

***UNESCO REVIEW OF HIGHER EDUCATION INSTITUTIONS'
RESPONSES TO HIV AND AIDS***

LESOTHO – THE CASE OF THE NATIONAL UNIVERSITY OF LESOTHO

Case Study conducted by Mamotsamai Ranneileng, Lecturer, Faculty of Health Sciences, NUL
Technical Coordinator of the case study at the Association of African Universities (AAU): Alice Lamptey and Terry Amuzu

June, 2005

The findings, interpretations, and conclusions expressed in this paper are those of the authors and do not necessarily reflect the views of UNESCO.

Contents

List of Abbreviations.....	3
Executive Summary.....	4
A. The National Context of HIV/AIDS.....	6
1. Demographic and Health Situation.....	6
2. Economic Situation.....	6
3. HIV/AIDS Situation.....	7
4. National Response.....	9
B. The Impact of HIV/AIDS on the Higher Education Sector.....	12
1 The National University of Lesotho.....	12
2 Methodology.....	13
3 The impact of HIV/AIDS on the Higher Education Sector: The Case of the National University of Lesotho.....	15
AIDS related illnesses, absenteeism and deaths for staff.....	15
AIDS related illnesses, absenteeism and deaths for students.....	15
Stigma and Discrimination.....	16
Contributing factors to the spread of HIV/AIDS at NUL.....	17
C. The National University of Lesotho's Response to HIV/AIDS.....	21
1 HIV/AIDS Policies and Plans.....	21
2 Institutional Leadership on HIV/AIDS.....	22
3 Education related to HIV/AIDS.....	24
4 Non-formal HIV/AIDS Education.....	25
5 Research.....	26
6 Partnerships and Networks.....	27
7 Programmes and Services.....	27
8 Community Outreach.....	28
9 Monitoring and Evaluation of Response.....	28
D. Lessons learned.....	29
E. Recommendations for Action.....	30
F. Bibliography.....	32
Appendix 1: NUL HIV and AIDS Policy and Strategic Plan.....	35
Appendix 2: Questionnaire.....	1

List of Abbreviations

AAU	Association of African Universities
ART	Anti-retroviral Treatment
CBO	Community Based Organisations
CCM	Country Coordinating Mechanism
DSA	Dean of Students Affairs
FGD	Focus Group Discussion
GOL	Government of Lesotho
IEC	Information Education and Communication
IEMS	Institute if Extra-mural Studies
ISAS	Institute of Southern African Studies
LAPCA	Lesotho AIDS Programme Coordinating Authority
LCE	Lesotho College of Education
LUTARU	Lesotho University Teachers and Researchers Union
NAC	National AIDS Commission
NAP	National AIDS Policy
NAS	National AIDS Secretariat
NASP	National AIDS Strategic Plan
NGO	Non-governmental Organisations
NMDS	National Manpower Development Secretariat
NTTC	National Teacher Training College
NUL	National University of Lesotho
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infections
UNDP	United Nations Development Programme
VCT	Voluntary Counselling and Testing

Executive Summary

HIV/AIDS is having a devastating impact on the health and livelihoods of Basotho. The country is estimated to have the third highest infection rate in Sub-Saharan Africa, with increasing numbers of HIV/AIDS orphans. The National University of Lesotho (NUL) can play an important role in combating the challenges posed by HIV/AIDS. It is the only university in the country and as such educates the future leaders and policy makers of the nation. It is also a major producer of research knowledge.

The study was intended to analyze NUL's response to HIV/AIDS as a contribution to UNESCO review of Universities' responses to HIV/AIDS. A combination of methods was used to collect data. These included focus group discussions, document review and interviews with university students and staff.

Results from Focus Group Discussions (FGDs), questionnaires and workshop reports indicate low rate of condom use as well as the prevalent casual sex practices on campus. NUL Health Centre also reports diagnosing, on average, sexually transmitted infections (STIs) among five students per week—an indication of no or inconsistent use of condoms. Information from the workshops also indicates a lack of knowledge of life skills which are widely recognized to provide a basis for prevention. Other factors, including lack of on-campus accommodation and alcohol abuse mitigate effective HIV prevention.

There are no available data for AIDS-related absenteeism, morbidity and mortality and withdrawal from studies or early retirement from work by staff and students. To obtain information on these items, students' and staff records were examined to search for circumstantial evidence. Data from the Dean of Students Affairs (DSA) office indicates that between January 2002 to May 2005, 23 females and 9 males died from AIDS-related illnesses.

Students' HIV testing practice was found to be very low. For example NUL Health Centre and St. Joseph's Hospital data indicate that only 26 males and 20 females tested between January 2004 and March 2005.

Lack of HIV/AIDS reporting makes it difficult to know whether there is stigma and discrimination against people living with HIV/AIDS (PLWHAs) at NUL. However, the silence itself may mean that people are reluctant to learn their HIV status for fear of stigma and discrimination.

Major circumstances at NUL have affected the progress on action for HIV/AIDS. Major changes in the university management structures have slowed down policy implementation. The university policy on HIV/AIDS was initially drafted as early as 2002 but to date (June 2005) is yet to be approved by Senate. HIV/AIDS campaigns are also ad hoc and uncoordinated. The lack of policy direction makes it difficult for meaningful peer education, life skills and other HIV/AIDS prevention and mitigation initiatives to be planned, implemented and evaluated.

In June 2002, NUL established a NUL HIV/AIDS Coordinating Committee and in July 2003, an HIV/AIDS Coordinating Office was formed. Despite the existence of a committee and office, the budget allocated for HIV/AIDS activities is small, being an equivalent of US\$ 35,000. The budget is centrally controlled, making it difficult for the coordinating structure to become autonomous. Positions for the office are not established and the office is run by one staff member who is also a lecturer. The inadequate human, financial and material resources limit the effectiveness of the committee and office.

There is need for commitment from senior management of the university to drive the response to HIV/AIDS. The survey recommends that the established structures should be strengthened for proper planning, implementation, coordination and monitoring and evaluation of a comprehensive NUL HIV/AIDS programme.

A. The National Context of HIV/AIDS

Lesotho is a small country of 30,355 km², completely surrounded by the Republic of South Africa (RSA). One quarter of the country consists of lowlands while three quarters are mountainous. The country's rugged terrain leaves only 10% of the land arable, accessible to only two-thirds of Basotho households.¹

1. Demographic and Health Situation

Lesotho's population was estimated at 2.28 million in 2003, and it is believed to be growing at an annual rate of 2.1%. The total fertility rate was estimated at 3.35 children per woman in 2005. Females slightly outnumber males with a sex ratio of 0.96 male/female in 2005². Life expectancy at birth is estimated at 36.68 years in 2005, having dropped from 59 years in 1996.³ Of the total population, 17% live in urban areas.⁴

Lesotho has a youthful population with 25.6% of the total population comprised of children under age 10. Persons aged 10-24 and those 25-29 years represent, respectively, 34.5% and 8.6% of the total population. The age group 15-24 which has been classified by UNAIDS (the Joint United Nations Programme on HIV/AIDS° as the most at risk of HIV/AIDS infection⁵ constitutes 12.1% of the total population. The percentage of children 0-4 years at 12.8%⁶ indicates a high fertility rate.

The contraceptive prevalence rate was 41% in 2001 and the proportion of women using condoms was 6.5% in the same year.⁷ According to the 2001 Lesotho Demographic Survey there were differences in contraceptive knowledge and use according to urban/rural residence, age and marital status.

2. Economic Situation

The UN Human Development Index (HDI) ranks Lesotho 145th out of 175 countries⁸, with a gross domestic product (GDP) per capita of approximately US\$ 594. Lesotho's geographic positioning—landlocked by RSA—has both its economic advantages and its disadvantages. The advantages include substantial revenues brought in by the Customs Revenue Sharing formula that was introduced by the Southern African Customs Union (SACU) and remittances from migrant labour to the RSA mines. Remittances, however, have been greatly reduced by the recent

¹ Lesotho Country Economic Memorandum - Growth and Employment Options Study, 2003

² The World Fact Book, 9 August 2005

³ Lesotho Country Economic Memorandum – Growth and Employment Options study, 2003

⁴ Lesotho Population Census, Bureau of Statistics, 2002 Lesotho Population Data Sheet

⁵ UNAIDS Global Report on HIV and AIDS, 2004

⁶ Lesotho Population Census, Bureau of Statistics, 2002 Lesotho Population Data Sheet

⁷ 2001 Lesotho Demographic Survey

⁸ United Nations Human Development Report, 2004

retrenchments of migrant mine workers from RSA which also increased an unemployment rate to 40%.

The disadvantages include the parity of Loti to Rand which has made Lesotho's exports uncompetitive. This has contributed to the closure of a number of Asian-owned textile factories in Lesotho after the reversal of American Growth Opportunities Act (AGOA) and the phasing out of the Multi-Fibre Agreement (MFA) in 2005. This also added to the upsurge in unemployment rates in the country, leaving 8,000 people unemployed.⁹ Lesotho has also been hit hard by brain-drain to its relatively prosperous neighbour, as well as a lack of opportunities for imports and exports except through RSA.

In the past decade, Lesotho has experienced unstable economic growth, and recent estimates place 58% of Basothos below poverty line.¹⁰ The Lesotho Highlands Water Project (LHWP) and garment manufacturing contributed to the upsurge in GDP growth in the late 1980s. The 1998 political unrest caused a downward trend in GDP growth, while the retrenchment of migrant mine workers affected the Gross National Income (GNI).

Agricultural production has declined in the past six years due to natural disasters such as soil erosion, poor rainfall and successive droughts exacerbating the extreme food insecurity in the country. It is estimated that 35% of children in Lesotho are malnourished and 25% are stunted in growth.¹¹

3. HIV/AIDS Situation

HIV/AIDS and poverty are the greatest challenges facing Lesotho today, with one complimenting the other. The Government of Lesotho (GOL) realises that the HIV/AIDS situation has reached epidemic proportions with an adult prevalence rate of 29% in 2004.¹² Lesotho's HIV/AIDS prevalence ranks it as the third highest position worldwide.

Since 1986 when the first AIDS case was diagnosed in Lesotho, the rate of HIV infection and the number of people living with HIV/AIDS has continued to increase (see Table 1).

⁹ Public Eye Newspaper, March 2005

¹⁰ Lesotho Country Economic Memorandum – Growth and Employment Options study, 2003

¹¹ MOHSW/UNICEF/WHO - Joint EPI report, 2004

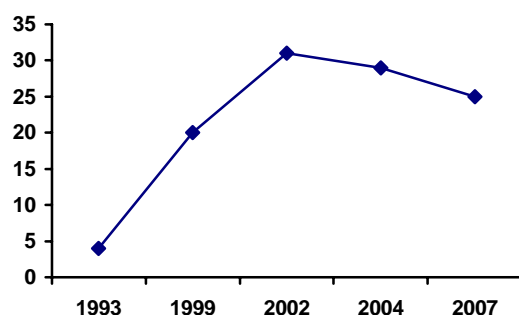
¹² 2004 UNAIDS Report on the global AIDS Epidemic

Table 1: HIV/AIDS Estimates, 2001 and 2003¹³

	End 2001	End 2003
Adults and children living with HIV/AIDS	320 000	320 000
Adults living with HIV/AIDS	300 000	300 000
Adult HIV prevalence rate	29.6	28.9
Women (aged 15-49) living with HIV/AIDS	170 000	170 000
Children (aged 0-14) living with HIV/AIDS	20 000	22 000
HIV-related deaths, adults	24 000	29 000
AIDS orphans	68 000	100 000

Recent projections suggest a possible decline in HIV prevalence from 31% in 2002 to 29% in 2004. If this trend continues, by 2007 Lesotho will reach its short-term goal of decreasing HIV prevalence to 25% (see Figure 2).

Figure 1: Adult (15-49 years) HIV prevalence rate, 1993-2002 with projections to 2007¹⁴



The uneven spread of HIV/AIDS has been observed in rural and urban areas. For example, among women attending antenatal clinics, HIV prevalence rose in rural areas from 2% in the early 1990s, to around 10% in 1994 and 27% in 2003. In urban antenatal clinics, these rates for the same time period rose from 5% to 20% to 30%.¹⁵

HIV in Lesotho is primarily transmitted through heterosexual sex and women and girls are the worst affected. In Lesotho, women aged 15-49 make up 55% of all

¹³ Ibid

¹⁴ Kimaryo, S. Okparu, J., Githuku-Shongwe, A, Feeney, J. 2003. Turning a Crisis into an opportunity: Strategies for Scaling Up the National Response to the HIV/AIDS Pandemic in Lesotho. Third Press Publishers, New York, p.57

¹⁵ 2003 MOHSW Surveillance Report

infections.¹⁶ Furthermore, 75% of all reported cases are young women in the ages 15-29 years¹⁷. The 2004 UNAIDS report indicates that young women are three times more likely to be infected than their male counterparts. The context in which this disproportionate ratio is taking place has been articulated in several national and global reports. It is embedded in intricate gender and socio-economic inequalities and cultural values, as well as biological factors that make women more susceptible to HIV transmission. A population-based survey is due for publication in August/September 2005 is expected to provide more information on these differences, including additional data on male populations.

In Lesotho, commercial sex work has been implicated in fueling the spread of HIV/AIDS. It is now a visible feature on the streets of Maseru the capital. Recent news articles have profiled male clients who report paying for sex, and then returning to their other relationships.¹⁸ A small proportion of women are believed to be buying sex from men and there are some instances of men buying sex from other men. Yet more research is needed to explore the prevalence of commercial sex in Lesotho and its link to the HIV epidemic.

The growth of employment in textile factories in Maseru and Maputsoe in recent years created a surge of female migrant workers as it employed approximately 50,000 workers most of whom were young women. Statistics from MOHSW (2002) indicate that 70% of these workers had a sexually transmitted infection (STI), a known risk factor for HIV transmission.¹⁹

Statistics also shows that 10% of all AIDS cases in 2001 were children from 0-4 years, indicating mother-to-child transmission of HIV.²⁰

A persistent failure to change behaviour in the light of knowledge about HIV/AIDS issues despite the efforts of GOL and NGOs, has led to a significant spread of the disease. Violence against women and children, the early age of sexual experience, intergenerational sex, behavioural and structural driving forces such as cultural, traditional and economic factors also contribute to its spread.

4. National Response

Senior Government officials first showed concern about HIV/AIDS issues around 1999. However, it was not until 2001 that the office of the Prime Minister established the Lesotho AIDS Programme Coordinating Authority (LAPCA). LAPCA was proposed in the 2000 National AIDS Policy (NAP)²¹ and the National AIDS Strategic Plan (NASP) for 2001-2003²². Initially, efforts to develop responses beyond a narrow biomedical perspective were unsuccessful as LAPCA still relied heavily on

¹⁶ Ibid

¹⁷ Ibid

¹⁸ Public Eye Newspaper, February 2005

¹⁹ Ibid

²⁰ Ibid

²¹ Government of Lesotho, 2000 Policy framework on HIV/AIDS Prevention, Control and Management

²² Government of Lesotho, National AIDS Strategic Plan, 2000/2001-2003/2004

the MOHSW for information and staffing. Pressure was mounting on LAPCA to perform, however uncertainty over staffing and especially senior officers, inhibited development.

The National AIDS Commission (NAC) with the National AIDS Secretariat (NAS) has been established to replace LAPCA. NAC is expected to have more executive powers than LAPCA and should prove to be more effective since it has greater autonomy. In March 2005 the new NAS Chief Executive Officer assumed office.

NAC and NAS were proposed in the 2003 document entitled "Turning a Crisis into an Opportunity: Strategies for Scaling Up the National Response to the HIV/AIDS Pandemic in Lesotho."²³ This was developed under the leadership of UNDP and outlines strategies for an effective national response to HIV/AIDS. The document has been adopted by the GOL as an official strategic framework for Lesotho's response to HIV/AIDS.

In addition to these structural responses, the media and senior public figures including the King, the Prime Minister and the First Lady, are frequently involved in the promotion of HIV/AIDS messages. In 2001, GOL also instructed all ministries, departments and institutions to set aside 2% of their budgets for HIV/AIDS activities.

The GOL has initiated a nationwide VCT campaign which to date has seen considerable successes. For example, as of March 2003, eight GOL ministries' staff had undergone VCT and ART is being provided to staff and their spouses living with HIV. In January 2003, free and voluntary PMTCT for all women attending antenatal care was initiated in a few clinics and these were all in the urban areas.

PLWHAs have played a role in numerous HIV/AIDS fora. However, district AIDS coordinators have reported that despite this involvement, progress has been slow to develop support networks. Some believe this is due to poor relationships in the forums, however stigma and discrimination may also be implicated. Lesotho's first PLWHA network was established May 27, 2005.

HIV/AIDS in combination with poverty has been identified as the greatest challenge to Lesotho's social and economic development. The GOL recognises that Lesotho cannot achieve the Millennium Development Goals by the year 2015 if it does not first win the fight against HIV/AIDS.

Lesotho's HIV/AIDS challenge is unfortunately intertwined with the cultural and gender imbalances that continue to dis-empower women and to limit their ability to protect themselves against AIDS. It is a prerequisite for the country to challenge the cultural practices and gender inequalities that fuel the spread of HIV.

²³ Kimaryo, S. Okparu, J., Githuku-Shongwe, A, Feeney, J. 2003. Turning a Crisis into an opportunity: Strategies for Scaling Up the National Response to the HIV/AIDS Pandemic in Lesotho. Third Press Publishers, New York

Efforts will also need to be undertaken to build human resource capacity, support programmatic planning and implementation, and develop monitoring and evaluation frameworks. The newly established NAC and NAS should provide improved coordination of efforts and resources geared towards combating HIV/AIDS.

B. The Impact of HIV/AIDS on the Higher Education Sector

1 The National University of Lesotho

The National University of Lesotho being the only University in the country forms the subject of this report. It is located 35km from Maseru City, the capital. Other higher educational institutions include the Lesotho College of Education (LCE) (the former NTTCC), which trains both primary and secondary school teachers. The technical/vocational type colleges²⁴ such as the Lerotholi Polytechnic (LP) and smaller affiliates such as Leloaleng, Thaba-Tseka Skills Training Institute and Technical School of Leribe, The Lesotho Agricultural College, and schools of nursing such as the National Health Training Centre (NHTC) (which also offers courses in pharmacy and laboratory technology), and the Christian Health Association of Lesotho nursing schools.

Table 3: Enrolment in Post Secondary Institutions by sex, 2001²⁵

Year	NUL		LCE		Technical/Vocational	
	Males	Females	Males	Females	Males	Females
1994	893	973	154	601	827	870
1995	918	1,083	197	562	884	779
1996	927	1,127	218	589	897	674
1997	968	1,179	188	678	896	693
1998	1,010	1,232	227	721	849	660
1999	1,134	1,393	227	698	877	845
2000	1,295	1,549	266	704	966	893
2001	1,241	1,494	320	679	1,050	889

The ratio of females to males is higher in non-technical institutions than in technical institutions (see Table 3). This has implications for gender expectations and orientations in occupations. Lesotho has encouraged female literacy resulting in an adult literacy rate of 74.5% for males and 94.5% for females in 2005.²⁶ Boys' limited basic education opportunities are a cause for concern, but this is beyond the scope of this work.

The NUL's year starts in August and ends in May. It enrolls a total number of 5096 undergraduates, 101 post graduates and 1957 part time students in the Institute of extra-mural studies (IEMS).²⁷ These numbers have been growing steadily each year.

²⁴ UNESCO Guide to Higher Education in Africa, 2004: p. 231

²⁵ 2002 Lesotho Population Data Sheet

²⁶ The World Fact Book, 9 August, 2005

²⁷ National University of Lesotho Statistician, 2005

However, the number of postgraduates fluctuates because it depends on which programmes are being offered. For example, the post graduate diploma in law seems to distort the figures, as it is popular but only takes place on alternate years. The University has an overall staff complement of 815 people of which 386 are academic staff members, and 429 are supporting staff members.²⁸

The University admits students from all over the country and from diverse backgrounds, and these students constitute 96% of the total population of students with females constituting 53% and males constituting 43%. Foreign students constitute only 4% of the total number and are reported to be declining each year. For example, South Africa which used to register the highest number of foreign students at NUL has currently no students enrolled. This may be due to the improved educational system in RSA. The other foreign students come from 16 different African countries as well as India.

The NUL Statistical Bulletin (2003) reports that the number of local students sponsored by the National Manpower Development (NMDS) (Lesotho's main scholarship body) is declining each year, from 81% in 2000/2001 to 69% in 2002/2003. This may be attributed to the high failure rate since NMDS does not sponsor any repeating students.²⁹

The Bulletin further reports that the student population is getting younger. In the past, NUL did not enrol students below 18 years; however, presently 4% of the student enrolment body is aged 16, 13% aged 17-18, while 16% are aged 30 and above. The youthfulness of the student population, as well as the age gap has a lot of implications in sexual reproductive health.

These difficulties paired with insufficient accommodation facilities for only 40%³⁰ of the student population pose numerous challenges for the young people as 60% of students have to look for accommodation around the Roma Valley while others must commute from Maseru. The Bulletin also reports that females are least likely to have accommodation. This circumstance may render the campus unsafe for female students especially in the evenings when they have late classes or use the library. Cases of rape and violent attacks of students who live off campus have been reported.

2 Methodology

To understand the institutional response undertaken by NUL, six FGDs for students (5 persons each) were held including 3 for males and 3 for females. Students were selected randomly. 600 Self-administered questionnaires for students were distributed (See Appendix 2), 470 were returned, but due to time constraints only 270 were analysed using the statistical software package SPSS. Health promotion classes were an informal source of useful information. Information from workshop

²⁸ Ibid

²⁹ Ibid

³⁰ Ibid

reports for students and staff (7 workshops for students, 2 for supportive staff and 3 for academic staff) was also used. Individual interviews with 20 academic staff members including administrative staff, and 8 supportive staff members and information from informal discussions with some members of staff, academic, administrative and supporting staff has been included. In addition 224 student leave of absence forms, 44 student obituary files, 380 academic staff files and 415 supporting staff files were investigated to find evidence related to HIV/AIDS. The NUL Health Centre staff members were interviewed and provided data for STIs, pregnancy rates, and HIV/AIDS related information. Medical staff and social workers from neighbouring St. Joseph's Hospital were interviewed and provided data for HIV/AIDS related information. The NUL HIV/AIDS Coordinating Committee members, both former and present were also interviewed.

3 The impact of HIV/AIDS on the Higher Education Sector: The Case of the National University of Lesotho

AIDS related illnesses, absenteeism and deaths for staff

There are no available AIDS-related absenteeism data which allow for meaningful conclusions to be drawn on this issue. The NUL is not excluded from the culture of silence that has characterised HIV/AIDS illness and death in Lesotho. Despite campaigns by UNDP and GOL to promote VCT, HIV testing has not yet been systematically established on campus. Instead, efforts by NUL to promote VCT have been ad hoc and uncoordinated. This is partly due to the lack of autonomy and inadequate staffing of the HIV/AIDS office and also to the temporary nature of the key positions of the University.

Staff files of 380 academic staff and 415 non-academic were examined to find information on the rate of absenteeism caused by AIDS between January 2001 and March 2005. However, insufficient information was provided on the sick leave forms for any inferences to be made.

The NUL Health Centre reports that since January 2004 when they started offering VCT, 100 people have been counselled. Out of these, 59 took a HIV test, 24 of which were NUL staff members (of note, NUL does not presently have HIV testing facilities; blood is taken to St. Joseph's Hospital for testing. Individuals may also go to St. Joseph's directly for VCT).

Table 4: NUL staff members who took a VCT at NUL Health Centre, Jan 2004-March 2005

	Academic		Non-academic		Total
	Males	Females	Males	Females	
HIV Negative	6	2	8	6	22
HIV Positive	0	0	1	1	2

The HIV/AIDS counsellor at St. Joseph's Hospital reported that no staff member has undergone a VCT at the hospital during 2004 and early 2005. He also reported that staff members might be concerned about issues of confidentiality.

AIDS related illnesses, absenteeism and deaths for students

As is the case for staff, there is no available data for student HIV/AIDS deaths.

Despite this, there is evidence of students absence due to AIDS-related illness, although these cannot be confirmed to be due to HIV/AIDS. For example, between January 2003 and March 2005, 31 students were absent from lectures. Of these, 5 had tuberculosis, while 26 had a combination of tuberculosis, pneumonia and other illnesses. The DSA, though very cautious about unfounded conclusions made about the students, gave this comment:

"...you see them sick in these leave of absence files, and you later see them dead in the obituary files..."

Such comments may be related to reports available from the DSA's office during the period Jan 2002 - March 2005. In these reports, 32 students were reported to have deceased of natural causes after a long term illness. Tuberculosis was one of the diseases listed on the sick notes preceding death for some of these students.

In addition, NUL Health Centre staff report that during the period January 2004 - March 2005, 3 female students who underwent VCT at NUL Health Centre died of AIDS-related illnesses. The report further indicates that 3 male students and 2 female students who tested elsewhere are being given follow up and support counselling at the centre.

The HIV/AIDS counselor at St. Joseph's Hospital reports that from January 2004 - March 2005 38 students underwent VCT. Of these, 18 males were negative while 5 were positive, and 11 females were negative while 4 were positive. The overall data for HIV testing at NUL suggests that this practice is still not common.

There was no evidence of students who missed lectures and tests because their relatives were dead or ill due to AIDS. In the same way there was no information of students withdrawing from their studies because their relatives died of AIDS.

Stigma and Discrimination

It was not easy to get reports on stigma and discrimination against people thought to be infected with HIV because people do not talk openly about their HIV status. FGDs held with the students, revealed that there were no reports of stigma and discrimination against people observed to be having AIDS. This could be due perhaps to a lack of deeper understanding of the issues associated with stigma and discrimination. When probed further about whether they could share a room with a person living with HIV/AIDS the students agreed that they would and that they had actually cared for their roommates and classmates whom they suspected of having AIDS. The female students in the FGDs said:

"...it was only this one who had a growth ...room mates ran away from him because he was scary...not because he was sick..."

Students are reported to care for each other when they are sick. They are said to provide both tangible and emotional support to each other. Particularly the female students reported:

"...there was this woman who was really sick...and we suspected that she had AIDS. ...but people did not despise her...they felt sorry for her... her classmates took care of her...they sought transport for her, drew water for her...and accompanied her home when she was really sick..."

Some students reported that the caring nature of the Basotho culture could be the deciding factor as to whether or not students discriminated against sick people. They also said, "*That is why the elderly get sick...it is because of the caring nature of the Basotho culture...*", indicating that infection may result from this care in their opinion.

Moreover, some female lecturers think that:

"if students can stay at school even when they are terminally ill, then may be the students are right in saying that there is no discrimination..."

However, contrary to the FGDs, questionnaires presented a different picture. When participants were asked if people on campus considered it shameful to be HIV+, 58% of males and 70% of females said that it was while 27% and 25% respectively said it was not. Others did not respond. This shows that stigma and discrimination still exists. Perhaps this is the reason why people are still silent about their status, while others are afraid to know because they themselves cannot accept the disease and fear that others will discriminate against them. The lack of response by some to this question might mean that people are not sure because no one has come out and has had negative or positive experiences.

The Student Welfare Office reports that by May 2005, only 6 male and 2 female students had gone for counselling because they had found out that they were HIV positive. The picture suggests that students are perhaps not testing and are therefore unaware of their status or that they are seeking counselling elsewhere. This may also indicate that there is in fact low prevalence.

Contributing factors to the spread of HIV/AIDS at NUL

Non-use of condoms in sexual relationships:

Evidence from the FGDs, self-administered questionnaires and workshop reports show low and inconsistent use of condoms by NUL students. For example, in the questionnaires, 34% of male and 75% of female respondents reported a low and inconsistent use of condoms. The reasons given for not using condoms included:

- fear of being left by a boyfriend
- lack of communication about sex in relationships
- condoms do not protect against HIV
- Do not like the green wrapped condoms supplied by government free of charge nicknamed "*matalenyane*" (*the greenish ones*)
- Drunkenness
- Becoming too close (cosy) and forget condoms
- Condoms bring diseases
- Lack of knowledge of how to use condoms by males
- steady lovers believe that they can trust their partners and stop using condoms

- Lack of information about these issues
- Not having condoms at hand when wanting to have sex
- Reduces the level of enjoyment
- Wastes time
- Condoms have worms
- Boys say that condoms irritate them
- Girls wanting to get pregnant so that they could get married
- Some still do not believe that AIDS exists
- The myth saying *"how can you eat a covered sweet?"*
- It is a habit not to use condoms
- It is boring
- Condoms are not reliable
- Boys say their girlfriends do not trust them if they ask to use condoms
- Their boyfriends lie to them and say they have tested and they are healthy

One of the major indicators for non-use or inconsistent use of condoms is the rate of pregnancy among female students that is observed every year. For example from January 2004 to March 2005, 70 women were diagnosed as pregnant by the NUL Health Centre. Evidence from the DSA's office showed that 34 female students went on maternity leave between January 2002 and March 2005.

It must be noted that reports to the DSA's office are made only if these conditions coincide with events such as writing tests, or if they take a week or more. Conditions that take place during vacation will not be reported.

The significance of this for HIV/AIDS protection is that the levels of pregnancy indicate that students are not using any form of contraception and most importantly condoms. The trends in pregnancy also show that most of the pregnancies are found among students in their first and second years of study. A life skills course and more commitment to HIV/AIDS could considerably reduce the number of students falling pregnant.

Secondly, anecdotal or circumstantial evidence from the FGDs indicates that many NUL students are admitted to the neighbouring St. Joseph's Hospital and Queen E II Hospital in Maseru following attempts at self-induced abortion. Abortion is illegal in Lesotho and therefore students cannot ask for an abortion in hospitals. Evidence from students' records in the DSA's office indicates that in 2004 alone there were 18 short-term admissions (2 days) of female students ranging from 19-29 years. Of these only 3 students were beyond the age of 25, while 12 were below the age of 24. Interviews with the medical personnel at St. Joseph's hospital indicate that these students are being treated for clinical symptoms following a self-initiated termination of pregnancy. It was also reported at the FGDs that an unspecified number of students cross the border into RSA where abortion is more accessible and legal. The male students in the FGDs said:

"...when a girl gets pregnant...as they are named... 'a girl in August (at the beginning of NUL academic year), a woman in May'...the boy tells the girl... 'go to your boyfriends whom

*you were sleeping with and stop bothering me...'
the poor girl will have no alternative but to
have an abortion...they cross the border or if they do
not have money they go to some women who help
them initiate an abortion..."*

In addition, 65% of males and 72% of females in the self-administered questionnaires also gave evidence to this assertion, reporting that these abortions are mostly initiated by non-medical people.

Thirdly, NUL Health centre staff report that in a week they treat a minimum of 5 students for STIs. Many STIs are a risk factor for HIV transmission and are also indicative of low or inconsistent use of condoms.

Behavioural Aspects

The general negative attitudes towards sex and HIV/AIDS and alcohol use and abuse by students lead to casual sex commonly known as "mopenyo" among the students mentioned by females in FGDs and workshops:

*"...the older boys will sleep with you
and you think you have found a boyfriend
(you are sharp!)...and the following day its
like he has never seen you anywhere..."*

Casual sex was reported by 90% of male and 93% of female respondents.

HIV/AIDS information overload

Throughout the focus groups groups, students often demonstrated a saturation with HIV/AIDS information and their negative attitude towards it - and yet behaviour is not changing - there is that "who cares" attitude. Some of the comments they make include:

*"...when DOPE (the students' radio station) mentions
HIV/AIDS, we switch off and play our CDs...we have
heard enough about AIDS..."*

The evident lack of a change in behaviour could be due to IEC approaches which are old-fashioned and not appealing to students. This could have caused a poor response by the students, hence the persistent lack of knowledge of HIV/AIDS, life skills, sexuality and relationship issues by both female and male students

Other aspects of NUL that promote the spread of HIV/AIDS as mentioned by students in the FGDS, workshops, self-administered questionnaires and informal discussions raised some cultural, behavioural, environmental and structural aspects of NUL that promote the spread of HIV/AIDS such as:

- Inadequate accommodation when students have to get accommodation outside campus
- The prevalent violence against female students by male students
- The 'consumerist' attitude of the students - this could lead to transactional sex work
- Poverty arising from deaths of parents and the students having to pay school fees and buy other necessities for their siblings - this could lead to transactional sex work
- The cultural shock and vulnerability of students when entering the University for the first time

Interviews with administrative and supportive staff provided comments upon issues related to job satisfaction and security rather than factors related directly to HIV/AIDS.

Interviews with the academic staff revealed that the University should be looked at in the context of Basotho culture. Those intricacies of the Basotho culture that promote the spread of HIV such as patriarchy, gender inequalities, rites and rituals, values and norms also apply to the University students and staff. According to some staff members these are not helped by the liberal nature of the University environment in general. These staff believe that a return to traditional Basotho values would protect the population from HIV/AIDS.

C. The National University of Lesotho's Response to HIV/AIDS

1 HIV/AIDS Policies and Plans

NUL does not have an institutional policy on HIV/AIDS although there is a draft policy and strategic plan (See Appendix 1) which was produced by a group of volunteers who formed a NUL HIV/AIDS Coordinating Committee in 2002. Despite the fact that the draft was ready by May 2004, a change in management around the same time curtailed the adoption process. In May 2005 the draft policy was presented to Senate but was returned for further consultation.

The draft policy summarizes NUL's vision, policy commitments and strategies towards preventing the spread of HIV/AIDS and building a HIV/AIDS competent NUL community. It addresses issues of gender-based violence and other discriminatory practices but it does not spell out zero tolerance policies on sexual relationships between faculty and students. Programmes such as prevention, treatment, care and support are clearly outlined in the draft policy document and staff and student welfare issues are clearly articulated.

The draft policy document has undergone scrutiny and amendments by staff and students of the NUL through consultative workshops and individual contributions. It also went through three major changes. It was first written in the usual University language in 2002, and then in 2003 it had to be changed to the language that was being used during the NUL transformation process which begun in 2001 to describe the administrative units and faculties of the University. In 2004, the new Committee had to change the language again to revert back to the language that was used before transformation. This was after the transformation process was put on hold by the Ministry of Education and Training in June 2004.

The draft NUL HIV/AIDS policy contains a strategic plan, which outlines actions to be taken by NUL staff and students for implementation of the policy including:

- Policy formulation
- Capacity building
- Advocacy
- Information generation, dissemination and storage
- Fundraising
- Networking
- Care and support
- Community Service

The objectives of the strategy are to:

- Formulate and review NUL'S HIV/AIDS policy
- Scale up awareness and increase knowledge about HIV/AIDS
- Eradicate the stigma about HIV/AIDS
- Generate reliable and relevant information about HIV/AIDS
- Mobilise resources for HIV/AIDS-related activities
- Establish an HIV/AIDS resource centre

- Incorporate life-skills and HIV/AIDS issues into the University Curriculum
- Provide and enhance support and counselling for people infected or affected by HIV/AIDS
- Ensure collaboration and strengthen links between NUL and other institutions
- Advocate for non-discriminatory practices
- Provide community service on HIV/AIDS related issues/activities
- Motivate active participation in HIV/AIDS activities amongst staff and students³¹

Although there is no policy in place, a budget has been set aside for HIV/AIDS activities. This has been in response to a directive from GOL for all ministries, departments and institutions to set aside 2% of their overall budget for HIV/AIDS work. This academic year, 2004/2005 the budget for HIV/AIDS was US\$35 000. However, like most ministries and departments, NUL has not been able to use this budget effectively. Since 2002, not even half of the allotted budget was used. This academic year, 2004/2005 not even a quarter of the budget has been used. The NUL HIV/AIDS Coordinating Committee reported that this was due to

- Limited knowledge of what to do with the money
- A lack of full time employed staff responsible solely for HIV/AIDS work
- Staff turnover in key management positions
- Lack of autonomy by NUL's HIV/AIDS office

2 Institutional Leadership on HIV/AIDS

The University's management is currently in transition as all the most senior positions are acting. These include the Acting Vice Chancellor, the Acting Pro-Vice Chancellor, the Acting Registrar, the Acting Bursar, among others. There is no indication as to when the positions will be substantively filled. This situation has made it unclear yet what direction the administrative leaders of the University will take in HIV/AIDS, or whether it forms an integral part of their priorities.

In early 2002, the NUL HIV/AIDS Coordinating Committee was established by a group of volunteers from different faculties and departments as well as students. This Committee was formally recognized by the Vice Chancellor on the 5th June, 2002. Before this time there had been some HIV/AIDS initiatives by individuals from the Student Welfare Office, NUL Health Centre, Institute of Southern African Studies (ISAS) and Institute of Extra-Mural Studies (IEMS).

The Vice Chancellor established the HIV/AIDS Office in July 2003. The main objective of this office was to coordinate and implement the efforts of the NUL HIV/AIDS Coordinating Committee. In appointing the Committee, the Vice Chancellor acknowledged its voluntary status. In his letter of appointment, he assured the Committee of management's total support and requested them to "advise on the most efficient, cost-effective, equitable and socially responsive way for the University to confront and overcome the challenges posed by HIV/AIDS in the University Community"

³¹ Draft NUL HIV/AIDS Policy and Strategic Plan

The Committee's voluntary status led, however, to limited recognition and ownership from faculties, departments and units. The formation of the NUL HIV/AIDS office created considerable skepticism and criticism from some of the academic community of NUL whose biomedical view of health and HIV/AIDS made them question the composition of the HIV/AIDS Committee and office. Despite representation in the Committee by four staff from the Health Sciences and one Health Sciences staff member in the office, they wanted the Health Sciences Faculty to be tasked with the responsibility. HIV/AIDS is associated with considerable funding opportunities in Lesotho and in NUL in particular. This perception caused bitterness against the Committee whose members were supposedly making personal gain from HIV/AIDS work. This lack of support, coupled with the in-fighting amongst the Committee members weakened the University's response to HIV/AIDS.

Amidst all of these difficulties, some important milestones have been marked by the HIV/AIDS office including:

- Editing the Draft NUL HIV/AIDS Policy

- Holding workshops on integrating HIV/AIDS into the University Curricula

- Scaling up awareness and increasing knowledge about HIV/AIDS among NUL community

- Supporting care and support services for people living with HIV

- Acquiring of materials and reports

To avoid criticism leveled at the former committee, the new committee was constituted differently. In September 2004 nominations were sought through faculties, departments, institutes and units, as well as the SRC. The response was positive, with only two faculties and one institute not participating in the selection.

While the Acting Vice Chancellor includes HIV/AIDS in most of his plans and speeches, very little progress has been realised. Some academic staff feel that lip service is all that is being paid to HIV/AIDS and that a clearly pronounced policy, focused HIV/AIDS programmes, formal teaching of HIV/AIDS and proper planning of staffing of the HIV/AIDS unit are long overdue. They feel that NUL falls far backward from its counterparts in the region who had HIV/AIDS policies and fully fledged HIV/AIDS units as far back as 1999.

The Lesotho University Teachers and Researchers Union (LUTARU) which enjoys the majority of lecturers and researchers support, has not yet included HIV/AIDS in their programmes. According to NUL HIV/AIDS Coordinating Committee, efforts to include the Student Representative Council (SRC) have been futile as this body is more interested in politics and like many leaders, they would attend when invited to give speeches in big HIV/AIDS gatherings but they will not participate in grass-roots activities. There are about three anti-AIDS clubs which register their constitutions with the SRC, but otherwise act independently from the Council. The clubs are represented in the NUL HIV/AIDS Coordinating Committee.

The staff and students of NUL have not yet come out openly with their HIV/AIDS status therefore it is difficult to know how much stigma and discrimination they are suffering or how to include them in programmes. However, interviews with some staff members have revealed that fear of stigma and discrimination could be the

reason behind their reluctance to test or be open with their status. The silence regarding HIV status is attributable to the lack of intensive campaigns and service delivery geared towards PLWHAs.

The situation of women's leadership in HIV/AIDS at NUL is similar to the Country's in that women are overrepresented in HIV/AIDS leadership as it is the case in many reproductive health issues in the country. At NUL it is a struggle to get men involved in HIV/AIDS issues as they feel that reproductive health issues are women's business.

Sexual minorities such as gays and lesbians are not publicly active in Lesotho as a whole, and NUL is not an exception. It should be noted that in Lesotho, homosexual behaviour is considered to be out of the norm; it is rarely discussed and very little is known about its existence. This has created silence around the issue and it is believed that it is not a great challenge as far as HIV/AIDS or anything is concerned. However there is no reason to believe that the incidence of homosexual Basotho is less than in any other similar country in the world.

3 Education related to HIV/AIDS

The University has to recognize the importance of HIV/AIDS education, awareness and research through formal integration of HIV/AIDS into the university curricula. If implemented this could make a major contribution to prevention and mitigation of impact of HIV/AIDS on the institution. The majority of students in the self-administered questionnaires have recommended that HIV/AIDS should be included in the formal curriculum.

5 members of NUL academic staff were trained in "Integrating HIV/AIDS as a social issue into the University Curricula" by the University of South Africa (UNISA) in Johannesburg in July to September 2003. The training was funded by the UNDP. The team then held three workshops for the academic staff between December 2003 and May 2004. After these workshops, the trainers made efforts to move the process forward through the necessary University channels; however, this process was again curtailed by a change in management.

Efforts have also been made to include life skills education into the University Curricula. A life skills course is designed to empower people to interact meaningfully and successfully with the environment and other people. This is achieved through the development of skills necessary for coping with the demands and problems of life, and promoting positive health behaviour and behaviour change. For example, these skills include self-esteem raising, values clarification, decision-making skills.³² The participatory methods used to impart life skills education is believed to empower the individual to feel a sense of control and raise their confidence and self-esteem.

The proposal for this course was first presented to the university management in 2002 in response to their request to include life skills into the university curricula.

³² WHO (1992); Rooth (1998); Conradie & Africa (2000); Jones & Byrne (1993)

Then it was incorporated into a wider health promotion degree programme proposal, and was designed to accommodate all first year students, regardless of their programme of study. It was hoped that this course would be made compulsory for all first years, as had been suggested in many NUL HIV/AIDS forums. No progress has been made to date on the implementation of this programme. The Acting Vice Chancellor has suggested that instead of making life skills a course in its own right, the first year students should be introduced to it only during their orientation period.

Some faculties have already started teaching HIV/AIDS for some time now. For example, the Faculty of Health Sciences offers HIV/AIDS as a stand-alone course at the third year level, as well as in Health Promotion at the second year level. The Faculty of Humanities' Theology Department offers HIV/AIDS through its course called HIV/AIDS and Human Survival.

These Faculties teach HIV/AIDS as part of equipping students with a better understanding of HIV/AIDS for their future professional lives but the courses do not include life skills and do not reach many students. The Health Promotion course only introduces the health sciences students to life skills and does not go into detail due to limited time. In addition, some lecturers are known to be giving students assignments and projects related to HIV/AIDS. While very welcome, these activities have placed a considerable demand for materials from the HIV/AIDS office as well as face-to-face support and interviews. The HIV/AIDS Office of NUL is not well established, lacking the most basic resource materials such as electronic equipment where people can view educational videos etc.

It is not clear why inclusion of HIV/AIDS into the University curricula is not considered a priority by NUL management. One major reason could be the transitory nature of the present management. It could also be due to limited knowledge and appreciation of the broader HIV/AIDS issues and the demands of the traditional curriculum and denial by lecturers of the significance of education in combating the pandemic.

4 Non-formal HIV/AIDS Education

In 2004, 60 peer educators were trained, including 30 by NUL and 30 by IEMS. A few of these peer educators make their contribution through distributing condoms and volunteering in the HIV/AIDS office. The NUL HIV/AIDS office had planned a series of peer education activities for 2004/2005, however this was also affected by a change in management. It has reportedly been difficult to provide sufficient follow-up to peer educators due to lack of staff. This may be one reason why peer educators are reportedly not performing as well as expected. Interviews with some peer educators indicate that they are afraid of talking to their peers about HIV/AIDS because when they do they are mocked. More research is needed to determine the reasons, which might include, for example, an inappropriate choice of trainees, training programmes that do not achieve their objectives, or limited support provided to peer educators.

In 2003-2004, the HIV/AIDS Office arranged seven workshops for students, three for academic staff, and two for supportive staff. The workshops were consultative and aimed at eliciting comment for inclusion in the NUL HIV/AIDS policy document drafted by the committee. Students' workshops then culminated in self-esteem raising sessions which were participatory and enabled an open discussion of sexuality and relationship issues in relation to HIV/AIDS. Participation was however not universal across faculties, with students from science and mathematics, law, and commercial studies underrepresented. Staff workshops also led to discussions about HIV/AIDS issues for themselves and their families. These were pilot workshops; therefore they were ad hoc and inconsistent making it difficult to have a continuous life skills education, or to segment the groups in terms of gender.

NUL commemorates the World AIDS Day each year with students through their anti-AIDS clubs taking the lead in organising the event. Participation in this event has gradually increased over the years, from a marked low attendance by students and staff and peaking last year 2004, with the hall packed to more than its 800 maximum capacity.

NUL also began including HIV/AIDS information in the orientation programme academic year 2004/2005, giving it a 15 minutes slot. With the Acting Vice Chancellor's vision, perhaps starting from this year 2005, five days will be allocated to life skills education.

HIV/AIDS information is also available in the library, including videos on HIV/AIDS and reproductive health which people can view at any time. The librarian reports that no student or staff have ever requested to view the health and HIV/AIDS videos. This could be due to the busy schedules of students and staff in addition to the prevailing negative attitudes towards HIV/AIDS information.

5 Research

The draft NUL policy document proposes to generate reliable and relevant information about HIV/AIDS through research. The intention is for individuals and groups to develop funding proposals for research that will produce the required information for policy and programmes. Currently, the University through its Research and Conferences Committee funds research by NUL staff. This funding is, however, limited and is available for all thematic areas, not only HIV-related research.

Individual members of the teaching and research staff carry out independent research on HIV/AIDS. Some of these research reports are available from NUL Consuls, the consultancy office of the NUL, or the Institute of Southern African Studies of the NUL.

A study is being undertaken by students in the sociology department entitled "NUL Students' Reaction to Challenges Posed by HIV/AIDS: Readiness to Adopt Ownership of the Pandemic." This study is expected to bring out knowledge, experience, attitudes, practices and behaviour, beliefs, opinions and prevention of

HIV/AIDS among NUL students.³³ This study is unique in that it addresses NUL students; most studies are directed at communities outside of NUL.

Efforts are being made through this exercise to raise awareness of these studies. However, HIV/AIDS research is viewed as a way of making money through consultancies. Very little initiative has been shown in addressing issues of clinical trials and treatment and dissemination of research findings to the intended beneficiaries is poor. This challenge is not unique to NUL alone, as most institutions tend to distance themselves from the problem.

6 Partnerships and Networks

One of the most important strategies for NUL HIV/AIDS committee and office is to forge links and ensure collaboration with donor communities, UN agencies, government ministries and other universities and stakeholders. The NUL HIV/AIDS committee and office represents NUL in HIV/AIDS workshops and meetings held locally and internationally. NUL participates in the Lesotho Country Coordinating Mechanism (CCM) of the Global Fund to fight AIDS, Tuberculosis and Malaria meetings. HIV/AIDS networks and contacts have also been formed with Oregon State University, University of South Africa, and University of the North, University of Sunderland, UNDP, German Development Corporation and American Peace Corps. Individual members of staff have also formed partnerships with other universities in the region and internationally. NUL is a member of AAU and most importantly, the current chairperson of the NUL HIV/AIDS Coordinating Committee was a member of the Board of AAU in her personal capacity in the last four years (2001-2005). This network has motivated both the former and current management to take action on HIV/AIDS.

Some of these networks are often driven by individual research and consultancies which are motivated by personal gain rather than collective benefit. The University must combat this by requiring greater accountability for consultancies and should demand that these must be directed towards the University and National priorities. The accumulation of research knowledge needs to be collective and to be applied.

7 Programmes and Services

NUL does not have comprehensive HIV/AIDS service delivery. For example, there are no VCT facilities, no treatment and care programmes or facilities and no counselling services specific to HIV/AIDS. Everything is ad hoc, including educational programmes and treatment, care and support.

The NUL Health Centre under the DSA's office provides STI diagnosis and treatment as well as minimal HIV/AIDS counselling and referrals to St. Joseph's Hospital for testing. The Student Welfare Office under the same office also provides minimal and

³³ Dr. M.M. Shale (2004-2005) Senior Lecturer, Sociology Department NUL

professional HIV/AIDS counselling as well as other types of counselling. The two offices however, are not equipped or trained or staffed for HIV/AIDS management.

8 Community Outreach

Community Service is achieved through research commissioned by bodies outside the University and by joining voluntary HIV/AIDS associations and networks. A branch of the NUL, IEMS has a community outreach programme whose main themes are "traditional healers against AIDS", as well as "HIV/AIDS NGOs capacity building." Needs assessment studies and trainings based on the findings have been carried out by IEMS.

The NUL Health Centre has provided training in home-based care for domestic bursary staff. These provide care for the people in the Roma Valley who are an important part of NUL community. This group of women also provides HIV/AIDS educational entertainment through drama and has, over the years, entertained and educated the NUL community on NUL World AIDS Days.

Some lecturers especially in the Faculty of Education have projects with students who often go out to educate people in the neighbouring communities in home base care and HIV/AIDS in general. Like other programmes, these are uncoordinated and are limited in their impact.

9 Monitoring and Evaluation of Response

Monitoring and evaluation are an integral part of a well-planned and coordinated programme. NUL's HIV/AIDS policy is not in place yet making it difficult for proper planning and coordination of activities. Therefore, there are no programmes to be evaluated.

D. Lessons learned

Despite the above-mentioned shortcomings, some HIV/AIDS awareness has been raised among students and staff. The peer education and life skills sessions have personally touched some students. This is evidenced by students' self-reports and their enthusiasm in HIV/AIDS work.

The University's response has been limited in their development by the following issues which have resulted in expectations being raised and not being fulfilled:

- The temporary nature of the top management level has meant a limited vision of a HIV/AIDS response.
- The delayed establishment of an institutional HIV/AIDS policy leaves no instrument to guide the implementation of an effective response.
- NUL lacks an established HIV/AIDS unit with well-defined and structured positions filled by knowledgeable and experienced professionals to mount a comprehensive programme.
- A lack of autonomy by the existing HIV/AIDS Committee and office to manage resources.
- The voluntary status of the NUL HIV/AIDS committee and office has led to limited support from the academic community.
- Lack of a clear cut plan of action regarding the response to HIV/AIDS by the NUL management implies lack of commitment.
- Limited knowledge and appreciation of the broader HIV/AIDS issues means that actions will continue to be taken haphazardly.
- The persistent cultural and gender issues that abound in the country and at NUL will continue to predispose staff and students to the risk of contracting HIV.
- It takes a process for people to change their sexual attitudes and practices and it needs well trained and committed people to lead the process.
- NUL needs to bring together all these human resources, retrain them and utilize their skills in combating the spread of HIV/AIDS in the University.

E. Recommendations for Action

The University is an educator of future leading citizens as well as a major employer. It clearly has responsibilities to its students, its employees, as well as to the wider Roma community and to the nation. However it works within a restricted resource environment and the following recommendations are intended to be realistic and achievable.

To date, the University's implementation of its policy has been delayed. Whilst a policy does not provide answers in itself, it does help to generate an enabling framework. It is recommended that the policy should be implemented as a matter of urgency. A code of conduct for staff and students could greatly complement implementation of the policy.

The University has established and maintained a steering committee for almost three years. The impact of this group has been limited by the effects of structural changes in the University management and by low levels of visible senior management support. It is recommended that the composition of the steering committee should be reviewed in terms of membership. It should be representative of academic staff, non-academic staff and students, teachers and researchers, unions, non-academic staff unions, and SRC and include senior managers at Deans' level and above.

It is further recommended that this group should establish a number of smaller action groups which address specific elements of the policy and devise achievable action plans. These might include, for example, actions on the distribution and promotion of condoms, orientation for freshmen, actions on the collection of more reliable data on withdrawal, absence and sickness and actions on the development of HIV/AIDS within the curriculum. Other actions could include networking with other institutions and community outreach. For this to be effective, recognition is necessary of the time required from individuals within their work load. Consideration should be given to establishing positions for HIV/AIDS work.

Other university faculties and services have autonomy in the management of their resources. If this was extended to a HIV/AIDS centre, then more rapid and effective actions would result. The office would be subject to the same forms of accountability as the rest of the university. This centre would involve student clubs and societies as well as people living with HIV/AIDS when students and staff are ready to come out.

In addition, a center for the study of HIV/AIDS could be established where students can attend classes and obtain certificates. These services could also be offered as distance and in-service training courses.

For this process to be effective and responsive, ongoing evaluation and monitoring needs to be an integral part of the policy process. The steering group is best placed to receive this information and to disseminate best practices where successes are

achieved and to review areas of implementation which are less effective. Reports of this kind would routinely be received by the university senate and council.

It is evident from this study that data on the incidence and prevalence of HIV/AIDS within the NUL community is patchy and unreliable. Whilst anonymity should be maintained, it is important for the University to be aware of the future impact of HIV/AIDS upon its human resources both academic and non-academic, and upon its student population. Whilst it is most appropriate for the steering group to decide the necessary specific measures, small improvements could be made to the current data collection process. The active encouragement and improvement of regular anonymous testing of both staff and students would provide useful baseline data on the real extent of the problem within the NUL community.

A more effective focus on HIV/AIDS research would be achieved by faculties if a strategic approach was taken on research priorities rather than allowing projects to be driven by individual interest. Creating partnerships for multi-disciplinary research would further facilitate this strategic focus, and the wider and more effective dissemination of findings.

This study highlighted that although there is a certain level of awareness about HIV/AIDS in general, staff and students are less involved in taking actions which will protect themselves as individuals and also prevent the spread of the infection within the population. One way in which this might be improved would be through a comprehensive IEC programme. This could for example, include regular briefings by senior management on the progress of the policy and related issues as well as engaging staff in work based discussion groups in order to engage them with the process and their own individual contributions to protection and prevention.

Similarly for students' extra-curricula and curriculum based activities might be able to maintain a serious profile for HIV/AIDS issues as well as providing forums to discuss issues such as stigma, discrimination and the gender basis of HIV/AIDS and sexual relations. The use of peer education could ensure a more relevant approach especially for students. As a very minimum life skills training should be a part of the induction process for all students and ideally this should be integrated into each year of study. Where appropriate and possible, life skills modules could be credit bearing.

Like GOL ministries and other institutions such as LCE, NUL could provide VCT to staff and students. These services could be extended to spouses and partners of staff and students. Treatment of opportunistic infections such as tuberculosis and measurement of cd cell counts to monitor progression of disease could be provided, using referral networks with other health centres. NUL could also consider providing prophylactic treatment.

Strengthening capacity in terms of human resource development and institutional capacity building in terms of equipment, office space and resource allocation is an essential part of the strategy.

The university could improve on the existing desk officers (who provide security at student residences) by providing training in HIV/AIDS and other skills needed for them to carry out such duties. Their duties could also be extended to providing an escort for students who live off campus.

Students' recommendations included:

- Creation of recreational activities, improvement of sporting grounds and provision of other means of entertainment
- Creation of forums for students to talk about their sexual experiences
- Provision of HIV/AIDS education as a stand alone course
- Provision of peer education in high schools
- Provision of free contraceptives including condoms

F. Bibliography

Association of African Universities (AAU). *An HIV/AIDS Tool Kit for Higher Education Institutions in Africa 2003*

- Baryomunsi, M.D., Robert S, Kittel M. *Uganda's Success Can Be Replicated*: IFWP, Tarrytown, New York: 2004
- Bureau of Statistics. *2001 Lesotho Demographic Survey: Analytical Report*, Volume 1. 2003
- Bureau of Statistics. *Lesotho Population Census* 2001
- Bureau of Statistics. 2002 *Lesotho Reproductive Health Survey: Analytical Report* Volume 1. 2003
- Bureau of Statistics. *2002 Lesotho Core Welfare Indicators Questionnaire Survey* 2003
- Law Reform Commission. *Lesotho Married Persons Equality Bill* 2002
- Law Reform Commission. *Children's Protection And Welfare Bill* 2004
- Ministry of Finance and Economic Planning. *Lesotho Population Data Sheet* 2002
- National University of Lesotho. *Draft NUL HIV and AIDS Policy and Strategic Plan* 2004
- Government of Lesotho. *National AIDS Strategic Plan, 2000/2001-2003/2004. A Three -Year Rolling Plan for the National Response to the HIV /AIDS Epidemic in Lesotho* 2000
- Government of Lesotho Policy *Framework on HIV/AIDS Prevention, Control and Management* 2000
- Government of Lesotho/UNDP. *Lesotho Country Economic Memorandum - Growth And Employment Options Study* 2003
- Government of Lesotho. *National Vision 2020 Lesotho: "Empowerment for Prosperity"* 2004
- Kimaryo, S. Okparu, J., Githuku-Shongwe, A, Feeney, J. *Turning a Crisis into an opportunity: Strategies for Scaling Up the National Response to the HIV/AIDS Pandemic in Lesotho*. Third Press Publishers, New York: 2003
- Lesotho AIDS Programme Coordinating Authority (LAPCA). *Support to International Partnerships against AIDS in Africa (SIPAA) Lesotho. Strengthening the Role of Civil society Organisations in the National HIV/AIDS Response in Lesotho. Draft CSO Capacity Building Strategy*. DFID, ACTIONaid Africa, UNAIDS 2004
- Lesotho Global Fund Coordinating Office. *Lesotho's Country Coordination Mechanism for the Global Fund Report* 2004

Ministry of Health and Social Welfare, Lesotho. *HIV Sentinel Survey Report 2003*

Ministry of Health and Social Welfare. *Disease in Lesotho: Perception and Prevalence 1993*

MOHSW/UNICEF/WHO - *Joint EPI report 2004*

Moeti, L. *The Socio Cultural Influence on the Rate of HIV/AIDS infection: Perceptions of University Students in Lesotho.* A paper presented at the EEASA 19th International Conference in Maseru, Lesotho 2001

'Moleli, M. *Strengthening the role of CSOs in the National HIV/AIDS Response in Lesotho. CSO Capacity Assessment Report 2005*

National University of Lesotho. *Annual Statistical Bulletin 2003*

Pharaoh, R. *Not Business as Usual: Public Sector Responses to HIV/AIDS in Southern Africa.* Brooklyn Square, Pretoria, South Africa: Institute for Security Studies: 2005

Public Eye Newspaper. *Chinese Factories Close Down in Maputsoe.* March 2005

Ranneileng. M., Maema, M. *Integrating HIV/AIDS into the University Curricula* 2004

Ranneileng. M. *NUL staff and students Workshop Reports* 2004

The Working Group on Higher Education of the Association for the Development of Education in Africa (ADEA). *The Impact of HIV/AIDS at UWC* 2003

UNAIDS *Report on the global AIDS Epidemic* 2004

UNESCO *Guide to Higher Education in Africa* 2004: p. 231

United Nations *Human Development Report* 2004

Appendix 1: NUL HIV and AIDS Policy and Strategic Plan



The National University of Lesotho

HIV AND AIDS Policy And Strategic Plan

November 2004

Preamble

At the time when the Government of Lesotho has committed itself to fight the HIV and AIDS pandemic by adopting a comprehensive reference Manual, *Turning a Crisis into an Opportunity: Strategies for Scaling Up the National Response to the HIV and AIDS Pandemic in Lesotho*, the National University of Lesotho, in keeping with its slogan of reconnecting with the nation, similarly commits itself to playing a critical part in this national struggle to fight this pandemic.

The University is committed to defeat this pandemic by:

- Ensuring that each and every student and staff is HIV and AIDS competent
- Ensuring that those students who are already infected can live a long and good quality lives through treatment, care and support
- Creating and maintaining an enabling environment that supports positive behaviour change within its campuses

This commitment will be translated into the following actions:

- Encouraging staff and students to participate in HIV and AIDS/ STI (Sexually Transmitted Infections) training and educational workshops.
- Encouraging staff and students to receive medical check-ups for themselves and immediate relatives on a continual basis.
- Encouraging staff and students to participate in voluntary and confidential counselling and testing
- Encouraging staff and students to participate in community service through the creation and presentation of Information, Education and Communication (IEC) concerning HIV and AIDS.
- Integrating HIV and AIDS issues into the university curricula and research, and ensuring that efforts are made to publish and disseminate completed research.

The National University of Lesotho should be a leader in mitigating the impact of HIV and AIDS and eradicating the stigma of those living with HIV and AIDS. It is our responsibility to take a stand in the fight against HIV and AIDS and to collaborate with all other stakeholders in the national effort to bring this pandemic under control.

1. The Vision

The vision of the National University of Lesotho is to be a leading African Centre for lifelong learning and relevant research providing innovative solutions to societal needs.

As a crucial part of realizing this vision, the University is committing itself to adopt a comprehensive and university-wide response to HIV and AIDS. This will entail the implementation of a policy and strategic framework for managing HIV and AIDS at

the University. NUL pledges itself to create an environment where people have an attitude that is conducive to positive behavioural change with regard to the transmission of HIV and AIDS infection and where PLWHA's (People Living with HIV and AIDS) can respond to and live positively with their status.

2. Values Underlying the Policy

The following values guide this policy:

People living with HIV and AIDS will not be discriminated against in obtaining access to education and/or employment at the University

People living with HIV and AIDS are accorded dignity, respect, autonomy and privacy concerning their status

Stigma and prejudice related to HIV and AIDS will be actively countered throughout the University

The University's policy should in no way perpetuate stereotypes of HIV and AIDS as belonging to a particular nationality, race, gender, sexual preference or age group. It should recognize specific vulnerabilities and risk factors arising from physiology or power relationships based on gender, economic or other factors

Respond to HIV and AIDS and ensure that consideration of HIV and AIDS is a part of every activity at the University.

The full range of stakeholders in the activities of the University should be involved in defining and implementing its response to HIV and AIDS.

Avoid sexual violence against men, women and children, and understand the changing values and meanings around sexuality and the economic and legal inequalities that increase vulnerability to HIV and AIDS transmission

Recognize the importance of providing care, counseling and support for its staff and students affected and infected by HIV and AIDS and allocate resources towards achieving these.

3. Introduction

3.1 What is HIV and AIDS?

The acronym AIDS stands for "Acquired Immune Deficiency Syndrome" and is caused by the virus known as Human Immunodeficiency Virus (HIV). This virus causes the immune system to break down which makes it unable to defend the body against disease-causing microbes. The failure of this system leaves the body open to invasion by different opportunistic infections and diseases. People who contract HIV eventually get AIDS, which leads to death by either one or a combination of these opportunistic infections.

The virus may remain latent in the body for some time, eventually activating and killing the helper T-cells. Between the time of infection and about three (3) months, the virus may not be detectable by HIV and AIDS tests, but the infected person can still infect other people. This three month period is called the "window period".

HIV is transmitted from one person to another through sexual intercourse, contact with blood and from mother-to-child during pregnancy, delivery and breastfeeding. Any activity that involves exchange of blood and bodily fluids can transmit HIV. HIV cannot be transmitted through casual contact with an infected person, i.e. touching, sharing utensils, toilets etc.

In adults infected with HIV there is often a long waiting period between initial infection and progression to full-blown AIDS. Many infected people may be free from symptoms for ten or more years, but they can still infect other people.

3.2 The current situation of HIV and AIDS in Lesotho

Like its counterparts in the Sub-Saharan region, Lesotho's HIV and AIDS status has reached epidemic proportions. The first AIDS case in Lesotho was reported in 1986 (MOH & SW, 1986). Since then the epidemic has shown a steady increase. A sentinel surveillance carried out by the Ministry of Health and Social Welfare (MOH & SW) (2003) has revealed that HIV and AIDS prevalence continues to increase rapidly. The median prevalence among antenatal clients increased by 41.8% between 2000 and 2003. The report further indicates that 39.1% of people between the ages 25-29 are infected. Among prospective university students, being women who had completed high school, the prevalence was found to be higher, at 31.9% compared to women with no level of education completed (28.4%) (MOH & SW, 2003).³⁴

The NUL Health Center reports that at least 25 people from NUL and the neighbouring villages are treated each month for Sexually Transmitted Infections. This is an indication that unsafe sex practices are still high among NUL staff, students and people from Roma Valley.

4. The Policy Commitments

In order to realise the University's vision, the NUL HIV and AIDS Strategic Plan focuses on controlling the spread and impact of the epidemic amongst students and staff. The University also commits itself to providing a support system to individuals and the NUL community through provision of quality information and education. This has the purpose of changing attitudes and sexual behaviour. Counseling services will be provided to minimize the impacts on the infected and affected individuals and groups. This reflects the view that in Lesotho and in NUL in particular, HIV infections are mainly the result of sexual transmission. The University is pledging to spearhead all the HIV and AIDS prevention, support and care activities initiated by individuals and groups.

³⁴ Ministry of Health and Social Welfare, Sentinel Surveillance 2003

5. Strategic Aims of the NUL HIV and AIDS Policy

The primary goal is:

To coordinate NUL HIV and AIDS activities in order to create an environment where people have an attitude that is conducive to positive behavioural change with regard to reducing transmission of HIV and AIDS infection and where PLWHA's can respond to and live positively with their status.

5.1 Strategies:

Policy formulation
Advocacy
Capacity building
Networking
Information generation, dissemination and storage
Fundraising
Care and Support
Community Service

As a result of these strategies, the following broad objectives will be achieved:

5.2 Broad objectives:

- To formulate and review HIV and AIDS policy for NUL
- To scale up awareness and increase knowledge about HIV and AIDS
- To eradicate the stigma about HIV and AIDS
- To generate reliable and relevant information about HIV and AIDS
- To mobilize resources for HIV and AIDS related activities
- To establish an HIV and AIDS resource center
- To incorporate life-skills and HIV and AIDS issues into the University Curriculum
- To provide and enhance support and counseling for people infected or affected by HIV and AIDS
- To ensure collaboration and strengthen links between NUL and other institutions
- To advocate for non-discriminatory practices
- To provide community service on HIV and AIDS related issues/activities
- To motivate active participation in HIV and AIDS activities amongst staff and students

6. Responsibilities of Staff and Students

Staff and students have a responsibility to get relevant information about HIV and AIDS and to protect themselves and others against infections.

Staff and students who are living with HIV and AIDS have a special obligation to ensure that they behave in such a way as to pose no threat of infection to any other person.

Health professionals and the Faculty of Health Sciences students who are living with HIV and AIDS have an obligation to make professional decisions that minimize risks of transmission to their patients (during practical sessions and at work).

Staff and students should exhibit no prejudicial or discriminatory attitudes towards people living with HIV and AIDS.

No employee or student must refuse to work, study and live with another employee or student living with HIV and AIDS.

Unless medically justified, no student may use HIV and AIDS as a reason for failing to perform work, complete assignments, attend lectures or field trips or write examinations.

The University must have a code of conduct that includes HIV and AIDS policy issues for staff and students. This must be agreed to and signed when students register and staff sign their employment contracts.

Willfully undermining the privacy and dignity of a member of staff or student with HIV and AIDS will constitute a breach of discipline, and appropriate disciplinary steps will be taken. Staff and Students must develop and implement their own responses to HIV and AIDS. The University will support these initiatives.

Staff and students must be encouraged to voluntarily test, be counseled and where appropriate disclose their HIV status for their own and other people's safety and well being, and for the eradication of stigma.

7. Provision of Prevention, Care and Support Services on Campus

7.1 Prevention

- Appropriate and sensitively presented information on all aspects of preventing and coping with HIV and AIDS will be made widely accessible to staff and students. This information will address and be directly relevant to the realities of studying and working day-to-day at the University.
- All students and staff will be offered education that examines the relevance of HIV and AIDS to their own lives, in the context of broader challenges facing them. Through this training staff and students will be encouraged to understand social attitudes and develop a caring and non-discriminatory approach to HIV and AIDS as well as a tolerance for and understanding of different social groups.

- Condoms will be available free of charge and widely distributed through multiple channels, and other points on residences and on campus.
- Affordable confidential and voluntary HIV testing will be provided. The frequency of HIV and AIDS counseling undertaken must be shown on the counselors' annual review assessment form.
- Peer education programmes will be developed and implemented on campus and in student residences.
- Particular attention will be paid to addressing issues of loss, grief and bereavement affecting the NUL community.
- Universal precautions will be implemented to prevent the spread of HIV and AIDS in contact sports whenever the potential for exposure to blood or other high risk body fluids exists.
- Staff in managerial or supervisory positions will receive training in all aspects of this policy and how to implement it.

7.2 Provision of care

Staff of the campus Health Centre will be trained in the comprehensive management of HIV and AIDS.

The University will investigate the possibility of providing affordable anti-retroviral treatment.

An affordable ambulatory HIV and AIDS wellness programme will be developed and provided for students with HIV and AIDS. This will include provision of affordable prophylactic therapies, blood tests, contraception, nutritional interventions and early treatment of opportunistic infections.

Referral networks with Health Services will be developed and maintained. Information on services in and around campus will be made available to all staff and students.

Students with any terminal illness, including end-stage AIDS will not be accommodated in the residences because the necessary palliative care and support cannot be provided in such an environment. The student will be relocated to an appropriate environment e.g. hospital or home.

7.3 Counselling and support

All staff and students will have access to confidential counseling on campus.

Breach thereof will be subject to formal disciplinary procedures

Counseling services on campus will be coordinated and strengthened.

Referral channels for other forms of social support for both students and staff will be identified.

Information, training, and home base care and support will be provided for students and staff where necessary.

The University will provide support services for caregivers, and counsellors, e.g. group counselling facilities.

7.4 Post exposure prophylaxis

In environments where the risk of occupational exposure to HIV exists (e.g. Health Centre) procedures for notification of exposure and access to post-exposure prophylaxis will be adequately sign posted.

8. Policy Pertaining to Staff and Students of NUL

8.1 Employment Policy Pertaining to Staff of NUL

The University will not refuse to hire or promote, and will not discharge from employment or otherwise discriminate against any individual because that person is HIV infected or perceived to be infected, so long as the individual can perform the duties of the position he/she holds.

Employees who experience anxiety about the risk of infection and who refuse to work with a co-worker, student, or member of the public who is HIV infected, or perceived to be infected, shall receive counseling on current medical information related to the risk of exposure to HIV infection through routine contact in the workplace. If unreasonable refusal continues the employee will be subject to disciplinary sanctions consistent with applicable provisions of national and international laws and regulations.

Confidentiality: medical records of employees will be protected by law from public disclosure.

Employee benefits: (medical coverage) the University will treat HIV and AIDS related illnesses in the same way as other life threatening and terminal illnesses.

Management of employee's exposure to HIV infection, harassment and discrimination: students and staff who do display discriminatory attitudes to colleagues living with HIV and AIDS will be counseled in the first instance. If the discriminatory behaviour persists, formal disciplinary procedures as provided by NUL Acts and Statutes will be instituted.

Gender based harassment and violence of any form that predispose people to the risk of contracting HIV by either student or staff will be subject to formal disciplinary procedures.

8.2 Policy pertaining to Enrolment of Students

- The University will not deny admission to students based on their HIV status

9. Integration of HIV and AIDS Education into Teaching, Research, Services and Activities of all University Faculties, Institutes, Units and other Constituencies

9.1 Teaching

- NUL will encourage and support efforts by Faculties and Departments to incorporate aspects of HIV and AIDS and human rights into curricula.
- The University will provide a course on life skills and HIV and AIDS, to all the students entering the University for the first time. All students will be required to take this course.
- All Faculties and Departments will be required to consider how to achieve integration of HIV and AIDS into the curriculum at both undergraduate and postgraduate levels. If they decide not to integrate such material into the curriculum they will be requested to account for this to the Deans, Faculty Board or Institution. This will include aspects of HIV and AIDS relevant to the subject area of the Faculties/Departments, HIV and AIDS in the workplace and general life-skills education.
- The University will offer short courses/workshops on HIV and AIDS for all staff, both teaching and non-teaching, and for student leaders and the administration. One such course will focus on HIV and AIDS in the workplace, including protection, performance management, and legal issues. Short courses in a variety of subjects will be offered, and may, whenever the need arises, be provided to the community, through appropriate centers, departments and faculties.

9.2 Research

- The NUL will develop policy to establish a variety of incentives and forums to promote research on HIV and AIDS within and across faculties. In particular, mechanisms will be established to support HIV and AIDS research activities that are innovative, address strategic priorities, are inter-disciplinary and focus on treatment and behavioral change and eradication of stigma and discrimination.
- The University commits itself to providing human and financial resources in support of HIV and AIDS research, and to publish and disseminate the results.

9.3 Services

- The University commits itself to collaborate with the community in training and research on HIV and AIDS. It is essential that there is full community participation in the HIV and AIDS programme and that there is a good flow of support between the University and various communities and community structures. The University will share its experience of best practices and where applicable, its skills and resources with NGO's and CBO's.

10. Implementation of Policy; Structures, Processes/Procedures, Monitoring and Evaluation (M&E)

The overall responsibility for implementing this HIV and AIDS policy lies with the senior management of NUL. This includes the Vice-Chancellor, Pro-Vice-Chancellor, Deans of Faculties, Directors, Heads of Departments, Heads of Units and the Student Council.

The University will establish a HIV and AIDS Centre which will be responsible for research and policy coordination and oversight. A post for the Director of the Center will be established. The Director will convene the HIV and AIDS Coordinating Committee meetings in collaboration with the Chairperson. The NUL HIV and AIDS Coordinating Committee shall consist of staff representing all Faculties, Institutes, Departments, Units and Students representing various associations and will report directly to the Vice-Chancellor. Staff who possess specific skills needed may be seconded to this center. The term of office for the Committee shall be two years.

Terms of Reference for the Committee shall include:

- Disseminating and coordinating the HIV and AIDS policy throughout the University;
- Organizing regular consultative meetings with the University community about matters related to HIV and AIDS;
- Establishing and implementing a system of policy monitoring and evaluation;
- Collaborating with the community and other tertiary institutions and stakeholders, locally and internationally;
- Developing, implementing and reviewing the NUL HIV and AIDS Policy.
- Recognize fresh initiatives around HIV and AIDS, whether these be from government, within the tertiary educational sector or elsewhere;
- Consider appropriate amendments to the policy as necessary

11. Legal Framework

The University's code of conduct for staff and students should include behaviour expected in regard to HIV and AIDS. A breach of the University code of conduct pertaining to HIV and AIDS will warrant disciplinary action according to the relevant disciplinary codes, rules and regulations pertaining to staff and students.

List of References:

1. Ministry of Health and Social Welfare, Sentinel Surveillance, 2003
2. National AIDS Policy
3. Kimaryo S.S., Okparu J.O. Sr., Githuru-Shongwe A. Feeney J., 2003. *Turning a Crisis into an Opportunity: Strategies for Scaling up the National Response to the HIV/AIDS Pandemic in Lesotho.*
4. HIV and AIDS Policies from:
 - University of Witwatersrand
 - University of Namibia
 - University of North-West
 - University of Natal
 - University of Fort Hare
 - University of Zimbabwe
 - University of Columbia

STRATEGIES:

Policy formulation
 Advocacy
 Capacity building
 Networking
 Information generation, dissemination and storage
 Fundraising
 Care and Support
 Community Service

Cost: Cost for each activity will be determined from time to time

STRATEGIES	Objectives	Activities	Progress indicators	Implementation date	Responsible person(s)
A. Policy Formulation	1. To formulate and review HIV and AIDS policy for NUL	a) Workshops for policy writing b) Acquisition of HIV/AIDS policy documents from other universities in the region c) Consultations to obtain and incorporate feedback from stakeholders d) Finalize the policy document e) Adoption of the policy by the University Council f) Launching and dissemination	a) Workshops for policy writing held b) At least four policy documents received from other universities c) Consultative workshops held d) Policy draft document: finalised presented to Management presented to Senate for	2002 -2004	(a) HIV and AIDS Coordinating Committee b) HIV and AIDS Centre c) Vice Chancellor

		of the policy g) Publication of the policy document	approval f) Policy document adopted by council h) Policy document launched and disseminated i) Policy document published		
B. Advocacy, Capacity building, Networking, Information generation, dissemination and storage	2. To scale up awareness and increase knowledge about HIV and AIDS	Hold: a) Workshops b) Seminars c) Public gatherings d) Theatre/drama e) Campaigns e.g. fun walks, runs, sports, talk shows, debates, quizzes, competitions etc. f) Production and dissemination of IEC materials g) Incorporation of HIV/AIDS in all SU and Staff activities h) KABP studies i) Inclusion of HIV/AIDS	Number of workshops, public gatherings, seminars held and number of participants. Evaluation of the listed activities. Performance of dramas by the already existing groups Establishment of collaboration with other stakeholders in the production and dissemination of IEC materials Inclusion of 1-2 sessions on aspects of HIV/AIDS in all the SU gatherings and	Ongoing	HIV and AIDS Centre Student clubs to organize Lecturers, Students and the HIV and AIDS Centre/Unit Registrar's Office

		<p>information in the admissions and appointments packages</p> <p>j) World AIDS Day Commemoration</p> <p>k) Posters and notices in the information flash about availability of condoms at the Health Centre</p> <p>l) Training of peer educators</p>	<p>functions.</p> <p>Evaluation form designed</p> <p>KABP reports</p> <p>Availability and provision of</p> <p>Information in the leaflets, admissions and appointment packages</p> <p>Number of condoms distributed and sold per month</p>		
C. Advocacy	3. To eradicate the stigma about HIV and AIDS	<p>a) Encourage voluntary HIV counselling and testing</p> <p>b) Advocate for medical coverage for SU and Staff</p> <p>c) Incorporate HIV and AIDS in all SU and Staff activities</p> <p>d) Inclusion of HIV and AIDS information in the admissions and appointments packages</p>	<p>a) Collaboration with St. Joseph's Hospital</p> <p>b) The number of people counselled and tested per month</p> <p>c) Revised medical coverage for SU and Staff for all illnesses including HIV and AIDS</p>	Ongoing	Student clubs and HIV and AIDS Centre
D. Information	4. To generate	a) To advocate RCC to make	a) Number of HIV and		

generation, dissemination and storage	reliable and relevant information about HIV and AIDS	<p>HIV and AIDS one of their priorities</p> <p>b) To establish a research programme:</p> <ul style="list-style-type: none"> • To conduct KABP studies for students in all NUL campuses • To conduct KABP studies for all categories of employees • To collect statistics in collaboration with the Health Centre and St. Joseph's Hospital on STI and HIV • To examine perceptions of NUL community about the efficacy of the support structures for HIV and AIDS infected and affected individuals • To explore HIV and AIDS community service programmes • To assess the socio-economic status of orphans • To study the relationship between migration and HIV and AIDS • To study the link between cultural beliefs and practices and HIV and AIDS • To study the impact of HIV and AIDS on performance 	<p>AIDS proposals funded</p> <p>b) Proposals written, funded and studies undertaken</p> <p>c) HIV and AIDS baseline data established</p>	Ongoing	Individuals and HIV and AIDS Centre
E. Fundraising,	5. To mobilize	a) Development of proposals for funding	a) Number of proposals written and funded.	Ongoing	HIV and AIDS Centre

Information generation, dissemination and storage	resources for HIV and AIDS related activities	<ul style="list-style-type: none"> b) Establishment of a trust fund c) Theatre/drama d) Campaigns e.g., fun walks, runs, sports, talk shows, debates, quizzes, and competitions e) Production and dissemination of IEC materials 	<ul style="list-style-type: none"> b) Trust fund established. c) The amount of money raised 		
F. Information generation, dissemination and storage	6. To establish HIV and AIDS resource centre	<ul style="list-style-type: none"> a) Establish a Centre b) Office equipment acquisition and materials c) Personnel 	<ul style="list-style-type: none"> a) Centre established and manned b) Office equipment in place 	Ongoing	HIV and AIDS Office and Vice Chancellor
G. Capacity building, Information generation, dissemination and storage	7. To incorporate life-skills and HIV and AIDS into the University Curriculum	<ul style="list-style-type: none"> a) Curriculum redesigning and approval 	Curriculum approved and implemented		HIV and AIDS Centre
H. Care and Support	8. To provide and enhance support and counselling for people infected or affected by HIV and AIDS	<ul style="list-style-type: none"> a) Counselling b) Establishment of support groups c) Facilitate motivational presentations 	<ul style="list-style-type: none"> a) HIV and AIDS Counselling unit established b) Counselling training for all staff. 		<ul style="list-style-type: none"> a) Student Counsellor and HIV and AIDS Unit b) Vice Chancellor

		d) Home based care e) Peer education	c) Counsellors hired and trained		
I. Networking	9. To ensure collaboration and strengthen links between NUL and other institutions	a) Networking with other universities and other stakeholders b) Exchange programmes and study tours with universities and other tertiary institutions locally, regionally and internationally	a) Exchange of information and documents such as curricula, policy documents, contact phones, e-mail, faxes etc. b) Collaboration with at least 4 universities and other tertiary institutions locally, regionally and internationally.	Ongoing	HIV and AIDS Centre
J. Advocacy	10. To advocate for non-discriminatory practices against people affected and infected by HIV and AIDS	a) Policy formulation, publication and implementation	a) Information packages designed and distributed. b) Policy formulated and implemented	a) Ongoing	a) Publicity Officer b) Publicity Officer
K. Community Service, Care and Support	11. To provide community service on HIV and AIDS related issues/activities	a) Provision of home based care b) Capacity building and empowerment of communities c) Establishment of income generating projects	a) Rooster/ schedule for staff and students for community service b) Frequent training sessions for staff, students and	ASAP Ongoing	Chair NUL Health Center and St. Joseph's The whole community Financial Officer Theology Department FOHS

		d) Provision of seminars etc., to surrounding schools	community on home based care c) Training sessions on entrepreneurial skills for students and community and staff d) Projects identified and established in collaboration with the community		Publicity Officer to Facilitate
L. Advocacy, Fundraising	12. To motivate active participation in HIV and AIDS activities amongst students and staff	a) Secure funds for awards b) Establishment of awards c) Certificate of achievement	a) Funds for awards secured b) Different awards identified and given	Annually	HIV and AIDS Centre

Appendix 2: Questionnaire

Please take a few minutes to answer the questions below. Your answers will assist NUL to design appropriate HIV and AIDS programmes which are responsive to your needs.

1. Are you male or female
2. Age
3. Year of study
4. From whom did you learn about HIV and AIDS?
5. What HIV and AIDS information was most helpful to you?
6. Did this information help you to change your behaviour? (yes/no)
7. If yes in what way did you change your behaviour? (use condoms, abstain, other)
8. Do you think that HIV and AIDS is a problem on campus? (yes/no)
9. Do people on campus consider it shameful to be HIV positive? (yes/no)
10. Do you know any student who is HIV positive or living with HIV and AIDS?
11. Do you know a student who died of HIV and AIDS?
12. If you discovered that you were HIV positive is there anyone you can go to on campus for support? (yes/no/don't know)

13. If yes who would that person be? (e.g, counselor, friend, etc)
14. How is HIV mostly transmitted on campus?
15. Who is mostly affected by HIV and AIDS on campus? (girls/women, boys/men, etc.)
16. Do NUL students have steady sexual relationships?
17. Is casual sex (mopenyo) most common on campus?
18. Do students use condoms when they have sex?
19. If not why?

20. Do students use other types of contraceptives? (yes/no)
21. If yes state them
22. If no why?
23. Do you know of any students who do sex for money or food?
24. Is selling sex common on campus?
25. Is it males or females who sell sex?
26. Do you know of male students who buy sex from other female students?
27. Do you know of any students who sell sex to older men/women, or lecturers in exchange for marks, food/money?
28. Do you know of any students who fall pregnant during their time here on campus?
29. Is this very common? Can you state how many you have observed each year? In which year of study?

30. Do you know of female students who have abortions while they are students here at NUL?

31. Are these abortions performed by qualified medical doctors or not? Explain

32. Do women get forced to have sex on campus?

33. Do you know of a girl/woman who was raped on campus?

34. What aspects of the University facilitate the spread of HIV and AIDS?

35. What aspects of the University inhibit the spread of HIV and AIDS?

36. What are your recommendations for improvement of HIV and AIDS response by NUL?