULU NATAL (FORMERLY UNIVERSITY OF DURBAN-WESTVILLE)

Narrative on Institution

The University of Durban-Westville reported having 11 179 students currently and approximately 1 044 staff members. The IO, also serving as a Head of Department, does not have full-time responsibility for HIV and AIDS. UDW began receiving HEAIDS funding in March 2002 and the IO was appointed in January 2003. The IO reports to the VC's Office and indicated having assistance from one individual on a full-time basis, four individuals on a part-time basis and ten individuals as volunteers.

The University of Durban-Westville has merged with the University of Natal in 2004.

TABLE 31: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	9	8	89%
Overall	16	15	94%

TABLE 32: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	Yes
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	Yes, not specified
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003¹⁴ <ul style="list-style-type: none"> • Males • Females • Staff • Students 	No response
<ul style="list-style-type: none"> • Males 	No response
<ul style="list-style-type: none"> • Females 	No response
<ul style="list-style-type: none"> • Staff 	No response
<ul style="list-style-type: none"> • Students 	No response
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 <ul style="list-style-type: none"> • Males • Females 	127
<ul style="list-style-type: none"> • Males 	17
<ul style="list-style-type: none"> • Females 	110
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	9
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	4
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	4

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred ²¹	
• Treatment of Opportunistic infections for Students	Referred ²¹	
• Psychosocial support for Staff	Referred ²²	
• Psychosocial support for Students	Referred ²²	
• Post -Exposure Prophylaxis (PEP) for Staff	Referred ²³	
• PEP for Students	Referred ²⁴	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Not offered	
• ART for Staff	Not offered ²⁵	
• ART for Students	Not offered ²⁶	
• Home-based Care for Staff	Not offered	
• Home-based Care for Students	Not offered	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No response	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	3-yes	2-yes 2-no
• Infused through all courses	1-yes 1-no 1-don't know	2-yes
• Core courses	2-yes 2-no	2-yes 2-no
• Foundation courses	2-yes	2-yes
• Elective courses	4-yes	2-yes 2-no
• Short courses	2-no	2-no
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	Don't know	

²¹ Since the data collection for the audit and scan, UDW has responded that 40 males and 78 females were reached through VCT during March to May 2003.

²² Since the data collection for the audit and scan, UDW has responded that they do offer Treatment of Opportunistic Infections on-site to both staff and students.

²³ Since the data collection for the audit and scan, UDW has responded that Psychosocial support is offered on-site (in the counselling centre) to both staff and students.

²⁴ Since the data collection for the audit and scan, UDW has responded that PEP is offered on-site to staff in cases of official injury on duty.

²⁵ Since the data collection for the audit and scan, UDW has responded that PEP is also offered on-site to students.

²⁶ Since the data collection for the audit and scan, UDW has responded that ART is also offered on-site to both staff and students in rape or PEP cases.

VCT

The institution has an established on-site VCT service that began in 2003. This service is offered to both staff and students for counselling and testing and the initial consultation is free.

The VCT staff consists of one paid doctor, 3 paid nurses and 2 other paid staff and one volunteer, totalling 7 staff members.

Peer Education

There is an established Student Peer Education programme that began in 1999. The programme is run by the institution and overseen by Counselling Services. The funding for the programme is provided by the HEAIDS programme and so far 300 Peer Educators have been trained. The programme has not yet been evaluated. The institution is currently running a pilot study that is evaluating Rutanung within the sex and risk programme.

There is no Staff Peer Education Programme in place.

Workplace Programmes and Policies

The University of Durban-Westville does not have a workplace programme.

Curriculum Development

- HoDs from the Departments of Business Science and Social Policy Programme, the Schools of Psychology, Social Work, Economics, Public Administration, Educational Studies and the Faculties of Executive Management and Health Sciences completed the questionnaire relating to curriculum development.
 - 33% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 67% indicated that there was not a departmental policy for including HIV and AIDS into the curriculum.
 - 75% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 25% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
 - 78% of HoDs believe it is their responsibility to incorporate HIV and AIDS in their department's curricula.
 - 22% of HoDs do not believe it is their responsibility to incorporate HIV and AIDS in their department's curricula.
 - 11% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.
 - 56% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 22% of HoDs indicated no, no staff members have received any training or capacity building in order to teach HIV-related material.
 - 11% of HoDs indicated that it was not applicable to their departments whether academic staff members received any training or capacity building in order to teach HIV-related material.



UNIVERSITY OF KWA ZULU NATAL (FORMERLY UNIVERSITY OF NATAL)

Narrative on Institution

The University of Natal (Durban Campus) reported having 30 803 students currently enrolled and 3 231 staff members. The IO, also serving as the AIDS Programme Coordinator, has full-time responsibility for HIV and AIDS. The University began receiving HEAIDS funding in February 2002 and the IO was appointed in April 2002. The IO reports to the Deputy VC and did not indicate whether there are any individuals assisting.

Two NGOs dealing with HIV/AIDS run activities out of the campus.

The University of Durban-Westville has merged with the University of Natal in 2004.

TABLE 33: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	2	200%
Heads of Departments	11	9	82%
Overall	18	17	94%

TABLE 34: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	Yes
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	1 0000
<ul style="list-style-type: none"> • Existence of quality HIV and AIDS prevention services for HEI staff and students 	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	102
<ul style="list-style-type: none"> • Males 	48
<ul style="list-style-type: none"> • Females 	54
<ul style="list-style-type: none"> • Staff 	5
<ul style="list-style-type: none"> • Students 	97
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	85
<ul style="list-style-type: none"> • Males 	38
<ul style="list-style-type: none"> • Females 	47
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	16
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	7
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	7

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	On-site	
• Treatment of Opportunistic infections for Students	On-site	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	On-site	
• PEP for Student	On-site	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Referred	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	2-no	3-yes
• Infused through all courses	2-no	4-yes
• Core courses	1-yes 1-don't know	2-yes 2-no
• Foundation courses	2-yes	2-no
• Elective courses	3-yes	3-yes
• Short courses	1-no 1-don't know	1-yes 1-no
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	50	

VCT

The institution has an established on-site VCT service that began in 1998. This service is offered to both staff and students for counselling and testing and the initial consultation is free.

The VCT staff consists of one paid doctor, 6 paid nurses and 9 other paid staff, totalling 16 staff members. In the period from March to May 2003, a total of 5 staff members (3 males and 2 females) and 97 students (45 males and 52 females) requested VCT. The same number of individuals received VCT.

Peer Education

There is an established Student Peer Education programme that began in April 2003²⁷. The programme is run by the institution and overseen by HIVAN (HIV and AIDS Networking Centre). The funding for the programme is provided by external donors and by the institution itself. The programme has been evaluated (evaluation date not specified).

There is no Staff Peer Education Programme in place.

Workplace Programmes and Policies

The University of Natal indicated being that they are in the process of developing their workplace programme. They did not indicate who their target audience would be. Staff Training will manage the programme and the HR Manager will monitor the programme. They did not report on the intended content of the workplace programme.

Curriculum Development

- HoDs from the departments of Medicine, Housing (Architecture Planning), Social Work, Accounting, Virology, and the Schools of Electrical Engineering, Law, Nursing and Education, Training and Development completed the questionnaire relating to curriculum development.
 - 56% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 44% indicated that there was not a departmental policy for including HIV and AIDS into the curriculum.
 - 100% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 89% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 11% of HoDs don't know if it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 13% of HoDs indicated yes, yes all staff members have received training or capacity building in order to teach HIV-related material.
 - 50% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 38% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.

²⁷ The Peer Education Programme on the Pietermaritzburg Campus began in 1989 and the activities of this programme are not represented in this profile.



UNIVERSITY OF FORT HARE

Narrative on Institution

University of Fort Hare reported having 4 100 students currently enrolled and 848 staff members. The IO, also serving as the Special Assistant to the VC, does not have full-time responsibility for HIV and AIDS. The IO was appointed in January 2001 and the University began receiving HEAIDS funding in 2002. The IO reports to the VC's Office and indicated having one other person assisting on a full-time basis.

In 2004 the University of Fort Hare acquired the East London Campus of Rhodes University.

TABLE 35: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	9	9	100%
Overall	16	16	100%

TABLE 36: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	12 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes ²⁸
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	Yes
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	51
<ul style="list-style-type: none"> • Males 	24
<ul style="list-style-type: none"> • Females 	27
<ul style="list-style-type: none"> • Staff 	12
<ul style="list-style-type: none"> • Students 	39
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	87
<ul style="list-style-type: none"> • Males 	19
<ul style="list-style-type: none"> • Females 	68
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	2
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	2
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	2

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²⁸ University of Fort Hare has subsequently indicated that this VCT service is also available to the community.

Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	Referred	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	Referred	
• PEP for Students	Referred	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Referred	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	Don't know	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	1-no	2-no
• Infused through all courses	1-yes 1-no	2-no
• Core courses	1-yes 1-no	3-yes
• Foundation courses	1-yes 1-no	1-yes 1-no
• Elective courses	1-no 1-don't know	1-yes 1-no
• Short courses	1-no	1-no 1-n/a
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	No, there is no research ethics policy	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	Don't know	

VCT

The institution has an established on-site VCT service that began in March 2003 and is offered to both staff and students²⁹ for counselling and testing, and the initial consultation is free.

The VCT staff consists of 2 paid nurses. During the period from March to May 2003, 12 staff members (9 males and 3 females) and 39 students (15 males and 24 females) requested VCT. The same number of individuals received VCT.

²⁹

Peer Education

There is an established Student Peer Education programme that began in 1995. The programme is run by the institution and overseen by Counselling Services. The institution itself provides the funding for the programme. The programme was evaluated in 2003.

The Staff Peer Education Programme is run by the institution and overseen by the HIV and AIDS Project Office. No Staff Peer Educators have been trained so far. The programme is funded by the HEAIDS programme and has not yet been evaluated.

Workplace Programmes and Policies

The University of Fort Hare does not have a workplace programme.

Curriculum Development

- HoDs from the Psychology, Theology, Curriculum Studies, Nursing Sciences, Accounting, Industrial Psychology, Anthropology/Archeology and Social Work departments and School of Law completed the questionnaire relating to curriculum development.
 - 13% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 75% indicated that there was not a departmental policy for including HIV and AIDS into the curriculum.
 - 67% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 33% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
 - 43% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 43% of HoDs do not believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 14% of HoDs don't know if it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 75% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 25% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.



UNIVERSITY OF FREE STATE

Narrative on Institution

The University of Free State reported having 22 000 students currently enrolled and 473 staff members. The IO, also serving as Lecturer, has full-time responsibility for HIV and AIDS. The IO was appointed in January 2000 and the University began receiving HEAIDS funding in 2001. The IO reports to the Dean of the Faculty of Medical Sciences and the IO indicated not receiving any assistance from any other individuals.

The University of Free State has incorporated the Bloemfontein campus of Vista University in 2004.

TABLE 37: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	N/A - No Peer Ed Programme	100%
Heads of Departments	13	10	77%
Overall	20	17	97%

TABLE 38: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	Don't Know
Non-discrimination Policy	No
HEI Council committed to address HIV and AIDS	No
Authority for managing HIV and AIDS programme emanates from the highest institutional level	No
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	15 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	No
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	100
<ul style="list-style-type: none"> • Males 	53
<ul style="list-style-type: none"> • Females 	47
<ul style="list-style-type: none"> • Staff 	0
<ul style="list-style-type: none"> • Students 	100
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	516
<ul style="list-style-type: none"> • Males 	0
<ul style="list-style-type: none"> • Females 	516
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	Don't know
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	Don't know
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	Don't know

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	Referred	
• Psychosocial support for Staff	Referred	
• Psychosocial support for Students	Referred	
• PEP for Students	Referred	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Referred	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Not offered	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum ³⁰	UG	PG
• Service-learning components	2-yes	2-yes 2-no
• Infused through all courses	1-yes 1-no 1-n/a	2-yes
• Core courses	1-yes 1-no 1-n/a	2-no
• Foundation courses	2-no	2-no
• Elective courses	2-no	2-no
• Short courses	2-no	2-no
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with specific reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	No response	

VCT

The institution has an established on-site VCT service that began in 1990. The programme is offered to both staff and students for counselling and testing, and the initial consultation is free.

³⁰ While some HoDs indicated that integration is occurring, the IO has reported that this is not so.

The VCT staff consists of 1 paid nurse and 6 other paid staff, totalling 7 staff members. During the period from March to May 2003, 100 students (53 males and 47 females) requested VCT. The same number received VCT.

Peer Education

The institution does not offer any Peer Education programmes.

Workplace Programmes and Policies

The University of Free State reported being in the process of developing their workplace programme. The intended content of the workplace programme was not reported.

Curriculum Development

- HoDs from the Social Work, Drama, Architecture, Management Studies, Anthropology and Psychology departments and the Schools of Nursing and Allied Health Professions and the Faculties of Economics and Theology completed the questionnaire relating to curriculum development.
 - 30% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 70% indicated that was not a departmental policy for including HIV and AIDS into the curriculum.
 - 100% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 50% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 40% of HoDs do not believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 10% of HoDs feel it is not applicable to their department to incorporate HIV and AIDS into their department's curricula.
 - 20% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.
 - 40% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 30% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.
 - 10% of HoDs indicated that it was not applicable to their departments whether academic staff members received any training or capacity building in order to teach HIV-related material.



MEDICAL UNIVERSITY OF SOUTH AFRICA (MEDUNSA)

Narrative on Institution

MEDUNSA reports having 3 917 students currently enrolled and 1 398 staff members. The IO, also serving as the Director of Medicos, does not have full-time responsibility for HIV and AIDS. MEDUNSA began receiving HEAIDS funding in October 2002 and the IO was appointed in June 2003. The IO reports to the VC's Office and the IO, while indicating receiving assistance from others, did not indicate the number of individuals assisting nor the nature of their assistance.

MEDUNSA and the University of the North will merge in 2005 to form the University of Limpopo.

TABLE 39: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	6	4	67%
Overall	13	11	85%

TABLE 40: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Yes
Prevention	
Condom Distribution (March - May 2003)	9 900
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	No
<ul style="list-style-type: none"> • Established STI service? 	No
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	Yes
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	No response
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	No STI
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No STI
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No STI
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	Don't know
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	Don't know
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	Don't know

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	Referred	
• Psychosocial support for Staff	Not offered	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	Not offered	
• PEP for Students	On-site	
• Palliative Care for Staff	On-site	
• Palliative Care for Students	On-site	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	1-yes	3-yes
• Infused through all courses	2-yes	2-yes
• Core courses	3-yes	3-yes
• Foundation courses	2-yes	2-yes
• Elective courses	2-yes	3-yes
• Short courses	2-yes	1-don't know
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with specific reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	80	

VCT

The institution does not offer an on-site VCT service. Students requesting VCT are provided with pre-test counselling and referred to an off-site service.

Peer Education

There is an established Student Peer Education programme, which began in 2000. The programme is run by the institution and overseen by Counselling Services, the On-site clinic, SRC and Student

Services. The institution itself provides the funding for the programme. No Peer Educators have been trained so far.

There is no Staff Peer Education Programme in place.

Workplace Programmes and Policies

MEDUNSA does not have a workplace programme.

Curriculum Development

- HoDs from the Internal Medicine, Clinical Psychology, Nursing Science and Psychology departments completed the questionnaire relating to curriculum development.
 - 100% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 33% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 33% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 33% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
 - 100% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 50% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.
 - 50% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.



UNIVERSITY OF THE NORTH

Narrative on Institution

The University of the North 10 513 students currently enrolled, and 926 staff members. The IO, also serving as a Director, does have full-time responsibility for HIV and AIDS. The University began receiving HEAIDS funding in February 2002 and the IO was appointed in May 2002. The IO reports to the VC's Office and indicated having ten people assisting on a full-time basis, ten people on a part-time basis and 100 people assisting as volunteers.

MEDUNSA and the University of the North will merge in 2005 to form the University of Limpopo.

TABLE 41: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	11	8	73%
Overall	18	15	83%

TABLE 42: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	No Response
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Yes
Prevention	
Condom Distribution (March - May 2003)	55 000
<ul style="list-style-type: none"> • Existence of quality HIV and AIDS prevention services for HEI staff and students 	
<ul style="list-style-type: none"> • Established VCT service? 	No
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	No VCT
<ul style="list-style-type: none"> • Males 	No VCT
<ul style="list-style-type: none"> • Females 	No VCT
<ul style="list-style-type: none"> • Staff 	No VCT
<ul style="list-style-type: none"> • Students 	No VCT
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	109
<ul style="list-style-type: none"> • Males 	30
<ul style="list-style-type: none"> • Females 	79
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	2
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	2
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	2

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	On-site	
• Treatment of Opportunistic infections for Students	On-site	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	On-site	
• PEP for Students	On-site	
• Palliative Care for Staff	On-site	
• Palliative Care for Students	On-site	
• ART for Staff	On-site	
• ART for Students	On-site	
• Home-based Care for Staff	On-site	
• Home-based Care for Students	On-site	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	6-yes	4-yes
• Infused through all courses	4-yes	4-yes
• Core courses	2-yes	2-n/a
• Foundation courses	2-yes	2-n/a
• Elective courses	1-yes 1-no	2-n/a
• Short courses	2-n/a	2-n/a
Humanities graduates trained in the care of those affected by HIV and AIDS captured in this audit	Indicator not	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV AND AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	6	

VCT

The institution does not offer an on-site VCT service. Students requesting VCT are referred to an off-site service.

Peer Education

There is an established Student Peer Education programme that began in March 1992. The programme is run by the institution and overseen by the On-site Clinic and the SRC. The funding for

the programme is provided by the HEAIDS programme. The programme was evaluated in May 2003.

There is no Staff Peer Education Programme in place.

Workplace Programmes and Policies

The University of the North does not have a workplace programme.

Curriculum Development

- HoDs from the Psychology, Social Work, Sociology, Human Nutrition, Nursing, Education and Health Promotion departments and the School of Health Sciences completed the questionnaire relating to curriculum development.
 - 63% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 37% indicated that there was no departmental policy for including HIV and AIDS into the curriculum.
 - 29% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 57% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 14% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
 - 100% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 29% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.
 - 57% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 14% of HoDs indicated no, no staff members have received any training or capacity building in order to teach HIV-related material.

NORTH-WEST UNIVERSITY (FORMERLY UNIVERSITY OF NORTH-WEST)

Narrative on Institution

The University of North-West reported having 7 460 students currently enrolled and 718 staff members. The IO, also serving as the HIV and AIDS Coordinator, does have full-time responsibility for HIV and AIDS. The University began receiving HEAIDS funding in January 2002 and the IO was appointed in March 2002. The IO reports to the VC's Office and indicated having and HIV and AIDS Committee of 15 people.

The University of the North-West was merged with Potchestroom University for CHE and has incorporated the Sebokeng campus of Vista in 2004.

TABLE 43: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	8	7	88%
Overall	15	14	93%

TABLE 44: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	Yes
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Yes
Prevention	
Condom Distribution (March - May 2003)	No response ³¹
<ul style="list-style-type: none"> • Existence of quality HIV and AIDS prevention services for HEI staff and students 	
<ul style="list-style-type: none"> • Established VCT service? 	Yes ³²
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No ³³
Use of HIV and AIDS prevention services ³⁴	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	No response
<ul style="list-style-type: none"> • Males 	No response
<ul style="list-style-type: none"> • Females 	No response
<ul style="list-style-type: none"> • Staff 	No response
<ul style="list-style-type: none"> • Students 	No response
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	No response
<ul style="list-style-type: none"> • Males 	No response
<ul style="list-style-type: none"> • Females 	No response
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	

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³¹ Since the data collection for this audit and scan, the University of North-West has reported that they have distributed more than 7 000 condoms. These condoms are distributed via student events and the University has an agreement with Botswana to supply condoms in the residences of Botswana students.

³² University of North-West has subsequently indicated that this VCT service is also available to the community.

³³ Since the data collection for this audit and scan, the University of North-West has stated that their VCT site is linked to the DoH and that viral load checks are done at government sites and that some VCT cases are referred to local doctors and clinics.

³⁴ Since the data collection for this audit, the University of North-West has provided the following information: a pilot VCT programme was established from the end of April 2003 and was officially launched in May 2003. By this time, 64 people had been tested (95% female and 5% male).

• Natural history of HIV-related conditions	3	
• Diagnosis and care of common opportunistic infections	3	
• Comprehensive HIV and AIDS management Existence of Treatment, Care and Support Services	3	
• Treatment of Opportunistic Infections for Staff	On-site	
• Treatment of Opportunistic infections for Students	On-site	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	Referred	
• PEP for Students	Referred	
• Palliative Care for Staff	On-site	
• Palliative Care for Students	On-site	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	5-yes	2-yes
• Infused through all courses	6-yes	1-yes
• Core courses	2-yes	2-no
• Foundation courses	4-yes	3-yes
• Elective courses	3-yes	2-yes
• Short courses	3-yes	3-yes
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	No, there is no research ethics policy	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	Don't know	

VCT

The institution has an established on-site VCT service that is offered to both staff and students for counselling and testing, and the initial consultation is free. The VCT staff consists of 2 paid nurses and 2 other paid staff, totalling 4 staff members.

Peer Education

There is an established Student Peer Education programme that began in March 2003. The programme is run by the institution and overseen by the On-site Clinic. The institution itself provides the funding for the programme and so far 4 Peer Educators have been trained. The programme has not yet been evaluated.

No Staff Peer Education Programme exists.

Workplace Programmes and Policies

The University of North-West started its workplace programme in September 2003. Their intended audience is academic, administrative and support staff. The HIV and AIDS Coordinator and the HIV and AIDS Committee will manage the workplace programme and the VC's Office will monitor it. The following table reflects the content of the workplace programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS	✓		
Information of how HIV and AIDS will affect their lives and the lives of their families	✓		
Training on HIV and AIDS and universal precautions	✓		
Motivate to take action and change own behaviour	✓		
Encourage the development of supportive social values such as gender equality	✓		
Enable access to HIV voluntary testing and counselling	✓		
Medical aid for the HIV-positive employee		✓	
Retirement medical services		✓	
Enable access to general medical treatment		✓	
Develop skills for decision-making, negotiation, condom use	✓		
Enable access to STI services	✓		
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)		✓	
Clinical management of common opportunistic infections		✓	
Enable access to reproductive health services		✓	
Provide referrals for termination of pregnancy		✓	
Provide referrals for mother-to-child transmission		No Response ³⁵	
Enable access to on-going psychosocial support, such as counselling services and/or support groups		No Response ³⁶	
Develop an environment of acceptance and non-discrimination	✓		
Promote positive living skills and messages	✓		
Enable access to family assistance programmes		No Response	
Work towards gender equality	✓		

³⁵ Since the data collection for this audit and scan, the University of North-West has stated that they refer such cases.

³⁶ Since the data collection for this audit and scan, the University of North-West has stated that they have a support group and also refer to other support groups and psychologists on and off-site.

Curriculum Development

HoDs from the Adult Education, Nursing Science, Industrial Psychology, Sociology, Community Law Centre, Social Work and Economics departments completed the questionnaire relating to curriculum development.

- 60% indicated that there was a departmental policy for including HIV and AIDS into the curriculum, although 40% indicated that there wasn't a departmental policy for including HIV and AIDS into the curriculum.
- 17% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion, but 67% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion, and 17% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
- 80% of HoDs believe it is their responsibility to incorporate HIV and AIDS in their department's curricula, but 20% of HoDs don't know if it is their responsibility to incorporate HIV and AIDS into their department's curricula.
- 20% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material, while 80% of HoDs indicated no, no staff members have received any training or capacity building in order to teach HIV-related material.

NORTH-WEST UNIVERSITY (FORMERLY POTCHEFSTROOM UNIVERSITY FOR CHRISTIAN HIGHER EDUCATION)

Narrative on Institution

The University of Potchefstroom reported having 25 442 students currently enrolled and 2 153 staff members. The IO, also serving as the HIV and AIDS Coordinator, has full-time responsibility for HIV and AIDS. The IO was appointed in February 2002, the same time that the University began receiving HEAIDS funding. The IO reports to the HIV Committee and indicated that there are no other individuals assisting.

The University of the North-West was merged with Potchestroom University for CHE and has incorporated the Sebokeng campus of Vista in 2004.

TABLE 45: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	N/A - no onsite health services	100%
Peer Education	1	1	100%
Heads of Departments	11	12	109%
Overall	18	19	106%

TABLE 46: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	No
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEI's	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	No health service ³⁷
Existence of quality HIV and AIDS prevention services for HEI staff and students	No health service
<ul style="list-style-type: none"> • Established VCT service? 	No health service
<ul style="list-style-type: none"> • Established STI service? 	No health service
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No health service
<ul style="list-style-type: none"> • Established Student Peer Education? 	No health service
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No health service
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	No health service
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No health service
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No health service
<ul style="list-style-type: none"> • Staff 	No health service
<ul style="list-style-type: none"> • Students 	No health service
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	No health service
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No health service
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No health service
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :No health service	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	No health service
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	No health service
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	No health service

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³⁷ Since the data collection for this audit, Potchefstroom University for CHE has indicated that they do distribute condoms. They did not provide an exact number of condoms distributed.

Existence of Treatment, Care and Support Services	No health service	
• Treatment of Opportunistic Infections for Staff	No health service	
• Treatment of Opportunistic infections for Students	No health service	
• Psychosocial support for Staff	No health service	
• Psychosocial support for Students	No health service	
• Post -Exposure Prophylaxis (PEP) for Staff	No health service	
• PEP for Students	No health service	
• Palliative Care for Staff	No health service	
• Palliative Care for Students	No health service	
• ART for Staff	No health service	
• ART for Students	No health service	
• Home-based Care for Staff	No health service	
• Home-based Care for Students	No health service	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	6-yes	1-yes 1-no 1-Don't know
• Infused through all courses	3-yes 3-no	2-yes
• Core courses	7-yes	1-yes 1-n/a
• Foundation courses	2-no	2-n/a
• Elective courses	6-yes	3-yes
• Short courses	3-no	1-no 1-n/a
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV AND AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	22	

VCT

The institution does not have an on-site health service.

Peer Education

The institution does not offer any Peer Education programmes.

Workplace Programmes and Policies

Potchefstroom University for CHE is currently in the process of developing their workplace programme. They did not report who their target audience will be. The Working Committee will both manage and monitor the programme.

The following table reflects the intended content of the workplace programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS	✓		
Information of how HIV and AIDS will affect their lives and the lives of their families	✓		
Training on HIV and AIDS and universal precautions	✓		
Motivate to take action and change own behaviour	✓		
Encourage the development of supportive social values such as gender equality	✓		
Enable access to HIV voluntary testing and counselling ³⁸	✓		
Medical aid for the HIV-positive employee			✓
Retirement medical services		✓	
Enable access to general medical treatment ³⁸	✓		
Develop skills for decision-making, negotiation, condom use	✓		
Enable access to STI services ³⁸	✓		
Palliative care (i.e. end of life care = pain management, spiritual and emotional support and treatment of physical symptoms)		✓	
Clinical management of common opportunistic infections ³⁸	✓		
Enable access to reproductive health services ³⁸	✓		
Provide referrals for termination of pregnancy	✓		
Provide referrals for mother-to-child transmission		✓	
Enable access to on-going Psychosocial support, such as counselling services and/or support groups ³⁸	✓		
Develop an environment of acceptance and non-discrimination	✓		
Promote positive living skills and messages	✓		
Enable access to family assistance programmes		✓	
Work towards gender equality	✓		

Curriculum Development

HoDs from the Departments of Physiology, Social Work and Bewegingskunde (Movement Studies), the Schools of Communication Studies, Nursing, Biokinetics and Sport Science, Psychosocial Sciences, Pharmacy, Human Resource Science and the Faculties of Economic and Management Sciences, Law and Theology completed the questionnaire relating to curriculum development.

³⁸ Since the data collection for this audit and scan, Potchefstroom University for CHE has indicated that these services are available to staff members through the Discovery Health Medical Aid.

- 46% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
- 46% indicated that wasn't a departmental policy for including HIV and AIDS into the curriculum.
- 8% indicated that they don't know if their department has a policy for including HIV and AIDS into the curriculum.
- 8% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
- 75% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
- 17% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
- 85% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
- 8% of HoDs do not believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
- 8% of HoDs feel it is not applicable to their department to incorporate HIV and AIDS into their department's curricula.
- 8% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.
- 69% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
- 23% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.



UNIVERSITY OF PORT ELIZABETH

Narrative on Institution

The University of Port Elizabeth reported having 7 800 students currently enrolled and 1 079 staff members. The IO, also serving as a Coordinator, has full-time responsibility for HIV and AIDS. The IO was appointed in November 2001 and the University began receiving HEAIDS funding in June 2002. The IO reports to the Dean of the Faculty of Health and indicated that one other person assists on a part-time basis.

The University of Port Elizabeth, the Port Elizabeth campus of Vista and Port Elizabeth Technikon are due to merge in 2005.

TABLE 47: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	9	9	100%
Overall	16	16	100%

TABLE 48: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Don't Know
Authority for managing HIV and AIDS programme emanates from the highest institutional level	No
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	12 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No ³⁹
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003⁴⁰ <ul style="list-style-type: none"> • Males • Females • Staff • Students 	103
	35
	68
	8
	95
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 <ul style="list-style-type: none"> • Males • Females 	25
	2
	23
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	3
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	3
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	3

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³⁹ Since the data collection for this audit and scan, the University of Port Elizabeth has indicated that they do have a referral system to an off-site VCT service although it is not often utilised.

⁴⁰ Data for the University of Port Elizabeth reflects that the same number of individuals who requested VCT in fact received VCT.

Existence of Treatment, Care and Support Services	
• Treatment of Opportunistic Infections for Staff	Referred
• Treatment of Opportunistic infections for Students	No response
• Psychosocial support for Staff	On-site
• Psychosocial support for Students	No response
• Post -Exposure Prophylaxis (PEP) for Staff	Referred
• PEP for Students	No response
• Palliative Care for Staff	Referred
• Palliative Care for Students	No response
• ART for Staff	Referred
• ART for Students	No response
• Home-based Care for Staff	Referred
• Home-based Care for Students	No response
Use of Treatment, Care and Support Services	Indicator not captured in this audit
Teaching for HIV and AIDS	
Promotion of Lecturer involvement in HIV and AIDS teaching	No
Infusion of HIV and AIDS into the curriculum	UG PG
• Service-learning components	2-yes 2-no 2-n/a
• Infused through all courses	3-no 1-yes 1-no
• Core courses	4-yes 2-yes
• Foundation courses	2-yes 1-no 1-n/a
• Elective courses	2-no 2-n/a 1-no 1-n/a
• Short courses	2-no 2-n/a 1-no 1-n/a
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit
Research/Knowledge Creation	
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with specific reference to HIV and AIDS
Increase in the number of post-graduate research projects that relate to HIV and AIDS	Don't know

VCT

The institution has an established on-site VCT service that began in 2002. The programme is offered to both staff and students for counselling and testing, and the initial consultation is free.

The VCT staff consists of 3 paid nurses and 2 other paid staff and 1 other volunteer staff, totalling 6 staff members. During the period from March to May 2003, 8 staff members (4 males and 4

females) and 95 students (31 males and 64 females) requested VCT. The same number of individuals received VCT during the same period.

Peer Education

There is an established Student Peer Education programme that began in September 1997. The programme is run by the institution and overseen by Counselling Services. The funding for the programme is provided by the HEAIDS programme and by the institution itself. The programme has not yet been evaluated. No Staff Peer Education Programme exists.

Workplace Programmes and Policies

The University of Port Elizabeth started their workplace programme in August 2001. The target audience includes academic, administrative and support staff. It is unclear who monitors and manages the programme. The following table reflects the content of the workplace programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS			✓
Information of how HIV and AIDS will affect their lives and the lives of their families			✓
Training on HIV and AIDS and universal precautions			✓
Motivate to take action and change own behaviour			✓
Encourage the development of supportive social values such as gender equality			✓
Enable access to HIV voluntary testing and counselling			✓
Medical aid for the HIV-positive employee			✓
Retirement medical services			✓
Enable access to general medical treatment			✓
Develop skills for decision-making, negotiation, condom use			✓
Enable access to STI services			✓
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)			✓
Clinical management of common opportunistic infections			✓
Enable access to reproductive health services			✓
Provide referrals for termination of pregnancy			✓
Provide referrals for mother-to-child transmission			✓
Enable access to on-going psychosocial support, such as counselling services and/or support groups			✓
Develop an environment of acceptance and non-discrimination			✓
Promote positive living skills and messages			✓
Enable access to family assistance programmes			✓
Work towards gender equality			✓

Curriculum Development

HoDs from the Psychology, Nursing Sciences, Pre Service (Education), Economics, Business Management and Pharmacy departments and the Schools of Architecture and Language Media Communication and the Faculty of Law completed the questionnaire relating to curriculum development.

- 67% indicated that there was a departmental policy for including HIV and AIDS into the curriculum, but 33% indicated that wasn't a departmental policy for including HIV and AIDS into the curriculum.
- 89% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion, and 11% indicated that they don't know.
- 67% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula, but 22% do not believe it is their responsibility to incorporate HIV and AIDS into their department's curricula, and 11% of HoDs feel it is not applicable to their department to incorporate HIV and AIDS into the curricula.
- 13% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material, 37% of HoDs indicated yes, some staff members have received training or capacity building, while 50% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.



UNIVERSITY OF PRETORIA

Narrative on Institution

The University of Pretoria reported having 32 000 students enrolled and 3 012 staff members. The IO, also serving as a Director, has full-time responsibility for HIV and AIDS. The IO was appointed in July 1999 and the University began receiving HEAIDS funding in April 2002. The IO reports to the VC's Office and indicated having 25 people assisting on a full-time basis, 9 people on a part-time basis and 500 people assisting as volunteers.

TABLE 49: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	N/A - no Dean of Research	0%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	15	15	100%
Overall	22	21	95%

TABLE 50: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	Yes
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	20 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	No
<ul style="list-style-type: none"> • Established STI service? 	No
<ul style="list-style-type: none"> • Established Staff Peer Education? 	Yes
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	Yes
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	No VCT
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No VCT
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No VCT
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	No VCT
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	No VCT
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	No STI
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No STI
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No STI
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	2
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	2
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	1

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	On-site	
• Treatment of Opportunistic infections for Students	On-site	
• Psychosocial support for Staff	No response	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	No response	
• PEP for Students	On-site	
• Palliative Care for Staff	No response	
• Palliative Care for Students	No response	
• ART for Staff	No response	
• ART for Students	No response	
• Home-based Care for Staff	No response	
• Home-based Care for Students	No response	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	8-yes	3-yes 3-no 3-n/a
• Infused through all courses	6-no	4-yes
• Core courses	7-yes	3-yes 3-no
• Foundation courses	5-no	4-no
• Elective courses	4-yes 4-no	3-no
• Short courses	6-no	3-no
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	No response	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	No response	

VCT

The institution does not offer on-site VCT services. Staff and students requesting VCT are referred to an off-site service.

Peer Education

There is an established Student Peer Education programme that began in April 1999. The programme is run by the institution and overseen by the AIDS Centre. An external donor provides the funding for the programme. The programme was evaluated in June 2003.

The Staff Peer Education Programme began in October 2000. It is run by the institution and overseen by the AIDS Centre. An external donor provides the funding for the programme and so far 25 Peer Educators have been trained. The programme has not yet been evaluated.

Workplace Programmes and Policies

The University of Pretoria started its workplace programme in January 1999. Their target audience includes academic, administrative and support staff. The IO both manages and monitors the programme. The following table reflects the content of the programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS	✓		
Information of how HIV and AIDS will affect their lives and the lives of their families	✓		
Training on HIV and AIDS and universal precautions	✓		
Motivate to take action and change own behaviour			✓
Encourage the development of supportive social values such as gender equality	✓		
Enable access to HIV voluntary testing and counselling	✓		
Medical aid for the HIV-positive employee	✓		
Retirement medical services			✓
Enable access to general medical treatment	✓		
Develop skills for decision-making, negotiation, condom use	✓		
Enable access to STI services	✓		
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)	✓		
Clinical management of common opportunistic infections	✓		
Enable access to reproductive health services	✓		
Provide referrals for termination of pregnancy			✓
Provide referrals for mother-to-child transmission			✓
Enable access to on-going psychosocial support, such as counselling services and/or support groups	✓		
Develop an environment of acceptance and non-discrimination	✓		
Promote positive living skills and messages	✓		
Enable access to family assistance programmes			✓
Work towards gender equality	✓		

Curriculum Development

HoDs from the Departments of Psychology, Social Work, Food Sciences, Architecture, Sociology, Economics, Drama, Nursing Science, Engineering & Technology, Information Science, Diagnostics, Obstetrics-Gynaecology and Marketing & Communication Management and the Faculties of Law and Education completed the questionnaire relating to curriculum development.

- 20% indicated that there was a departmental policy for including HIV and AIDS into the curriculum, but 80% indicated that wasn't a departmental policy for including HIV and AIDS into the curriculum.
- 7% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion, but 87% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion, and 7% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
- 60% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula, although 20% do not believe it is their responsibility to incorporate HIV and AIDS into their department's curricula, and 20% feel it is not applicable to their department to incorporate HIV and AIDS into their department's curricula.
- 13% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material, while 47% of HoDs indicated yes, some staff members have received such training or capacity building. 27% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material. Moreover, 13% of HoDs indicated that it was not applicable to their departments whether academic staff members received any training or capacity building in order to teach HIV-related material.



RAND AFRIKAANS UNIVERSITY

Narrative on Institution

RAU reported having 23 761 students currently enrolled and 1 885 staff members. The IO, also serving as a Dean, does not have full-time responsibility for HIV and AIDS. The IO was appointed in December 2001 but it was not indicated when the University began receiving HEAIDS funding. The IO reports to the Head of Student Health and indicated that there are two individuals assisting on a part-time basis and 15 volunteers.

RAU is set to merge with Technikon Witwatersrand and incorporate the Soweto and East Rand Vista Campus in 2005 to become the University of Johannesburg.

TABLE 51: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	12	13	108%
Overall	19	20	105%

TABLE 52: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	In Progress
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS ⁴¹	No
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	5 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	No
<ul style="list-style-type: none"> • Established Staff Peer Education? 	Yes
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	132
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	49
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	83
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	4
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	128
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	No STI
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No STI
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No STI
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	4
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	0
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	0

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⁴¹ The description of this indicator relates to whether the council or senate of the institution has adopted any resolutions pertaining to HIV and AIDS. RAU has indicated that their council requests an annual report from the HIV and AIDS

Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	Referred	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	Referred	
• PEP for Students	Referred	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Referred	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	4-yes 4-no	2-yes 2-no 2-n/a
• Infused through all courses	6-no	4-no
• Core courses	5-no	4-no
• Foundation courses	7-no	3-no 3-n/a
• Elective courses	5-no	4-no
• Short courses	6-no	3-no
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	19	

VCT

The institution has an established on-site VCT service that began in 2003 and is offered to both staff and students for counselling and testing, and the initial consultation is free.

The VCT staff consists of 2 paid nurses and 2 volunteer staff, totalling 4 staff members. During the period from March to May 2003, 4 staff members (female) and 128 students (49 males and 79 females) requested VCT. The same number received VCT.

Peer Education

There is an established Student Peer Education programme that began in January 2003. The programme is run by the institution and overseen by Student Services. The funding for the programme is provided by the HEAIDS programme. The programme was evaluated in February 2003. There is no Staff Peer Education Programme in place.

Workplace Programmes and Policies

RAU started their workplace programme in September 2003. Their target audience includes academic, administrative and support staff. The HR Manager will both monitor and manage the programme. The following table reflects the content of the programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS	✓		
Information of how HIV and AIDS will affect their lives and the lives of their families	✓		
Training on HIV and AIDS and universal precautions	✓		
Motivate to take action and change own behaviour	✓		
Encourage the development of supportive social values such as gender equality	✓		
Enable access to HIV voluntary testing and counselling	✓		
Medical aid for the HIV-positive employee		✓	
Retirement medical services	✓		
Enable access to general medical treatment	✓		
Develop skills for decision-making, negotiation, condom use	✓		
Enable access to STI services		✓	
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)		✓	
Clinical management of common opportunistic infections	✓		
Enable access to reproductive health services	✓		
Provide referrals for termination of pregnancy	✓		
Provide referrals for mother-to-child transmission	✓		
Enable access to on-going psychosocial support, such as counselling services and/or support groups	✓		
Develop an environment of acceptance and non-discrimination	✓		
Promote positive living skills and messages	✓		
Enable access to family assistance programmes		✓	
Work towards gender equality	✓		

Curriculum Development

HoDs from the Departments of Bible and Religious Studies, Business Management, Human Resource Management, Nursing, Electrical Engineering, Biochemistry, Curriculum Studies, Economics, Psychology, Communication, Sociology and Social Work and the Faculty of Law completed the questionnaire relating to curriculum development.

- 33% indicated that there was a departmental policy for including HIV and AIDS into the curriculum, while 67% indicated that wasn't a departmental policy for including HIV and AIDS into the curriculum.
- 7% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion, while 93% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
- 93% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula, but 7% of HoDs do not believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
- 17% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material, 7% indicated yes, some staff members have received such training or capacity building, but 58% indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material. 8% of HoDs indicated that it was not applicable to their departments whether academic staff members received any training or capacity building in order to teach HIV-related material.



RHODES UNIVERSITY

RHODES UNIVERSITY

Narrative on Institution

Rhodes University has 7 170 students enrolled and 1 220 staff members. The IO does not have full-time responsibility for HIV and AIDS. The University began receiving HEAIDS funding in January 2002 and the IO was appointed in February 2003. The IO reports to the Registrar and indicated that there are three people assisting on a part-time basis and five people as volunteers.

In 2004 the University of Fort Hare acquired the East London Campus of Rhodes University.

TABLE 53: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	N/A - No Peer Education Programme	100%
Heads of Departments	10	6	60%
Overall	17	13	76%

TABLE 54: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	No
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	1 200
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	No
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	No
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	No response
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	No response
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	No STI
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No STI
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No STI
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	No response
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	No response
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	No response

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	Referred	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	Referred	
• PEP for Students	Referred	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Referred	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	2-no	3-no
• Infused through all courses	2-no	3-no
• Core courses	1-yes 1-no	2-no
• Foundation courses	1-yes 1-no	1-yes 1-no 1-n/a
• Elective courses	2-no	2-no
• Short courses	2-no	2-no
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with specific reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	Don't know	

VCT

The institution has an established on-site VCT service that began in 2002. The programme is offered to both staff and students for counselling and testing, and the initial consultation is free. The VCT staff consists of 2 paid doctors, 4 paid nurses and 2 other paid staff, totalling 8 staff members.

Peer Education

The institution does not offer any Peer Education programmes.

Workplace Programmes and Policies

Rhodes University started their workplace programme in July 2003. Their target audience includes academic, administrative and support staff. The HIV and AIDS Coordinator will manage the programme and the Counselling and Careers office will monitor the programme.

The following table reflects the content of the programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS	✓		
Information of how HIV and AIDS will affect their lives and the lives of their families		No response	
Training on HIV and AIDS and universal precautions		No response	
Motivate to take action and change own behaviour		No response	
Encourage the development of supportive social values such as gender equality		No response	
Enable access to HIV voluntary testing and counselling		No response	
Medical aid for the HIV-positive employee		No response	
Retirement medical services		No response	
Enable access to general medical treatment		No response	
Develop skills for decision-making, negotiation, condom use		No response	
Enable access to STI services	✓		
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)		✓	
Clinical management of common opportunistic infections		✓	
Enable access to reproductive health services		✓	
Provide referrals for termination of pregnancy		✓	
Provide referrals for mother-to-child transmission	✓		
Enable access to on-going psychosocial support, such as counselling services and/or support groups	✓		
Develop an environment of acceptance and non-discrimination	✓		
Promote positive living skills and messages	✓		
Enable access to family assistance programmes		✓	
Work towards gender equality	✓		

Curriculum Development

- HoDs from the Communications, Sociology, Education and Management departments and the Faculty of Law completed the questionnaire relating to curriculum development.
 - 100% indicated that **wasn't** a departmental policy for including HIV and AIDS into the curriculum.

- 100% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
- 50% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
- 25% of HoDs don't know if it is their responsibility to incorporate HIV and AIDS into their department's curricula.
- 25% of HoDs feel it is not applicable to their department to incorporate HIV and AIDS into their department's curricula.
- 40% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
- 40% of HoDs indicated no, no staff members have received any training or capacity building in order to teach HIV-related material.
- 20% of HoDs indicated that it was not applicable to their departments whether academic staff members received any training or capacity building in order to teach HIV-related material.



UNIVERSITY OF SOUTH AFRICA (UNISA)

Narrative on Institution

This is now the largest institution in South Africa, with approximately 3 040 staff and 137 361 students prior to the merger. It, however, did not make any direct information available in time for this report.

UNISA is primarily a distance education institution and therefore has a particular challenge in providing and implementing services for students. In 2002, UNISA launched a Student Health Service at its main Pretoria Campus, which to date relied on the provision of nearby services for their students. Despite the fact that many distance students access a range of UNISA regional centres, many students that attend campus-based sessions, week long sessions and other student-based activities the challenge is ensuring that the provision of services at the main Pretoria Campus is replicated at the major regional centres geographically situated across the country.

The former UNISA HIV/AIDS Centre has been testing students, staff and the community free of charge. The Ministry of Health has been providing free HIV/AIDS testing kits and training the service providers. At the former TSA, confidential counselling and saliva testing were offered at the Florida campus.

UNISA is acknowledged as a strong academic institution with a number of academic work programmes focusing on various aspects of HIV and the related complex social and personal risks. A number of academics have contributed to writing a number of resources related to mental health, gender, care and counselling and others have integrated HIV/AIDS into educational curricula. However the depth and scope of these endeavours remains sketchy and requires more in-depth analysis and synthesis.

Recently, the merging partners have conducted discussions to consolidate HIV/AIDS policies of the former Technikon South Africa, VUDEC and UNISA. The responses of the three institutions to the HIV/AIDS varied on issues such as testing, care and management. However, it emerged that the intervention strategies such as preventative measures, counselling, wellness and health education were similar.

The new comprehensive UNISA HIV/AIDS policy aims are to deepen compassion for HIV positive persons, create an enabling environment for HIV positive persons to work and study and to give support to HIV related research, among others.

Technikon Southern Africa has merged with UNISA and Vista (2004) in order to form the new UNISA.

TABLE 55: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional officer	1	0	0%
Vice Chancellor	1	0	0%
Human Resources Representative	1	0	0%
Dean of Students Questionnaire	1	0	0%
Dean of Research Questionnaire	1	0	0%
On-site Health Services Representative	1	0	0%
Peer Education	1	0	0%
Heads of Departments	11	0	0%
Overall	18	0	0%

No data was available from this institution upon which to report the status of the indicators or the status of other HIV and AIDS programmes.



UNIVERSITEIT
STELLENBOSCH
UNIVERSITY

UNIVERSITY OF STELLENBOSCH

Narrative on Institution

The University of Stellenbosch reported having 24 348 students currently enrolled and 2 430 staff members. The IO, also serving as the HIV Coordinator, does not have full-time responsibility for HIV and AIDS. The University began receiving HEAIDS funding in November 2002 and the IO was appointed in February 2003. The IO reports to the Head of Student Health and indicated that there are no other individuals assisting.

The University of the Western Cape will incorporate the University of Stellenbosch's School of Dentistry in 2004.

TABLE 56: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	15	10	67%
Overall	22	17	77%

TABLE 57: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	No
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Yes
Prevention	
Condom Distribution (March - May 2003)	2 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	103
<ul style="list-style-type: none"> • Males 	51
<ul style="list-style-type: none"> • Females 	52
<ul style="list-style-type: none"> • Staff 	0
<ul style="list-style-type: none"> • Students 	103
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	6
<ul style="list-style-type: none"> • Males 	2
<ul style="list-style-type: none"> • Females 	4
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	4
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	2
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	2

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	Referred	
• Psychosocial support for Staff	Referred	
• Psychosocial support for Students	Referred	
• Post -Exposure Prophylaxis (PEP) for Staff	Referred	
• PEP for Students	Referred	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Referred	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Referred	
• Home-based Care for Students	Not offered	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	6-n/a	3-yes 3-no 3-n/a
• Infused through all courses	5-n/a	4-yes
• Core courses	3-n/a	3-n/a
• Foundation courses	3-yes 3-n/a	4-n/a
• Elective courses	4-n/a	4-n/a
• Short courses	5-n/a	4-n/a
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	Don't know	

VCT

The institution has an established on-site VCT service that began in 2001. The programme is offered to both staff and students for counselling and testing, and the initial consultation is free.

The VCT staff consists of 2 paid nurses. During the period from March to May 2003, 103 students (51 males and 52 females) received VCT.

Peer Education

There is an established Student Peer Education programme that began in January 2003. The programme is run by the institution and overseen by Counselling Services. The funding for the programme is provided by the HEAIDS programme and by the institution itself. The programme has been evaluated (evaluation date not specified).

There is no Staff Peer Education Programme in place.

Workplace Programmes and Policies

The development of the University of Stellenbosch's workplace programme is currently in progress.⁴² The IO will both monitor and manage the programme.

The table below reflects the responses regarding the content of the workplace programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS			✓
Information of how HIV and AIDS will affect their lives and the lives of their families		No Response	
Training on HIV and AIDS and universal precautions		No Response	
Motivate to take action and change own behaviour		No Response	
Encourage the development of supportive social values such as gender equality		No Response	
Enable access to HIV voluntary testing and counselling		No Response	
Medical aid for the HIV-positive employee		No Response	
Retirement medical services		No Response	
Enable access to general medical treatment		No Response	
Develop skills for decision-making, negotiation, condom use		No Response	
Enable access to STI services		No Response	
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)			✓
Clinical management of common opportunistic infections		No Response	
Enable access to reproductive health services		No Response	
Provide referrals form other-to-child transmission		No Response	
Enable access to on-going psychosocial support, such as counselling services and/or support groups		No Response	
Develop an environment of acceptance and non-discrimination		No Response	
Promote positive living skills and messages		No Response	
Enable access to family assistance programmes		No Response	
Work towards gender equality		No Response	

⁴² Since the data collection for this audit and scan, the IO has requested that it be assumed that the respondent considered the statement that the development of the programme is 'in progress' as the reason why there was no response on the specific components of the programme.

Curriculum Development

HoDs from the Nursing Sciences, Economics, Public Law, Industrial Engineering, Social Work, Sociology and Social Anthropology, Psychology, Industrial Psychology and Family Medicine and Primary Care departments and the Faculty of Education completed the questionnaire relating to curriculum development.

- 50% indicated that there was a departmental policy for including HIV and AIDS into the curriculum, while 50% indicated that there wasn't a departmental policy for including HIV and AIDS into the curriculum.
- 90% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion, and 10% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
- 70% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula, but 10% do not believe it is their responsibility to incorporate HIV and AIDS into their department's curricula, 10% don't know if it is their responsibility, and 10% feel it is not applicable to their department to incorporate HIV and AIDS into their department's curricula.
- 20% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material, while 40% indicated yes, some staff members have received training or capacity building in order to teach HIV-related material. 30% of HODs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material, and 10% of HoDs indicated that it was not applicable to their departments whether academic staff members received any training or capacity building in order to teach HIV-related material.



UNIVERSITY OF TRANSKEI

Narrative on Institution

The University of Transkei reported having 5 708 students currently enrolled and 441 staff members. The IO, also serving as the HIV and AIDS Coordinator, has full-time responsibility for HIV and AIDS. The University began receiving HEAIDS funding in January 2002 while it was not indicated when the IO was appointed. The IO reports to the VC's Office and while the IO indicated receiving assistance from other individuals, he/she did not indicate the number people or nature of that assistance.

Border Technikon will be merging with the University of the Transkei and Eastern Cape Technikon to form the Walter Sisulu University for Technology and Science in 2005.

TABLE 58: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	N/A - No peer ed programme	100%
Heads of Departments	11	8	73%
Overall	18	15	83%

TABLE 59: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Yes
Prevention	
Condom Distribution (March - May 2003)	Yes, not specified
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No ⁴³
<ul style="list-style-type: none"> • Established Student Peer Education? 	No
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	25
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	13
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	12
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	0
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	25
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	187
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	28
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	159
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	1
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	1
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	Don't know

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⁴³ University of Transkei did not return a Peer Education questionnaire and stated that they did not have a Student Peer Education Programme. Since the data collection for this audit and scan, University of Transkei has reported that they do, in fact, have a Student Peer Education Programme.

Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff		Referred
• Treatment of Opportunistic infections for Students		Referred
• Psychosocial support for Staff		Not offered
• Psychosocial support for Students		Not offered
• Post -Exposure Prophylaxis (PEP) for Staff		No response
• PEP for Students		Not offered
• Palliative Care for Staff		No response
• Palliative Care for Students		Not offered
• ART for Staff		Referred
• ART for Students		Referred
• Home-based Care for Staff		Referred
• Home-based Care for Students		Referred
Use of Treatment, Care and Support Services		Indicator not captured in this audit
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching		No response
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	3-yes	1-yes
• Infused through all courses	3-yes	2-yes
• Core courses	2-yes	1-yes
• Foundation courses	2-no	1-yes 1-no
• Elective courses	3-yes	1-yes 1-no
• Short courses	1-yes	1-yes
Humanities graduates trained in the care of those affected by HIV and AIDS		Indicator not captured in this audit
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities		Yes, there is a research ethics policy, with some reference to HIV and AIDS
Increase in the number of post-graduate research projects that relate to HIV and AIDS		Don't know ⁴⁴

VCT

The institution has an established on-site VCT service that is offered to both staff and students for counselling and testing, and the initial consultation is free.

⁴⁴ Since the data collection for this audit and scan, the University of Transkei has reported that there is an increase of research around issues relating to HIV and AIDS.

The VCT staff consists of 1 paid nurse and 2 other volunteer staff, totalling 3 staff members. During the period from March to May 2003, 4 staff members (1 male and 3 females) and 53 students (39 males and 23 females) requested VCT. No staff members actually received VCT and only 25 students (13 males and 12 females) received VCT.

Peer Education

The institution does not offer any Peer Education programmes.³⁵

Workplace Programmes and Policies

The institution reported not knowing whether there is a workplace programme in place or not.

Curriculum Development

- HoDs from the Health Promotion, Nursing, Criminal & Procedure, Library & Information Science, Sociology and Population Studies, Psychology and Social Work departments and the School of Public Administration completed the questionnaire relating to curriculum development.
 - 75% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 25% indicated that wasn't a departmental policy for including HIV and AIDS into the curriculum.
 - 13% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 75% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 13% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated in to the performance appraisal process for academic tenure and promotion.
 - 100% of HoDs believe it is their responsibility to incorporate HIV and AIDS in their department's curricula?
 - 25% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.
 - 38% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 38% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.



UNIVERSITY OF VENDA FOR SCIENCE AND TECHNOLOGY

Narrative on Institution

The University of Venda for Science and Technology have 6 003 students enrolled and 732 staff members. The IO, also serving as the Chief Administrative Officer, has full-time responsibility for HIV and AIDS. The University began receiving HEAIDS funding in February 2002 and the IO was appointed in June 2002. The IO reports to the Institutional HIV Board and indicated having one person assisting on a full-time basis.

TABLE 60: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	Too new to respond	0%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	13	5	38%
Overall	20	11	55%

TABLE 61: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	No Response
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	No
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	No
Prevention	
Condom Distribution (March - May 2003)	15 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	No
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	Yes
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	20
<ul style="list-style-type: none"> • Males 	8
<ul style="list-style-type: none"> • Females 	12
<ul style="list-style-type: none"> • Staff 	0
<ul style="list-style-type: none"> • Students 	20
o Persons reached through STI during March to May 2003	64
<ul style="list-style-type: none"> • Males 	20
<ul style="list-style-type: none"> • Females 	44
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	2
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	1
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	0

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Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff		Not offered
• Treatment of Opportunistic infections for Students		Referred
• Psychosocial support for Staff		On-site
• Psychosocial support for Students		On-site
• Post -Exposure Prophylaxis (PEP) for Staff		On-site
• PEP for Students		On-site
• Palliative Care for Staff		Referred
• Palliative Care for Students		Referred
• ART for Staff		On-site
• ART for Students		On-site
• Home-based Care for Staff		Referred
• Home-based Care for Students		Referred
Use of Treatment, Care and Support Services		Indicator not captured in this audit
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching		No
Infusion of HIV AND AIDS into the curriculum	UG	PG
• Service-learning components	1-yes 1-no	1-yes
• Infused through all courses	1-yes 1-n/a	1-n/a
• Core courses	1-n/a	1-n/a
• Foundation courses	1-yes 1-n/a	1-n/a
• Elective courses	1-n/a	1-n/a
• Short courses	1-yes	1-yes
Humanities graduates trained in the care of those affected by HIV and AIDS		Indicator not captured in this audit
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities		No response
Increase in the number of post-graduate research projects that relate to HIV and AIDS		No response

VCT

The institution has an established on-site VCT service that began in 2002. The programme is offered only to students for counselling and testing, and the initial consultation is free. Staff requesting VCT are referred to an off-site service.

The VCT staff consists of 2 paid nurses. During the period from March to May 2003, 20 students (8 males and 12 females) requested VCT. The same number received VCT.

Peer Education

The institution does not offer any Peer Education programmes.

Workplace Programmes and Policies

The institution does not have a workplace programme.

Curriculum Development

- HoDs from the Curriculum Studies, Mining and Environmental Geology, Social Work, Microbiology and Psychology departments completed the questionnaire relating to curriculum development.
 - 60% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 40% indicated that there wasn't a departmental policy for including HIV and AIDS into the curriculum.
 - 60% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 40% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated in to the performance appraisal process for academic tenure and promotion.
 - 80% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 20% of HoDs feel it is not applicable to their department to incorporate HIV and AIDS into their department's curricula.
 - 40% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 60% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.



VISTA UNIVERSITY

Narrative on Institution

Vista University reported having 21 200 students currently enrolled and 921 staff members. The IO has full-time responsibility for HIV and AIDS. The IO was appointed in January 2000 and the University began receiving HEAIDS funding in January 2002. The IO reports to the VC's Office and indicated having five people assisting on a full-time basis, ten people assisting on a part-time basis and one hundred people assisting as volunteers.

All Vista campuses have been incorporated or will be incorporated into other institutions by June 2004.

TABLE 62: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	N/A - No onsite health services	100%
Peer Education	1	1	100%
Heads of Departments	7	7	100%
Overall	14	14	100%

TABLE 63: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	No
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEI's	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Yes
Prevention	
Condom Distribution (March - May 2003)	No service
Existence of quality HIV and AIDS prevention services for HEI staff and students	No service
<ul style="list-style-type: none"> • Established VCT service? 	No service
<ul style="list-style-type: none"> • Established STI service? 	No service
<ul style="list-style-type: none"> • Established Staff Peer Education? 	Yes
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No service
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	No service
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No service
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No service
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	No service
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	No service
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	No service
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	No service
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	No service
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	No service
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	No service
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	No service
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	No service

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Existence of Treatment, Care and Support Services	No service	
• Treatment of Opportunistic Infections for Staff	No service	
• Treatment of Opportunistic infections for Students	No service	
• Psychosocial support for Staff	No service	
• Psychosocial support for Students	No service	
• Post -Exposure Prophylaxis (PEP) for Staff	No service	
• PEP for Students	No service	
• Palliative Care for Staff	No service	
• Palliative Care for Students	No service	
• ART for Staff	No service	
• ART for Students	No service	
• Home-based Care for Staff	No service	
• Home-based Care for Students	No service	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	1-no	5-yes
• Infused through all courses	1-no	3-yes
• Core courses	1-no	3-yes
• Foundation courses	1-no	3-no
• Elective courses	1-no	3-yes
• Short courses	No response	3-no
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with specific reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	20	

VCT

The institution does not have an on-site health service.

Peer Education

There is an established Student Peer Education programme that began in January 2002. The programme is run by the institution and overseen by the SRC, Student Services and Counselling Services. The funding for the programme is provided by the HEAIDS programme, external donors and by the institution itself. The programme was evaluated in July 2003.

The Staff Peer Education Programme began in February 2003. It is run by the institution and overseen by Human Resources. The funding for the programme is provided by an external donor and so far 15 Peer Educators have been trained.

Workplace Programmes and Policies

Vista University started its workplace programme in July 2002. Their target audience includes academic, administrative and support staff. The IO both manages and monitors the programme.

The table below reflects the content of the programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS	✓		
Information of how HIV and AIDS will affect their lives and the lives of their families	✓		
Training on HIV and AIDS and universal precautions			✓
Motivate to take action and change own behaviour	✓		
Encourage the development of supportive social values such as gender equality	✓		
Enable access to HIV voluntary testing and counselling		✓	
Medical aid for the HIV-positive employee	✓		
Retirement medical services	✓		
Enable access to general medical treatment	✓		
Develop skills for decision-making, negotiation, condom use	✓		
Enable access to STI services		No Response	
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)		No Response	
Clinical management of common opportunistic infections		No Response	
Enable access to reproductive health services		✓	
Provide referrals for termination of pregnancy	✓		
Provide referrals for mother-to-child transmission			✓
Enable access to on-going psychosocial support, such as counselling services and/or support groups		✓	
Develop an environment of acceptance and non-discrimination	✓		
Promote positive living skills and messages	✓		
Enable access to family assistance programmes	✓		
Work towards gender equality	✓		

Curriculum Development

HoDs from the Private Law, Religious Studies, Sociology, Economics, Business Management Administration, Teacher Education and Psychology departments completed the questionnaire relating to curriculum development.

- 14% indicated that there was a departmental policy for including HIV and AIDS into the curriculum, while 86% indicated that there wasn't a departmental policy for including HIV and AIDS into the curriculum.
- 83% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion, but 17% indicated that they don't know if criteria related to HIV AND AIDS teaching are incorporated in to the performance appraisal process for academic tenure and promotion. 100% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
- 14% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material, 14% indicated yes, some staff members have received training or capacity building in order to teach HIV-related material, but 43% indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material. 29% of HoDs indicated that it was not applicable to their departments whether academic staff members received any training or capacity building in order to teach HIV-related material.



UNIVERSITY OF THE WESTERN CAPE

Narrative on Institution

The University of Western Cape reported having 14 040 students currently enrolled and 1 617 staff members. The IO, also serving as the Director of the AIDS Programme, has full-time responsibility for HIV and AIDS. The IO was appointed in February 2002 and the University began receiving funding in April 2002. The IO reports to the VC's Office and indicated having 6 people assisting on a part-time basis.

The University of the Western Cape will incorporate the University of Stellenbosch's School of Dentistry in 2004.

TABLE 64: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	N/A - No peer ed programme	
Heads of Departments	10	8	80%
Overall	17	15	88%

TABLE 65: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Yes
Prevention	
Condom Distribution (March - May 2003)	146 200
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	No ⁴⁵
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003⁴⁶ 	260
<ul style="list-style-type: none"> • Males 	71
<ul style="list-style-type: none"> • Females 	189
<ul style="list-style-type: none"> • Staff 	0
<ul style="list-style-type: none"> • Students 	260
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	136
<ul style="list-style-type: none"> • Males 	31
<ul style="list-style-type: none"> • Females 	105
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	5
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	2
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	0

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⁴⁵ Since the data collection for this audit, the University of the Western Cape has reported that there are two peer education programmes aimed at first year students.

⁴⁶ Since the data collection for this audit, the University of the Western Cape has reported that in 2003 760 students were tested and a further 400 by mid May 2004.

Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	Referred	
• Psychosocial support for Staff	Referred	
• Psychosocial support for Students	Referred	
• Post -Exposure Prophylaxis (PEP) for Staff	No response	
• PEP for Students	Referred	
• Palliative Care for Staff	Not offered	
• Palliative Care for Students	Not offered	
• ART for Staff	Not offered	
• ART for Students	Not offered	
• Home-based Care for Staff	Not offered	
• Home-based Care for Students	Not offered	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	Don't know	
Infusion of HIV AND AIDS into the curriculum	UG	PG
• Service-learning components	3-yes	6-yes
• Infused through all courses	3-no	4-no
• Core courses	3-yes	4-yes
• Foundation courses	2-no	3-yes
• Elective courses	1-yes 1-no	4-yes
• Short courses	3-yes	5-yes
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	Don't know	

VCT

The institution has an established on-site VCT service that began in 1997. This service is offered to both staff and students for counselling and testing and the initial consultation is free. The VCT staff consists of 2 paid nurses, 2 paid doctors, 1 other paid staff member and 1 other volunteer (total of 6). During the period from March to May 2003, 261 students (71 males and 190 females) requested VCT. 260 students received VCT (71 males and 189 females).

Peer Education

The institution does not offer any Staff Peer Education or workplace programmes. The student peer Education programme has begun in earnest in 2004 and has already trained 35 HIV Peer Educators this year. The campus also has HIV+ student "health promoters" who assist other HIV+ students. It is linked to an antiretroviral treatment programme. There is also a Men As Partners (MAP) programme that uses interactive theatre and peer educators.

Workplace Programmes and Policies

The University of Western Cape does not have a workplace programme⁴⁷.

Curriculum Development

- HoDs from the Departments of Psychology, Nursing, Academic Planning, Management, Sociology and Anthropology, the Faculties of Education and Dentistry, and the School of Public Health completed the questionnaire relating to curriculum development.
 - 75% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 25% indicated that wasn't a departmental policy for including HIV and AIDS into the curriculum.
 - 63% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 38% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated in to the performance appraisal process for academic tenure and promotion.
 - 100% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
 - 13% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.
 - 63% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 25% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.

⁴⁷ Since the data collection for this audit, the University of the Western Cape has reported that courses on HIV/AIDS were offered to the staff in 2003. This practise continues in 2004.



UNIVERSITY OF THE WITWATERSRAND

Narrative on Institution

University of Witwatersrand reported having 27 500 students currently enrolled but did not indicate the number of staff members. The IO, also serving as HIV and AIDS Project Officer, has full-time responsibility for HIV and AIDS. The University began receiving HEAIDS funding in February 2002 and the IO was appointed in August 2002. The IO reports to the Dean of Students and indicated that there are two people assisting on a full-time basis and one person assisting on a part-time basis.

TABLE 66: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	0	0%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	0	0%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	13	5	38%
Overall	20	10	50%

TABLE 67: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No Response
Non-discrimination Policy	No Response
HEI Council committed to address HIV and AIDS	No Response
Authority for managing HIV and AIDS programme emanates from the highest institutional level	No
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Yes
Prevention	
Condom Distribution (March - May 2003)	10 000
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established VCT service? 	Yes
<ul style="list-style-type: none"> • Established STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	Yes
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003⁴⁰ <ul style="list-style-type: none"> • Males • Females • Staff • Students 	282
	120
	162
	22
	260
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 <ul style="list-style-type: none"> • Males • Females 	190
	100
	90
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	5
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	5
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	5

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⁴⁸ Data for University of Witwatersrand shows that the same number of individuals who requested VCT in fact received VCT.

Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	Referred	
• Treatment of Opportunistic infections for Students	Referred	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	On-site	
• PEP for Students	Referred	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Referred	
• ART for Staff	Referred	
• ART for Students	Referred	
• Home-based Care for Staff	Not offered	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	Yes	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	2-n/a	2-n/a
• Infused through all courses	1-yes 1-n/a	2-yes
• Core courses	2-yes	3-yes
• Foundation courses	2-n/a	1-yes 1-n/a
• Elective courses	2-n/a	1-yes 1-n/a
• Short courses	1-yes 1-n/a 2-yes	
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	No response	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	No response	

VCT

The institution has an established on-site VCT service that began in 1993. This service is offered to both staff and students for counselling and testing and the initial consultation is free.

The VCT staff consists of 2 paid doctors, 3 paid nurses and 14 volunteers, totalling 19 staff members.

During the period from March to May 2003, 22 staff members (10 male and 12 female) and 320 students (170 males and 150 females) requested VCT. The same number of individuals received VCT.

Peer Education

There is an established Student Peer Education programme that began in February 2002. The programme is run by the institution and overseen by Counselling Services. The funding for the programme is provided by the HEAIDS programme and by the institution itself. So far 92 Peer Educators have been trained. The programme has not yet been evaluated.

The Staff Peer Education Programme began in January 2003. It is run by the institution and overseen by the Centre for Learning, Teaching and Development. Funding for the programme is provided by the institution itself. The programme has not yet been evaluated.

Workplace Programmes and Policies

University of Witwatersrand started its workplace programme in January 2000. Their target audience includes academic, administrative and support staff. The programme is managed by senior staff and monitored by the Director of Transformation.

The table below reflects the content of the workplace programme.

Content	Yes	No	Don't know
Correct basic information of HIV and AIDS	✓		
Information of how HIV and AIDS will affect their lives and the lives of their families	✓		
Training on HIV and AIDS and universal precautions	✓		
Motivate to take action and change own behaviour	✓		
Encourage the development of supportive social values such as gender equality	✓		
Enable access to HIV voluntary testing and counselling	✓		
Medical aid for the HIV-positive employee	✓		
Retirement medical services	✓		
Enable access to general medical treatment	✓		
Develop skills for decision-making, negotiation, condom use		✓	
Enable access to STI services	✓		
Palliative care (i.e. end of life care: pain management, spiritual and emotional support and treatment of physical symptoms)	✓		
Clinical management of common opportunistic infections	✓		
Enable access to reproductive health services	✓		
Provide referrals for termination of pregnancy		✓	
Provide referrals for mother-to-child transmission	✓		
Enable access to on-going psychosocial support, such as counselling services and/or support groups	✓		
Develop an environment of acceptance and non-discrimination	✓		
Promote positive living skills and messages	✓		
Enable access to family assistance programmes	✓		
Work towards gender equality	✓		

Curriculum Development

HoDs from the Departments of Psychology and Management and the Schools of Molecular & Cell Biology, Computer & Applied Maths, Education and Post-Graduate Diploma in Management completed the questionnaire relating to curriculum development.

- 100% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
- 25% indicated that there were criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
- 75% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
- 100% of HoDs believe it is their responsibility to incorporate HIV and AIDS into their department's curricula.
- 25% of HoDs indicated yes, all staff members have received training or capacity building in order to teach HIV-related material.
- 75% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.



UNIVERSITY OF ZULULAND

Narrative on Institution

The University of Zululand reported having 6 112 students currently enrolled and 700 staff members. The IO, also serving as Chair of the University of Zululand's HIV/AIDS Committee of Council and Senate, does not have full-time responsibility for HIV and AIDS⁴⁹. The IO was appointed in August 2001 and the University began receiving HEAIDS funding in February 2002. The IO reports to the VC's Office and indicated having assistance from other individuals, but did not indicate the number of people or the nature of the assistance.

TABLE 68: RESPONSE RATES

Instrument/ Questionnaire	Number Expected	Actual Number Returned	Response Rate
Institutional Officer	1	1	100%
Vice Chancellor	1	1	100%
Human Resources Representative	1	1	100%
Dean of Students Questionnaire	1	1	100%
Dean of Research Questionnaire	1	1	100%
On-site Health Services Representative	1	1	100%
Peer Education	1	1	100%
Heads of Departments	9	9	100%
Overall	16	16	100%

⁴⁹ Since the data collection for this audit, the IO has indicated that the HIV/AIDS Committee submits annual reports to Council and Senate. The Committee meets monthly and consists of representatives from each sector of the University (Management, Academic, HR, Support Staff and Students.) The responsibility of the Committee is to implement the University's HIV and AIDS policy and to keep the policy updated.

TABLE 69: RESULTS FOR INDICATORS

Policy, Leadership, Advocacy, and Management	
Risk Assessments Conducted	No
Non-discrimination Policy	Yes
HEI Council committed to address HIV and AIDS	Yes
Authority for managing HIV and AIDS programme emanates from the highest institutional level	Yes
HEI's financial commitment for implementing HIV and AIDS programmes within the institution	Yes
Effective marketing or advocacy of HIV and AIDS programmes and services at the HEIs	Indicator not captured in this audit
Policies that encourage or require infusion of HIV and AIDS into curriculum	Yes
Prevention	
Condom Distribution (March - May 2003)	Yes, not specified
Existence of quality HIV and AIDS prevention services for HEI staff and students	
<ul style="list-style-type: none"> • Established on-site VCT service? 	Yes
<ul style="list-style-type: none"> • Established On-site STI service? 	Yes
<ul style="list-style-type: none"> • Established Staff Peer Education? 	No
<ul style="list-style-type: none"> • Established Student Peer Education? 	Yes
<ul style="list-style-type: none"> • Established referral system for off-site VCT? 	No
Use of HIV and AIDS prevention services	
<ul style="list-style-type: none"> • Persons reached through VCT during March to May 2003 	18
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	10
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	8
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Staff 	2
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Students 	16
<ul style="list-style-type: none"> • Persons reached through STI during March to May 2003 	770
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Males 	320
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Females 	450
Partner Notification/Referral rate	Indicator not captured in this audit
Care and Support	
HEI's medical personnel trained in the care of HIV-related conditions: i.e. number of clinical staff trained in the following :	
<ul style="list-style-type: none"> • Natural history of HIV-related conditions 	3
<ul style="list-style-type: none"> • Diagnosis and care of common opportunistic infections 	3
<ul style="list-style-type: none"> • Comprehensive HIV and AIDS management 	13

CONTINUES ON PAGE 211

Existence of Treatment, Care and Support Services		
• Treatment of Opportunistic Infections for Staff	On-site	
• Treatment of Opportunistic infections for Students	On-site	
• Psychosocial support for Staff	On-site	
• Psychosocial support for Students	On-site	
• Post -Exposure Prophylaxis (PEP) for Staff	On-site	
• PEP for Students	On-site	
• Palliative Care for Staff	Referred	
• Palliative Care for Students	Referred	
• ART for Staff	Not Offered	
• ART for Students	Not Offered	
• Home-based Care for Staff	Not Offered	
• Home-based Care for Students	Referred	
Use of Treatment, Care and Support Services	Indicator not captured in this audit	
Teaching for HIV and AIDS		
Promotion of Lecturer involvement in HIV and AIDS teaching	No	
Infusion of HIV and AIDS into the curriculum	UG	PG
• Service-learning components	1-yes 1-no 1-n/a	2-no
• Infused through all courses	2-yes 2-no	2-no
• Core courses	4-yes	3-no
• Foundation courses	3-no	2-no
• Elective courses	2-yes	1-yes 1-no 1-n/a
• Short courses	2-n/a	2-no
Humanities graduates trained in the care of those affected by HIV and AIDS	Indicator not captured in this audit	
Research/Knowledge Creation		
Ethics Policies appropriate for HIV and AIDS research activities	Yes, there is a research ethics policy, with some reference to HIV and AIDS	
Increase in the number of post-graduate research projects that relate to HIV and AIDS	No response	

VCT

The institution has an established on-site VCT service that began in 2003. The programme is offered to both staff and students for counselling and testing, and the initial consultation is free.

The VCT staff consists of 1 paid nurse and 1 other paid staff, totalling 2 staff members. During the period from March to May 2003, 2 staff members (males) and 16 students (8 males and 8 females) requested VCT. The same numbers received VCT during this period.

Peer Education

There is an established Student Peer Education programme that began in August 2002. It is run by the institution and overseen by Counselling Services and DRAMAIDE. The funding for the programme is provided by the HEAIDS programme. DRAMAIDE deals with schools and campuses and is presently supporting 27 HIV positive health promoters. The programme is supported by John Hopkins university and many of its initiatives focus on mass communication (e.g. big screen events). The programme has not yet been evaluated.

There is no Staff Peer Education Programme in place.

Workplace Programmes and Policies

The institution reported not knowing whether there is a workplace programme.

Curriculum Development

- HoDs from the Library and Information Science, Social Work, Development Studies, Economics, Public Law, Educational Psychology, Physics and Engineering departments and the Faculties of Theology and Religion and Commerce and Administration completed the questionnaire relating to curriculum development.
 - 56% indicated that there was a departmental policy for including HIV and AIDS into the curriculum.
 - 44% indicated that there wasn't a departmental policy for including HIV and AIDS into the curriculum.
 - 78% indicated that there weren't criteria related to HIV and AIDS teaching incorporated into the performance appraisal process for academic tenure and promotion.
 - 22% indicated that they don't know if criteria related to HIV and AIDS teaching are incorporated into the performance appraisal process for academic tenure and promotion.
 - 89% of HoDs believe it is their responsibility to incorporate HIV and AIDS in their department's curricula.
 - 11% of HoDs feel it is not applicable to their department to incorporate HIV and AIDS into their department's curricula.
 - 56% of HoDs indicated yes, some staff members have received training or capacity building in order to teach HIV-related material.
 - 44% of HoDs indicated that no, no staff members have received any training or capacity building in order to teach HIV-related material.

B

LIST OF PROGRAMME DOCUMENTATION REVIEWED FOR THE INSTRUMENT DESIGN IN THE AUDIT

- SAUVCA - Institutionalising the Response to HIV/AIDS in the South African University Sector: A SAUVCA Analysis - Dhianaraj Chetty, December 2000.
- Study South Africa - The guide to South African Universities and Technikons, 3rd Edition, 2002.
- Rutanang - Peer Education Implementation Guide for NGOs - Charles Deutsch, Sharlene Swartz, August 2002.
- Rutanang - Towards Standards of Practice for Peer Education in South Africa - Charles Deutsch, Sharlene Swartz, August 2002.
- An Assessment of Youth Centres in South Africa - Annabel S. Erulkar (Population Council), Mags Beksinska and Queen Cebekhulu (Reproductive Health Research Unit), December 2001.
- The Cost of Programmes at Selected Youth Centres in South Africa - Barbara Janowitz and Carmen Cuthbertson (Frontiers/ Family Health International), Mags Beksinska and Queen Nomsa Cebekhulu (Reproductive Health Research Unit), March 2003.
- HIV/AIDS and Institutions of Higher Learning in SADC Countries - Theological, Ethical, Indigenous and Socio-Economic Perspectives - Keynote Address to Conference on "Commitment to Combat HIV/AIDS" (Swaziland) - M.J. Kelly, University of Zambia, Lusaka.
- HIV/AIDS Interventions: Uniqueness of the Higher Education Sector - Marie Fowler
- SAUVCA Annual Report 2001-2.
- African Universities and HIV/AIDS - M.J. Kelly, University of Zambia, Lusaka, 2000.
- Crafting the Response of a University to HIV/AIDS - M.J. Kelly, University of Zambia, Lusaka, 2002.
- Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa to HIV/AIDS - M.J. Kelly, University of Zambia, Lusaka, 2001.
- Report to the CTP Meeting: Year 2001.

C

PART 1

DRAFT STRATEGIC PLAN - April 2004

STRATEGIC PLAN OF THE HIGHER EDUCATION HIV/AIDS PROGRAMME

Background

The Higher Education HIV/AIDS programme represents South Africa's first nationally co-ordinated effort to improve the capacity of all higher education (HE) institutions to prevent, manage, and mitigate the impact of HIV/AIDS in the sector. The Higher Education HIV/AIDS Programme is a three-year initiative launched in November 2001 by the South African University Vice Chancellor's Association (SAUVCA) and the Committee of Technikon Principals (CTP) together with the national Department of Education (DoE). Financial assistance for the programme is provided by the U.K. Department of International Development (DfID) and CDC.

SAUVCA represents 21 public universities in the South African higher education system reaching 473,766 students. The CTP represents 14 public technikons in the higher education system that reaches 207,920 students. Together, SAUVCA and CTP institutions serve a total of approximately 680,000 tertiary students and some 37 000 staff in South Africa in any given year. The planned mergers and other transformations of the sector add additional urgency to this programme if it is to reach out effectively to students and staff alike.

The Higher Education HIV/AIDS Programme provides technical guidance, support and a national coordinated response as well as financial grants to individual institutions to support the development of strategic and comprehensive institutional responses to HIV/AIDS. A small dedicated team at the SAUVCA national office manages the overall programme, supports and guides the work of the institutions, and builds links to relevant networks.

A statement of intent was formulated at a recent DoE conference (June 2002) to describe the role of the higher education sector and its contribution to HIV/AIDS. This, in turn, was updated in the DoE's strategic plan 2003 -2005 (2003) which strengthened the Department's resolve in these areas. Institutions need now to translate these statements into their particular institutional responses.

Overall Goal

To reduce the threat of the spread of HIV/AIDS in the higher education sector, to mitigate its impact through planning and capacity development and to manage the impact of the epidemic in a way that reflects the ethical, social, knowledge transmission and production that is the mission of higher education institutions in society.

Project Purpose

To ensure that higher education institutions belonging to SAUVCA and CTP are able to develop and implement a co-ordinated institutional response to HIV/AIDS. Long term objectives of the programme are:

- To promote safer sexual and social behaviour amongst students and staff to curb the spread of HIV.
- To protect their organisations and make them responsive to the needs of students and staff who are infected and affected by the HIV/AIDS epidemic.
- To build capacity to mitigate and manage the epidemic.
- To develop a co-ordinated response to the epidemic within institutions and across the entire HE sector.
- To situate the HIV/AIDS debate - challenges and opportunities - at the centre of HE.
- To situate HE institutions at the centre of constructive and successful HIV/AIDS interventions at a national level.

Programme Structure

The HEAIDS programme has two operational centres. The National Directorate (ND) and the IO. Obviously the roles and responsibilities of the two centres differ. The ND is:

- to manage and co-ordinate nationally identified interventions and strategies;
- responsible for the general and financial administration of the programme;
- the formulation of strategic direction and the implementation of distinct initiatives;
- a support centre for all institutional initiatives;
- the gathering, collation, analysis and distribution of information relating to HIV/AIDS;
- the maintenance of marketing and PR material (media releases, web site etc.) that will ensure that the programme is kept in the media and
- a central point of contact for external networks that involve business, NGOs, related departments (Health and Labour) , donors and international partners that are interested in exploring possible linkages within the fields of HE and HIV/AIDS.

The IO's duties include:

- a responsibility for encouraging good communication channels with institutional leadership, together with the garnering of leadership commitment;
- managing and being accountable for seed funding and the responsible and ethical distribution of said funds under management;
- the marketing of HIV/AIDS services on campus, especially those relating to VCT, AVRs, condom use and educational support;
- acting as an internal advocacy arm for the programme and
- encouraging inter-disciplinary and inter-faculty dialogue on HIV and AIDS in order to encourage the cross pollination of curricula or focus studies, especially at post-graduate level.

Strategic interventions

- **Capacity Building:** Specific meetings and training sessions will be held on a regular basis to build capacity for designing policy and institutional practices/programmes, as well as implementing and managing these programmes. This could include training or assistance in proposal writing,

financial and budget management, project management, monitoring and evaluation, marketing and advocacy strategies, and policy development.

The programme provides grants to individual HE institutions to strengthen their capacity to combat HIV/AIDS, including the provision of essential services such as Peer Education, Curriculum Development, Voluntary Counselling and Testing, and Workplace Programmes at each institution. Working groups in each area will be established to develop minimum standards/guidelines for delivery of these services in higher education environments. The effect of these capacity building efforts is to counteract the wide disparities across the 35 institutions as to what is available for students and staff and to establish performance expectations for institutional implementation of the programme. The onus, however, is on the institutions themselves to drive internal change to reach the programme's results.

- **Networking:** The programme will facilitate regular meetings between the 35 higher education institutions, the DoE, the DoH, SAUVCA, and CTP to build a better sector response to the epidemic through sharing of approaches and successful experiences. Networking will also build linkages between AIDS service organisations and HE institutions at community level, as well as between HE institutions and international organisations, such as SADC and the Association of African Universities.
- **Promotion of more ethical and relevant HIV/AIDS research:** In the pursuit of more ethical and relevant HIV/AIDS-related research, the programme will work with ethics committees at each HEI to ensure that any research concerned with HIV/AIDS complies with ethics, standards, and guidelines for HIV/AIDS research.

Programme Results and Indicators:

In the forthcoming period, the programme aims to achieve measurable change in six results areas as depicted in the chart below.

FIGURE 1: GOAL AND RESULTS OF THE HIGHER EDUCATION HIV/AIDS PROGRAMME

GOAL: to mobilise the Higher Education sector to respond sensitively, appropriately, and effectively to the HIV/AIDS epidemic through HE's core functions of teaching, research, management, and community service and through the continuum of HIV/AIDS interventions - namely prevention, treatment, and care and support.	
Result No. 1: Effective policy, leadership, advocacy, and management	Result No. 4: Teaching appropriate to HIV/AIDS era
Result No. 2: Effective prevention	Result No. 5: Appropriate research/knowledge creation
Result No. 3: Effective care and support	Result No. 6: Community outreach

Measurement of change will focus on a range of indicators, which best capture the outputs or outcomes of the programme's efforts. Input and activity related data is generally not included in the monitoring/evaluation plan for the programme (e.g. number of workshops, etc.) because the "story" of the programme's achievements will be best told through a focus on a few of the key achievements of the programme (such as the products of the programme, as well as the changes that the programme makes among its beneficiaries). Details on the indicators identified for measuring changes in the six results areas appear later in this document.

The six results areas and associated indicators were developed in consultation with the programme manager as well as leaders of the working groups on Peer Education, Voluntary Counselling and

Testing, Curriculum Development, and Workplace programmes. There was extensive consultation with sector representatives at a number of nationally co-ordinated meetings. Prior to these consultations, the programme was mainly described as an effort to establish four priority services in each institution: Voluntary Counselling and Testing, Peer Education, Workplace Programmes, and integration of HIV/AIDS into the Curriculum.

The success of the HEAIDS programme will finally depend on the support that we receive from HE leadership in the sector. While the programme is representative of all the institutions in the sector, it has no coercive powers and relies on a commitment from all HE institutions in order to achieve results.

The HEAIDS Programme links each intervention with clear results:

Result #1: Effective policy, leadership, advocacy, and management:

The adequacy of leadership and policy environments for HIV/AIDS is inconsistent across higher education institutions. Accordingly, the programme's focus is on building each individual institution's capacity to measure the potential impact of HIV/AIDS on the institution; to create high quality HIV/AIDS policies that protect the rights of staff and students; to build financial and political commitment of the institution to address HIV/AIDS; and to develop a better enabling environment in each institution allowing for more effective services delivery and implementation of the other results areas.

Result #2: Effective prevention:

Prevention services are critical to containing the spread of the epidemic in the HEI. Three intersecting prevention services will be the focus of programme efforts: VCT, Sexually Transmitted Infections (STIs), and peer education. Each service also represents a powerful educational opportunity to enhance the quality of life of the HIV-infected as well their family and friends, as well as uninfected people, through promoting safer sex practices. At present, access to these services for both staff and students varies widely across the sector. The programme will thus work to ensure that these services are an integral part of the institutional response.

The programme will focus on measuring the extent to which these three services are established and meeting quality standards of practice, and the extent to which the services are being utilised by staff and students. Condom distribution will also be tracked as a proxy measure of changes in sexual practices.

Result #3: Effective Care and Support:

AIDS will directly impact HE institutions through both increased costs and lost productivity. Higher costs will occur as a result of more staff falling sick; rising costs of health insurance, sick leave and funeral benefits; as well as additional costs of recruitment and training of new staff. Declining productivity will result from disruptions in the workplace, such as increased absenteeism (from sickness and caring for ill family members, and preparing for and attending funerals of family and friends) as well as from staff turnover due to death and illness. Lower productivity will also result from reduced morale as a result of illness, suffering and loss of colleagues, friends and family. Naturally, productivity will also suffer as students, whose education represents a major familial, institutional, and community investment fall ill.

HEIs can help those living with HIV/AIDS continue to contribute to the institution, by providing a range of treatment, care and support services through HEI clinics or in partnership with other providers. Some of the most common and fatal opportunistic infections can be treated and prevented with basic, inexpensive drugs. Other interventions include home-based care, to help alleviate the

onset of serious illness, palliative care, medical advice, support to families and carers and anti-retroviral therapy (ARVs) for infected employees and their families. The programme will also focus on assisting HEIs to establish any of these support services which are relevant to their workplace.

Result #4: Teaching Appropriate within the HIV/AIDS context:

South Africa needs its leadership in every sector to be prepared for the demands of living in a society affected with HIV/AIDS. Students entering careers in engineering, tourism, local government, human resources, or any other area of activity need to know how to keep themselves healthy and how to keep their workforce healthy and supported through the epidemic. To date, insufficient progress has been made in infusing HIV/AIDS into the curriculum and in providing separate foundation courses on HIV/AIDS. Only a few isolated and fragmented efforts have begun. The programme will encourage HEIs to promote greater integration of HIV/AIDS into teaching at HE institutions through tracking the number of qualification programmes that contain HIV/AIDS in their core courses. The depth and scope infusion will not be tracked as part of the programme's M&E efforts, but will be evaluated in separate studies.

Result #5: Appropriate Research/Knowledge Creation:

One of the main aims of the programme is to promote better sharing of information among HE institutions for building knowledge about HE institution responses to HIV/AIDS. In this regard, the programme will focus on holding meetings, publishing documents, and pursuing other activities to build a better understanding of what works in responding to HIV/AIDS at higher education level.

As discussed earlier in this document, the quality and quantity of HIV/AIDS-related research varies considerably across institutions. Consequently, research efforts do not always effectively contribute to increased knowledge about HIV/AIDS or comply with ethics policies. To address this issue, the programme will work to encourage more effective, ethical, and relevant postgraduate research level ethics through working with the relevant research and ethics committees at each HE institution.

Result #6: Community Outreach:

Community outreach defines one of the core functions of HE. In the context of HIV/AIDS it is not only to be understood as the altruistic reaching out to the immediate community, but it also has implications for regional and provincial collaborations. The urgency of response necessitated by HIV/AIDS also means that community outreach must extend beyond the requirements of civil society and extend into the formation of partnerships and sponsorship programmes with business and the larger community.

Community outreach is therefore understood both as a reaching out and sharing with the immediate geographic community as well as containing a broader and more extensive role within society itself. In addition, the HEAIDS programme is committed to the principle of reciprocity - the two way flow of expertise and support between the HE institution and wider society.

1. EFFECTIVE POLICY, LEADERSHIP, ADVOCACY, AND MANAGEMENT

Strategic objective	Performance measures		
	2004 - 2007		
Strengthen the capacity to implement an HIV/AIDS strategy and all related policies	All institutions establish an HIV/AIDS Committee that liaises regularly with the ND	HIV/AIDS integral to Institutional management structure	HIV/AIDS representative on Institutional Forum and Council
Identify and develop appropriate policy requirements around VCT and prevention programmes	Each institution to have HIV/AIDS policy in place	Policies collated and reviewed at ND level. Framework for strategic plan established and distributed.	Each institution to have a institutionally applicable strategic plan in place
Establish and build capacity to prevent, mitigate and manage the impact of the epidemic at national and institutional levels	Dedicated person/s to manage the institutional HIV/AIDS programme	Improved and increased number of dedicated staff to manage the institutional response	Established institutional team commensurate with the context of the institution
Establish Executive Management Committee HIV/AIDS at institutional level	Buy-in and support at SAUVCA/CTP EXCO level	Committee in place with designated roles and responsibilities	Ongoing interaction with management, reporting to Senate and Institutional Forum.
Understand the risk profile of students	Buy-in and support at SAUVCA/CTP EXCO level	Survey of youth risk behaviour conducted, data collated, distributed and strategic direction modified in line with findings	Institutional initiatives rolled out in accordance with findings
	Conduct Youth Risk Behaviour Survey		
Understand the risk profile for staff at institutions	Buy-in and support at SAUVCA/CTP EXCO level	Profile for staff in place including risk breakdown per staff category and mortality cost to institution.	Risk Profile updated and collated.
Encourage inter-disciplinary networks	Exploratory workshops conducted within institutions to assess the possibility of collaboration	VCs and faculty heads support inter-faculty and inter-discipline collaborations on issues relating to HIV and AIDS	Pilot courses reviewed, further collaborations undertaken and lessons learned circulated to other institutions
		Pilot courses established	
Encourage inter-institutional networks	Via national meetings and workshops, ensure that regional networks across Institutional types in place	Regional conferences on HIV/AIDS and inter-institutional collaboration held	Courses in place and ongoing curricula synergy explored.
		Conference proceedings published and distributed	Pilot courses assessed and refined

Strategic objective	Performance measures		
	2004 - 2007		
		Pilot courses established	Resource pack of successful projects collated at ND
Ensure visible commitment of management - especially VCs - towards the HEAIDS programme, especially those institutions targeted for merger	Presentations detailing the challenges for the programme to SAUVCA and CTP at EXCO level	Target those institutions designated for merger. Ensure HIV/AIDS concerns are built into the founding mission.	Institutional visits to campuses aimed at monitoring and support for institutional team and ensuring solid communication channels between the team and leadership
Develop awareness and capacity within the HR component of the institution. This also entails the collection and collation of accurate data on a regular and ongoing basis	Comprehensive network of HR managers in place	Impact analysis on staff (via pension and medical aid) and students (bursary schemes) conducted	Institutional risk benchmarks in place. Ongoing information sharing between HR and HIV/AIDS Institutional coordinator
	Check-list established in conjunction with HR as to next steps	National meeting of HR to establish risks, opportunities, SWOT and best practices	
Management to establish additional revenue streams dedicated to HIV/AIDS	In conjunction with HR, Institutional coordinators collate records of HIV/AIDS designated funds	Best practices circulated to ND. Funding initiatives document produced and circulated at Institutional level	ND drive to accessing additional funds for HEAIDS
	ND drive to accessing additional funds for HEAIDS	ND drive to accessing additional funds for HEAIDS	
Via management support, ensure continuity at institutional coordinator level	Possible candidates for institutional succession identified	Succession planning in place for each institution	Succession planning in place for each institution
	Incentive schemes explored for Institutional officers		

2. EFFECTIVE PREVENTION

Strategic objective	Performance measures		
	2004 - 2007		
Institutions informed of current trends and statistical updates	Latest relevant statistics depicting trends and prevalence figures collated at ND and institutional level. National and regional figures distributed.	Regionally specific data marketed effectively within the Institution. Figures circulated bi-annually.	Figures updated and distributed on a 6 monthly basis and distributed at both regional and national level.
Provide access to barrier methods through systematic distribution. e.g. increased male and female condom distribution	Records of existing distribution channels and numbers of condoms distributed in place.	Partnerships established at ND level with condom suppliers in order to increase distribution at institutions	Ongoing increase in channels distributed and amount
	Marketing and communication campaigns in place to promote male and female condom use.		
Design and implement campaigns to encourage testing among staff and students.	Staff and student members prepared to act as HIV/AIDS advocates within institutions	Pilot study in place at select institutions to explore the viability of marketing VCT	Roll out to other institutions
Encourage HIV/AIDS Advocators	Institutional spokespersons prepared to enter and participate in national debates	Guidelines on best practices produced	Each institution to have a spokesperson on HIV/AIDS issues pertaining to the situation at that Institution
Strengthen partner notification and referral	Data gathered for number of STI patients and VCT clients who have referred partners for treatment	Data forwarded and collated at ND level	3 month figures collated and submitted to ND
		Pilot study conducted within Psychology, Social Work and Health Science faculties to increase referrals	
Ensure effective peer education	Peer education network consolidated and grown within institutions	Inter institutional ties between peer educators strengthened via national/regional workshops	
Re-conceptualise the Campus Clinic as a 'One Stop Shop'	Situational analysis of all campus health programmes in place	In co-operation with ND, institution co-ordinators draft strategic and business plan for increased integration with general health and HIV/AIDS	Business plan implemented

Strategic objective	Performance measures		
	2004 - 2007		
Market health and wellness	Workshop with institutional co-ordinators to conduct situation analysis of existing marketing of health	Innovative campaigns and related initiatives - best practices - distributed to all institutions	Roll out implementation of feasible campaigns

3. EFFECTIVE CARE AND SUPPORT

Strategic objective	Performance measures		
	2004 - 2007		
Institutionalise VCT testing as a way of life	Pilot marketing campaigns and services run at institutions. Campaigns circulated among institutions	Bi-annual campaigns at all institutions	Formal HIV/AIDS Day in place at all institutions
		High profile role models supporting testing	High profile role models supporting testing
Achieve collaboration and co-ordination of all HIV/AIDS programmes within institutions	Institutional scan of HIV/AIDS activities in place	Integration achieved with HIV/AIDS services and other related activities	Institutional best practices in place and disseminated
Detailed risk assessment of HIV/AIDS impact on institutions staff and student levels collated	Workshop with institution's HR managers conducted in order to establish ways of determining and collating information relating to HIV/AIDS risk	Risk assessment records submitted to ND	National and regional figures disseminated from ND on a 6 monthly basis
		Collated and disseminated	
Develop a strategy to target distance learners	Via HEMIS and SAUVCA, accurate records of distance learners gathered	HEAIDS and general HIV and AIDS material packaged and distributed via existing Distance Communication channels	Distance students actively and regularly contacted via HIV/AIDS coordinator
Ensure appropriate training at institutional levels and improve capacity	Scan of capacity and existing training completed by institutions	Baselines for capacity and training collated at ND level and distributed	Interventions made to ensure good practise across all institutions
		Institutions with poor VCT capacity flagged for specific interventions	
Expand anti-retroviral rollout within institutions	Data collated at ND level as to which institutions are offering free anti-retrovirals as well as the existing capacity at institutions	Partnerships sought with business and government especially in under resourced institutions	Funding extended in line with risk profiles

4. TEACHING APPROPRIATE TO HIV/AIDS ERA

Strategic objective	Performance measures		
	2004 - 2007		
Integrate HIV/AIDS into the existing academic and professional curriculum	Data retrieval of existing HIV/AIDS courses.	Collaborations achieved with appropriate disciplines - at the level of Academic planning - for the increased integration of HIV/AIDS into the curricula	Increased number and range of courses in place.
	Compile a database of existing curricula in HE		
		Earmark most appropriate disciplines - medicine, nursing, teaching etc. - for the introduction of HIV/AIDS courses.	
Increase integration and penetration of HIV/AIDS curricula at institutions where pertinent courses are in existence	Establish extent to which HE institutions have HIV/AIDS curricula in place. Collate information at ND level	Increased number and range of courses in place.	All faculties to be responding to HIV/AIDS curricula
Establish Standards of Practise (SOP) with DoH, especially relating to peer education	SOP distributed to Institutions	SOP work-shopped among staff and students	Credit bearing courses in place to address HIV/AIDS in accordance with DoH and DoE needs
		Curricula designed to best implement SOP	
Integrate academic and skills development programmes for Junior and new lectures	Short course designed and developed for academics coming into the teaching system	Course implemented at selected institutions	Refined course rolled out to institutions
		Feedback from course integrated at ND level and best practices collated and distributed to institutions	
Encourage gender and cultural sensitivity across Institutions and the personalisation of HIV/AIDS within the formal academic arena	Pilot campaigns in place at institutions to ensure sensitivity to gender and culture in reference to HIV/AIDS	Gender and cultural issues integrated into curricula in tandem with HIV/AIDS integration	Where resources available, select institutions to produce inter-disciplinary projects dealing with HIV/AIDS, gender and culture
Build seamless FET-HE knowledge base	HIV/AIDS co-ordinators familiar with FET HIV/AIDS syllabus	Workshop with DoE, DoH to establish appropriate continuation of HIV/AIDS school syllabus	Bridging document available to all staff
	Regional workshop to ensure support for the continuation of FET HIV/AIDS efforts.	Guidelines for institutions in place	

5. APPROPRIATE RESEARCH/KNOWLEDGE CREATION

Strategic objective	Performance measures		
	2004 - 2007		
To provide resource material that will educate and inspire students regarding HIV/AIDS	Interactive CD ROM Game distributed for ongoing use especially among first years, males and residence students	Game marketed via media, web site and made available to institutional libraries	Other distribution channels for the Game in place. Expansion of the Game into target markets outside HE i.e. SETAS
	Train up institutional co-ordinators on the Game and its potentiality		
Collate resource materials and build a database of knowledge within institutions	Collated database at institutional level of existing HIV/AIDS information resources	Partnerships established with information providers - especially electronic - to increase availability of HIV/AIDS resource materials to other institutions	Contracts with select information providers in place and ongoing circulation of knowledge and information resources
	Knowledge resources updated on a regular basis and accessible for all. Made available to ND		
Encourage research into HIV/AIDS within the HE environment	Full audit of HIV/AIDS research at institutional level conducted. Monitored and evaluated on certain indicators	Similar Research Networks across institutions in place. Researchers connected via available ICT channels	HEAIDS Work in Progress (WIP) journal published
	Commission research initiatives in line with ND priorities.	Informal peer review channels established	
	Additional funds sourced in order to encourage post graduate research on HIV and AIDS issues	Commission research initiatives in line with ND priorities	
HE to become the 'home' of critical debate on HIV/AIDS in SA	Gather vocal and willing experts in the field	Workshops/seminars with experts hosted at local institutional venues. Local HIV/AIDS co-ordinators to organise	HIV/AIDS road show debates to travel to institutions around the country
Foster development of specialised research in institutions	Via audit, information on existing areas of specialisation gathered.	Targeted donors and ND funds to sponsor directed research at pilot institutions	Roll out funding to other research institutions
Establish HE network within institutions in SADC region	Existing HE HIV/AIDS programmes in the SADC region audited	Pilot partnerships between SA Institutions and SADC HE institutions initiated	Collaborative projects expanded

6. COMMUNITY OUTREACH

Strategic objective	Performance measures		
	2004 - 2007		
Raise awareness on local and provincial levels.	Active HIV/AIDS networks in place within the immediate and local/regional provincial community	Strategic interventions in community e.g. drama, social work, education initiatives relevant to the capacity of the institution	Faculty interventions rolled out in line with the contextual need and institutional capacity
Assist in community counselling	Social Work, Psychology, health sciences, medical faculties etc. targeted	Discipline-specific interventions designed in collaboration with HIV/AIDS co-ordinator and relevant faculty	Extend programme (with lessons learned) into other faculties
	Focus extended to include other disciplines e.g. business administration, engineering etc.	Training manual derived from experiences to be compiled within institutions	
Ensure sharing of resources relating to HIV/AIDS	Partnerships with community leaders and institutions established	Ongoing joint initiatives identified and implemented at pilot project level	Scope and number of initiatives increased in the community
	Sharing of resources, infrastructures, expertise and support	Learnerships and best practices circulated to Institutions	
Mobilise community in order to ensure a two way flow between institutions and community	Community role-models identified	Integrate inter and intra-institution interventions: lectures, seminars, performances	Institutionalise community interventions

PART 2

DRAFT RESULTS AND INDICATOR FRAMEWORK

INDICATORS FOR MEASURING OUTPUTS/OUTCOMES OF THE HEAIDS PROGRAMME

RESULT	INDICATOR	DEFINITION OF INDICATOR	ENTITY PRIMARILY RESPONSIBLE FOR DATA COLLECTION		FREQUENCY OF DATA COLLECTION	SOURCE OF DATA	TARGET BY END OF PROJECT
			HE institutions	Evaluation Contractor			
1. POLICY, LEADERSHIP, ADVOCACY, and MANAGEMENT	Risk Assessments Conducted	No. of HE institutions that have conducted a risk assessment of the threat posed by HIV to the HE institution and its impact on the workforce. This entails (i) an examination of the existing level of HIV/AIDS within the workforce/student community (ii) costs to the HEI of HIV/AIDS-related employee absence and death, (iii) costs to the HE institutions resulting from hospitalisation, home care, and prevention activities, (iv) conducting a youth risk behaviour as well as a staff risk profile, (v) establishing an ongoing collaboration with HE institution's HR function in order to source data and co-ordinate initiatives.	X		At baseline and at the end of the project.	Assessment Report	Increase TBD
	Non-discrimination Policy	No. of HE institutions that have established a non-discriminatory policy that (i) promotes voluntary counselling and testing as well as treatment, (ii) clearly states that employees and students will not be discriminated against on the basis of their actual or perceived HIV status, (iii) guarantees the confidentiality of infected or affected employees and students, (iv) prohibits mandatory and pre-employment testing, and	X		Annually	Assessment Report	Increase TBD

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RESULT	INDICATOR	DEFINITION OF INDICATOR	ENTITY PRIMARILY RESPONSIBLE FOR DATA COLLECTION		FREQUENCY OF DATA COLLECTION	SOURCE OF DATA	TARGET BY END OF PROJECT
			HE institutions	Evaluation Contractor			
	Non-discrimination Policy (Cont.)	which has been accepted by council, trade unions, employee representatives, and student bodies, and (v) that prohibits sexual harassment and exploitation.					
	HEI Council committed to address HIV/AIDS	The number of HE institutions where the council or senate has passed a resolution regarding the HE institution's response to HIV/AIDS	X	X	Annually	Council record of resolutions, interviews	Increase TBD
	Authority for managing HIV/AIDS programme emanates from the highest institutional level	No. of HE institutions where the IO is based at the VC's office and/or reports directly to the VC's Office.	X	X	Annually	Interviews with appropriate personnel	Increase TBD
	HE institution's financial commitment for implementing HIV/AIDS programmes within the institution.	The number of HE institutions where additional financial resources (above and beyond the financing provided by this programme) have been allocated to HIV/AIDS prevention, treatment, and care/support activities, and where these resources are increasing on an annual basis.	X	X	Annually	HEI annual approved budget, and audited expenditure reports	Increase TBD
	Effective marketing or advocacy of HIV/AIDS programmes and services at HE institutions.	No. HE institutions where printed HIV/AIDS messages on prevention, anti-stigma, VCT, care/support, gender violence, and other general health support services (e.g. health counselling) are easily visible in a 15 minute walk throughout the campus and in student support centres, student-counselling services, and in administration buildings. These messages will also require the support of vocal advocates who are willing to represent the plight of HIV/AIDS within the community.	X		Annually	Observations	Increase TBD

RESULT	INDICATOR	DEFINITION OF INDICATOR	ENTITY PRIMARILY RESPONSIBLE FOR DATA COLLECTION		FREQUENCY OF DATA COLLECTION	SOURCE OF DATA	TARGET BY END OF PROJECT
			HE institutions	Evaluation Contractor			
	Creation of advocacy networks	No. intra and inter-institutional collaborations that consolidate and build upon capacity and resources within the region	X	X	Annually	Interviews	Increase TBD
	Policies that encourage or require infusion of HIV/AIDS into curriculum	No. HE institutions that have established policies, directives or other evidence of infusion of HIV/AIDS into the curriculum.	X	X	Annually	Review of records, interviews	Increase TBD
2. PREVENTION	Condom Distribution	No. condoms distributed throughout the HE institution	X		Quarterly	Condom distribution centre records	Increase TBD
	Existence of quality HIV/AIDS prevention services for HEI staff and students	No. of HE institutions that have established on-site VCT, STI treatment, and peer education services - or who have established effective referral systems for off-site VCT and STI treatment services - that meet agreed-upon minimum quality standards (to be developed by working groups).	X	X	Quarterly for HE institutions, annually for Evaluation Contractor	Programme records, Services records, interviews, and observations.	Increase TBD
	Use of HIV/AIDS prevention services	No. of persons (by gender and status) reached through (or referred to) VCT, STI treatment services, and peer education services. Figures collated into central database.	X	X	Quarterly for HE institutions, annually for Evaluation Contractor	Programme records, Services records, and interviews.	Increase TBD
	Partner notification/referral rate	No. of STI patients and VCT clients whose partners have been referred for treatment/testing.	X	X	Quarterly for HE institutions, annually for Evaluation Contractor	Programme records, Services records, and interviews.	Increase TBD
	Peer education network strengthened	No. of students and staff actively involved in peer education networks.	X	X	Quarterly for HE institutions, annually for Evaluation Contractor	Programme records, Services records, and interviews.	Increase TBD

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			HE institutions	Evaluation Contractor			
3. EFFECTIVE CARE AND SUPPORT	HEI Medical personnel trained in the care of HIV-related conditions	Percent of clinical staff working in the HE institution who have been trained in the natural history of HIV and the diagnosis and care of common opportunistic infections	X		Quarterly	Course and student records	Increase TBD
	Existence of Treatment, Care, and Support Services	No. of HE institutions that have established on-site treatment/care/support services - or who have established effective referral systems for off-site treatment services — for HIV infected staff and/or students (treatment of opportunistic infections, particularly TB, psychosocial support, post-unintended exposure [e.g. rape], palliative care, home-based care, and/or HIV treatment through anti-retroviral therapy)	X	X	Quarterly for HE institutions, annually for Evaluation Contractor	Pro-gramme records, Services records, and interviews.	Increase TBD
	Use of Treatment, Care, and Support Services	No. of persons (by gender and status) reached through (or referred to) services noted in indicator above.	X	X	Quarterly for HE institutions, annually for Evaluation Contractor	Pro-gramme records, Services records, and interviews.	Increase TBD
	Differentiated responses for contact and distance students	Percent of distance learners with access to HIV/AIDS resources via existing distance channels	X	X	Quarterly for HE institutions, annually for Evaluation Contractor	Pro-gramme records and Services records.	Increase TBD
4. TEACHING FOR HIV/AIDS	Promotion of Lecturer involvement in HIV/AIDS teaching	No. of HE institutions incorporating criteria related to HIV/AIDS teaching into their review process for tenure and promotion.	X	X	Quarterly for HE institutions, annually for Evaluation Contractor	Policy documents, HR records, curriculum documents, and interviews.	
		No. of HE institutions offering short courses for academics (junior lecturers) coming into the teaching system	X	X	Quarterly for HE institutions,	Policy documents, HR records,	Increase TBD

RESULT	INDICATOR	DEFINITION OF INDICATOR	ENTITY PRIMARILY RESPONSIBLE FOR DATA COLLECTION		FREQUENCY OF DATA COLLECTION	SOURCE OF DATA	TARGET BY END OF PROJECT
			HE institutions	Evaluation Contractor			
					annually for Evaluation Contractor	curriculum documents, and interviews.	
	Infusion of HIV/AIDS into the curriculum	No. of academic qualification programmes (differentiated by undergraduate and post-graduate) that contain one or more of the following in their core (not elective) courses: separate modules on HIV/AIDS, service learning related to HIV/AIDS, marked assignments on HIV/AIDS, marked projects on HIV/AIDS, HIV/AIDS honours thesis, orientation module for students, etc) .	X	X	Annually	Random Surveys, Programme records, curriculum documents, and interviews.	Increase TBD
	Humanities graduates trained in care of those affected by HIV/AIDS	Percent of graduates of education, social work, theology, business, and agriculture who have received training in support to HIV/AIDS affected families and communities, or who have received training in bereavement counselling.	X		Quarterly	Course and student records	Increase TBD
5. RESEARCH/ KNOWLEDGE CREATION	Ethics Policies appropriate for HIV/AIDS research activities	No. of HE institutions which have research ethics policies that specifically and appropriately address HIV/AIDS	X	X	Annually	Policy documents and interviews.	Increase TBD
	Increase in the number of post-graduate research projects that relate to HIV/AIDS	No. of postgraduate research projects related to HIV/AIDS that comply with appropriate HIV/AIDS related ethics policies.	X	X	Annually	Records from Ethics and Research committees and/ or from heads of faculty	Increase TBD
	Networking and information sharing events	No. of networking meetings, seminars, or conferences that are focused on dissemination of new knowledge (i) emanating from the programme or (ii) related to the programme	Programme Co-ordinator		On-going	Programme Documents	Increase TBD

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			HE institutions	Evaluation Contractor			
	No. of Programme-related Publications	No. of guidelines, success stories, journal articles, annual reports, etc. which focus on publicising new knowledge (i) emanating from the programme or (ii) related to the programme	Programme Co-ordinator and HE institutions		On-going	Publications	Increase TBD
	Seamless FET-HE knowledge base	No. of Institutional Co-ordinators and staff familiar with the FET HIV/AIDS syllabus	Programme Co-ordinator and HE institutions		Annually	Records from Co-ordinators	Increase TBD
	Utilisation of Programme Website	No. of "hits" received on the programme website for obtaining information on the programme	Programme Co-ordinator		On-going	Website Usage Data	Increase TBD
6. COMMUNITY OUTREACH	Increase Community Outreach	No. of HE institutions that have ongoing HIV/AIDS projects within the immediate community.	X	X	Annually	Review of records	Increase TBD
	Increase range of interventions	No. of departments - education, medicine, psychology, social work, theology, business, and agriculture - that have dedicated outreach programmes in place.	X	X	Quarterly for HE institutions, annually for Evaluation Contractor	Programme records, Services records, and interviews.	Increase TBD
	Partnerships established with community	No. of HIV/AIDS appropriate resources, infrastructures, expertise and support initiatives in place.	X	X	Quarterly for HE institutions, annually for Evaluation Contractor	Programme records, Services records, and interviews.	Increase TBD