



Conference Report

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Acronyms and abbreviations

ARV	Anti-retroviral (medication)
CSA	Centre for the Study of AIDS, University of Pretoria
DRC	Democratic Republic of the Congo
HEARD	Health Economics and HIV/AIDS Research Department, University of Kwa-Zulu Natal
HEAIDS	Higher Education HIV/AIDS Programme of South Africa
M & E	Monitoring and evaluation
OVC	Orphans and vulnerable children
SADC	Southern Africa Development Community
SAIH	Students and Academics International Assistance Fund
SRC	Student representative council
STIs	Sexually transmitted infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary counselling and testing

Day One: 27 September 2006

Opening session

The Imagined Futures Conference was opened by Ms Mary Crewe, the Director of the Centre for the Study of AIDS (CSA), University of Pretoria. She welcomed delegates to and thanked Ms Vivi Engen, Students and Academics International Assistance Fund (SAIH) Programme Officer, for SAIH's continued support to the CSA and specifically for the support to the Imagined Futures Conference. She also welcomed the Honourable Vulindlela Msibi, Member of Parliament from Swaziland.

Ms Wivi Engen welcomed delegates and noted with appreciation the presence of the Honourable Member of Parliament, Mr. Vulindlela Msibi. Ms Engen said that she was pleased that the focus of the Conference is "Imagined Futures", a positive focus, rather than the usual negative focus on death and suffering associated with HIV and AIDS. She also said she was pleased to be part of "future leaders @ work" and that students must demand their space and for their voices to be heard, while at the same time taking responsibility for their actions and for the future; she noted that those who are in tertiary institutions are clearly privileged and thus have a responsibility to others. She highlighted that universities are an important focus of HIV work and in closing Ms Engen encouraged a shift back to looking at the positives such as love and romance and hoped that the Conference would do that in part.

Keynote address

The Honourable Vulindlela Msibi followed with the keynote address (see appendix 2).

The following questions and comments were raised after Mr. Msibi's address:

- Concern was expressed over the implications of the Swazi King's polygamous lifestyle, specifically what messages this was sending to young people in Swaziland. Mr. Msibi noted the concern and said that, as future leaders, young people needed to take responsibility and make decisions and choices concerning their own lives, including whether to have one relationship and/or marriage or several. He said that young people could decide their own futures and in fact, although he grew up in a household where polygamy was practiced, he had made a conscience decision to have only one relationship.
- A follow-up question was whether, in polygamous relationships, young women are able to make real choices and decisions. Mr. Msibi indicated that it is probably true that some young women do not have choices and are coerced, while others do have choices and want to, for instance, participate in the annual Reed Dance. He stressed that it is a slight to human rights and human dignity to force young women to do something that they do not want to do, such as participating in the Reed Dance and that it is necessary to respect human rights of all people.

- It was emphasised that one of the major drivers of HIV is the power imbalance between men and women, which makes women's "choices" in some circumstances somewhat superfluous. Mr. Msibi agreed and said that there are many programmes that are attempting to empower the girl child in Swaziland, including creating an enabling environment through law and policy, and trying to direct more budget allocation towards girls and women. However he highlighted that at the end of the day, the biggest challenge was with individuals and the choices that individuals make.
- Poverty was also noted as a major driver of HIV in Swaziland and a determinant of the "choices" that individuals make. Mr. Msibi agreed that there are inequalities in Swaziland but that these situations exist in all countries. In Swaziland, there has been a focus on the inequalities and a need to focus on marginalised groups to see how to empower them and bring them into the economic and social mainstream. This has included programmes for young people on choices that they can make; continuous information sharing; and poverty reduction programmes. He acknowledged the need to focus on women and girls as clearly they are still the most susceptible to HIV for various social and physiological reasons.

Academic track 1

Mr. Nknosinathi Ngcobo from the Health Economics and HIV/AIDS Research Department (HEARD) from University of Kwa-Zulu Natal presented "Applying research results on youth organisations' and student leaderships' responses to HIV/AIDS" (see appendix 2).

This was followed by Ms Tsitsi Masvaure who presented "When 'No' means 'Yes': Lessons Learnt from an HIV Prevention Intervention at a Zimbabwean University and the Gender Implications for HIV Programming" (see appendix 2).

The following was discussed after the presentations:

- In Mr. Ngcobo's presentation, one of the findings was that there was increased animosity and "finger pointing" between University management and the Student Representative Council (SRC). Mr. Ngcobo said that it was true that the relationship between the SRC and management was hostile; that the SRC was quick to focus on problems and differences rather than look at possible areas of synergy that existed and engage with the University management. He said that, based on his experiences, this was not unique and that all SRCs need to think about the strategic areas (such as HIV) where management and SRCs could work together to the benefit of the student body.
- In terms of clarity, Ms Masvaure noted that in the study, the question raised about "parental death" attempted to determine the demographics

of the student body. It was not an attempt to determine the number of “AIDS orphans” at the University.

- In Ms Masvaure’s research, young women responded to questions about prostitution and she questioned why this was. However, the delegates noted that this is not surprising as men are increasingly involved in prostitution or transactional sex, either sleeping with older women, or having sex with men. In countries such as Zimbabwe and others in the region where homosexuality is criminal, there criminality brings in other dynamics and the need for further research on male prostitution was stressed.
- There was discussion around “student culture” and whether researchers understand that there are different power dynamics and cultures at play on campuses, rather than one homogenised student culture. While generalisations are difficult to make, there are several commonalities such as alcohol use and intergenerational sex. It is different than what exists in high schools.
- The focus on the “girl child” or empowerment of girls only was raised as a concern. Often empowerment of girls means leaving boys behind, and this means that true empowerment cannot occur.
- The issue of the SRCs was discussed at some length. SRCs are seen as problematic for various reasons such as: lack of continuity with SRCs in place for eight months only; that students do not feel represented by the SRC leadership; the focus on issues that students do not identify with; and that SRCs are very politicised.
- The delegates noted that in terms of knowledge and attitudes towards HIV and AIDS, it appears that there is enough information for students to know the risks. However, it appears that the problem is on behaviour change, or personalising the risks. For instance, young women are seemingly more concerned with pregnancy than they are with HIV or other sexually transmitted infections (STIs) and there is a need to change this attitude.

Future leaders @ work presentations:

University of Botswana

Ms Chicho Sikhonziso and Mr. Phillimon Gabathokomelwe presented the University of Botswana HIV/AIDS programme. The presentation of the University of Botswana is available in Appendix 2.

The following comments and questions arose from the presentation:

- There was discussion about how to motivate students to volunteer; most delegates agreed that this is a concern and it is only a small pool

of students who volunteer. In Botswana, they try to encourage first year students to get involved in the HIV programmes from orientation. One of the benefits of joining the HIV club on campus is that there is no fee payable to the club, while other student organisations require students to pay a fee to become members. The club also “markets” its activities, training and events as capacity building opportunities for students. There is also a push to engage with returning students and the activities and opportunities to volunteer are open to all students at the University.

- There was discussion about the need to take ownership for programmes and activities rather than relying on donors and external funding. The importance of having students take over the club and its activities, so that it is sustainable, was stressed. This ensures that, as students graduate and leave, the club is sustainable with others taking on the responsibilities and activities, ensuring that HIV activities continue.
- There was a question about the issue of stigma, especially related to testing for HIV and whether students were accessing testing on campus. In response, the students from Botswana noted that, while stigma still exists, it is clear that there has been an uptake of voluntary counselling and testing (VCT) with more students coming forward to test on campus. Testing is offered at the student clinic and in addition an off-campus non-governmental organisation provides testing to students two days a week. The University decided to take the route of the non-governmental organisation after a study illustrated that students would rather have testing through someone who is not employed or related to the University due to fears of confidentiality.

National University of Lesotho

Mosele Nkoka and Mamajone Lebeko presented the HIV programme at the University of Lesotho, stressing that they use any opportunity to disseminate information and raise awareness on HIV. The programme works in collaboration with the United Nations Children’s Fund (UNICEF), UNAIDS, Care Lesotho, Ministry of Health and other organisations, obtaining condoms and informational materials for distribution. The programme also works with the churches on campus. Other activities undertaken have included:

- A campus radio talk show where people were able to call-in to ask questions
- Training and workshops for peer educators
- Orientation programmes for new students on issues such as VCT, STIs and self-esteem
- Annual AIDS Day commemoration during the second semester
- Use of “edutainment” i.e. inviting a local artist to provide entertainment and using the opportunity to discuss and disseminate information about HIV
- VCT services for students

Outreach activities for the community have included: the purchase and distribution of trees and seedlings to villages while doing awareness activities; working with the Young Christian Students Organisation to conduct awareness raising activities at high schools; and working with the Ministry of Health on awareness raising in the surrounding villages. Through the community outreach, 250 villages were sensitised on HIV and AIDS in the previous year.

The following barriers and challenges were identified:

- Most of students do not initiate consultation with peer educators and do not want to come to talk about STIs etc. In response, the programme is planning an anonymous telephone counselling service whereby people can call in and ask questions.
- Female students do not feel comfortable accessing condoms from the condom dispensers because of what people will think of them. The condom dispensers have been moved to more private areas in order to overcome this challenge.
- Students are not coming forward for VCT due to stigma

In conclusion, Mamajone said that, as peer educators, the goal is to change the approach to sex; in other words, there is a need to change from the focus on abstinence to make students focus on safe and positive living, whether HIV positive or negative. In the Lesotho experience, it appears that students are no longer motivated by traditional workshops and training on HIV and that they complain about “AIDS fatigue”; therefore there is a need to approach awareness raising in a different way such as combining it with entertainment in order to get better results and participation.

The following comments and input were raised after the presentation:

- The focus of the presentations thus far was, it was noted, on prevention with little attention to care and support services. Thus, what happens to a student who is already living with HIV or tests positive for HIV? There is a need to put in place care and support services as it is important in terms of the continuum of care. In Lesotho, the programme works with New Start, a non-governmental organisation, which provides care and support and medication (if necessary) to students who have tested positive for HIV. In addition, there are counselling services available at the University and from outside organisations that come to the campus on a weekly basis. In addition, the public hospital nearby provides treatment free of charge. The University of Lesotho has also recently been accredited as an anti-retroviral (ARV) site where students and staff can access HIV medications and will shortly start to roll out ARVs.
- The work with faith based organisations has proved challenging but is seen as an important part of the programme in Lesotho. While it may be problematic as it may result in a forced morality for students, or may alienate those that do not believe in certain faiths, it is an important tool to reach many students.

- Since students do not access condoms in public places, due to a fear of stigmatisation and the acceptable gender roles, the University has started examining other ways of condom distribution such as moving the dispensers to less public spaces such as the toilets.

Discussion: Methodologies in working with students

Mr. Gerrit Maritz, UNICEF Project Officer: Adolescent Development, asked the following questions in order to guide the discussion on working with students:

- What is the role of young people in an epidemic of this nature? In Africa, over 50% of young people are between the ages of 15 and 35 and there is a need to engage critically on the role of young people in the epidemic.
- How do we mobilise young people in the same spirit as their mobilisation against the Apartheid system? For example, the 1976 student uprising whereby young people rose up against the being forced to learn Afrikaans at school. Mr. Maritz asked why the same level of struggle does not exist against HIV.
- More specifically, what is the role of young people in institutions of higher learning to prevent, care and treat people living with HIV and AIDS? Young people at institutions of higher learning are privileged and what role should they play in HIV prevention, care and support?
- What is the role of young people in prevention and also in the next wave of the epidemic? While much of the focus in the past has been on prevention, there is a need to shift focus on caring as the waves of the epidemic change. For example, as there are increasing orphans and vulnerable children (OVC), what is the role of young people in caring and supporting OVC?
- What is the role of young men this epidemic which is so clearly feminised? There is a need to challenge the traditional roles of men and women.
- How do we challenge or transform negative cultural and traditional practices? Various traditional practices and norms are spreading HIV and need to be addressed.
- What is “youth culture” in Africa? Mr. Maritz said that all countries on the continent seemingly are moving towards a “westernised” youth culture.
- Why are we not successful in curbing the spread of HIV in young people? While millions are being spent on young people and HIV, there are few success stories. There are many methodologies for working with young people such as theatre in education, sports for development, etc. and money is being spent on these methodologies but they are not translating into a change in prevalence rates.

Mr. Maritz commented on the previous presentations from Future leaders @ work and said that the focus of the university based programmes seems to be on prevention. He reemphasised the need to focus on a continuum of care.

Mr. Maritz also emphasised the need to take into account the social realities of young people. He recounted that, awhile ago CNN had a special on HIV in

sub-Saharan Africa and a young woman from South Africa said that “Sex is Free and Sex is Fun”. He said that the socio-economic position makes young people live for the moment and these are realities of the lives of many young people. Sex is used for recreation and for the “now” and that these are important social realities to keep in mind when thinking about HIV and young people.

The following discussion ensued on methodologies in working with young people:

- There was discussion about why there has been little impact on young people despite the amount of money that has been spent on young people and HIV. This was attributed to the fact that the programmes do not reflect the needs of the beneficiaries. In other words, the university programmes that are designed do not reflect the needs of students and do not include students in the development of the programmes. Secondly, the programmes may look good on paper but are not implemented. Another issue is that young people do not trust adults and do not want to work with them and in some cases this is justified as there is a lack of positive adult role models and there are adults abusing young people. The key issues were summarised as:
 - Whether there is leadership in the institutions of higher learning
 - How to transform policy into action
 - Participation of young people in programme design and implementation
- The focus needs to shift from prevention to a focus on positive living because most young people know the facts about HIV. There is a need to equip students with life skills to deal with social realities.
- There was discussion about whether donors trust young people to develop and manage their own initiatives and how realistic and measurable the outcomes of programmes are. Mr. Maritz was asked to provide the view of UNICEF on programme design and indicators for measuring success. He clarified that UNICEF is not a donor, and in fact that United Nations is not a funder but rather provides support to government programmes. UNICEF takes youth participation very seriously including monitoring and evaluation and government has institutionalised these responses. Similarly, with ARV issues, the United Nations targets strengthening resources and skills at government level at the health system, as a systemic and proactive response.
- There is a need to examine the issue of transactional and/or intergenerational sex. For example, at the University of Zambia, the relationship between HIV and poverty is clear. While first year students come from all walks of life, in order to fit in and/or to meet survival needs, they eventually get into relationships with “landlords” i.e. older men, who provide gifts and money to the younger women. The young women usually have boyfriends who know about their relationships with

the “landlords” but how benefit by the relationship. There is a need to deal with this social reality and focus on how to get the young women to break away from the landlords or to have the landlords use condoms. This social reality needs to be taken into account when designing any intervention and programmes need to focus on capacitating of young people to be able to negotiate safer sex, on being able to discuss abuse and exploitation, on self-esteem, and other issues. However, this is difficult to do. For example, the CSA held sessions last year where they encouraged young people to speak openly about some of these issues but the sessions did not go well. The role of higher educational institutions should be to build this capacity, either through the curriculum or through some other means.

- There is clearly a need to have services in place for students after testing. For instance, in Botswana the health system on campus is linked to the national health system, so a student who tests positive and is in need of ARVs can access ARVs through the national programme. At the same time, prevention is important to focus on to ensure those who are HIV negative remain negative.
- The finding on campuses of “AIDS fatigue: is very real and is a challenge to young people involved in this work. In addition, there is lack of personalisation of HIV risk, which also is a big challenge to changing behaviour.

In summary, Mr. Maritz noted the key themes emerging from the discussion as follows:

- Leadership – how young people can hold their student leaders accountable at universities
- Participation – how to involve young people in programme design and implementation
- Intergenerational and transactional sex – there is a need to acknowledge that it exists and start to deal with the social realities that create this situation
- Poverty remains a huge challenge to deal with and is often the cause of many of the challenges

Academic track 2

Dr. Shaidah Asmall’s focused on the South African Higher Education HIV/AIDS Programme (HEAIDS) (See appendix 2 for presentation).

The questions and discussions ensuing from the presentation were as follows:

- In response to a question on funding, Dr. Asmall clarified that HEAIDS does not provide direct funding to higher educational institutions. This decision is in response to the first phase of the programme which found that all the direct funding did was to set up piece-meal programmes and there was no ownership from the institutions. Rather, HEAIDS assists institutions to recognise that there is a threat due to HIV and to start budgeting to address the threat. To do this, HEAIDS engages in

evidence based learning and the development and implementation of university plans that address HIV.

- While it was acknowledged that several higher educational institutions in South Africa have good HIV policies in place, there was concern raised about the implementation of such policies and there was a question about the role of HEAIDS in influencing the implementation of the policies. Dr. Asmall indicated that HEAIDS assists institutions to develop an implementation plan including a budget to make the policies practicable. While acknowledging this important role, delegates also suggested that HEAIDS examine the actual realities as some institutions are so bureaucratic that there is no implementation of the policies; in these cases, HEAIDS should provide hands-on support.
- While high schools now have life orientation as a mandatory learning area, in most cases teachers are not equipped to teach on sex or HIV and AIDS and rather tend to focus on other areas such as information on career guidance. HEAIDS was encouraged to play a role in the training and development of teachers so that they are better equipped to deal with the HIV, sexuality etc. Dr. Asmall highlighted that the mandate of HEAIDS is to work with the tertiary sector, but it does work with the Department of Education to look at life skills in schools. HEAIDS has developed a module for trainee teachers at teaching colleges on life skills. The need to assist existing teachers was noted, but it is not the mandate of HEAIDS to assist at that level.
- The importance of life skills was highlighted, specifically the types of life skills that are necessary for students who are entering universities to become less susceptible to HIV. The skills identified as important include: the ability for young women to negotiate safer sex; ability to seek and understand information and make informed decisions; gender equity and gender equality; communication skills such as being able to communicate in relationships, and with other students; decision making and being responsible for decisions; self-esteem and assertiveness; and to be able to identify a “healthy” relationship, among others. It is important that every student, especially those entering university, have these skills but the challenge is how to impart these life skills so that they have a lasting impact on the lives of young people.
- Dr. Asmall was asked to provide information on the role of the beneficiaries i.e. the students, in the design and implementation of the HEAIDS programme. Dr. Asmall said that there was a structure to guide the programme and organised student representatives were part of the structure. Further, institutions have been asked to establish coordinating committees with student representatives. Although the concerns about the representativeness of the SRCs were noted, HEAIDS assumes that the SRCs represent the student body, as it would be impossible to consult the 750 000 students in higher institutions in South Africa. In terms of direct student interactions, all research included students and took their views into account.

- Following on the comment on SRCs, and from the presentation and discussion earlier in the day, the role of student representation was again raised as a specific challenge. Delegates were challenged to target the SRCs to take these issues seriously and to create a new culture of leadership. There is a need to review the role of student leadership in South Africa i.e. whether SRC are necessary post 1994 and if so, what their role should be. Before 1994, SRCs were political and committed but, it was argued, after 1994 there has been a decline in the commitment and there needs to be a review of the role that they should play. The lack of continuity of SRCs, with their term of office only 8 months, makes mentoring and long-term processes and projects very difficult. There is a need for a revisioning and strategy to deal with these issues. Many students, it was noted, do not vote at all for SRCs as they do not feel that the SRCs are representative or useful at the universities. It was agreed that the issue of SRCs is crucial and requires ongoing debate and discussion.

SADC universities – the regional picture

Mr. Jimmy Pieterse provided an overview of university responses to HIV in 48 institutions in the region (in Angola, Botswana, the DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe) based on desk top research undertaken by the Centre for the Study of AIDS (See appendix 2 for presentation). At a regional level, a SADC regional university forum is in its infancy and commissioned this research.

The discussion, comments and questions from the presentation were as follows:

- The need for research needs to be balanced with the need for implementation of programmes. Many donors and universities will require their own research before embarking on any project and sometimes this is duplication and waste of resources as the information already exists. Furthermore, research often takes time and it is not wise to wait before implementing programmes. However, the need for programmes to be based on research was also noted and clearly there is a need to find a balance between research and implementation.
- One of the recommendations emerging from the study was the need for an integrated approach i.e. a regional coordinating structure that is able to synchronise and integrate responses across the region. While this is an innovative and exciting prospect, it is also important to recognise that there is no “one size fits all” approach and that universities should be cognisant of their own national indicators and requirements.
- Some of the “best practices” from the study were from universities who were relatively well established; had larger budgets and had made money available to HIV programmes; had the ability to pull in technical expertise when required; and were better equipped to plan and deal

with HIV. The unfortunate reality is that these were the already bigger and better resourced institutions in the region.

Skills building: a human rights based approach to programming

Ms Farhana Zuberi provided an introduction of a human rights based approach to programming including a review of “human rights” (see appendix 2). There was some discussion about whether human rights is a “Western” concept or if they existed in Africa. In general, there was agreement that human rights and human dignity existed in Africa before colonisation. Further, the need to re-examine traditional practices, in light of HIV, was noted. For example, the practice of circumcision, which potentially is a preventative factor in HIV transmission, should be reviewed to make it safer in practice.

Delegates were divided into groups and asked to discuss the human rights based approach to programming, using youth as an example. Results from the groups are found in Appendix 3.

Day Two: 28 September 2006

Plenary session

Ms Mary Crewe addressed the plenary on “Imagined Futures” (see appendix 2).

Discussion: Monitoring and evaluation and peer education

Mr. Kevin Joubert led a discussion about peer education, monitoring and evaluation. He noted that HIV is changing many of the processes within society, and although it is a crisis, he agreed with Ms Crewe that it is also an opportunity and the key is how society responds and deals with the crisis.

One way to bridge the gap between people – “us and them” – is through peer education. In the discussion on peer education, the following was highlighted:

- Peer education can be used to influence behaviour
- Peer education needs to focus on both knowledge and behaviour, as most people have the knowledge but do not engage in positive behaviour change
- Personal interaction is very important when trying to influence people to change their behaviour

In terms of monitoring and evaluation (M & E), the following issues were raised and discussed:

- It is very difficult to engage in M & E but it is also a necessary part of any project
- It is necessary to know what a person/project would like to achieve in order to know what to monitor
- M & E is difficult also because it often illustrates where the project/person has “failed”; in other words, the risk of M & E is that it might show that the project is not succeeding. On this issue, Ms Engen noted that, as a donor, she is more interested in seeing that there was an assessment and understanding of what is working and what is not working, rather than not see any review at all. She said that, as donors, it is important to hear how it is actually going rather than having a report by an organisation or project based on what they think the donor “wants” to hear
- M & E are two different concepts: monitoring is looking at the day-to-day activities whereby evaluation is looking at the impact of those activities

The following were seen as possible tools of M & E:

- A baseline study before any intervention is initiated is helpful as it will be possible, when engaging in M & E, to show the difference after the intervention has been implemented
- It was suggested that a tool should be developed to focus on peer education, specifically if someone will make a “good” peer educator
- There may be existing research such as statistics that can be relied upon

- Self-reporting is helpful and corroborating information can be obtained through interaction
- Behavioural change surveys provide information that may be useful
- It may be helpful to examine what other programmes are in place in the community

In closing and to summarise the discussion, Mr. Joubert highlighted that M & E needed to be built into the design of any peer education programme and that it is necessary to determine what the goal is during the design phase in order to determine what to evaluate to see if the programme is successful. It is also necessary to determine how to measure the goal.

Future leaders @ work

University of Namibia

Francois Freyer and Veronique Sekhupe presented on the interventions at the University of Namibia (see appendix 2).

The following issues, comments and questions arose from the presentation:

- In terms of continuity, Mr Freyer clarified that the University of Namibia had a HIV programme on a continuous basis, rather than only engaging in campaigns. Activities have included having speakers on HIV and AIDS; regular outreach activities; and networking with other non-governmental organisations such as Stepping Stones. As it has been difficult to have students who are living with HIV to come forward to address their fellow students, the speakers have been from outside the University.
- The “Awareness Week” is spread over five days in August and this year, for example, each day had special events. The programme was as follows: on Monday, there was a fashion show; on Tuesday, there were HIV videos; on Wednesday, there were HIV games and videos; on Thursday, there was poetry and performances. This culminated in an evening event on Friday. During the entire week, there were HIV messages for the audience. The Awareness Week is organised by the HIV club and supported by the Dean of Students. Most events are held over lunch so that there is as little disruption to classes as possible. As it is an official University event, classes are cancelled during the official two hour opening.
- The University of Namibia policy covers care and support but clarification was sought on how this is being implemented for students and staff. It was clarified that the HIV club is part of the Office of the Dean of Students, which also includes a counselling centre. All HIV activities are built around care and support, including for example psycho-social support services. While ARVs are not provided on campus, referrals are provided to health institutions. The Office of the Dean of Students also has a student hardship emergency fund in place which provides temporary assistance to students.

- Linking back to the previous discussion on M & E, clarification was sought on whether the programme at the University of Namibia has been evaluated. The presenters noted that evaluation has been ongoing; some of the tools used have included: surveys on behaviour change through Stepping Stones; self-reporting on condom use; and statistics on how often students ask for condoms or consult on various health issues etc. The M & E is also required by University management and donors who have donated money to the programme.
- The University of Namibia also has an HIV committee that comprises all departments and faculties. There is an HIV coordinator in place to ensure that HIV is integrated in all departments and faculties. The committee meets once a month to coordinate and report back on activities.
- In terms of financial sustainability of the programme, it has both internal and external support. When students register, they pay Namibian\$ 65 to the SRC. The SRC distributes this money to the various clubs on campus and the clubs are able to decide how to use this money. The Office of the Dean of Students also has a budget for the activities. For other activities, external sponsorships or donors are sought.

Academic track 3

Mr. Neo Mabile made a presentation on the consequences of alcohol use and high risk sexual behaviour among university students/youth (see appendix 2).

The following comments and questions were raised in relation to his presentation:

- Most delegates were able to relate to the request for the “morning after pill” after a big bash or after a weekend. However, in Zimbabwe, the morning after pill is not available and there appears to be more condom packets visible after a big bash. The question is whether this should be seen positively or not, as: there is no clear evidence that the condoms are being used correctly; and the focus still appears to be on the prevention of pregnancy and not on the prevention of HIV and other STIs. As peer educators, it is important to try to shift the focus from the prevention of pregnancy to the prevention of HIV through the correct and consistent use of condoms.

This was followed by Mr. Clement Papy Nkubizi who spoke about the challenges and opportunities of HIV and AIDS programmes at the Nelson Mandela Metropolitan University (see appendix 2).

The following comments and questions were raised in relation to his presentation:

- There was a request for clarification on the amalgamation of the Nelson Mandela Metropolitan University. Mr. Nkubizi said that the issue of the

merger has been complex and has resulted in various negative and positive aspects. Some of the departments are being moved from the University of Port Elizabeth to Vista, which is located in the township and the institution is still trying to deal with relocation issues, staffing issues, vision and mission etc. This is not unique to this institution but has been happening at all major South African institutions of higher learning that are undergoing mergers.

- There was a discussion about the need to address gender issues and specifically how to involve young men in volunteering. There was acknowledgement that, generally, women are seen as providing care and support services while men do not engage in “caring”. There is a need to interrogate this and examine socialisation and other factors that alienate men from getting involved in this work. The challenge is to target men to get involved as volunteers and partners in change and this may require the establishment of a “masculinities programme”, which targets men in a male-friendly environment and focuses on men as partners and as male educators, to raise a critical mass of men who want to make a difference.
- The concern about relying on external funding was reemphasised. The challenge is to focus on ways of raising funds internally through, for instance, fund raising campaigns on campus or engaging in activities that do not require funds.

Future leaders @ work

University of Swaziland

Nsiswa Mhlanga and Londiwe Shongwe presented the HIV programme at the University of Swaziland (see appendix 2).

The following questions and comments were raised after the presentation:

- While the mobile VCT services is being used at present, a “non-mobile” VCT service may be instituted in the future when the HIV centre is fully established. The mobile VCT clinic is working well currently for the University. There are also several nurses on campus that can provide emergency and other assistance to students.
- HIV is being incorporated into curricula but the question is whether this requires students to learn only for exams (after which time they forget about what they learned) or whether it is sustainable and life long learning. While the answer to this question is not clear, the importance of trying all approaches to make a difference is being emphasised in Swaziland.

University of Pretoria

Ms. Ndia Nengovhela presented the AIDS programme at the Centre for the Study of AIDS, University of Pretoria (see appendix 2).

After the presentation, the following issues were raised:

- The CSA engages in outreach with ongoing projects and defines “community” broadly; various projects reach out to geographic and thematic areas. For example, there is a stigma project running, an OVC project and projects based in various locations around Pretoria.
- It was very difficult to establish support groups initially as it was difficult to get students and staff members to feel comfortable. The support groups are now established and are offered two afternoons a month. There is also individual counselling available. Further, there are “Befrienders” who are students who are trained on counselling and then are available and offer continuous support on campus for anyone who requires it.
- The CSA was commended for its university programme that put students at the centre and it was recommended that the CSA work on following up on those students who have left the University, possibly through an online database. The use of an online database is being examined in the Nelson Mandela Metropolitan University.
- There was a question about whether the CSA feels that it has reduced stigma at the University. The CSA has put in place a project that looks at stigma and also has in place a project focusing and following up students on ARVs. In addition, the uptake on VCT shows that more students are accessing testing, even at the campus clinic.
- The CSA used to have a faculty coordinator, who was examining mainstreaming HIV in the institution, but it was quickly realised that there was a need to facilitate the integration of HIV in different faculties, and these faculties have different needs and needed support. Thus, CSA provides “mainstreaming” support to the faculties and departments.

Discussion: Institutionalising HIV and AIDS programmes

Ms Managa Pillay of HEAIDS led a discussion on the need and purpose of institutionalisation of HIV programmes at universities. She asked delegates to consider the following questions:

- Do we want to institutionalise HIV and AIDS?
- Have we engaged in sufficiently in debates around institutionalisation?
- Whose agenda is it?
- Who mobilises the process e.g. management or student base?
- Who owns the process?
- Is there a need for institutional autonomy? There are strengths in institutional autonomy in that they create the opportunity for partnerships and recognise that “one size does not fit all”.
- Are we looking at impact?
- Are we making a fundamental difference?

Ms Pillay said that reasons for institutionalisation include to build capacity and resource mobilisation. In conclusion, she said that as students and student leaders, there is a need to think about institutionalisation and think about how it would work practically.

The following discussion ensued:

- There are no simple answers to the issue of institutionalisation. The challenges include that the complexities associated with HIV outside of institutions of higher learning are being reflected inside the institutions. For example, there is no agreement on whether to view HIV as a health issue, or as a developmental issue, or as a human rights issue etc. and the how one views HIV will influence responses to HIV.
- Many of the issues of institutionalisation come down to the issue of strategic priorities. Many of the programmes are donor driven rather than university supported, illustrating a lack of institutionalisation and priority. This means that the activities are often disjointed and based on donor priorities.
- In terms of “following up” with students who have left the university, there is a need to define what is meant by “follow up”. If the university programmes prepare students in such a way to replicate what they have learned at university, then this is probably an indication of success of the university programmes and should be monitored, if possible.
- Another challenge to institutionalisation the need to mobilise at all levels of the institution, not just the top management and the student levels. In order to get “buy-in” to the need to institutionalise and to get the managers on board, there is a need to show how HIV is affecting the institution and the threat it poses in the future. It is also important for middle management to understand why it costs money to implement an HIV programme, as many do not think and HIV programme is more than condom distribution. Finally for institutionalisation and ownership to fully take place, budget and resources are key; it is clear that at most universities, there is no dedicated budget to the HIV programmes.
- There is a need to think about and agree on what is meant by “institutionalisation”; does it mean that every level of the institution knows, agrees, accepts and budgets for HIV activities? Does HIV mainstreaming mean that HIV is institutionalised or does it get lost in other things?
- It was agreed that at most of the universities at the highest management levels, there is buy-in to HIV programmes. The question is, however, why the commitment does not translate into action. Is this due to personnel issues? Does it reflect a lack of commitment? Or a lack of commitment in terms of implementation? Institutionalisation and adding HIV as priority area and key performance area for management

may result in more success because management will have to ensure filtering it down to middle management.

- Another issue with respect to management is that of continuity. The heads of institutions are usually on contract for five years or less. If they do not have a personal commitment to addressing HIV, then they will probably not deal with it.
- The benefits of institutionalisation are a shared vision and longer term impact. The delegates were encouraged to come up with a strongly drafted declaration of commitment and statement that can be followed up within their institutions.

Ms Pillay concluded by challenging delegates to engage with student leadership on institutionalisation; to decide if there is value in institutionalisation and if so, to decide how to mobilise to ensure that it happens.

Declaration of commitment

Mr. Johan Maritz from the CSA introduced the drafting of the declaration of commitment. He said that the conference had thus far shared successes and challenges and while this was important, the conference should also focus on a tangible outcome with which to mobilise university and other stakeholders, such as the SADC Parliamentary Forum. He highlighted some of the issues that were raised as follows:

- Institutionalisation
- Funding for HIV programmes
- Gender issues
- Universities are societies with cultures of their own
- Research agenda is important
- Transactional or intergenerational sex
- Human rights is one of the tools that can be used to advocate for change
- Continuum of care
- Following up of students who have left the university
- The issue of stigma is a central theme, including measuring stigma. The increase of VCT could be seen as a proxy indicator on campus
- The SRCs are a contentious bodies and perhaps there is a need to address some of the challenges and difficulties with SRCs
- The issue of religion and faith-based organisations and the roles that they can potentially play in HIV

Mr. Maritz asked delegates to consider the following questions in groups when considering the declaration of commitment:

- What are the issues/challenges facing us on our campuses?
- What are we as young people committing to lobby and advocate for within our universities in the region to ensure we mitigate the issues/challenges making us vulnerable to HIV/AIDS?

He asked delegates not to spend too much time on the challenges, but to focus most time in the groups on the proposed solutions. The feedback from the groups is found in appendix 3.

In summary, Mr. Maritz said the three group reports would be merged into one declaration of commitment and would be provided to all of the institutions. He said some of the activities were attainable in the short term and some in the longer term, requiring more effort, lobbying and advocacy.

Closing session

In closing, Ms Leanne Brady provided an overview of the two days and said that the focus was on youth taking leadership and embracing the opportunities to address HIV and AIDS. She highlighted that the platform had been a wonderful opportunity for students to come together, share challenges and experiences, and also debate possible solutions and that it was just the beginning of a process.

Mr. Maritz thanked delegates, the volunteers from the Centre for the Study of AIDS, and Wivi Engen and SAIH for their continued support and making the conference possible.