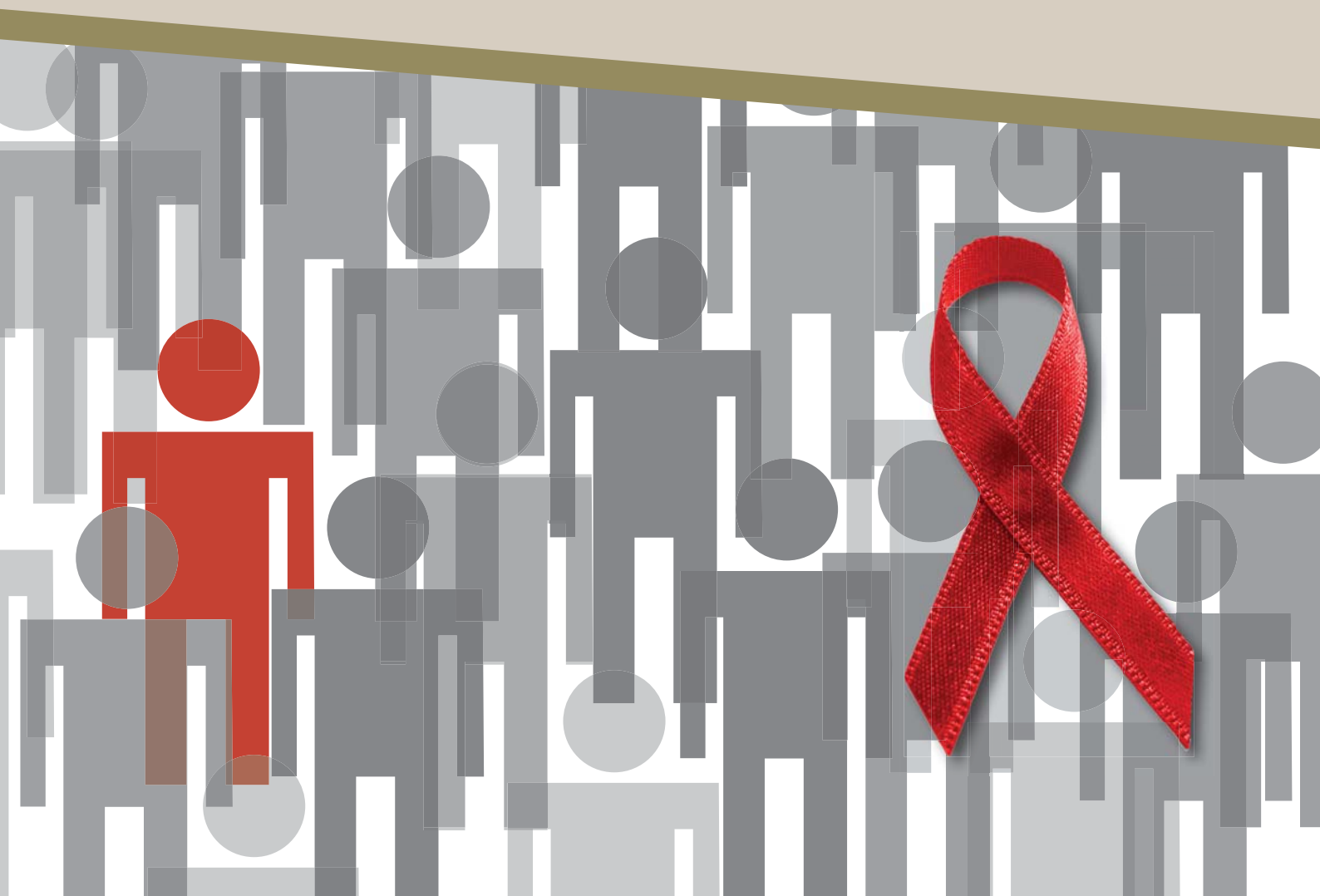


# Norms and standards for HIV and AIDS prevention, treatment, care and support

*for Higher Education institutions in South Africa*



**HEAIDS**

HIGHER EDUCATION HIV/AIDS PROGRAMME

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# Abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome	IEC	Information, education and communication
ART	Antiretroviral therapy		
ARVs	Antiretrovirals	NDoH	National Department of Health
CANSA	Cancer Association of South Africa	NGO	Non-governmental organisation
CBO	Community based organisation	NHLS	National Health Laboratory Service
DoE	Department of Education	OI	Opportunistic infections
DoH	Department of Health	PEP	Post- exposure prophylaxis
DoHET	Department of Higher Education and Training	PG	Post graduate
DVC	Deputy Vice Chancellor	PHC	Primary health care
EAP	Employee assistance programmes	PLWHA	People living with HIV and AIDS
EFTSU	Equivalent full time student unit	PMTCT	Prevention of mother to child transmission
ENT	Ear, Nose and Throat	PWG	Programme working group
FTE	Full time equivalent	RPR	Rapid plasma reagin
GFA	Gross floor area	SOP	Standard operating procedures
HAART	Highly active antiretroviral treatment	STD/STI	Sexually transmitted disease/infection
HBC	Home based care	TEC	Tertiary Education Council
HE	Higher Education	TB	Tuberculosis
HEAIDS	Higher Education HIV and AIDS Programme	UCT	University of Cape Town
HEIs	Higher Education institutions	UFA	Usable floor area
HESA	Higher Education South Africa	UG	Under graduate
HEMIS	Higher Education Management Information System	UNAIDS	United Nations Programme on HIV and AIDS
HIV	Human Immunodeficiency Virus	UNESCO	United Nations Education, Scientific and Cultural Organization
		VCT	Voluntary counselling and testing

## SECTION 1

# Introduction

Norms and standards for the HIV and AIDS services or interventions provided at Higher Education Institutions (HEIs) are not available. A set of norms and standards essential for costing HIV and AIDS interventions were developed for both a comprehensive and minimum package of services (prevention, treatment, care and support) using current practice in the public and private healthcare sectors as well as those identified in the literature (UNESCO<sup>1</sup>, International Labour Organisation<sup>2</sup> and Association of African Universities<sup>3</sup>). The norms and standards developed

for prevention, treatment, care and support as well as for mainstreaming HIV and AIDS into the curriculum are aligned to the Policy Framework on HIV and AIDS for Higher Education in South Africa<sup>4</sup> as it provides a framework for the HEI response to the HIV and AIDS pandemic. In addition to providing the basis for the costing of the package of services, these norms and standards may serve as a guide to assist HEIs in strengthening the implementation of the services identified in the minimum or comprehensive package of services.

## SECTION 2

# Norms and standards for HIV and AIDS prevention, treatment, care and support

Norms and standards for the HEI sector were adapted from existing frameworks for sectors such as the Department of Health and were developed for each of the components identified under the categories of prevention, treatment, care and support.

Guidelines, including the norms and standards for prevention, treatment, care and support for HIV and AIDS have been established by the National Department of Health<sup>5</sup>. These guidelines and performance standards are to be applied uniformly throughout the country and lend themselves to adaptation by the HEI sector. They include requirements for the accreditation of service points, standard treatment guidelines, laboratory diagnostic tests, drug protocols, frequency and

types of visits with health professionals and other standards for the treatment and care of people living with HIV and AIDS. Table 1 shows the continuum of care for the prevention, treatment, care and support established through these guidelines. They form the basis for defining the comprehensive and minimum package of services that should be provided at HEIs. These guidelines deal extensively with some components of the continuum of care and provide a basis for defining the norms and standards for the comprehensive package of care that could be provided at HEIs. In addition, sources from the literature and examples of current practices at HEIs (in the absence of referenced material) were used to develop the norms and standards for other components.

**Table 1** A continuum of care ranging from prevention of HIV infection treatment, care and support to care and support for the dying

Standard care service for HIV/AIDS*				
		Palliative care		
		Home-based care		
		Antiretroviral therapy		
Prevention of mother to child transmission		Opportunistic infections and related illnesses Diagnosis, treatments, preventive therapies		
Post exposure prophylaxis		Psycho-social and spiritual support Individual & family, care provides, bereavement, orphans		
Voluntary counselling and testing				
Prevention		STI services, behavior change communication, education, universal precautions		
Uninfected people	Exposed people	People living with HIV	People living with AIDS	Terminally ill and beyond

Source National Department of Health<sup>6</sup>



The components of this continuum of care include:

- Prevention strategies
- Voluntary counselling and testing (VCT)
- Medical care and treatment by a dedicated and trained medical team
- Psychosocial support
- Nutritional assistance
- Social support
- Home and community-based services.

The key prevention strategies are:

- Voluntary counselling and testing (VCT)
- Prevention of mother-to-child transmission (PMTCT)
- Information, education and communication (IEC)

- Management of sexually transmitted infections (STIs)
- Supply of barrier methods such as condoms
- HIV and AIDS life skills education
- HIV and AIDS infusion and / or integration into curricula

For HEIs to provide a minimum or comprehensive package of services, it is necessary to establish a clinical facility and a comprehensive prevention programme that includes curriculum mainstreaming of HIV and AIDS. A set of norms and standards have been developed for the establishment of an accredited clinic and associated services such as VCT, condom distribution, treatment of STIs, minor opportunistic infections as well as curriculum mainstreaming.

## SECTION 3

# Definition of the terms – norms and standards

For the purpose of this document, NORMS and STANDARDS are defined according to the Department of Health definition<sup>7</sup>:

A NORM is defined as a statistical normative rate of provision or measurable target outcome over a specified period of time.

A STANDARD is defined as a statement about a desired and acceptable level of health care.

## SECTION 4

# Components of the minimum and comprehensive package of services

The comprehensive and minimum package of services derived from the continuum of care defined by the DoH<sup>4</sup> is shown in tables 2 and 3 respectively. The minimum package of services excludes the provision of ARVs and associated care and support. Norms and standards have been developed for these packages of services.

**Table 2** Components of the comprehensive package of services for HEIs

Prevention	Treatment	Care and support
Information, education and communication (IEC)	Wellness clinic (staff and students)	Nutritional assistance
Condom distribution	PHC – treatment of minor ailments and minor opportunistic infections (OIs)	Social assistance
Workplace programme & Employee assistance programme (EAP)	Treatment of sexually transmitted infections (STIs)	Grief and bereavement counselling
Peer education	ARV therapy	Counselling service
Voluntary counselling and testing (VCT)	Referral system to health facilities	Referral to palliative services
Behaviour change	Referral for major OIs	24 hour help line
Mother to child (PMTCT)	Diagnosis, screening and management of tuberculosis (TB)	
Post exposure prophylaxis		
Curriculum integration / infusion		

**Table 3** Components of the minimum package of services for HEIs

Prevention	Treatment	Care and support
Information, education and communication (IEC)	Wellness clinic (staff and students)	Counselling service
Condom distribution	PHC – treatment of minor ailments and minor opportunistic infections (OIs)	Referral to palliative services
Workplace programme & Employee assistance programme (EAP)	Treatment of sexually transmitted infections (STIs)	24 hour help line
Peer education	Referral system to health facilities	
Voluntary counselling and testing (VCT)	Referral of major OIs	
Behaviour change	Diagnosis, screening and management of TB	
Mother to child (PMTCT)		
Post exposure prophylaxis		
Curriculum integration / infusion		

## SECTION 5

# Norms and standards for a comprehensive and minimum package of services

The package of services that have been identified in table 4 and table 5 respectively, formed the basis for developing the norms and standards for each of the components of a comprehensive or minimum package of services that should be provided at HEIs. The supporting

evidence on which these norms and standards have been based are attached in Appendices 1 to 11.

Table 4 shows the norms and standards for each of the components of the comprehensive package of services.

**Table 4** Norms and standards for the comprehensive package of services for HEIs

Package Component	Standard	Norms	Motivation
Prevention			
Information, education and communication (IEC) (APPENDIX 1)	<p>All students and staff should have access to appropriate information about all aspects of HIV. This information should be easily accessible, accurate and appropriate.</p> <p><b>Activities</b> which have been shown to promote IEC:</p> <ul style="list-style-type: none"> <li>■ Website: link to HIV information page.</li> <li>■ Communication and awareness campaigns (e.g. Orientation week, International AIDS day).</li> <li>■ Curative and health promotion services (TB, diabetes, STIs).</li> <li>■ VCT campaigns, condom use campaigns.</li> <li>■ Invitation to HIV and AIDS activists (DOH, Lifeline, CANSA) to augment health education programmes.</li> <li>■ Linkages with international institutions.</li> <li>■ Linkages with business.</li> <li>■ Capacity building and information workshops for staff and students.</li> <li>■ Interactive theatre groups.</li> <li>■ HIV and AIDS resources and information.</li> <li>■ Pamphlets, posters, publications, films, radio stations.</li> <li>■ Community outreach programmes.</li> <li>■ Promotion of support groups.</li> <li>■ Volunteer programmes that link students to community organisations working in the field of HIV and AIDS as well as research projects.</li> <li>■ HIV workshops for line managers and staff awareness workshops.</li> </ul>	<p>Provision of information, about HIV and AIDS and its prevention, detection and management to all students and staff.</p> <p><b>Human resources</b></p> <p>One FTE per institution (including those with multi-site campuses) to co-ordinate activities staff, peer educators and others involved with orientation and the activities of IEC</p> <p>Those involved with IEC should include e.g. :</p> <ul style="list-style-type: none"> <li>■ HIV and AIDS Committee Chair and members</li> <li>■ Peer educator co-ordinators</li> <li>■ Faculty staff involved with orientation</li> <li>■ Faculty staff involved with HIV and Programme</li> <li>■ Campus health manager.</li> <li>■ Students Representative Council member</li> <li>■ Trade Union representative</li> </ul> <p>Note: The above positions may already exist and the main post required is that of the co-ordinator.</p> <p><b>Physical resources</b></p> <p>With the large amount of information available from the DoH and NGOs. HEIs may be required to develop certain institution specific information</p> <p>The Dept of Health's Khomanani Project provides extensive information.</p> <p>In addition to formal programmes, information boards and stands should be set up, eg. at the:</p> <ul style="list-style-type: none"> <li>■ Clinic</li> </ul>	<p>Norms have been derived from current practice at HEIs and UNAIDS (2007: Practical Guidelines for Intensifying HIV Prevention).</p>

Package Component	Standard	Norms	Motivation
	<ul style="list-style-type: none"> <li>■ Provision of HIV and AIDS information through Information offices.</li> <li>■ Presentation of HIV and AIDS centre services to staff and students,</li> <li>■ Distribution of HIV and AIDS Policy information,</li> <li>■ Promotion of HIV and AIDS integration into the curriculum.</li> <li>■ Support group talks.</li> </ul>	<ul style="list-style-type: none"> <li>■ Staff and student cafeterias</li> <li>■ Staff and student events</li> <li>■ Libraries and resource centres</li> <li>■ Designated areas on campuses</li> </ul>	
Condom distribution <sup>8</sup> (APPENDIX 2)	Free availability of and easy access to condoms for all staff and students.	The free provision of a minimum of 17 condoms / student / year for a minimum of 50% of students in an institution.  <b>Human and physical resources</b>  One Full time equivalent (FTE) per HEI to coordinate the condom distribution program that includes the collection and distribution of condoms and dispensers checked on a daily basis for replenishment.  Condom dispensers must at least be available at: <ul style="list-style-type: none"> <li>■ Campus clinics</li> <li>■ Staff and student toilets (male and female)</li> <li>■ Staff and student cafeterias</li> </ul> The process of collection and distribution varies across HEIs. The process is either outsourced to the cleaning services at no additional cost or distributed in house with the assistance of paid or unpaid peer co-ordinators.	Norms have been derived from current practice and the literature [Myer, L., Matthews, C. and Little, F. (2001), Condom gaps wider than study suggests. BMJ. 20: 323(7318): 937].
Workplace programme & Employee assistance programme (EAP) (APPENDIX 3)	Implementation of workplace HIV program which complies with legislation and follows the guidance of relevant codes of practice.  <b>Activities</b>  According to the Occupational Health and Safety Act and the Code of Good Practice of HIV/AIDS and employment, the key elements of a HIV and AIDS Workplace programme include: <ul style="list-style-type: none"> <li>■ Impact assessment of HIV and AIDS on the HEI</li> <li>■ HIV and AIDS awareness programmes</li> <li>■ Voluntary counselling and testing programmes</li> <li>■ HIV and AIDS education and training</li> <li>■ Condom distribution</li> <li>■ Encouraging health treatment for STIs and TB</li> <li>■ Universal infection control procedures</li> <li>■ Creating an open accepting environment</li> <li>■ Wellness programmes for employees affected by HIV and AIDS</li> <li>■ Provision of antiretrovirals or the referral to relevant service providers</li> <li>■ Education and awareness about antiretroviral and treatment literacy programmes</li> <li>■ Counselling and other forms of social support for infected employees</li> <li>■ Reasonable accommodation for infected employees</li> <li>■ Strategies to address direct and indirect costs of HIV and AIDS</li> <li>■ Monitoring, evaluation and review of the programme.</li> </ul>	Development of workplace programs for HIV which incorporate HIV policy, prevention programs, training, care and support.  <b>Human and physical resources</b>  One FTE (in the Human Resources Department) per HEI to provide support to workplace and EAP programs.	Norms have been derived from the Code of Good Practice of HIV/AIDS and Employment (Dept of Health 2000), ILO code of practice for HIV and world of work and relevant South African labour legislation.  These norms and standards must also be read in conjunction with the HEAIDS Workplace Policy Framework. <sup>9</sup>
Peer education <sup>10</sup>	<ul style="list-style-type: none"> <li>■ Training programme for student and staff peer educators.</li> <li>■ Participate in information, communication and education.</li> <li>■ Provide other support.</li> </ul>	<b>Human resources</b> <ul style="list-style-type: none"> <li>■ 1 FTE project co-ordinator to co-ordinate the peer education initiative and provide ongoing training of peer educators per institution.</li> <li>■ Require 10–15 peer educators per 10 000 students.</li> </ul>	No norms have been published. The norms are based on current practice at HEIs and reflect an average.

Package Component	Standard	Norms	Motivation
	<ul style="list-style-type: none"> <li>■ The programme must be led and supervised by professionals specifically trained and experienced in peer education.</li> <li>■ The programme must include structured training sessions consisting of a tried and tested learning programme, based on demonstrated needs of the target group as well as the goals and objectives of relevant support groups.</li> <li>■ The training must encourage engagement, involvement, and self management with the trainees involved in the determination of peer education activities as well as in the development and distribution of programme information and services.</li> <li>■ Selected trainees must be invested in the goals of the programme.</li> <li>■ Selection criteria must ensure that the trainees represent the social composition of the "community" they represent.</li> <li>■ Training methods must be interactive and experiential with coaching and feedback. The training sessions should include role rehearsal; simulations and practical assignments.</li> <li>■ The training programme and the specific roles peer educators take on must have the support of staff, administrators, parents and peers as well as the assurance of a relevant network of care-givers including professional counselling and therapeutic personnel..</li> <li>■ Peer educators must have on-going supervision and continuing opportunities for learning.</li> <li>■ Supervisors must maintain a high quality relationship that allows for mentoring and coaching as well as dealing with confidentiality and making referrals to professionals.</li> <li>■ The programme must include built in mechanisms for monitoring and evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>■ Require 1-2 peer educators per 100 staff members.</li> <li>■ Role of peer educators</li> <li>■ Opportunities to exert informal influence and affect social norms.</li> <li>■ Can elevate their activism and advocacy roles in the cause of stigma reduction and the promotion of human rights and gender equity.</li> <li>■ Ensure that prevention and education must reach beyond the awareness level.</li> <li>■ It is critical for the peer education programme design to reflect its commitment to these interrelated goals and roles.</li> </ul>	<p>Eg. University of Cape Town: 35 peer educators per 20000 students.</p> <p>These are "Field Generated Standards" that <i>are</i> firmly rooted in practice. It draws on the strength of years of South African experience as well as working within the constraints of limited resources and difficult contexts. Skilled practitioners who have taken the time to record and reflect upon their experience have been the key contributors to these field-generated standards. (Rutanang: cspe.org.za).</p>
<p>Voluntary counselling and testing (VCT) (APPENDIX 4)</p>	<p><b>Accreditation for VCT (DoH)</b></p> <p>The proposed target for VCT is set at between 25%-50% of all students and staff. These targets may be increased in line with the available resources.</p>	<p>The sites need to be accredited by the DoH to provide VCT.</p> <p><b>Human resources</b></p> <p>Trained counsellors: It is recommended that a counsellor provides VCT for no more than 6 clients per day for pre-test counselling and 6 per day for post-test counselling. One counsellor may therefore provide counselling for 1200 clients, assuming an uninterrupted 40 week academic year (40 weeks x 5 days =200 working days; 200 x 6 = 1200 pre and post-test counselling sessions).</p> <p><b>Physical infrastructure</b></p> <ul style="list-style-type: none"> <li>■ One 3x3 m<sup>2</sup>, air-conditioned consulting room per counsellor with adequate privacy.</li> <li>■ Desk and chairs for counsellor and client.</li> <li>■ Procedure room for collection of blood and the provision of rapid HIV testing.</li> <li>■ Location to be preferably within a student / staff wellness clinic setting.</li> </ul>	<p>The standards are based on current estimates of the number people aged between 16 and 49 years undergoing VCT.</p> <p>The norms for VCT are determined by the DoH and compliance with the guidelines is a requirement for accreditation of VCT sites.</p>
<p>Behaviour change</p>	<p>The IEC programmes are intended to effect behaviour change.</p>	<p>One psychologist per HEI.</p>	<p>No norms have been published.</p>
<p>Prevention of mother to child transmission (PMTCT) (APPENDIX 5)</p>	<p>Prevention of HIV infection among prospective parents</p> <p>Avoidance of unwanted pregnancies among HIV positive women</p> <p>Prevention of the transmission of HIV from HIV positive mothers to their infants during pregnancy, labour, delivery and breastfeeding</p>	<p>Referral to a specialist public or private facility for PMTCT.</p> <p>Provision of pre-counselling, ante-natal and post-partum counselling to prospective and confirmed parents – staff and students.</p> <p><b>Human resources</b></p> <p>Trained counsellor (clinic counsellor)</p>	<p>These services can only be provided through specialist care and may not readily be provided at a PHC facility. Therefore it is indicated that any requirements for PMTCT be referred.</p>

Package Component	Standard	Norms	Motivation
Post exposure prophylaxis (PEP) (APPENDIX 6)	The availability of starter packs and continuation therapy for needle stick injury (where applicable) and for sexual assault.	Minimum of 3 starter kits per 1000 students. Continuation therapy on demand.  Availability of PEP protocol by DoH ( <a href="http://www.doh.gov/pepprotocol">www.doh.gov/pepprotocol</a> ).  <b>Human resources</b> <ul style="list-style-type: none"> <li>■ Trained counsellor (clinic counsellor)</li> <li>■ Medical practitioner (clinic doctor).</li> </ul>	Norms have been developed by the DoH.
Curriculum interventions (APPENDIX 7)	<ul style="list-style-type: none"> <li>■ HIV and AIDS modules in undergraduate and postgraduate programmes.</li> <li>■ Integration and infusion of HIV and AIDS into curriculum across faculties and disciplines.</li> <li>■ Web-based courses.</li> <li>■ 6 credits (60 notional hours) allocated for the undergraduate course for a three year degree / diploma i.e. 2 credits per year (mainly life skills oriented).</li> <li>■ 4 credits (40 notional hours) for the postgraduates at any level (Honours, Masters or Doctorates) (mainly profession or work related).</li> </ul>	One FTE coordinator per HEI reporting to the DVC for Teaching and Learning (Academic) or equivalent.  Provision of a Teaching and Learning resource centre.  Faculty and Department course coordinators.  Monitoring and evaluation by curriculum co-ordinator.  <b>Human resources</b> <ul style="list-style-type: none"> <li>■ Undergraduate: 20 students per FTE lecturer</li> <li>■ Postgraduate: 10 students per FTE lecturer</li> </ul>	No norms have been published.  The Association of African Universities has published a toolkit which may serve as guide.  <b>Norms and standards for establishment of tertiary education institutions.</b>  <i>Tertiary Education in Botswana.</i>  See website for full details ( <a href="http://tec.org.bw/tec_doc/norms.pdf">http://tec.org.bw/tec_doc/norms.pdf</a> ).
<b>Treatment</b>			
Wellness clinic (staff and students)  EAP and Primary health care (PHC) centre (APPENDIX 8)	Accreditation for PHC.  PHC nurses.  Dispensing licence.  General practitioner.  Availability of a wellness clinic per campus with the provision of the following services: <ul style="list-style-type: none"> <li>■ Treatment of minor ailments and opportunistic infections</li> <li>■ Treatment of STI's</li> <li>■ Nutritional assistance</li> <li>■ Social assistance</li> <li>■ Grief and bereavement counselling</li> <li>■ Counselling services</li> <li>■ Referral to palliative services</li> <li>■ Help line</li> <li>■ VCT</li> <li>■ Screening diagnosis and management of TB</li> </ul>	Based on PHC Norms and standards adapted from those determined by DoH for ART.  <b>Norm for facility</b>  Wellness centre of at least 450 m <sup>2</sup> consisting of: <ul style="list-style-type: none"> <li>■ Reception area,</li> <li>■ 8 consulting rooms for medical, nursing and auxiliary staff</li> <li>■ 1 Dispensary</li> <li>■ Emergency room</li> <li>■ Treatment room</li> <li>■ Sluice room</li> <li>■ Administration office</li> <li>■ 2 Bathrooms/toilets</li> <li>■ Group therapy room/meeting room</li> </ul> <b>Human resources (per facility)</b> <ul style="list-style-type: none"> <li>■ 1 Clinic director/manager</li> <li>■ 1 Psychologist</li> <li>■ 1 Social worker</li> <li>■ 1-2 Medical practitioners</li> <li>■ 3 Nurse practitioners</li> <li>■ 1 Receptionist</li> <li>■ 1 Administration assistant</li> <li>■ 1 Data capturer</li> </ul>	The norms and standards are provided by the DoH for setting up and operating PHC clinics.  Norms and standards as per NDOH on wellness, PHC, and EAP.  Practice as per UCT and other Universities.  (See Institutional Visit Reports)
Primary health care (PHC)  Treatment of minor ailments and minor opportunistic infections (OIs) (APPENDIX 9)	<ul style="list-style-type: none"> <li>■ As above for wellness clinic.</li> <li>■ Minor ailments.</li> <li>■ Opportunistic infections (eg.,thrush).</li> </ul>	Based on PHC norms and standards determined by DoH.  As above for wellness clinic.	Based on PHC norms and standards determined by DoH.

Package Component	Standard	Norms	Motivation
Treatment of sexually transmitted infections (STIs) (APPENDIX 9)	As above for wellness clinic. Availability of antibiotics and other drugs.	As above for wellness clinic. Syndromic management of STI to be followed as per norms developed by DoH (www.doh.gov/).	Based on PHC norms and standards determined by DoH.
Referral system to health facilities (APPENDIX 9)	Availability of referral system and accompanying algorithms for referral pathways.	Based on PHC Norms and standards determined by DoH. Memoranda of understandings and/or legal agreements with public or private healthcare providers (specialists, hospitals etc).	Based on PHC norms and standards determined by DoH.
Antiretroviral treatment (ART) (APPENDIX 10)	If at HEI, DoH accreditation required or referral to an accredited public or private healthcare provider. Ready access to an accredited ART service point as per norms and standards laid down by DoH.	Based on PHC Norms and standards determined by DoH. Availability of accredited ART service point as per norms and standards laid down by DoH. See APPENDIX 10 for human and physical resources.	The DoH has established the norms and standards for accreditation of sites to provide ART. HEIs that wish to provide these services need to comply with these requirements.
Treatment of major OIs	As these conditions require hospitalization, they need to be referred. Availability of referral system and accompanying algorithms for referral pathways.	Requires specialist care. Memoranda of understanding with a service provider and/or legal agreements with public or private healthcare providers (specialists, hospitals etc).	Based on PHC norms and standards determined by DoH.
Diagnosis, screening and management of TB. (APPENDIX 10)	Sputum screening identifies at least 75% of those who have active TB. Direct observed treatment. Referral for other investigations including X rays.	Availability of accredited TB diagnosis and treatment point as per norms and standards laid down by DoH. See APPENDIX 10 for human and physical resources.	Based on PHC norms and standards determined by DoH.
<b>Support</b>			
Nutritional assistance (APPENDIX 10)	Availability of Information and advice on dietary requirements for those on ARVs. Availability of nutritional supplements (e.g. Pap, multivitamins, etc).	<b>Human resources (per facility)</b> ■ 1 FTE nutritionist ■ 1 PHC nurse	Based on PHC norms and standards determined by DoH for ART.
Social assistance	Assistance with grants for disability or other social assistance.	Budget for social assistance. <b>Human resources</b> ■ 1 FTE social worker per campus.	Based on PHC norms and standards determined by DoH.
Counselling service	Psycho-social counselling: The social worker and the psychologists work from a bio-psycho social spiritual model, providing individual counselling and workshops to those students infected and affected by HIV and AIDS.	<b>Human resources</b> ■ 1 FTE psychologist or social worker per campus.	Based on PHC norms and standards determined by DoH.
Grief and bereavement counselling	Care and support programmes for e.g. partners, spouses, families affected by HIV and AIDS.	<b>Human resources</b> ■ 1 FTE psychologist and / or social worker per campus.	Based on PHC norms and standards determined by DoH.
Referral to palliative services (APPENDIX 10)	External providers: advanced health care facilities, hospitals, step down facilities, hospices, local health services, faith based facilities, traditional healers, community organisations and NGOs implementing health promotion.	See staffing requirements for PHC Clinic and ART. It should include: <b>Human resources</b> ■ 1 General practitioner ■ 1 PHC nurse ■ 1 Social worker ■ 1 Psychologist ■ 1 Human resources officer	Based on PHC norms and standards determined by DoH for ART.
24 hour help line (APPENDIX 11)	Availability of Institution based or shared nationally based service for all HEIs. Access to nationally available AIDS help lines.	Services offered at specific HEIs Counselling Support	Based on publication An HIV and AIDS Toolkit for Higher Education in Africa, Association of African Universities (2004) <sup>11</sup>



Table 5 shows the norms and standards for the minimum package of services that can be provided in resource constrained HEIs. The services that have been omitted from the comprehensive package of services may be obtained by referral to either public or private healthcare facilities.

**Table 5** Norms and standards for the minimum package of services for HEIs

Package Component	Standard	Norms	Motivation
<b>Prevention</b>			
Information, education and communication (IEC)  (APPENDIX 1)	<p>All students and staff should have access to appropriate information about all aspects of HIV. This information should be easily accessible, accurate and appropriate.</p> <p><b>Activities</b> which have been shown to promote IEC:</p> <ul style="list-style-type: none"> <li>■ Website: link to HIV information page.</li> <li>■ Communication and awareness campaigns (e.g. Orientation week, International AIDS day).</li> <li>■ Curative and health promotion services (TB, diabetes, and STIs).</li> <li>■ VCT campaigns, condom use campaigns.</li> <li>■ Invitation to HIV and AIDS activists (DOH, Lifeline, and CANSa) to augment health education programmes.</li> <li>■ Linkages with international institutions.</li> <li>■ Linkages with business.</li> <li>■ Capacity building and information workshops for staff and students.</li> <li>■ Interactive theatre groups.</li> <li>■ HIV and AIDS resources and information.</li> <li>■ Pamphlets, posters, publications, films, radio stations.</li> <li>■ Community outreach programmes.</li> <li>■ Promotion of support groups.</li> <li>■ Volunteer programmes that link students to community organisations working in the field of HIV and AIDS as well as research projects.</li> <li>■ HIV workshops for line managers and staff awareness workshops.</li> <li>■ Provision of HIV and AIDS information through Information offices</li> <li>■ Presentation of HIV and AIDS centre services to staff and students,</li> <li>■ Distribution of HIV and AIDS Policy information,</li> <li>■ Promotion of HIV and AIDS integration into the curriculum.</li> <li>■ Support group talks.</li> </ul>	<p>Provision of information, about HIV and AIDS and its prevention, detection and management to all students and staff.</p> <p><b>Human resources</b></p> <p>One FTE per institution (including those with multi-site campuses) to co-ordinate activities staff, peer educators and others involved with orientation and the activities of IEC.</p> <p>Those involved with IEC should include e.g. :</p> <ul style="list-style-type: none"> <li>■ HIV and AIDS Committee Chair and members</li> <li>■ Peer educator co-ordinators</li> <li>■ Faculty staff involved with orientation</li> <li>■ Faculty staff involved with HIV and Programme</li> <li>■ Campus health manager.</li> <li>■ Students Representative Council member</li> <li>■ Trade Union representative</li> </ul> <p>Note: The above positions may already exist and the main post required is that of the co-ordinator.</p> <p><b>Physical resources</b></p> <p>With the large amount of information available from the DoH and NGOs, HEIs may be required to develop certain institution specific information</p> <p>The Dept of Health's Khomanani Project provides the general information.</p> <p>In addition to formal programmes, information boards and stands should be set up, eg., at the:</p> <ul style="list-style-type: none"> <li>■ Clinic</li> <li>■ Staff and student cafeterias</li> <li>■ Staff and student event</li> <li>■ Libraries and resource centres</li> <li>■ Designated areas on campuses</li> </ul>	<p>Norms have been derived from current practice at HEIs and UNAIDS (2007: Practical Guidelines for Intensifying HIV Prevention).</p>
Condom distribution <sup>12</sup>  (APPENDIX 2)	<p>Free availability of and easy access to condoms for all staff and students.</p>	<p>The free provision of a minimum of 17 condoms / student / year for a minimum of 50% of students in an institution.</p> <p><b>Human and physical resources:</b></p> <p>One FTE per HEI to coordinate the condom distribution program that includes the collection and distribution of condoms, and dispensers checked on a daily basis for replenishment.</p> <p>Condom dispensers must at least be available at:</p> <ul style="list-style-type: none"> <li>■ Campus clinics</li> <li>■ Staff and student toilets (male and female)</li> <li>■ Staff and student cafeterias</li> </ul> <p>The process of collection and distribution varies across HEIs. The process is either outsourced to the cleaning services at no additional cost or distributed in house with the assistance of paid or unpaid peer co-ordinators.</p>	<p>Norms have been derived from current practice and the literature [Myer, L., Matthews, C. and Little, F. (2001), Condom gaps wider than study suggests. <i>BMJ</i>. 20: 323(7318): 937].</p>

Package Component	Standard	Norms	Motivation
<p>Workplace programme &amp; Employee assistance programme (EAP).  (APPENDIX 3)</p>	<p>Implementation of workplace HIV program which complies with legislation and follows the guidance of relevant codes of practice.</p> <p><b>Activities</b></p> <p>According to the Occupational Health and Safety Act and the Code of good practice of HIV/Aids and employment, the key elements of a HIV and AIDS Workplace Programme include:</p> <ul style="list-style-type: none"> <li>■ Impact assessment of HIV and AIDS on organisation.</li> <li>■ HIV and AIDS awareness programmes.</li> <li>■ Voluntary HIV testing and counselling programmes.</li> <li>■ HIV and AIDS education and training.</li> <li>■ Condom distribution.</li> <li>■ Encouraging health treatment for STIs and TB.</li> <li>■ Universal infection control procedures.</li> <li>■ Creating an open accepting environment.</li> <li>■ Wellness programmes for employees affected by HIV and AIDS.</li> <li>■ Provision of antiretrovirals or the referral to relevant service providers.</li> <li>■ Education and awareness about antiretroviral and treatment literacy programmes.</li> <li>■ Counselling and other forms of social support for infected employees.</li> <li>■ Reasonable accommodation for infected employees.</li> <li>■ Strategies to address direct and indirect costs of HIV and AIDS.</li> <li>■ Monitoring, evaluation and review of the programme.</li> </ul>	<p>Development of workplace programs for HIV which incorporate HIV policy, prevention programs, training, care and support</p> <p><b>Human and physical resources:</b></p> <p>One FTE (in the Human Resources Department) per HEI to provide support to workplace and EAP programmes.</p>	<p>Norms have been derived from Code of Good Practice of HIV/AIDS and Employment (Dept of Health 2000), ILO code of practice for HIV and world of work and relevant South African labour legislation.</p> <p>These norms and standards must also be read in conjunction with the HEAIDS Workplace Policy Framework.<sup>13</sup></p>
<p>Peer education<sup>14</sup></p>	<ul style="list-style-type: none"> <li>■ Training programme for student and staff peer educators.</li> <li>■ Participate in information, communication and education.</li> <li>■ Provide other support.</li> <li>■ The programme must be led and supervised by professionals, specifically trained and experienced in peer education.</li> <li>■ The programme must include structured training sessions consisting of a tried and tested learning programme, based on demonstrated needs of the target group as well as the goals and objectives of relevant support groups.</li> <li>■ The training must encourage engagement, involvement, and self management with the trainees involved in the determination of peer education activities as well as in the development and distribution of programme information and services.</li> <li>■ Selected trainees must be invested in the goals of the programme.</li> <li>■ Selection criteria must ensure that the trainees represent the social composition of the "community" they represent.</li> <li>■ Training methods must be interactive and experiential with coaching and feedback. The training sessions should include role rehearsal; simulations and practical assignments.</li> <li>■ The training programme and the specific roles peer educators take on must have the support of staff, administrators, parents and peers as well as the assurance of a relevant network of care-givers including professional counselling and therapeutic personnel.</li> </ul>	<p><b>Human resources</b></p> <ul style="list-style-type: none"> <li>■ 1 FTE project co-ordinator to co-ordinate the peer education initiative and provide ongoing training of peer educators per institution.</li> <li>■ Require 10-15 peer educators per 10,000 of students.</li> <li>■ Require 1-2 peer educator per 100 of staff.</li> <li>■ Role of peer educators:</li> <li>■ Opportunities to exert informal influence and affect social norms.</li> <li>■ Can elevate their activism and advocacy roles in the cause of stigma reduction and the promotion of human rights and gender equity.</li> <li>■ Ensure that prevention and education must reach beyond the awareness level</li> <li>■ It is critical for the peer education programme design to reflect its commitment to these interrelated goals and roles.</li> </ul>	<p>No norms have been published. The norms are based on current practice at HEIs and reflect an average.</p> <p>Eg. UCT: 35 peer educators per 20000 students.</p> <p>These are "Field Generated Standards" that are firmly rooted in practice. It draws on the strengths of years of South African experience as well as working within the constraints of limited resources and difficult contexts. Skilled practitioners who have taken the time to record and reflect upon their experience have been the key contributors to these field-generated standards. (Rutanang: cspe.org.za).</p>

Package Component	Standard	Norms	Motivation
	<ul style="list-style-type: none"> <li>■ Peer educators must have on-going supervision and continuing opportunities for learning.</li> <li>■ Supervisors must maintain a high quality relationship that allows for mentoring and coaching as well as dealing with confidentiality and making referrals to professionals.</li> <li>■ The programme must include built in mechanisms for monitoring and evaluation.</li> </ul>		
Voluntary counselling and testing (VCT) (APPENDIX 4)	<p>Accreditation for VCT (DoH).</p> <p>The proposed target for VCT is set at between 25%-50% of all students and staff. These targets may be increased in line with resources available.</p>	<p>Sites need to be accredited to provide VCT.</p> <p><b>Human resources</b></p> <p>Trained counsellors: It is recommended that a counsellor provides VCT for no more than 6 clients per day for pre-test counselling and 6 per day for post-test counselling. One counsellor may therefore provide counselling for 1200 clients, assuming an uninterrupted 40 week academic year (40 weeks x 5 days =200 working days; 200 x 6 = 1200 pre and post-test counselling sessions).</p> <p><b>Physical infrastructure</b></p> <ul style="list-style-type: none"> <li>■ One 3m<sup>2</sup>, air-conditioned consulting room per counsellor with adequate privacy.</li> <li>■ Desk and chair for counsellor and client.</li> <li>■ Procedure room for collection of blood and provision of rapid HIV testing.</li> <li>■ Location: Preferably within a student / staff wellness clinic setting.</li> </ul>	<p>The standards are based on current estimates of the number of people aged between 16 and 49 years undergoing VCT</p> <p>The norms for VCT are determined by DoH and compliance is a requirement for accreditation of VCT sites.</p>
Behaviour change	The IEC programmes are intended to effect behaviour change.	One psychologist per HEI	No norms have been published
Prevention of mother to child transmission (PMTCT) (APPENDIX 5)	<p>Prevention of the transmission of HIV from HIV positive mothers to their infants during pregnancy, labour, delivery and breastfeeding.</p> <p>Prevention of HIV infection among prospective parents.</p> <p>Avoidance of unwanted pregnancies among HIV positive women.</p>	<p>Referral to a specialist public or private facility for PMTCT.</p> <p>Provision of pre-counselling, ante-natal and post-natal counselling to prospective and confirmed parents – staff and students.</p> <p><b>Human resources</b></p> <p>Trained counsellor (clinic counsellor)</p>	These services can only be provided through specialist care and may not readily be provided at a PHC facility. It is indicated that any requests for PMTCT be referred.
Post exposure prophylaxis (PEP) (APPENDIX 6)	The availability of starter packs and continuation therapy for needle stick injury (where applicable) and for sexual assault.	<p>Minimum of 3 starter kits per 1000 students. Continuation therapy on demand</p> <p>Availability of PEP protocol by DoH (<a href="http://www.doh.gov/pepprotocol">www.doh.gov/pepprotocol</a>).</p> <p><b>Human resources</b></p> <ul style="list-style-type: none"> <li>■ Trained counsellor (clinic counsellor)</li> <li>■ Medical practitioner (clinic doctor).</li> </ul>	Norms have been developed by DoH.
Curriculum interventions (APPENDIX 7)	<p>HIV and AIDS modules in undergraduate and postgraduate programmes.</p> <p>Integration and infusion of HIV and AIDS into curriculum across faculties and disciplines.</p> <p>Web-based courses.</p> <p>6 credits (60 notional hours) allocated for undergraduate course for a three year degree/ diploma i.e. 2 credits per year (mainly life skills oriented).</p> <p>4 credits (40 notional hours) for the postgraduates at any level (Honours, masters or PhD) (mainly profession or work related).</p>	<p>One FTE coordinator per HEI reporting to the DVC for Teaching and Learning (Academic) or equivalent.</p> <p>Provision of a Teaching and Learning resource centres.</p> <p>Faculty and Department course coordinators.</p> <p>Monitoring and evaluation by curriculum co-ordinator.</p> <p><b>Human resources</b></p> <ul style="list-style-type: none"> <li>■ Undergraduate: 20 students per FTE lecturer.</li> <li>■ Postgraduate: 10 students per FTE lecturer.</li> </ul>	<p>No norms have been published.</p> <p>The Association of African Universities has published a toolkit which may serve as guide.</p> <p><b>Norms and standards for establishment of tertiary education institutions.</b></p> <p><i>Tertiary Education in Botswana.</i></p> <p>See website for full details (<a href="http://tec.org.bw/tec_doc/norms.pdf">http://tec.org.bw/tec_doc/norms.pdf</a>).</p>

Package Component	Standard	Norms	Motivation
<b>Treatment</b>			
Wellness clinic (staff and students) Employee assistance programme (EAP) and Primary health care (PHC) centre  (APPENDIX 8)	Accreditation for PHC. PHC nurses. Dispensing licence. General practitioner. Availability of a wellness clinic per campus with the provision of the following services: <ul style="list-style-type: none"> <li>■ Treatment of minor ailments and OI's</li> <li>■ Treatment of STI's</li> <li>■ Nutritional assistance</li> <li>■ Social assistance</li> <li>■ Grief and bereavement counselling</li> <li>■ Counselling services</li> <li>■ Referral to palliative services</li> <li>■ Help line</li> <li>■ VCT</li> <li>■ Screening, diagnosis and management of TB</li> </ul>	Based on PHC norms and standards adapted from those determined by DoH for ART.  <b>Norm for facility</b> Wellness centre of at least 450 m <sup>2</sup> consisting of: <ul style="list-style-type: none"> <li>■ Reception area,</li> <li>■ 8 consulting rooms for medical, nursing and auxiliary staff</li> <li>■ 1 Dispensary</li> <li>■ Emergency room</li> <li>■ Treatment room</li> <li>■ Sluice room</li> <li>■ Administration office</li> <li>■ 2 Bathrooms/toilets</li> <li>■ Group therapy room / meeting room</li> </ul> <b>Human resources (per facility)</b> <ul style="list-style-type: none"> <li>■ 1 Clinic director/manager</li> <li>■ 1 Psychologist</li> <li>■ 1 Social worker</li> <li>■ 1-2 Medical practitioners</li> <li>■ 3 Nurse practitioner</li> <li>■ 1 Receptionist</li> <li>■ 1 Admin assistant</li> <li>■ 1 Data capturer</li> </ul>	The norms and standards are provided by the DoH for setting up and operating PHC clinics.  Norms and standards as per NDoH on wellness, PHC, and EAP.  Practice as per UCT and other Universities.  (See Institutional Visit Reports)
Primary health care (PHC). Treatment of minor ailments and minor opportunistic infections (OIs)  (APPENDIX 9)	As above for wellness clinic. Minor ailments Opportunistic infections (thrush) treated	Based on PHC norms and standards determined by DoH.  As above for wellness clinic.	Based on PHC norms and standards determined by DoH.
Treatment of sexually transmitted infections (STIs)  (APPENDIX 9)	As above for wellness clinic. Availability of antibiotics and other drugs.	As above for wellness clinic.  Syndromic management of STI to be followed as per norms developed by DoH ( <a href="http://www.doh.gov/">www.doh.gov/</a> ).	Based on PHC norms and standards determined by DoH.
Referral system to health facilities  (APPENDIX 9)	Availability of referral system and accompanying algorithms for referral pathways.	Based on PHC norms and standards determined by DoH.  Memoranda of understanding and / or legal agreements with local public or private healthcare providers (specialists, hospitals etc).	Based on PHC norms and standards determined by DoH.
Antiretroviral treatment (ART)  (APPENDIX 10)	Referred.		
Treatment of major OIs	As these conditions require hospitalization, they need to be referred. Availability of referral system and accompanying algorithms for referral pathways.	Requires specialist care.  Memoranda of understanding and / or legal agreements with local public or private healthcare providers (specialists, hospitals etc).	Based on PHC norms and standards determined by DoH.
Screening, diagnosis and management of TB  (APPENDIX 10)	Sputum screening identifies at least 75% of those who have active TB. Direct observed treatment short course (DOTS) Referral for other investigations including X rays.	Availability of accredited TB diagnosis and treatment point as per norms and standards laid down by DoH.  See APPENDIX 10 for human and physical resources	Based on PHC norms and standards determined by DoH.

Package Component	Standard	Norms	Motivation
<b>Support</b>			
Counselling service	Psycho-social counselling: The social worker and the psychologists work from a bio-psycho social spiritual model providing individual counselling and workshops to those students infected and affected by HIV and AIDS.	<b>Human resources</b> 1 FTE psychologist or social worker per campus	Based on PHC norms and standards determined by DoH.
Referral to palliative services (APPENDIX 10)	External providers: advanced health care facilities, hospitals, hospices, local health services, faith based organisations, traditional healers, community organisations and NGOs implementing health promotion, care and support.	See staffing requirements for PHC clinic and should include: <b>Human resources</b> <ul style="list-style-type: none"> <li>■ 1 General practitioner</li> <li>■ 1 PHC nurse</li> <li>■ 1 Social worker</li> <li>■ 1 Psychologist</li> <li>■ 1 Human resources officer</li> </ul>	Based on PHC norms and standards determined by DoH for ART.
24 hour help line (APPENDIX 11)	Availability of institution based or shared nationally based service for all HEIs.  Access to nationally available AIDS help lines.	Services offered at specific HEIs.  Counselling.  Support.	Based on publication An HIV and AIDS Toolkit for Higher Education in Africa , Association of African Universities (2004) <sup>15</sup>

This document provides a set of guidelines for the development of a set national norms and standards according to which HEIs should provide prevention, treatment, care and support services for HIV and AIDS. The norms and standards that have been developed, a priori, for the minimum and comprehensive package of services are essential to providing guidance and direction to HEIs in undertaking its activities. It should be noted that they define the minimum

levels of service expected and the resources required to achieve these service levels. HEIs are enabled to develop institution specific norms and standards to accommodate their policy directives and own unique circumstances. These norms and standards may also serve as a guide for the monitoring and evaluation for compliance with a conditional or specific purpose grant should that be made available as well as for compliance with HEIs policies and procedures.



# Appendices

## APPENDIX 1

Norms and standards for information, education and communication (IEC)

## APPENDIX 2

Norms and standards for condom provision

## APPENDIX 3

Norms and standards for workplace programme and employee assistance programme (EAP)

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Norms and standards for post exposure prophylaxis (PEP)

## APPENDIX 7

Norms and standards for curriculum interventions

## APPENDIX 8

Norms and standards for a wellness clinic

## APPENDIX 9

The primary health care package for South Africa – a set of norms and standards

## APPENDIX 10

Norms and standards for antiretroviral treatment (ART)

## APPENDIX 11

A 24 hour campus helps line for HIV and AIDS





## APPENDIX 1

# Norms and standards for information, education and communication (IEC)

Information, education and communication (IEC) using multiple means including targeted HIV workplace programmes, integration into employee assistance programmes (EAP) and development of peer educators within institutions have been shown to increase awareness of HIV and reduce the spread of HIV.<sup>16</sup> UNAIDS has expanded on the methods of using information and education to promote this awareness as a prevention strategy.<sup>17</sup>

## ACCESS TO EDUCATION MATERIALS

In order to standardize the content, it is recommended that materials for information and education be sourced from the National Department of Health (DoH). The Khomanani Campaign of the DoH seeks to, inter alia, promote HIV prevention through the development of information materials and increase the penetration of such messages. To this end, a series of information materials have been developed promoting prevention and treatment of HIV and TB. These can be obtained from the DoH's Khomanani project or downloaded from [www.khomanani.org.za](http://www.khomanani.org.za).

## NORM

Provision of information about HIV and Aids and its prevention, detection and management to all students and staff.

## STANDARD

All students and staff should have access to appropriate information about all aspects of HIV. This information should be easily accessible, accurate and appropriate.

## HUMAN RESOURCES

One co-ordinator per institution to implement the education program.

## KEY COMPETENCIES

Administrative skills including computer literacy.

## INFRASTRUCTURE

Information stands to be set up; as a minimum:

- Inclusion in materials posted to new students and in materials handed to students during new student registration
- Linked to institution websites
- At exhibition stands located at:
  - Campus clinic
  - Staff and student cafeterias
  - Staff and student events
  - Libraries and resource centres

## **MONITORING AND EVALUATION:**

- Uptake of materials
- Client satisfaction (to be included in questionnaire)

## APPENDIX 2

# Norms and standards for condom provision

Many studies have demonstrated the use of barrier methods – male and female condoms – as an effective prevention strategy for HIV.<sup>18</sup> Condom distribution provides a simple, proven and cost-effective method of HIV prevention.

### NORM

The provision of a minimum of 17 condoms / student / year for a minimum of 50% of students in an institution<sup>19</sup>.

### STANDARD

Free availability of and easy access to condoms for all students and staff.

### HUMAN RESOURCES

One co-ordinator per institution to implement condom distribution plan. This will involve accessing free con-

doms from the DoH, stock control, the identification, distribution and maintenance of condom access points

### KEY COMPETENCIES

Administrative skills, including stock control and record keeping.

### INFRASTRUCTURE

Condom dispensers to be set up at a minimum in the following areas:

- Campus clinic
- Male and female toilets – staff and students
- Staff and student cafeterias
- Campus events

### MONITORING AND EVALUATION:

- Number of condoms accessed
- Client satisfaction (to be included in questionnaire)

## APPENDIX 3

# Norms and standards for workplace and employee assistance programmes (EAP)

- **Framework for HIV and AIDS workplace programmes for higher education in South Africa<sup>20</sup>**
- **Occupational health and safety norms and standards**

The Occupational Health and Safety Act 85 of 1993<sup>21</sup> places the responsibility on the employer to create a safe and healthy working environment; assess the risk of exposure to HIV transmission and minimize this; train staff to take steps in the event of exposure and have facilities in place to prevent and deal with actual exposure. The Act 85 of 1993 foresees the provision of HIV and AIDS workplace programmes.

## HIV AND AIDS WORKPLACE PROGRAMMES

An HIV and AIDS workplace programme is an action-oriented intervention that an organisation can implement in order to prevent new HIV infections, provide care and support for employees who are infected or affected by HIV and AIDS, and manage the impact of the pandemic on the organisation.<sup>22</sup>

According to the Occupational Health and Safety Act, the key elements of a HIV and AIDS Workplace Programme include:

- Impact assessment of HIV and AIDS on organisation

- HIV and AIDS awareness programmes
- Voluntary counselling and testing programmes
- HIV and AIDS education and training
- Condom distribution
- Encouraging medical treatment for STIs and TB
- Universal infection control procedures
- Creating an open accepting environment
- Wellness programmes for employees affected by HIV and AIDS
- Provision of antiretrovirals or the referral to relevant service providers
- Education and awareness about antiretroviral and treatment literacy programmes
- Counselling and other forms of social support for infected employees
- Reasonable accommodation for infected employees
- Strategies to address the direct and indirect costs of HIV and AIDS on workplaces
- Monitoring, evaluation and review of the programme.

## NORMS AND STANDARDS IN THE OCCUPATIONAL HEALTH AND SAFETY ACT

The Labourguide<sup>23</sup> has written a guide in the interest of the health and safety of workers in South Africa. It is intended to explain the Act in simple, non-legal terms to all the role players in the South African occupational health and safety field. To this end the role of the occupational health and safety (OHS)

inspectors of the Department of Labour is explained. The duties and rights of workers, as extended to them in the Act, are set out. The roles and responsibilities of employers, manufacturers, designers, importers, suppliers and sellers, in ensuring the health and safety of workers are highlighted. The functions of health and safety representatives and committees are clarified.

## APPENDIX 4

# Norms and standards for voluntary counselling and testing (VCT)

### DEFINITION:

- HIV Counselling: Confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions related to HIV and AIDS.
- Testing: Performing a blood test (finger prick or phlebotomy) to elicit a person's HIV status.
- VCT: Is a combination of two activities counselling and testing – into a service that amplifies the benefits of both.
- All volunteers undergoing VCT should know their HIV status and have an insight into the natural history of HIV and AIDS and be empowered to prevent acquiring or transmitting HIV infection, recognize the symptoms and signs of opportunistic infections, present for regular testing for CD4 counts and viral loads and other health assessments.

### NORM

Between 25% and 40% of staff and students should have VCT in any academic year.

### STANDARD

The VCT site should be accredited by the DoH for compliance (see also APPENDIX 12).

### HUMAN RESOURCE

- Trained counsellors: It is recommended that a counsellor provides VCT for no more than 6 clients per day for pre-test counselling and 6 per day for post-test counselling. One counsellor may therefore provide counselling for 1 200 clients, assuming an uninterrupted 40 week academic year (40 weeks x 5 days = 200 working days; 200 x 6 = 1 200 pre and post-test counselling sessions). For a University population of 10 000 staff and students, 3 full-time counsellors should suffice to achieve a target of at least 25% of staff and students.
- Registered phlebotomist: It is recommended that 2 phlebotomists per clinic be available to provide services for VCT and for the services of the clinic.

### KEY COMPETENCIES

- Certification in training in voluntary counselling and testing
- Skills in interpersonal relations
- Basic knowledge of HIV and AIDS

### PHYSICAL INFRASTRUCTURE

- One consulting room per counsellor comfortably furnished. Desk and chair for counsellor and client. Ensure privacy. Access to HIV and AIDS

educational material in the office. The norm is a 3m<sup>2</sup> air conditioned office.

- Procedure room for collection of blood and provision of rapid HIV testing.
- A phlebotomist to draw bloods for testing for HIV.
- Access to PEP packs.
- Location: Preferably within a student / staff well-ness clinic setting.

## MONITORING AND EVALUATION

- Client satisfaction questionnaire
- Achievement of defined target (25%-40% of students and staff per annum)
- Number of clients counselled
- Number of clients tested

## APPENDIX 5

# Norms and standards for prevention of mother to child transmission (PMTCT)

Mother to child transmission of HIV (MTCT) can occur during pregnancy, labour and delivery, or breastfeeding. Without treatment, around 15 to 30% of babies born to HIV positive women will become infected with HIV during pregnancy and delivery. A further 5 to 20% will become infected through breastfeeding. In high income countries, MTCT has been virtually eliminated thanks to effective voluntary testing and counselling, access to antiretroviral therapy, safe delivery practices, and the widespread availability and safe use of breast-milk substitutes. Effective prevention of mother to child transmission (PMTCT) requires a three-fold strategy:

- Preventing HIV infection among prospective parents
- Avoiding unwanted pregnancies among HIV positive women
- Preventing the transmission of HIV from HIV positive mothers to their infants during pregnancy, labour, delivery and breastfeeding

The last of these can be achieved by the use of antiretroviral drugs, safer infant feeding practices and other interventions. It is recommended that HEIs provide information to all women and specifically to pregnant students and staff.

## NORM

Provision of information about PMTCT including prevention of unwanted pregnancies, ART for PMTCT and feeding choices.

## STANDARD

All students and staff should have access to appropriate information on PMTCT. This information should be easily accessible, accurate and appropriate.

## HUMAN RESOURCES

Trained counsellors and nurse practitioners at campus clinic

## KEY COMPETENCIES

- Knowledge of transmission of HIV and methods to prevent transmission from mother to child
- Knowledge of the DoH's PMTCT guidelines including the use of ART for this purpose
- Knowledge of appropriate infant feeding practices for reduction of MTCT

## PHYSICAL INFRASTRUCTURE

Counselling room in campus clinic

## MONITORING AND EVALUATION

- Attendance of counselling and information sessions related to PMTCT
- Client satisfaction survey



## APPENDIX 6

# Norms and standards for post-exposure prophylaxis (PEP)

Post-exposure prophylaxis (PEP) refers to the administration of ART to prevent the transmission of HIV following accidental (e.g. needle stick injury in laboratory) or criminal (e.g. rape) exposure to infected secretions or blood. PEP should be given as soon as possible (but not exceeding 72 hours) after the exposure for a period of 4 weeks and should be preceded by appropriate counselling of the survivor and HIV testing of the survivor.

The incidence of sexual assault or accidental exposure in HEIs is not known. In South African society, however, the annual incidence of sexual assault is up to 300 per 100 000 women.

### NORM

A minimum of 3 emergency starter packs per 1 000 students; counselling and testing should be available for PEP.

### STANDARD

Every staff and student who requires it should have access to PEP with accompanying counselling and testing.

### HUMAN RESOURCES:

- Counsellor: this can be campus clinic or resident counsellor

- Phlebotomist: this can be campus clinic phlebotomist
- Registered medical practitioner

### KEY COMPETENCIES:

- Certification in training in voluntary counselling and testing (counsellor) and phlebotomy (phlebotomist)
- Knowledge of the laws governing management of assault and rape survivors
- Recognise the need for post-exposure prophylaxis
- Certification for dispensing of drugs

### PHYSICAL INFRASTRUCTURE:

- Counselling room
- Area in clinic for lock up cupboard for storage of emergency starter packs
- A minimum of 3 PEP starter packs per 1 000 students
- A minimum of 3 rapid tests per 1 000 students reserved for PEP

### MONITORING AND EVALUATION:

- Uptake of PEP
- Number of dispensed starter packs per annum

## APPENDIX 7

# Norms and standards for curriculum interventions

There are no published set of norms and standards for the integration of HIV and AIDS into the under- and post- graduate curricula of HEIs. Therefore, these set of norms and standards have been derived empirically to provide a basis for:

- An undergraduate course equivalent to six credits spread out over an entire degree; and
- A postgraduate course equivalent to four credits integrated into existing degree, including a research component.

## COURSE CONTENT

### Undergraduate curriculum

While most students would be familiar with basic information about HIV infection and transmission, its pathogenesis, prognosis and transmission, many may not be aware of the impact and mitigation within their chosen field of study or professional training. For example, engineering students may want to consider the most appropriate ways of designing air filtration and distribution systems in confined spaces to reduced tuberculosis spread amongst people.

### *HIV Curriculum integration*

Personal	Life skills, behavior change, core values, interventions
Professional	World of Work, Continuing Professional Development
Institutional	Orientation and induction programmes for new staff and governance structures – Council, Senate

*HIV and AIDS in Higher education curriculum<sup>24</sup>*

Option 1	← Formal curriculum →	Option 2	→ Option 3
<b>Year1</b>			
Personal skills	<b>Non-formal curriculum</b> <ul style="list-style-type: none"> <li>■ Induction workshop on prevention</li> <li>■ Counselling in residences</li> <li>■ Student groups</li> </ul>	Personal and Professional Skills	Institutional
HIV and AIDS prevention, behavior change and lifeskills programme		Personal skills HIV and AIDS prevention, behavior change, life skills programme	New staff and leadership Orientation & induction; skills development for governance structures
<b>Year2</b>			
	<ul style="list-style-type: none"> <li>■ Peer education</li> <li>■ AIDS campaigns</li> <li>■ Home based care project</li> </ul>	<b>Professional skills</b> Professional skills related to world of work and HIV and AIDS Options: core, elective module, research, infused content, service learning	Impact of HIV and AIDS on institutional planning
<b>Year 3</b>			
	Community outreach	↔ Research	
<b>Outcome</b> Graduate with personal and behavioral skills related to HIV and AIDS		<b>Outcome</b> Graduate with personal and professional skills related to HIV and AIDS	<b>Outcome</b> Graduate with new research skills related to HIV and AIDS

*Modes of delivery:*

- stand-alone,
- integrated,
- web-based.

Web based and Stand-alone courses: National HEIs may come together to design a national core curriculum.

**Post-Graduate**

- 4 credits; 40 national hours.
- Legislative framework
- Policy framework: Discrimination, Human rights
- Practice: Impact on practice and profession
- Impact: Workplace issues

*Modes of delivery:*

- Stand-alone – can be designed at institutional level or by a core group nationally
  - 6 credits at UG level (3 years)

- 4 credits at PG level
- Integrated:
  - 6 credits – infused/faculty
  - Web-based (assumption is that the infrastructure is in place):
- Costs:
  - Development costs
  - Maintenance costs
  - Monitoring and evaluation costs

## **NORMS AND STANDARDS FOR ESTABLISHMENT OF TERTIARY EDUCATION INSTITUTIONS**

### **Tertiary Education Council**

#### *Transforming Tertiary Education in Botswana*

See website for full details ([http://tec.org.bw/tec\\_doc/norms.pdf](http://tec.org.bw/tec_doc/norms.pdf))

- The Tertiary Education Act; CAP 57:04 Section 21 requires all public and private tertiary education institutions to register with the Tertiary Education Council (TEC). With the recommendation of the Council, the Minister of Education has since issued two sets of regulations. One set pertaining to applications for establishing a new tertiary education institution was issued on 6th July 2004. The second set of regulations for registration of existing/operating public and private tertiary education institutions was issued on 29th September 2005. With the act and the regulations in place, institutions have started to submit their applications for registration with the Council. However, it is also clear that there are still some aspects of the regulations which will benefit from further clarification and specifications in the form of figures and quantities. The proposed norms and standards represent the Council's first attempt to further assist applicants come to terms with what the Council expects as requirements for operating a tertiary education institution in Botswana. These norms and standards are neither exhaustive nor cast in stone. They will evolve and be improved with time and in further consultation with stakeholders.
- The norms and standards outline requirements to be met in regard to establishment and registration of tertiary education institutions on the following areas of the regulations:
  - Structure of governance/organisational structure of the institution
  - Academic organisation of the teaching and learning environment according to faculties and departments
  - Required teacher/lecturer: student ratio
  - Required number of administrative/support staff including library and other staff
  - Required teaching faculty in terms of minimum number of full time teaching/lecturing staff
  - Resourcing of the library
  - Specifications for teaching/learning facilities such as classroom space and related support facilities like lecture halls/theatres, library, laboratories, workshops and demonstration rooms
  - Requirements for teaching and administrative staff offices
  - Specifications for students' accommodation /hostels, student welfare support services, teaching/administrative staff offices, etc.
  - Required specifications for buildings and land
  - Role of and funding for research

- Financial viability and sustainability of the institution.
- The norms and standards presented here divide institutions into three levels of a university, a college and an institute/centre. Norms and standards are set higher at university level and reduce in demand as one moves down from university level institution to a lower level institution such as an institute/college. This way, institutions can start small and grow to higher levels as their resources grow.

## NORMS AND STANDARDS FOR ESTABLISHMENT OF A UNIVERSITY AND OTHER TERTIARY LEVEL INSTITUTIONS

Level of Institution: University		
Requirement	Norms and Standards requirements	Justification for the proposed standards
Size	Initial minimum enrolment of 1 000 students.	This is the threshold enrolment deemed reasonable for ensuring sustainability of the institution. However, an institution may commence its operational activities with a lower enrolment subject to consultations with the TEC and basing on its stated business plan outlining future development of the institution.
Structure of governance of the institution	In the case of private/nongovernmental institutions, the sponsoring body for establishment of the Institution shall be a Company / Trust /Society / Foundation that has been registered/constituted under Botswana's relevant legislation and/or regulations of the for establishing, Companies / Societies/Trusts. Composition of the institutions Board of Governors /Governing Council shall have representation from the sponsoring Company /Society/ Foundation in addition to other stakeholders. Public universities would ordinarily be established through an Act of Parliament or as an affiliate of an already existing public institution. A university would normally be headed by a Vice Chancellor as the most senior principal officer of the institution. The Vice Chancellor together with the senior management/academic leadership would be responsible for the day to day running of the institution. As a minimum requirement amongst the principal officers of the institution there would be two designated specifically for Finance & Administration and Academic Leadership	Good corporate governance requires stakeholder representation including students in the oversight and governance structures of the institution. Governance of institutions at this level through university councils is in keeping with established international practice.
Academic organisation of the teaching and learning environment	A minimum of four (4) faculties each comprising related groupings of disciplines/subjects.	This is an accepted international practice in the organization of institutions of higher learning such as universities for purposes of better coordination and management.
Departments-as in Mathematics, English, Environmental Science, Physics, Chemistry, Economics, Biology,etc	<ul style="list-style-type: none"> <li>■ Minimum of at least three (3) departments deemed necessary for the establishment of a faculty</li> <li>■ Related departments would be grouped into faculties as is established practice in tertiary education.</li> </ul>	This is in keeping with established international academic practice with regard to the organisation of the teaching and learning environment in universities
Staff Teacher/lecturer: Student/learner ratio	<p>Staff/Student ratio is a critical cost and quality related measure in education. There are established international practices. Given Botswana's level of tertiary education development, the following ratios are recommended</p> <ul style="list-style-type: none"> <li>■ 1:20 Science &amp; Technology-related courses, health professions and courses involving practical / laboratory work.</li> <li>■ 1:25 Social Sciences courses</li> <li>■ 1:30 Other courses</li> </ul>	Specialised disciplines / courses like Science and Technology conventionally require lower lecturer / student ratios to facilitate manageable student groups for laboratory work, project supervision and lecturer / student interaction for academic support.
Number of administrative/ support staff including Library and other staff for miscellaneous duties	<ul style="list-style-type: none"> <li>■ Admin/Support: Academic at 1:5</li> <li>■ Laboratory: Academic at 1:3</li> <li>■ Secretary: Academic at 1:10*</li> </ul> <p>* These figures will vary according to the size of the institution.</p>	Both the academic and administration staff require support in the running of the institution and effective delivery of instructional programmes. Support staff typically required for effective running of the institution would involve administration / clerical, secretarial and laboratory / workshop demonstration

Level of Institution: University		
Requirement	Norms and Standards requirements	Justification for the proposed standards
Academic teaching, research staff	<p><b>Required number of departments</b> Teaching staff /lecturers: At least six (6) full time teachers / lecturers per department. Number of teacher/lecturer (full time) required cadre per department – 50% should be senior lecturers and above, e.g.</p> <ul style="list-style-type: none"> <li>■ 1 Professor for degree awarding institution</li> <li>■ 2 Associate professors/Senior lecturer</li> <li>■ 3 Lecturers</li> </ul> <p>A university would also be required to have research staff in its academic staff establishment as well as a category of Assistant lecturers for the purpose of facilitating on going staff development.</p>	<p>Personnel adequate and qualified staff forms the prerequisite for quality academic programmes, enhanced instructional delivery, student support services and quality research</p>
	<p>Recommended qualifications for rank of Professor / Associate professor is Doctoral degree in the relevant discipline Recommended qualification for the rank of Lecturer / Senior lecturer is a minimum of a masters degree in the relevant discipline. In keeping with conventional practice, a Senior lecturer would be expected to have acquired more experience not only in teaching but also in research work in the relevant discipline.</p>	
Library/Information Resource Centre	<p>At least 85 000 titles, in addition each student should have 15 volumes of books (excluding text books).Journals :periodicals covering titles from each subject area (core subject journals), subscription and frequency of publication will vary according to the subject.</p> <p><b>Required specification</b> 1.0m<sup>2</sup> Equivalent full time student unit (EFTSU) (10% total space on campus ) Detailed guidelines on the establishment of a tertiary education library have been developed and are available on request to organisations /applicants seeking to establish tertiary institutions.</p> <p><i>* A value representing the student load for a unit of study or part of a unit of study. Expressed as a proportion of the workload for a standard annual program for Students undertaking a full year of study in a given year of a particular course.</i></p>	<p>The library forms an important part of the teaching and learning activity for both staff and students in fulfilling the academic mission of the institution. The library should be adequately resourced to support the various programmes offered under the different departments and faculties of the institution; including the requirement for promotion of scholarly research.</p>
Facilities/Teaching & learning space	<p><b>Required number of lecture rooms</b> At least 2–3 lecture rooms to accommodate 60 students</p> <p><b>Departments</b></p> <ul style="list-style-type: none"> <li>■ 2–3 seminar rooms with a seating capacity of 20 persons</li> <li>■ 1 departmental committee room with a seating capacity of 50 persons.</li> <li>■ Lecture theatre with a seating capacity of 150.</li> </ul> <p><b>Required specifications</b> General teaching space 12% of total space on campus</p> <ul style="list-style-type: none"> <li>■ Seminar room 2m<sup>2</sup> EFTSU</li> <li>■ Lecture room 2m<sup>2</sup> usable floor area (UFA) – floor area measured from the inside face of the walls and deducting all the common use areas (corridors, etc) and non habitable areas (lifts, stairs, service ducts, etc.)</li> </ul> <p><b>Lecture Theatre</b></p> <ul style="list-style-type: none"> <li>■ Small lecture theatre (60–179 seats)</li> <li>■ Medium lecture theatre(180–250 seats)</li> <li>■ Large lecture theatre (250+ seats)</li> </ul>	

Level of Institution: University		
Requirement	Norms and Standards requirements	Justification for the proposed standards
Laboratories/ Workshops/ Personal computers (PC's)	<p><b>Number of laboratories (desirable/recommended):</b> At least 1 laboratory of capacity of 50 seats per department for Science/Technology related programmes.</p> <p><b>Workshops desirable/recommended space:</b> capacity of 20 Personal computers (PC's) desirable/ recommended:1 per 3 students in the case of IT courses. The ratio could be raised to 1 per 5 students in the case of other courses.</p> <p><b>Internet services:</b> to be provided with an access rate commensurate with the IT requirements of an institution of higher learning. The service must cater for both staff, students, research and information dissemination needs of the institution.</p> <p><b>Required size specifications:</b></p> <ul style="list-style-type: none"> <li>■ Laboratories m<sup>2</sup>/Usable floor area (UFA)<sup>2</sup></li> <li>■ Science 5m<sup>2</sup>/student</li> <li>■ Store &amp; preparation areas 1m<sup>2</sup>/student</li> <li>■ Computer 2.3m<sup>2</sup> per workstation</li> </ul>	Adequate laboratory facilities and related resources / equipment are an essential requirement for delivery of Science & Technology-related programmes. Modern institutions also require up to date laboratory facilities and technical back up services that would put them at the cutting edge of research.
Teaching/ Administrative Staff offices	<p><b>Required office space for the Institution:</b></p> <ul style="list-style-type: none"> <li>■ 1 Staff lounge and Kitchenette</li> <li>■ 1 Head of Department Office</li> <li>■ 6 Staff offices per department</li> <li>■ 1 Computer lab to accommodate minimum of 50 students.</li> </ul> <p><b>Required size specifications:</b> The range of recommended office space is 8-35m<sup>2</sup> (UFA), and the allocation is based on positions (rank) of the institution's staff as follows:</p> <ul style="list-style-type: none"> <li>■ Research staff: 8m<sup>2</sup></li> <li>■ Assistant lecturer/lecturer: 12m<sup>2</sup></li> <li>■ Head of Department: 20m<sup>2</sup></li> <li>■ Vice Chancellor: 35m<sup>2</sup></li> </ul>	The recommended specifications are to ensure standardisation in the design of institutional facilities to cater for various enrolment intakes.
Hostels	<p><b>Required size specifications:</b></p> <ul style="list-style-type: none"> <li>■ Bed/Study: 10m<sup>2</sup> per student</li> <li>■ Dining /Kitchen: 1.5m<sup>2</sup> per student</li> <li>■ Common Room: 2m<sup>2</sup> per student</li> </ul>	
Land	<p><b>Required specification:</b> For appropriate planning of the institution, the recommended parameter is 15m<sup>2</sup> Gross Floor Area <sup>3</sup>(GFA)/EFTSU – <i>The sum of fully enclosed area and unenclosed covered area.</i></p>	This is especially important in planning for new institutions. The stipulated guideline of 15m <sup>2</sup> gross floor area (GFA) per EFTSU is recommended to facilitate standardisation in institutional planning including the requirement for future expansion plans.
Research	<p><b>Required funding for research:</b> Recommended funding for research is 10%-15% of the institution's annual recurrent budget.</p>	A key mission of a tertiary institution should be the propagation of new knowledge and information dissemination through scholarly research conducted under the different faculties /departments. Research is also important for ongoing transformation of the institution's programmes and for contributing to the contemporary socio-economic development concerns and international competitiveness. This calls for adequate funding of research.
Finance	<p><b>Required capital / development costs for the start up phase of the Institution</b> <i>Recommended capital/development budget of R12–15 million (US \$2.5–3 million) based on the needs of a newly established institution with a minimum of 4 faculties.</i></p> <p>This crude figure was derived from the University of Botswana cost estimate for running a 500 students faculty in 2005/06. A more refined cost estimate based on the foregoing building specifications is currently being developed with the assistance of a quantity surveyor.</p>	Financial viability of an institution is of critical importance in ensuring sustainability of its operations- especially during the start up phase. This is to ensure financial viability and sustainability. Failure to provide adequate budgetary support for the recurrent costs may result in the institution being overly dependent on student fees- a factor which may fluctuate as a result of market forces.

Level of Institution: University		
Requirement	Norms and Standards requirements	Justification for the proposed standards
	<p><b>Required recurrent budget costs for the start up phase of the Institution</b>                      Recommended recurrent budget costs estimated at R12–13 million (US \$2.5–3 million) based on estimated costs of an institution comprising four (4) faculties/departments during the start up phase based on 2005/06 prices.</p> <p>The institution will be required to submit a detailed business plan for the purpose of verifying its financial viability and sustainability. Additionally, the institution has to provide adequate proof to the effect that it has the requisite funding support for establishment of the initial infrastructure.</p>	



## APPENDIX 8

# Norms and standards for a wellness clinic

The Department of Health has developed norms and standards for a typical HIV clinic which provides primary health services. The following is an adaptation of those norms and standards to a campus clinic:

### NORMS

The clinic is supervised every three months by the HIV coordinator.

Every three months those clinics performing RPR and rapid HIV tests have a visit by a laboratory technologist for quality control.

At least one professional nurse will attend an HIV and AIDS/STD/TB workshop or other continuing education event on HIV and AIDS each year.

### STANDARDS

#### References, prints and educational materials

- HIV and AIDS Strategic Plan for South Africa 2007–2011.
- Summary results of the last National HIV Serological Survey on women attending public health services in South Africa.
- Management of Occupational Exposure to Human Immunodeficiency Virus (HIV).

- Paediatric HIV and AIDS Guidelines.
- HIV and AIDS Clinical Care Guidelines for Adults. Primary AIDS Care, latest edition.
- Epidemiological Notes – National or Provincial relating to HIV and AIDS.
- DoH policy for prevention of Mother to Child Transmission of HIV and other infections during Pregnancy and Childbirth.
- HIV and AIDS Guidelines for home based care.
- Policy guidelines and recommendations for feeding of infants of HIV positive mothers.
- AIDS pamphlets.
- Posters on HIV and AIDS/STD in the local languages and preferably depicting local culture settings.

#### Medicines and Supplies

- Gloves, protective aprons and goggles.
- Condoms (male & female).
- Post exposure prophylaxis of occupationally acquired HIV exposure e.g. needle stick injuries with HIV positive blood in accordance with the recommendations of the Essential Drug List.

#### Competence of Health Staff

##### *Knowledge and attitudes*

- Staff know the contents of the Guidelines on Management of Occupational Exposure to Human Immunodeficiency Virus.

- Staff relate to patients in a non-discriminatory and non-judgemental manner and maintain strict confidentiality about patient's HIV status.
- Staff are familiar with regulations and mechanisms to deal with confidentiality in notifying patients with AIDS disease or AIDS deaths.
- Staff provide warm, compassionate, counselling on a continuous basis and which is sensitive to culture, language and social circumstances of patients.
- Staff are aware of the effects of factors such as unprotected sexual intercourse, multiple sexual partners, poverty, migrant labour, women's socio-economic conditions, lack of education, the high incidence of STD, lack of recreational facilities, violence and rape, drugs and alcohol, discrimination, lack of relevant knowledge in relation to HIV transmission in the clinics catchment area.
- Staff are aware of the social consequences (orphans, loss of work, family, disruptions of schooling, work and careers) of AIDS.
- Staff seek to reduce fear and stigma of HIV and AIDS.
- Staff provide youth friendly services that help promoting improved health seeking behaviour and adopting safer sex practices.

### *Skills*

- Staff are able to:
  - Take a good history including a sexual history, after establishing a trusting relationship.
  - Undertake a physical examination according to guidelines checklist in good lighting and in privacy.
  - Do pre and post test counselling after informed consent and take laboratory specimens for HIV (two separate blood specimens), and RPR.
  - Perform, after training, rapid HIV and RPR tests in those remote clinics where this has been set up.
  - Continue counselling at suitable times when more time can be allocated.
  - Promote optimal health and safer sexual practices (wellness management to include mental attitude, nutrition, healthy lifestyle, vitamins, no drugs or alcohol, avoidance of re-infection

with HIV and STD by practising safer sex, early treatment if infectious including TB).

- Assess the prognosis of HIV to AIDS by recognising and diagnosing the common opportunistic infections.
- Diagnose acute pneumonia and start on cotrimoxazole or other antibiotic while arranging referral for admission.
- Refer to tuberculosis and HIV and AIDS clinical guidelines and initiate directly observed tuberculosis treatment after obtaining positive sputum results or send for x-ray when in doubt and also send sputum for culture, while starting INH prophylaxis 300mg daily
- Offer periodic check-ups, including weight, to all HIV cases.
- Discuss voluntary HIV testing with patients with STD or TB, and get consent forms signed.
- Counsel cases of rape and offer HIV test after informed consent and pre- and post test counselling.
- Use universal precautions.
- Use policy guidelines and recommendations for feeding infants of HIV positive mothers and assess mothers' circumstances and counsel appropriately and abide with mothers' rights to choose after informed counselling.
- Know all community structures in the clinic catchment area that can assist HIV positive mothers and infants and be able to differentiate between slow and rapid progressors.
- Provide education, counselling and supportive care for child and child carer (including treatment of intercurrent illness, advise about feeding, Road to Health chart, immunisation, Vitamin A) and facilitate access to social services.
- Collaborates with traditional healers on HIV and AIDS.
- All clinic staff (professional and cleaning/laundry) are immunised against Hepatitis B.

### **Referrals**

- Refer cases of Herpes zoster, oesophageal candidiasis and severe continued diarrhoea (after trial of symptomatic treatment).

- Refer suspected TB cases with negative sputum for further investigation.
- Increase acceptance and use of condoms.

### Patient Education

- All education vigorously addresses ignorance, fear and prejudice regarding patients with HIV and AIDS attending clinics.

### Records

- Patient's records are kept according to protocol with emphasis on confidentiality.

## APPENDIX 9

# The primary health care package for South Africa – a set of norms and standards

The primary health care package for South Africa – a set of norms and standards – was determined by the Department of Health in 2000. A detailed description of these norms and standards are available from the website of the Department of Health<sup>25</sup>. In the field of HIV and AIDS there are two relevant parts – Norms and Standards for Health Clinics and for Community Based – Clinic Initiated Services. In addition the ‘Batho Pele’ service standards from the Department of Public Service and Administration as well as the Patient’s Rights Charter of the Department of Health cover consumer rights.

### NORMS AND STANDARDS FOR HEALTH CLINICS

The primary health care package for South Africa defines core norms and standards for the following services provided in health clinics:

- Women’s reproductive health
- Integrated management of childhood illness
- Diseases prevented by immunisation
- Adolescent and youth health
- Management of communicable disease
- Cholera and diarrhoeal disease control
- Dysentery
- Helminths
- Sexually transmitted diseases (STD)
- HIV and AIDS

- Malaria
- Rabies
- Tuberculosis
- Leprosy
- Prevention of hearing impairment due to otitis media
- Rheumatic fever and haemolytic streptococcal Infection
- Trauma and emergency
- Oral health
- Mental health
- Victims of sexual offenses, domestic violence and gender violence
- Substance abuse
- Chronic diseases and geriatrics
- Diabetes
- Hypertension
- Rehabilitation services

### NORMS AND STANDARDS FOR COMMUNITY BASED – CLINIC INITIATED SERVICES

The primary health care package for South Africa defines core norms and standards for the following services in the field of community based – clinic initiated services:

- Community level water & sanitation
- Community level home-based care

- Directly observed treatment short course
- Integrated nutrition programme
- School health services
- Community based rehabilitation

## APPENDIX 10

# Norms and standards for antiretroviral treatment (ART)

### HIGHLY ACTIVE ANTIRETROVIRAL TREATMENT

There is no doubt, based on two decades of international experience that the timely introduction of highly active antiretroviral treatment (HAART) is associated with long-term survival and effectively converts HIV into a chronic illness.

#### ■ Who should be given HAART?

Any person who has a CD4 count of less than 200 cells/ml or who has developed an opportunistic infection.

#### ■ Who should provide HAART?

Any facility that fulfils the minimum criteria to be a HAART provision site, as determined by the National Department of Health accreditation guidelines is competent to provide HAART.

#### ■ Should HEIs provide HAART?

Provision of HAART is the most expensive intervention in the continuum of care for HIV. Based on an assumption of a HIV prevalence of 10% in HEIs, one may predict a total of 1 000 persons with HIV infection in a HEI of 10 000 persons. Assuming that at any one time about 10% will have AIDS, there should be about 100 persons requiring HAART. Taking into account cumulative numbers of cases, and noting that students spend an average of 3 years in the institution, it is likely that a HEI will have a burden of about 250 persons requiring or on HAART at any one time. Many staff and

students may be unwilling to seek HAART from within the institution for many reasons that include access to private health care through medical aid schemes and issues of confidentiality. It is therefore not feasible for HEIs to provide HAART.

#### ■ What are the minimum requirements should the HEI plan to provide HAART?

These are presented here and are extracted from the National Department of Health Norms and Standards.

#### Brief overview

Guidelines including norms and standards for prevention, care and treatment for HIV and AIDS have been established by the National Department of Health. These guidelines and performance standards are to be applied uniformly throughout the country. They include standard treatment guidelines, laboratory diagnostic tests, drug protocols, frequencies and types of visits with health professionals and other standards for the care and treatment of people living with HIV and AIDS.

For provision of HAART these norms and standards specifically refer to:

- Entry requirements for treatment with ARVs
- Accreditation of service points
- Human resources and training
- Drug procurement and distribution
- Laboratory services

- Social mobilisation and communication
- Patient information systems
- Monitoring and evaluation
- Pharmacovigilance

### Entry requirements for treatment with ARVs

There are multiple entry points into the care delivery system, including VCT services, PMTCT programmes, clinics offering reproductive health and STI services, primary health care clinics and tuberculosis (TB) clinics.

Following diagnosis and staging of HIV infection, individuals may be referred for antiretroviral therapy (ART) and/or prophylaxis for opportunistic infections, or routine follow-up and monitoring for patients with less advanced disease. However, patients will still have the right to choose the treatment of their choice.

The indication for antiretroviral treatment will be based:

- Clinical assessment and
- CD4 count

The specific antiretroviral drug regimens that are recommended for the various groups of patients are discussed in detail in Chapter I of the Comprehensive Plan.<sup>26</sup>

The criteria for initiation of antiretroviral therapy in non-pregnant adults and adolescents are:

- CD4 < 200 cells/mm<sup>3</sup> and/or symptomatic, irrespective of stage; or
- WHO stage IV AIDS defining illness, irrespective of CD4 count; and
- Patient prepared and willing to comply with taking antiretroviral drugs.

### Accreditation of Service Points

#### *Accreditation Requirements*

The following criteria summarise the conditions necessary at a service point to ensure high quality comprehensive HIV and AIDS care and treatment.

- Presence of a service point project manager, who will supervise programme conduct and expansion. Where practical and effective, a project manager may supervise programme conduct and expansion for more than one service point.
- Availability of a trained care team on-site with representation of all relevant professions (clinicians, nurses, and counsellors), easy access to trained laboratory, pharmacy and nutritional staff, and links to NGOs and other service providers. The care team should consist of sufficient staff in appropriate ratios to manage the projected number of patients.
- Implementation and maintenance of current standards of care as provided by the National Treatment Policy Guidelines.
- Access to care 24-hours a day at the service point, or in the direct vicinity, with coverage relationships explicit to both facility staff and patients.
- A staff recruitment, training and skills development plan in place for health care workers responsible for HIV and AIDS care and treatment (including volunteers and lay counsellors) based on initial needs and projected long-term patient numbers.
- Appropriate numbers of consultation, treatment and counselling rooms should be available to assure patient confidentiality, based on projected patient numbers.
- Access to appropriate laboratory services, which have appropriate equipment, trained operators, and an effective maintenance plan, overseen by the NHLS. Adequate specimen preparation protocols should be in place for service points accessing laboratory services outside their own facilities.
- Secure and adequate pharmacy storage, and sufficient cold-chain capacity, appropriate to handle Schedule 5 drugs.
- Adherence to drug dispensing standard operating procedures (SOPs) for OI prophylaxis and treatment, and ARVs.
- Access to patient nutritional status assessment and nutritional support.
- Existing links with on-site and/or proximal VCT centres, antenatal clinics, family planning clinics, TB clinics, STI clinics, TB/HIV demonstration

districts, and any other patient referral facilities, to ensure that HIV-positive patients are formally referred to the accredited service point.

- A PMTCT programme in place for service points providing antenatal care and a referral system in place for sites without antenatal care facilities.
- Formal referral systems and links with other operations within the service point (inpatient wards, other clinics, support units) and outside expertise (secondary / tertiary care facilities and sub-specialties, including neurology, ENT, ophthalmology, oncology, pulmonary and infectious diseases).
- Referral systems and linkages with community resources (NGOs, CBOs, HBC, faith based organisations, PLWHA groups, traditional health practitioners, community leaders, industry, and other support organisations) that complete the continuum of medical care and support services.
- Linkages in place with support organisations and NGOs to ensure continuous care and support in the home and community, including support groups, adherence support, educational activities, bereavement counselling and family support.
- A system in place to track patients/treatments.
- A system in place to maintain medical records and to transmit core data to a central data collection point.
- A system in place to ensure that durable equipment is appropriately inventoried and service and maintenance agreements are in place. Where equipment is needed, the service point shall have a plan for procuring and installing the equipment.
- 24-hours post-exposure prophylaxis (PEP) access, according to the latest national guidelines.
- Established links with the provincial HIV and AIDS Unit to coordinate briefing of local officials and to streamline input from local advisory committees.
- Identification of technical assistance needs in administrative and various other technical areas, including medical training.

### Human Resources and Training

All clinic staff involved in provision of HAART must have certification in HIV and AIDS prevention,

treatment and care through extensive formal modules as well as ongoing mentoring. Mentoring will be provided by experienced health professionals and through consultation of the “clinical HIV and AIDS treatment help line” and other methods to provide support for practicing clinicians. South African and international experts have been mobilised to assist in the planning, design and delivery of training at national and provincial levels.

### Core staffing requirements per service site to treat 500 patients with ARVs

Category of Staff	Minimum FTE
Medical officers	1
Professional nurses	2
Pharmacists	1
Dieticians/Nutritionists	1
Social workers	0.5
Lay counsellors	5
Administrative cClerks	1
Data capturers	1
<b>Total</b>	<b>12.5</b>

### RECOMMENDATIONS IN RESPECT OF PROVISION OF HAART:

It is evident that it is only viable to provide HAART if the facility anticipates treating large numbers of patients. It is recommended that HAART is provided if the facility projects a case load in excess of 500 patients per annum. The best option is to establish a link with a nearby facility that is accredited and competent to provide HAART and diagnose and treat opportunistic infections. This could be a government facility, private clinic / practice or an NGO. The HEI facility may function as a site that dispenses and follows up persons who have been successfully initiated on HAART. The latter will require access to a pharmacy service.



## APPENDIX 11

# A 24 hour campus help line for HIV and AIDS

Provision of a 24 hour help line is a supportive and enabling service for HIV and AIDS infected and affected staff and students, and will cut across the continuum of care and provide advice from prevention to treatment, care and support.<sup>27</sup>

### REQUIREMENTS:

#### Will the help line have a toll-free number?

Decide if the help line will have a toll-free, shared, or paid number. With a toll-free number, the organization managing the help line incurs the cost. A shared number is one in which the caller and the help line organization each pay half the cost of the call. The caller pays the full cost of the call with a paid number. A toll-free, shared, or paid number will directly affect the budget and sustainability of the help line.

#### What will be the location of your help line?

The location of the help line may depend on its size. Small help lines are usually located in a room within the organization's offices. Larger help lines may be set up in a different part of the building or in an entirely different professional call centre, where the organization rents space and the telephone system on a monthly basis. For efficient management of the help line, it is best to have the help line room in or near offices.

#### What hours will the help line be in operation?

Will it be a 24-hour service or will it have specific hours during the week and weekends? Ideally, one wants to provide a help line service that complements existing services. An analysis of peak calling times will help determine the best hours of service. It may not be cost-effective to offer a 24-hour service if the volume of calls at night or in the morning is low. Help lines that are not manned 24 hours a day usually have an answering machine to inform callers about the help line's service hours. Help lines can also work together to provide callers with coverage 24 hours a day. For example, a youth help line in South Africa that operated from 12 pm to 9 pm diverted after-hour calls to a crisis line that operated a 24-hour service.

Decide if the counsellors will be volunteers or paid staff members, or both. There is debate whether professional paid staff or voluntary, lay counsellors should operate help lines. Many help lines combine both paid staff and volunteers. Paid counsellors often work office hours and have other office-related tasks besides counselling to justify their salaries. Trained volunteers often work after office hours or overnight.

Besides the savings, the advantage of having volunteers as help line counsellors is that they are usually from the community where the help line is located

and are in touch with community issues and services. From a management point of view, the disadvantages of using volunteer counsellors are that the pool of volunteers can fluctuate, ongoing recruitment and training is essential, and without a firm commitment and good incentives, volunteers may be unreliable.

### Will the help line partner with other organizations?

Consider drawing on skills and expertise from other organizations in setting up the help line. For example, one could partner with a training organization to develop the training curriculum and training of the counsellors. Alternatively, one could partner with a social marketing organization to promote the help line.

Why will the help line service exist? Will it be a specific HIV and AIDS help line or will it be a general sexual and reproductive health help line? This decision is crucial since it will have an impact on training, resources, and referrals.

### Who is the intended audience?

One needs to determine who will benefit from the help line service. The audience may be students and or staff seeking information, services, and counselling for HIV and AIDS. The audience is linked to the scope of the help line and will be the basis for the choice of counsellors, training curriculum, referrals, and promotional activities.

### What type of service will the help line offer?

Decide if the help line will offer information and referral, a counselling service, or both. Again, this decision is linked to the purpose and scope of the help line. For example, most HIV and AIDS help lines offer both information and counselling services.

### Set goals and objectives

The goals of the help line need to reflect the overall purpose of the help line service and mirror the HEI's

mission statement. The objectives of the help line are specific tasks that can be measured within a period of time.

Task	Time frame	Person responsible
Meet with telecommunication companies, get quotes on different systems (phones, connections, billing cycles)		
Identify help line location.		
Get quotes for desks, chairs, and computers.		
Order furniture and telephone equipment, set up help line room.		
Identify training source or develop training curriculum.		
Write job descriptions.		
Advertise help line positions.		
Interview applicants.		
Develop monitoring and evaluation tools.		

### Help line director

The director manages the help line and is responsible for strategic planning, vision, and leadership. The director is also responsible for raising funds and leveraging resources for the help line and promoting it. Larger organizations may have a separate fundraiser position.

### Counselling coordinator

The counselling coordinator is responsible for managing the budget, recruiting and managing staff, and developing the roster. The counselling coordinator ensures that staff members receive training, and help line materials and resources are up to date.

## Supervisor

The staffing ratio is usually one supervisor for every ten counsellors. The supervisor must supervise, support, and motivate a team of help line counsellors. The supervisor provides counsellors with up-to-date and accurate information, and manages the counselling schedule. A supervisor also writes monthly reports, summarizes team statistics, attends management meetings, and fills in for the counselling coordinator when the latter is not available.

## Counsellors

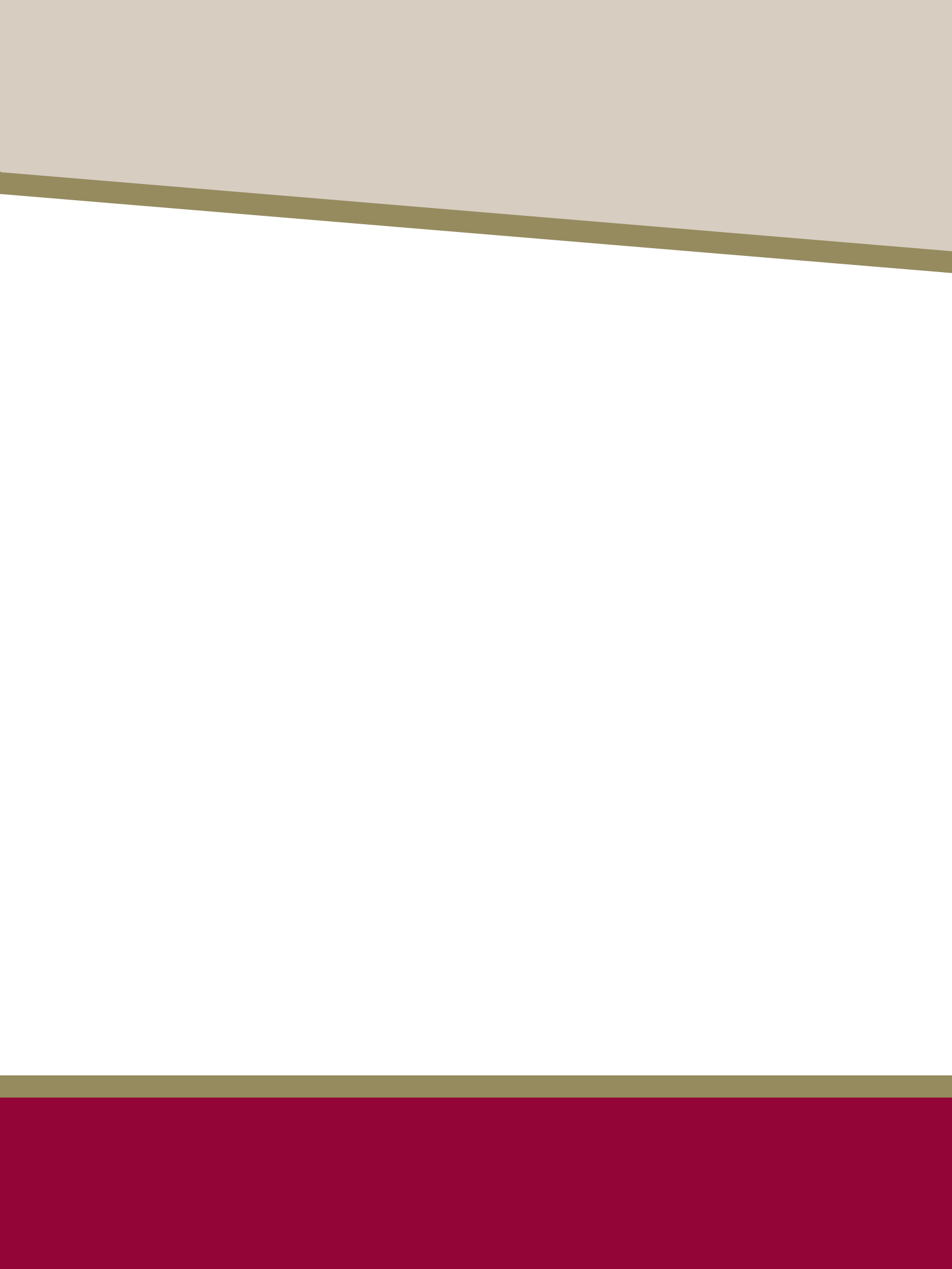
The number of counsellors depends on the size of the help line. help lines can start with a core of four or five counsellors and then recruit more as necessary. help line counsellors should provide quality telephone counselling and accurate, up-to-date information to callers. When necessary, counsellors refer callers to appropriate resources or services. During calls, counsellors collect data about the call and caller.

# References

- 1 UNESCO: Improving the Education Response to HIV and AIDS: Lessons of partner efforts in coordination, harmonisation, alignment, information sharing and monitoring in Jamaica, Kenya, Thailand and Zambia. <http://www.unesco.org/aids/iatt> (accessed 14th May 2008)
- 2 Programme on HIV and AIDS and the World of Work: *Implementing the ILO Code of Practice on HIV and AIDS and the world of work: an education and training manual* Geneva, International Labour Office, 2002 ISBN: 92-2-113462-8
- 3 An HIV and AIDS Toolkit for Higher Education in Africa , Association of African Universities (2004) <http://www.aau.org>
- 4 Policy Framework on HIV and AIDS for Higher Education in South Africa; published by HESA, November 2009
- 5 Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa (<http://www.info.gov.za/otherdocs/2003/aidsplan/report.pdf>)
- 6 Ibid
- 7 The Primary Health Care Package for South Africa – a set of norms and standards (Department of Health, Pretoria, 2000 [http://www.doh.gov.za/Resources/Health/PHC Norms\\_Stdts.mht](http://www.doh.gov.za/Resources/Health/PHC Norms_Stdts.mht))
- 8 Myer,L., Matthews, C. and Little, F. (2001), Condom gaps wider than study suggests. *BMJ.* 20; 323(7318): 937)
- 9 Framework for HIV and AIDS workplace programme for Higher Education in South Africa (EuropeAid Contract 125577/D/SER/ZA; KRA6)
- 10 Visser. J.M. (2007) HIV and AIDS prevention through peer education and support in secondary schools in South Africa, *J Social Aspects of HIV/AIDS*, 4(3);678-695.
- 11 <http://www.aau.org>
- 12 Myer,L., Matthews, C. and Little, F. (2001), Condom gaps wider than study suggests. *BMJ.* 20; 323(7318): 937)
- 13 Framework for HIV and AIDS workplace programme for Higher Education in South Africa (EuropeAid Contract 125577/D/SER/ZA; KRA6)
- 14 Visser. J.M. (2007)HIV and AIDS prevention through peer education and support in secondary schools in South Africa, *J Social Aspects of HIV/AIDS*, 4(3);678-695.
- 15 <http://www.aau.org>
- 16 UNAIDS promotes combination HIV prevention towards universal access goals, Geneva March 2009
- 17 UNAIDS (2007): Practical Guidelines for Intensifying HIV Prevention
- 18 Abdool Karim SS and Abdool Karim Q (2005): HIV and AIDS in South Africa (Cambridge Press, pg 166–187)
- 19 Myer,L,Matthews, C and Little,F (2001), Condom gaps wider than study suggests. *BMJ.* 20; 323(7318): 937)
- 20 Framework for HIV and AIDS workplace programme for Higher Education in South Africa (EuropeAid Contract 125577/D/SER/ZA; KRA6)
- 21 <http://www.info.gov.za/view/DownloadFileAction?id=71092>
- 22 <http://www.capegateway.gov.za/eng/directories/services/11442/10452#programmes>
- 23 <http://www.labourguide.co.za/HEALTH.HTM>
- 24 Source: HIV/AIDS Toolkit for Higher Education Institutions in Africa, AAU 2004
- 25 [http://www.doh.gov.za/Resources/Health/PHC Norms\\_Stdts.mht](http://www.doh.gov.za/Resources/Health/PHC Norms_Stdts.mht)
- 26 Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa (<http://www.info.gov.za/otherdocs/2003/aidsplan/report/pdf>)
- 27 An HIV and AIDS Toolkit for Higher Education in Africa, Association of African Universities (2004) <http://www.aau.org>.







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