Evaluating HIV/AIDS Programme within South African Universities

Jenni Gobind

Wilfred I. Ukpere

Department of Industrial Psychology and People Management,
Faculty of Management, University of Johannesburg, South Africa

Abstract

This paper presents the occasion to consider the need and benefit of evaluating HIV/AIDS programmes within South African universities. The emergence of the need for workplace policy has resulted in a barrage of HIV workplace policies saturating the workplace. The International Labour Organisation and Higher Education HIV/AIDS Programme (HEAIDS) have made recommendations as to points, which policy and decision makers should consider in the development of national policies and programmes on HIV/AIDS. Many Higher Education Institution policy makers have yet to question the need and benefits of an HIV/AIDS programme. This paper further suggests that an HIV/AIDS programme should be followed by an evaluation that would determine the effectiveness of such programme.

Keywords: *Evaluation, HIV/AIDS programme, Higher Education Institution*

1. Introduction

In 2010, approximately 280 000 South Africans died of HIV/AIDS. In the decade up to 2010, between 42% and 47% of all deaths among South Africans were HIV/AIDS related (Statistics South Africa (STATSSA), 2010:8). According to the Human Science Research Council (HSRC), prevalence of HIV among South Africans over the age of 20 have increased (Setswe, 2009:20). The increase in HIV prevalence rates amongst South Africans 20 years and above raises a concern as to the prevalence rate of the pandemic in similar age group within Higher Education Institutions (HEIs). South Africa has a gross higher education participation rate of 15.9% as at 2007. Of the total 6.8 million young people in South Africa, 2.4 million that is 35.3% were studying. The highest proportions of students were 18 year-olds at 67.1% and 19 year-olds at 55.1% in 2011. Within this period, the education participation rate increased by 0.1% (McGregor, 2009:1; 2012:1). However, should the South African government's Green Paper on Post-School Education and Training become a reality, governments six fold increase over current enrolment figures could pose a challenge to the management of HIV/AIDS within HEIs.

Marwitz (2010: 5) and Saint (2004: 8) agree that HIV/AIDS does pose a threat to students and employees alike in that illness and absenteeism affect productivity. The International Labour Organisation (ILO) through their research made the following predictions. There will be about 24 million fewer workers in hard hit countries alone in the year 2020 as a result of the AIDS pandemic. The labour force will be 10-22% smaller in those countries with prevalence rates higher than 10% than it would have been if there had been no HIV/AIDS by the year 2020 (Marwitz, 2010: 5). Years earlier, the ILO issued the Code of Good Practice (ILO/AIDS, 2001: 15) in consultation with business, worker organisations and government around the world. The recommended practice is that an HIV/AIDS workplace policy and programme would assist in the mitigation of the pandemic. South Africa being a member of the ILO has established a similar Code, the Code of Good Practice on Key Aspects of HIV/AIDS and Employment (Employment Equity Act 55 of South Africa, 1998). The South African Code of Good practice complements the ILO code and confirms the need for organisations to implement a HIV/AIDS workplace policy and programme.

A well planned HIV/AIDS policy outlines or describes how a particular organisation, institution or business is going to manage HIV/AIDS within the workplace. The HIV/AIDS workplace programme on the other hand, outlines how the different principles of the policy will be translated into practice (Africa Centre for HIV/AIDS, 2007: 11). The intention of the HIV/AIDS workplace programme is to implement an action plan within an organisation to prevent new infections, provide care and support for infected or affected employees, and manage the impact of the pandemic on organisations (Africa Centre for HIV/AIDS, 2007:11).

2. Background

Higher Education Institutions (HEIs) are a replication of a larger society consisting of academic and administrative staff, including students that reside and study within the institution. The unique infrastructure of HEIs allows for greater interaction between students, academics, administrative staff and external stakeholders. *"University campuses constitute a potentially fertile environment for the spread of HIV/AIDS. They bring together, in close physical proximity devoid of systematic supervision, a large number of young adults at their peak years of sexual activity and experimentation. Combined with the ready availability of alcohol and perhaps drugs, together with divergent levels of economic resources, these circumstances create a very high risk environment from an HIV/AIDS perspective"* (Saint, 2004: 6). These interactions pose both a challenge and an opportunity to the management of HIV/AIDS. The challenges arise in the maintenance of low HIV/AIDS prevalence within the university. This is often influenced by the nature and sexual behaviour of students. The opportunity lies in the possibility for such a workplace to participate in building the capacity of trained personnel who can drive local economies, support civil society, teach children, lead effective governments and make decisions that affect society and address national issues (Higher Education South Africa (HESA), 2006:1). The potential risks to students at HEIs according to Phaswana-Mafuya, (2005: 2) are heightened by the liberal atmosphere characterised by HEI campus cultures, which is open to activities and life-styles that may facilitate the spread of HIV/AIDS. The HEIs are not only teaching institutions. To a large extent, the role of the universities is also in research and the dissemination of findings. Therefore, HEIs have the dual role of protecting the health of the student as well as carrying out research that increases the understanding of the pandemic.

Essentially, the commitment to address the spread of HIV/AIDS in the HEI environment is based on two important facts. Firstly, there is reason to believe that the pandemic may claim lecturers, researchers, managers, and a significant number of employees from HEIs (Chetty, 2005: 77). Secondly, HIV/AIDS has a direct influence on student development as students represent a source of future skills, and knowledge base. An HIV prevalence and knowledge, attitude, behaviour and practice study undertaken by Higher Education HIV/AIDS Programme (HEAIDS) involving 17,062 students, 1880 academics and 4433 administrative and service staff at 21 of the 23 public HEIs, revealed that HIV prevalence increases as students grew older. Other findings reveal a link between HIV prevalence and sex with older partners (Dell, 2010: 1).

According to Dell (2010: 1) *"the study found students' lack of knowledge of some aspects of HIV prevention. Inadequate answers were given to questions relating to transmission of HIV through breastfeeding, availability of drugs for post-exposure prophylaxis in the case of rape and the legality of sex with partners younger than 16. Universities of South Africa have identified five important reasons why tertiary institutions should explicitly engage the challenge of HIV/AIDS"*. Saint (2004: 8) concurs that these reasons are pertinent for other African tertiary institutions as well and include the following:

- *"HIV/AIDS is a development issue, not just a health issue. It affects the social, economic, and psychological well-being of individuals and communities. It conditions national capacities for economic and political development. It is therefore a legitimate topic for university inquiry.*
- *HIV/AIDS affects not just individuals, but institutions. Tertiary education institutions are vulnerable to the negative impact of HIV/AIDS on their core operations of management, teaching, research, and community outreach.*
- *HIV/AIDS directly conditions the possibilities for human resource development. Tertiary level educators are among the most skilled individuals in most economies, and tertiary students are particularly vulnerable to infection. The loss of the most valuable and productive citizens in the economy is at risk.*
- *The struggle against HIV/AIDS requires new knowledge. Universities are charged with the mission of generating new technologies, practices, and understanding through research. These contributions are needed to help African countries prevent and cope with HIV/AIDS.*
- *The fight against HIV/AIDS requires leadership. Tertiary level staff and students are traditionally among the leaders of their societies, and their active commitment is essential to the development of open national debate and action responses related to the HIV/AIDS pandemic"*.

In addition, to the five reasons identified by Saint (2004: 7), the Association of Commonwealth Universities (ACU) have observed that practical financial reasons should motivate institutional managers to recognize and tackle the threat of HIV/AIDS. The ACU (2001) have documented that one university from Southern Africa has reported spending 10% of its recurrent budget on AIDS-related expenses such as funerals, death benefits and health care (ACU, 2001; Saint, 2004: 7). The indirect costs unbeknown to the university can be substantial. They include lost productivity due to staff illness

and absenteeism, loss of staffing resources through death or prolonged illness, loss of institutional and academic expertise, the cost of recruiting, training and inducting replacement staff. Similarly the death of students increase financial burden on universities, "*financial losses when student loans are not repaid due to illness or death, the loss of public and family investment when a student is forced to drop out of school for AIDS-related reasons, higher insurance premiums, and increased death benefits and funeral expenses for staff*" (Bollinger, 1999; ACU, 2002). In all, the above reasons comprise a compelling argument in favour of an explicit engagement of the HIV/AIDS challenge by HEI.

3. Problem Statement

Higher Education HIV/AIDS Programme (HEAIDS) in conjunction with HEIs and the government have undertaken to implement HIV/AIDS workplace programmes within universities in South Africa. However, policy-makers have not yet been able to establish the effectiveness of HIV/AIDS programme currently in place.

4. Research Question

The following research questions will be considered:
>   Why evaluate HIV/AIDS programme within Higher Education Institutions?
>   Is there a need to evaluate HIV/AIDS programme in Higher Education Institutions?
>   What are the benefits of evaluating HIV/AIDS programme?

5. The Aim and Objectives of the Paper

The paper aims
>   To evaluate HIV/AIDS programme within Higher Education Institutions
>   To determine the need to evaluate HIV/AIDS programme in Higher Education Institutions
>   To examine the benefits of evaluating HIV/AIDS programme in Higher Education Institutions

6. Design/Methodology/Approach

The paper is a meta-analysis, which relied on secondary sources of information. It is a qualitative study that is based on conceptual analysis. It considers the evaluation of HIV/AIDS programme in Higher Education (HE) from an "-emic" perspective (author's viewpoint). The analysis has included a comparative review of literature relating to the evaluation of HIV/AIDS programme in HEI. Evaluating HIV/AIDS programme has been discussed by examining literature that discusses programme evaluation, HIV/AIDS programmes and the need to evaluate such programme. Literature was further probed, to investigate the benefits of evaluating HIV/AIDS programme in Higher Education Institutions.

7. Higher Education Response to HIV/AIDS

At a meeting in London in November 1998, the Association of Commonwealth Universities (ACU) was challenged by Professor Brenda Gourley, (then) Vice-Chancellor of the University of Natal and Immediate Past Chair of the ACU Council, to take heed of and respond to the impact of the HIV/AIDS pandemic on the universities in southern Africa (and elsewhere) (Association of Commonwealth Universities (ACU), 2002).

A year later, the development of HIV/AIDS policy by tertiary institutions was addressed and substantially boosted by the 'Tertiary Institutions Against AIDS' conference, held on 1 October 1999 and particularly, perhaps, by the speech of Kader Asmal (then) Minister of Education (Martin, 2006). Disturbed by the absence of many vice-chancellors, Asmal argued that "*we cannot afford to treat our response as an administrative function that is lightly delegated*" (Asmal, 1999). He told the conference that he was not sure whether to be 'disappointed or shocked' by the fact that 'not all' institutions have policies on HIV/AIDS, though he added that the technikons appeared to have made greater headway than the universities, and acknowledged six such institutions for their 'comprehensive policy documents' (Asmal, 1999).

Whilst at the University of Kwa-Zulu Natal, Professor Gourley reported that the University of Natal have been asked to organise symposia around the Commonwealth Heads of Government Meeting in late 1999. At that meeting it was stated that ACU might be participate in co-ordinating at least one symposia, taking HIV/AIDS as the topic. It was suggested that ACU was better positioned to address issues related to social policy than the medical aspects of

HIV/AIDS; and that ACU could fulfil a very useful longer-term role in promoting a response to the pandemic, and in sharing policies and examples of good practice amongst the universities in membership (ACU, 2002:1).

The symposium titled Social, Demographic and Development Impact of AIDS: Commonwealth Universities Respond was subsequently hosted by The Association of Commonwealth Universities and the University of Natal on the 8 of November 1999. During the proceedings the ACU and Commonwealth Health Professional Associations implored all the Commonwealth Heads of Government to take a leadership role in openly acknowledging the critical implications of HIV/AIDS, and to call for a Global State of Crisis on HIV/AIDS. The ACU in their deliberation concluded that universities are workplaces employing large numbers of staff. It is therefore likely that, whatever the geographical location, there will be at least some (and probably a growing number of) staff in every university who have HIV/AIDS. It is thus manifestly in the interests of every university to develop a comprehensive HIV/AIDS policy for their staff (ACU, 1999).

The ACU committee emphasised that, the university's responsibility extends also to creating a safe environment for students and this points to the advisability of developing an HIV/AIDS policy which offers support and protection for students at the same time as positioning HIV/AIDS firmly alongside a range of other critical issues such as rape, sexual abuse, violence, drug use and the financial concerns of students. Moreover, universities according to ACU (1999) have a unique opportunity, as providers of tomorrow's leaders, to ensure that all students become acquainted with the implications of HIV/AIDS as an employment issue. *"If students are made aware of the relevance of managing HIV/AIDS in the workplace, of developing and implementing appropriate programmes, of understanding the legal and ethical issues and of being able to provide counselling and support where required, it will go some way - in conjunction with an education and prevention programme that is underpinned by human rights - towards ensuring that the way in which HIV/AIDS is dealt with by future generations will challenge prejudice and discrimination and enable society to take effective steps against the spread of the epidemic"* (ACU, 1999).

At the conclusion of the symposia, a draft HIV/AIDS policy for staff and students was established and offered to ACU member universities as a framework for consideration, adaptation, adoption or rejection. Consequently a study was undertaken by South African Universities Vice-Chancellors Association (SAUVCA) and the Association of Commonwealth Universities (ACU). This study resulted in two key organisations assessing the response to the HIV/AIDS crisis in HEIs. However, this study focused mainly on universities and lacked the wealth of knowledge already established by technikons (Martin, 2006).

The shared concerns highlighted the need to develop a sector-wide response, in order to establish and build capacity at national and institutional levels, to collaborate closely with the Department of Education (DOE), Committee of Technikon Principals in order to work towards the creation of a strategic plan that would guide the sector's response to HIV/AIDS (Chetty, 2001). Senior managers in the sector with the support of the United Kingdom Department for International Development responded positively to the proposal for a programme of capacity building. SAUVCA took the lead in establishing the first nationally co-ordinated leadership and capacity building programme on HIV/AIDS in Higher Education (HE) (HEAIDS, 2004). The challenge, however, in many cases have been to get institutions to think differently about a workplace response to HIV/AIDS, and to move away from a pre-occupation with one-off prevention programmes or merely as a health response and to begin making HIV/AIDS part of the mainstream of management in HE (Chetty and Michel, 2005).

The partnership established by Higher Education AIDS programme (HEAIDS), Phase one created an opportunity for the programme to deepen the areas which already showed the most promise especially those programmes that were closely linked to the Department of Health's national strategic plan and the HIV/AIDS priorities identified for the country (HEAIDS, 2004).

Three of the areas that were identified for particular support included peer education (PE), curriculum integration, and voluntary counselling and testing. A working group was established for each of these areas and two others for instance, workplace programmes, and care and support were identified to access expertise within the sector. In addition, the main goal of the South African HE strategic plan adopted in 2004 was to mobilize the sector to respond sensitively, appropriately, and effectively to the HIV/AIDS epidemic through its core functions of teaching, research, management, and community service and through a continuum of HIV/AIDS interventions namely prevention, treatment, care and support (HEAIDS, 2004).

In 2005 HEAIDS was established, followed by the publication of a four year review of the HEAIDS programme. The programme was, in part, based on evidence from an audit of responses to HIV/AIDS in higher education. It showed significant progress over three years in the provision of prevention services, treatment, care, and support and the establishment of institutional capacity to manage HIV/AIDS programmatically across each institution (HEAIDS, 2010). The audit established that 26% of HEIs have workplace programmes in place for staff and that even these were primarily

focused on information provision and basic prevention services rather than on care and treatment.

Two years later in 2007 HEAIDS commissioned a 'Gaps Analysis' survey of all HEIs. Further to the 'gaps analysis' a situational analysis was undertaken of each HEIs to determine the state of HIV/AIDS workplace programmes. Subsequently, 22 detailed reports were produced (HEAIDS, 2010:1).The findings indicated that the majority of HEIs, namely 15 of 23, have HIV/AIDS programme in place. Only one university had no policy with six having policies in draft stage. The bulk of these HEI have not taken workplace HIV/AIDS programmes seriously enough to move beyond generic, institutional policies (HEAIDS, 2010: 1). HEIs have a significant role in the 'fight' against HIV/AIDS.

8. Role of Higher Education Institutions and HIV

The Higher Education sector is the largest public sector employer in most countries. While there is some debate about levels of HIV infection and HIV-related attrition among education sector employees, it is widely accepted that HIV is a serious threat to the health of many employees in this sector in many countries (Chetty, 2009; Kelly, 2009; Crewe, 2009). The epidemic is concentrated in the working age population (15-49 years), and affects HEIs in many ways, resulting in reduction in labour supply and earnings, loss of valuable skills and experience, and a decline in productivity and enterprise profits (Marwitz, 2010: 198).

HIV/AIDS challenges higher education institutions to ensure that there is a lecturer in every lecture room. Educators are dying in increasing numbers and at comparatively young ages, and it takes time before they can be replaced; educators who are ill are often unavoidably absent, and difficult to replace. Household sicknesses and family and community funerals are leading to increases in educator absenteeism. However, educators are not the only ones affected. The epidemic affects personnel in other parts of the education system in similar ways. HIV prevalence among managers, planners, professional staff and support staff is likely to be as high as in comparable groups in the general population (ACU, 1999; Kelly, 2009).

The effects of the epidemic add up to a severe depletion in the social capital available to the system, the norms, networks, institutional memories, understandings and working arrangements that sustain its smooth functioning and make it possible for it to maintain its daily operations. Deprived of this social capital, systemic ability to address the difficulties experienced in higher education institutions is weakened. Simultaneously, the problem of addressing its internal needs becomes of greater concern to the system, thereby further constraining its ability to respond to the epidemic (Marwitz, 2010).

According to Kelly (2009), Marwitz (2010) and Chetty (2009), cost is an important factor in the supply of education. The AIDS epidemic affects the costs of education in various ways, such as the additional training and posting costs for replacement of lecturers and other staff, the payment of salaries to absent or sick personnel and the loss of the training costs invested in educators and students who die young, frequent payments of death and funeral benefits resulting in premature payment of terminal benefits, and the cost of training lecturers in the relatively new curriculum area of HIV preventive education, and the development and dissemination of the necessary material, in addition to management costs for the establishment of HIV/AIDS units or AIDS-in-the-workplace training programmes.

Time, in addition to cost is a further factor in ensuring that the supply of education responds to known and envisaged needs. Two very different areas are worth noting. Firstly, educational managers are required to give an increasing proportion of their time to responding to HIV/AIDS. Sometimes this may take them away from their other duties for prolonged periods as they participate in training sessions or workshops. In addition, HIV/AIDS makes demands on their time through additional meetings, preparation for and follow-up of such meetings, epidemic-related paperwork, and responding to the concerns of colleagues. Relentlessly, the epidemic increases their burdens and congests systemic capacity to address both ongoing and new issues. (United Nations (UN), n.d) Secondly, HIV/AIDS erodes the quality of education. Infected lecturers may be absent or too ill to provide a good education to their students, and substitute teachers may have neither the qualifications nor the experience to replace them. Quality of education may also suffer if investment in the education sector declines as funds are diverted to fight the HIV/AIDS (UN, n.d).

One way of addressing the impact of the epidemic on HEIs is by allowing institutions to take a position on the subject and taking action to reinforce that position. An HIV/AIDS workplace programme enables an institution, an organization or a ministry to make a statement about its role in protecting the legal rights and wellbeing of its employees whilst diminishing the impact of HIV/AIDS within the workplace (Uys, 2002; Oyoo, 2003 Saint, 2004; Martin, 2006; Crewe, 2007; Caillods, 2008; Kelly, 2009; Marwitz, 2010; HEAIDS, 2011; UNESCO, 2011).

9. HIV in the Workplace

National legislation, labour policy, and international guidelines for instance the United Nations HIV/AIDS Human Rights International Guidelines (1998), Code of Good Practice on Key Aspects of HIV/AIDS, Section 54 (1) (a) of the Employment Equity Act 55 of the Republic of South Africa (1998), the International Labour Organisation Code of Practice on HIV/AIDS and the World of Work (2001) are key drivers in the formation and implementation of workplace policy in South Africa. The report on good practice HIV/AIDS workplace programmes aims to identify and describe what is considered "good practice" as regards workplace HIV programmes (Marwitz, 2010). The framework is aligned with South Africa's legislation affecting and informing employment practices, human resource policies, procedures and practices as they relate to recruitment, performance management, reasonable accommodation, fair labour practice and employee assistance within HEIs.

In 2001, the ILO issued the Code of Good Practice (ILO/AIDS, 2001) in consultation with businesses, worker organisations and government around the world. The recommended practice is that an HIV/ AIDS workplace policy and programme would assist in the mitigation of the pandemic. South Africa being a member of the ILO has established a similar code, namely the Code of Good Practice on Key Aspects of HIV/AIDS and Employment (Employment Equity Act 55 of South Africa, 1998). The South African Code of Good practice complements the ILO code and confirms the need for organisations to implement a HIV/AIDS workplace policy and programme.

10. The Distinction between HIV/AIDS Workplace Programme and Policy

It is often assumed that the terms policy and programme are synonymous. As a means of avoiding confusion, it is important to clarify the distinction between a policy and a programme. A policy is a guiding principle used to set direction in an organization. It can be a course of action to guide and influence decisions. It should be used as a guide to decision making under a given set of circumstances within the framework of objectives, goals and management philosophies as determined by senior management (Bizmanuals, 2005). A programme conversely is a particular way of accomplishing something. It is a series of steps to be followed as a consistent and repetitive approach or cycle to accomplish an end result. Programme provides a platform for implementing the consistency needed to decrease variation from policy, which ensures programme control. Decreasing variation in policy allows for the elimination of disparity in the programme and increase performance.

Like any policy, a workplace policy on HIV/AIDS according to Chetty (2009) should be understood as a guiding statement of principles and intent. The policy defines an organisation's strategy in coping with HIV/AIDS and clearly maps out the way/s in which the organisation will deal with the epidemic in the workplace and how it affects personnel. Like other organisational policies, a workplace HIV/AIDS policy as stated by Chetty (2009) has to be an integral part of the organisation's HIV/AIDS management system, informing the continuous process of planning, implementing, reviewing and improving the processes and actions required to meet the policy goals and targets.

Crewe and Nzioke (2009) suggest that wider institutional HIV/AIDS policy needs to recognize the specific needs of both staff and students but should remain separate from an HIV/AIDS workplace policy. Students are not employees of institutions of higher learning, and may not be adequately covered under an HIV/AIDS workplace policy. Nevertheless, they are part and parcel of the work environment and there is evidence to suggest that students are just as vulnerable as staff to the epidemic (Saint, 2004: 8; Dell, 2010: 1). Therefore, an institutional HIV/AIDS policy should be comprehensive and cover both students and staff alike. For example, an institutional HIV/AIDS policy may need to provide for adjustable academic programmes so as to accommodate the needs of students who need time out of their studies for reasons of ill health or dealing with the impact of HIV/AIDS in their families or communities. The institutions may also need to think of ways of developing expanded support services for infected and affected staff and students. One consideration may be to train staff and students as educators and counsellors to support and help their peers and colleagues.

Universities such as Nkumba University in Uganda, the University of Zambia, the University of KwaZulu-Natal in South Africa and a whole host of universities and tertiary institutions in Sub-Saharan Africa have developed institutional HIV/AIDS policies (Kelly, 2009). These policies according to Kelly (2009), shows that they are broad enough to take account of both staff and students' needs. Thus, it appears that these institutional HIV/AIDS policies are more comprehensive than a workplace HIV/AIDS policy. Normally, a workplace policy consists of a detailed document on HIV/AIDS within all aspects of the workplace and its staff, setting out prevention programmes, treatment and care for staff living with and affected by HIV/AIDS. It could also be part of or found within the institutional policy or agreement on safety, health and working conditions, or just a short statement of principle (Africa Centre for HIV and AIDS. 2007: 13).

11. Higher Education HIV/AIDS Programme (HEAIDS) HIV/AIDS Workplace Programme Framework

The purpose of HEAIDS HIV/AIDS workplace programme framework is to provide a guideline for the institutional development of comprehensive HIV prevention, treatment and mitigation programmes for the employees of HEIs. The framework is aligned to the principles of the sector HIV/AIDS policy framework for Higher Education. The HEAIDS framework was endorsed by the National Minster of Education in 2008 (HEAIDS, 2010). The HIV/AIDS workplace programme framework embodies the sector and institutions' commitment to effectively respond to the epidemic in a socially responsible manner and to integrate the response into the systems and processes of the institution (HEAIDS, 2010).

The HEAIDS HIV/AIDS workplace programme framework is grounded on The South Africa National Strategic Plan for HIV/AIDS and sexually transmitted infections (STIs) 2007-2011 which aims to reduce the rate of new HIV infection by 50%, and reduce the impact of HIV/AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all HIV-positive people and their families by 2011. The HEAIDS policy framework on HIV/AIDS for Higher Education in South Africa guides informs and provides direction to HEIs in the development of a response to the negative impact on vulnerable individuals and the wider society (HEAIDS, 2010).

A well planned HIV/AIDS policy outlines or describes how a particular organisation, institution or business is going to manage HIV/AIDS within the workplace. The HIV/AIDS workplace programme on the other hand, outlines how the different principles of the policy will be translated into practice (Africa Centre for HIV and AIDS. 2007: 11).

The purpose HEAIDS HIV/AIDS workplace programme framework has been designed to ensure that the HE sector is able to continue to fulfil its mandate unimpeded by the impacts of the HIV/AIDS epidemic. More specifically, the purpose of the workplace framework is to provide an all-encompassing sector workplace framework that can strengthen and encourage the sector response to HIV/AIDS and to further position the HE sector at the centre of good practice with regards to workplace programmes, provide leadership to the sector itself as well as to other sectors that share similar values and concerns. It promotes and facilitates the development and implementation of comprehensive workplace programmes across the HE sector that recognise institutional autonomy and difference, which attempt to close the gap between advanced programmes and those that are still developing. According to HEAIDS (2004), the benefits of having and implementing a successful HIV/AIDS workplace programme are significant. However, evaluating such programme is equally important. Having HIV/AIDS programme in place is the first step; implementation should be followed by evaluation.

12. Evaluating HIV/AIDS Programme within Higher Education Institutions

Evaluation is too often an afterthought in the process of programme implementation. Policy-makers need to answer three simple but important questions: Are we addressing the concern effectively? Are we implementing the programme satisfactorily? Are we undertaking the programme on a large enough scale to make a difference? Answering these questions will allow programme managers to decide how and when to modify existing programs or design new ones.

As we move into the third decade of this epidemic, it is incumbent upon policy-makers to demonstrate the results of their efforts. Evaluating HIV/AIDS programmes is important in improving current HIV/AIDS programme interventions. This may help to enhance the success of future initiatives. Programme evaluation enables policy-makers to systematically collect, analyse, and use information to answer questions based on the programme, particularly programme effectiveness and efficiency. Programme evaluation is intended to advise policy-makers, programme formulators, implementers and evaluators of the most effective information to improve their programme. This in turn informs stakeholders who will want to know if the programme that they are funding, implementing, voting for, receiving or objecting to, is actually having the intended effect. The significance therefore, is to evaluate the programme, to determine if the programme is yielding the desired outcome.

In 2006 the Southern African Regional Universities Association (SARUA) commissioned a study on Institutional responses to HIV/AIDS from institutions of higher education in Southern African Development Community (SADC). The report compared, analysed and summarised findings on institutional responses to HIV/AIDS from public institutions. SARUA in 2006 reported that of the 23 HEI in South Africa, 22 institutions have some variation of an HIV/AIDS programme. These programmes in most instances were voluntary counselling and testing (VCT) initiatives, attached to wellness centres based within the institution. Of the 23 institutions surveyed 9 institutions have a skeletal HIV/AIDS programme in place, whilst the remaining 13 have VCT initiatives in place. One institution of the 23 has no policy in place (SARUA, 2006). Current level of knowledge as at 2010, suggests that there are no HEI in South Africa that claim to have

a comprehensive workplace programme although all have some elements in place (HEAIDS,2010).

Following a situational analysis which was later validated during subsequent institutional planning workshops in 2009 (HEAIDS, 2010) analysts gathered that firstly, no formal coordinated workplace programme actually existed in any HEI. Elements that may be considered to be a component of a workplace programme were typically fragmented across different departments and individuals at the other end of the scale, several HEIs have almost no functioning programme for employees. Secondly, and more importantly, there is a paucity of data in most HEIs because of the weakness or complete absence of any monitoring and evaluation system. There is little evidence that the programmes are sufficiently supported or resource and there is very little monitoring and evaluation occurring (HEAIDS, 2010a).

Therefore, the way forward according to HEAIDS (2010a) is that each HEI should develop a monitoring and evaluation strategy including a set of reporting lines. HEI are gradually implementing HIV/AIDS workplace programmes (Marwitz, 2010). Several South African universities have yet to implement an evaluation strategy that will determine the effectiveness of their HIV/AIDS programme. The need to evaluate should stem from the necessity to determine the effectiveness of the implemented programme and the not the pressure to conform.

13. The Need to Evaluate HIV/AIDS Programme in Higher Education Institutions

Motivation for the need to evaluate HIV/AIDS programme is supported by the following three reasons. Firstly, create greater awareness of the pandemic. Growing evidence suggest that education is one of the best preventative methods against HIV infection, as it enables young people with invaluable tools that increase self-confidence, life and negotiation skills, to improve earning potential and family well-being, which in turn, fights poverty and promotes economic and social progress. Creating greater awareness of the pandemic would help decrease HIV/AIDS infections within the university.

Secondly, to improve stakeholder (staff and students) awareness as to HIV/AIDS programme. Stakeholder awareness is imperative, because by empowering stakeholders with information pertaining to HIV/AIDS programme content, stakeholders would be equipped with a resource that informs them as to the consequences of the disease and support structure available within the university. Improving stakeholder awareness as to HIV/AIDS programme would facilitate stakeholder awareness as to possible recourse in the event of infection.

Thirdly, to evaluate HIV/AIDS programme within the university; as a means of determining the programmes contribution in reducing the impact of the pandemic. Evaluation is an important part of any workplace HIV/AIDS program, it enables an organisation to measure its progress against its stated goals and make informed decisions about the effectiveness of various interventions. Effective evaluation of HIV/AIDS programme would inform policy-makers as to the efficacy of the programme allowing for improvement. The benefits of evaluation outweigh the constant concern as to whether the programme is achieving its purpose.

14. The Benefits of Evaluating HIV/AIDS Programme

Most programme evaluators conduct evaluation and data collection activities on a regular basis, although they may not consider it evaluation. Writing case notes or, discussing client feedback on programme services, watching voluntary testing and counselling in progress, taking notes at staff meetings: these are all examples of "informal" data collection that happen every day. Evaluation provides systems for collecting data, and then helps providers make sense of the data they collect so that they can use it in improving their programme delivery. Evaluation can help providers increase their knowledge, better understand the populations they serve, improve programmes and make decisions. Evaluation is a way to identify programme strengths and areas for improvement. It is a way for service providers to be responsible to the institutions in which they work, to show accountability to funders, and to ensure that programmes have the intended result.

Evaluation can be integrated into all phases of planning and implementing an intervention. Before (formative evaluation, needs assessment): To understand the context of the lives of community members and what puts them at risk, how they avoid risk, and what kinds of resources they need to reduce risk and maintain health and wellness. This can help shape the programme and provide baseline data to help measure any change. During (process monitoring and evaluation, quality assurance): To find out what actually occurs in practice and if the programme is operating as planned; document interactions with participants; discover which components work best and if the programme meets the needs of the participants. This can help develop any changes to the programme. After (outcome and impact evaluation): To determine what, if any, effect (short and long-term) the programme has had on the participants, programme staff and the institution. At this time, programme staff can reassess their objectives and use findings to further refine their programme

(Coan, 2007:1).

Figure1. Phases in an evaluation path
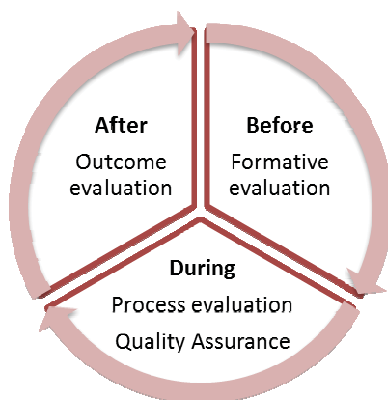
Source: Adapted from Coan 2007:1

Evaluation can help institutions work more efficiently and improve their programme. It is not a substitute for staff and providers' experience and knowledge, but can offer complementary information. Using systematic data collection to design an intervention or programme can help agencies make smart choices about what elements to incorporate and what behaviours, influences and life issues to address. Evaluation can further assist institutions to successfully compete for funds and be precise in seeking funding. Funders often require agencies to show that they have systematically thought through current and proposed interventions. Evaluation can also help institution staff know exactly what services best serve their programme participants. The Policy and Strategic Framework for the Higher Education Sector provides key components and guidelines on how to operationalise an evaluation.

15. Realising the Need and Benefits of Evaluation in HEI

Evaluation is a critical aspect of the implementation of HIV/AIDS programme. Evaluation ensures that the objectives of the programme are achieved. Realising the need and benefits of evaluation in HEI the HEAIDS Policy and Strategic Framework has therefore developed an umbrella sector, namely Monitoring and Evaluation (M&E) Framework, that will provide benchmarks for the development or refinement of Institutional M&E mechanisms as driven by institutional policy implementation plans. The Framework seeks to:

- Provide an understanding of the importance of M&E in assisting HEAIDS and HEIs in monitoring and evaluating performance,
- Provide guidance on the utilization of M&E data across the different Higher Education stakeholders,
- Develop clear M&E processes that will enable systematic collection, collation, processing, analysis and interpretation of data,
- Describe the key data sources to be used to gather the necessary M&E data,
- Provide a basis for decision-making on amendments and improvements to the Policy and Strategic Framework for HIV, and
- Promote accountability for resource use against strategic objectives by the different HEIs (HEAIDS, 2013).

The purpose of the Framework is to enable the on-going monitoring and periodic evaluation of individual institutional HIV/AIDS programmes to ensure that it achieves its purpose as well as remaining updated, sustainable and relevant. Secondly, it will enable the HEI to report at a sector level against basic national sector level indicators on a regular basis. HEIs will be expected to provide substantive technical and financial support to ensure that the systems are functional. Whilst HEIs are expected to ensure that their reporting requirements and formats are aligned with the indicators outlined in the M&E framework, they are not required to duplicate reporting requirements but rather to synchronize efforts across the sector. HEIs are encouraged to utilise the harmonised data collection and reporting tools. This will assist in establishing the sector's response. The rigorous implementation of this harmonised and standardised

M&E system will enable HEAIDS and HEIs to translate the mandate of the Policy and Strategic Framework into tangible results to support on-going planning, results monitoring and measurement. The need and benefits of evaluating HIV/AIDS programme accompanied by the support of HEAIDS M&E Framework universities have yet to grasp the opportunity of evaluating the effectiveness of their individual HIV/AIDS programme. The delay in undertaking such evaluation projects have yet to be determined.

16. Conclusion

This paper is an attempt at alerting universities of the need, benefit and opportunity of evaluating HIV/AIDS programme as a means of addressing the plight of HIV/AIDS in HEI. As HIV/AIDS targets the most vulnerable, the increase in prevalence rates among young adults is disturbing. Despite a multitude of prevention initiatives individuals continue to be infected by HIV. The epidemic which initially raised concern when it first surfaced among middle class gay men in the United States of America, has since entrenched its presence in sub-Saharan African. The destruction effected by the epidemic has shifted toward young and working age population. This concern has transcended households and permeated workplaces and institutions of learning. The age group most affected by the epidemic regrettably feed into the workplace and institutions of Higher education. Individuals with lower socio-economic background are not excluded these individuals are in constant need for employment and more than often feed into existing workforce. Preventative messages seem to have been reached less of these groups, either because these messages might not have been accessible to them or they have not been well understood or not related to the social and cultural context of these population groups. Prevention programmes might not have taken into account possible class and socio-economic differences and their implications on HIV/AIDS. An increase in prevalence rates are resultant to a lack of awareness as to the disease this has a direct impact on the youth which in turn impacts the economy. Increased absenteeism in the workplace results in a drop in productivity. Whilst increased absenteeism within HEIs results in needless strain placed on academic and administrative staff resulting in inefficient HEIs with fewer professional entering the workplace. Indifference towards the existence of HIV/AIDS within the workplace and HEIs amounts to cultivating potentially poor and weak workforce.

The implementation of workplace programme as suggested by ILO, UNAIDS and government are introduced as a shroud for compliance. Programme implementers affect programme with the intention to comply rather than impact change. This paper presents the opportunity to evaluate HIV/AIDS programme within a university in order to determine the effectiveness of institutional HIV/AIDS programmes, and to contribute to the implementation of similar evaluation within other HEIs. In spite of the fact that implementing prevention programme efforts at HEIs directly reaches only a small proportion of the total adult South African population, nevertheless, every student made aware is one student less infected.

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