

**Developing a policy for Mangosuthu Technikon as a case study on
HIV and Aids and the challenges in policy development and
implementation of HIV and Aids programmes and Education.**

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Philosophy (HIV/AIDS Management) at Stellenbosch University.



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Declaration

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature:

Date:



SUMMARY

The emerging of strategic planning over the past decade, as a fundamental tool for institutional development (Ekong and Plante, 1996 Hayward and Ncayiyana, 2003) has led to the resistance in institutional assessment. Tertiary institutions are obliged to take stock of their performance, and to address the source of identifies shortcomings. At the same time, perhaps not coincidentally, higher education management has emerged as a new discipline for graduate study, fostering research on this topic by both students and Academic staff. As a result, in-house issues, such as learning performance, student financing, budget effectiveness, graduate performance in the labour market, and many others have now become legitimate topics for academic enquiry. In the process, academic are beginning to acknowledge a new agenda driven by institutional reviews and innovations.

However, HIV/AIDS remains largely outside the scope of concern in many tertiary institutions. It is the newest challenge to emerge in the “threat” category on the institutional SWOT (strength/weaknesses/opportunities/threats) analyses common to strategic planning. Mangosuthu is no exception in this regard. But for tertiary institutions, the challenge of HIV/AIDS looms larger and is more deeply rooted. Unfortunately, long established traditions of autonomous governance and management within institutions of higher learning tend to shield campus communities from intervention, even when it is well intentioned by other agencies of government. In the case of HIV/AIDS, for example, these institutions may not readily respond to calls for action by National AIDS Committees or the Health Department. For this reason, it is far more effective when a response to HIV/AIDS within systems of education begins at home.

It is through that belief that I decided to analyse the Mangosuthu Technikon response to HIV/AIDS, looks at the development of its policy and other challenges that were faced in implementing HIV/AIDS programmes and education. This work looks at the development of Mangosuthu Policy and other related HIV/AIDS issues within the campus. The impact of the HIV/AIDS epidemic harbours negative on economic implications for Mangosuthu Technikon because of the particularly vulnerable population that it is the host to. Before the Final proposed draft was produced, a process of wide consultation with all stakeholders took place. Once the policy is adopted, it will be adapted from time to time. This has also led to the development of Peer Education Framework that is attached as Appendix 1.

OPSOMMING

Dit is bekend dat strategiese beplanning die afgelope dekade ontwikkel het as 'n basiese instrument tydens institusionele ontwikkeling. Die nadeel is dat dit gelei het tot weerstand teen institusionele evaluasie. Tersiêre onderwysinstellings is egter nou verplig om nie net voorraad op te neem van prestasies nie, maar ook om die oorsake van tekortkominge aan te spreek. Terselfdertyd het die bestuur van hoër onderwysinstellings ontwikkel as 'n nuwe navorsingsgebied, met die gevolg dat daar nou navorsing gedoen word op verskeie interne sake soos byvoorbeeld studiemetodes, studente finansiëring, effektiwiteit van begrotings asook die vertoning van studente in die arbeidsmark. 'n Nuwe agenda wat gedryf word deur institusionele oorsig en innovasie word nou algemeen deur akademici erken.

Nieteenstaande hierdie ontwikkelings bly die impak van HIV/VIGS buite die prioriteite van verskeie tertiêre onderwysinstellings. Dit is egter interessant om te sien dat VIGS wel as 'n bedreiging beskou word tydens institusionele SWOT (*strengths / weaknesses / opportunities / threats*) analyses. Mangosuthu Technikon is geen uitsondering nie. Navorsing op sosiale aspekte van HIV/VIGS in tertiêre onderwysinstellings is baie ingewikkeld as gevolg van gevestigde tradisies van outonome besluitneming en bestuur. Dit bemoelik dan ook goed bedoelde intervensies van agentskappe en die regering. Daar word byvoorbeeld nie gereageer op die versoeke vir aksieplanne deur nasionale VIGS komitees of die Departement van Gesondheid nie. Om hierdie rede is dit baie meer effektief om die HIV/VIGS probleem intern te hanteer.

Die doel van hierdie studie was die identifikasie van uitdagings geassosieer met die implementering van 'n HIV/VIGS program asook die ontwikkeling van 'n beleidsdokument vir Mangosuthu Technikon.

Die impak van die HIV/VIGS epidemie het 'n potensiële negatiewe effek op die finansiële welsyn van Mangosuthu Technikon as gevolg van 'n hoë risiko studente gemeenskap. Die finale voorlegging van die projek is voorafgegaan deur 'n proses van konsultasie met alle belanghebbende partye. Dit word voorsien dat die beleidsdokument gereeld hersien sal word. Daar is ook riglyne vir 'n eweknie onderwysraamwerk ontwikkel wat in Appendix 1 voorkom.

ACKNOWLEDGMENTS

This work culminates from the work of all the best writers and editors in HIV and AIDS, their work has given me the courage to look back and acknowledge the plight that other people have done to eradicate HIV/AIDS in our communities. I stood in the shoulders of the following Giants as they have mapped the way for my work: Chetty D, Kelly, M.J, Otaala, B, Mwesigwa, K.R. and UNAIDS your work has contributed positively in developing my understanding and in making me look at what Mangosuthu Technikon has done in dealing with the AIDS issue.

To Whiteside, A. and Barnett, T, thank you for realizing to document everything about HIV/AIDS into a book. It was through reading your book that I realize how affected I am with regards to HIV/AIDS pandemic, through reading what you have documented, I saw all that are close to me in pain, I felt their pain, and it is through the feelings that I decided to study further. In Isizulu, we say: “Umuntu ungumuntu ngabantu” which underscores that we find our identity in the relationships we build with other people. I am indebted to you for developing my knowledge and sharpen my understanding in addressing the issues that relates to HIV/AIDS today I may say I have a better understand but without your knowledge and understanding I may be nothing, Thank you very much.



DEDICATION

To all my friends and relatives whose lives have been the eye opener for me to realize the pain and suffering of my people, to my colleagues whose support and love has given my work a success that is Sister Martha Buthelezi the Head of Department in Student Health Services, Thank you for giving me the strength and the opportunity to gain your wisdom and expertise. To Phumi Ngcobo and Zodwa Khumalo Thank you for making me realize that I could do everything that is humanly possible and that I could tackle my report and still survive all the odds.

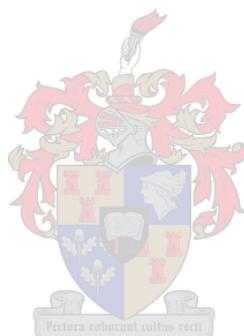
My dearest Mother, this serves as Buchi Emecheta puts it: “The joys of Motherhood”. Thank you for being the pillar of my life and being the mother you have been all the years. To the Makhanya family, I am the person I am today because of your positive contributions in my life and thank you very much. I pray that you see the fruit of my success in future.

To the person I love during my trying moments, I have to give credits for contributing positively in my life, to my two Boys Nhlanhla and Wandile, thank you for understanding your busy uncle, who is always occupied by piles of books and have less time to socialize with you. I believe you are what I always wanted to have as a family and hope that you will take a lesson from my own life to make yours a better one.

I may have had a stressful life whilst working with this document but I ended up gaining the best out of it. Prof Jan du Toit Thank you very much!!!

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CHAPTER ONE

1.1 INTRODUCTION

The threat posed by HIV/AIDS to the socio-economic, demographic and the medical dimensions continues to increase. HIV/AIDS is without doubt one of the most tragic and challenging health problems of our days. Sub-Saharan Africa carries the heaviest burden with respect to HIV/AIDS. For a continent representing one-tenth of the world's population, nine out of 10 HIV positive cases originate from Africa (FAO 2000).

HIV/AIDS does not respect race, ethnicity, gender, age, or economic status: everyone, including unborn babies, is to a greater or lesser extent, vulnerable to infection. However, the spread of the virus poses a bigger challenge to educational institutions and enterprises where the age structure of the population, the congregation of a large number of people in a small space and the mandate of such institutions have direct link with socio-economic development of any country. Therefore, HIV infection is an issue that every tertiary educational institution in the country must take seriously.

In Africa, the pandemic has taken its greatest toll on our economies and societies that are often weakened by poverty, internal conflicts and constrained in their responses to such a profound threat. For much of the recent past, evidence of the pandemic's crippling impacts has dominated the headlines and the development agenda (UNAIDS, 2002).

Hence, the pandemic is a "threat that puts imbalance to the future of nations" (Nelson Mandela, 1997). AIDS kills those of whom society relies to grow the crops, work in the mines and factories, run the schools and hospitals, and govern the countries. It creates new pockets of poverty when parents and breadwinners die

And children leave school earlier to support remaining children – they are affected and infected by HIV/AIDS.

According to the UNAIDS report for 2004, Southern Africa remains the worst affected sub region in the world, with data from selected antenatal clinics in urban areas showing HIV prevalence surpassing 25 percent, having risen sharply from around 5 percent in 1990. The report further says South Africa continues to have the highest number of people with HIV in

the world. An estimated 5.3 million [4.5 million – 6.2 million] people were living with HIV end – 2003 in South Africa - 2.9 million [2.5 million – 3.3 million] of them were women. The survey also reveals that there is still no sign of a decline in epidemic. Overall HIV prevalence among pregnant women was 27.9 percent in 2003, compared with 26.5 percent in 2002 and 25 percent in 2001. Latest data suggest prevalence levels are still increasing in all age groups, except for pregnant women older than 40 years of age. A recent population-based survey has indicated possible shifts towards safer sex among young South Africans (Reproductive Health Research Unit, Medical Research Council, 2004). However, prevalence levels among pregnant women aged 15- 24 years have continued to rise- from 23.1 percent in 2001 to 24.3 percent in 2003. The survey reveals significant regional variation, with prevalence among pregnant women exceeding 30 percent in three provinces (Free State, Mpumalanga, and KwaZulu-Natal, reaching 37,5 percent in the latter) while ranging between 13 percent and 17.5 in Western Cape, Northern Cape and Limpopo. Since 2001, HIV prevalence has risen in all but two provinces (Free State and Gauteng)(Ministry of Health South Africa, 2004).

The information above provides the gap in addressing the issue of HIV/AIDS. Hence, in education, the response to HIV/AIDS has often been narrowly centred on the need to ‘teach HIV/AIDS’ as our best hope of keeping the threat at bay. In practice, the response has centered on using the curriculum to make children aware of the pandemic and give them knowledge skills and values necessary to respond to the epidemic. Thus, in tertiary education sector HIV/AIDS curriculum and HIV/AIDS depends on the hands each institution. In general, HIV infection can affect both the demand and supply of education. On the supply side, enrolment rates can reduce as a results of deaths, illness, financial constraints, demand for home care of the sick and other family and social circumstances.

On the demand side, the cost of training academic and support staff due to premature deaths, and costs incurred in the form of employee benefits during illness or after death, which divert funds from projects that would help improve education, can result in reduced capacity of the educational system to provide education and training services. The disease can also impact on the quality of education. Teaching students who are sick, depressed, unmotivated or demoralized will impact on instructional outcomes. Taking time off to nurse the sick, seek medical care and attend funerals will also adversely affect learning outcomes.

HIV/AIDS affects an institution through its impacts on the individual who comprise it – students, academic staff, support staff and ancillary or Technical and maintenance staff – on the processes that govern its operations and on the financial and material resources needed to carry out these operations. There are three principal reasons for this:

- The vulnerability of a tertiary institution to the many adverse impacts of HIV/AIDS
- The need for a tertiary institution to take the possible impact of infection into account in its forward planning, while at the same time taking steps aimed at prevention and control; and
- The responsibility of a tertiary institution – through knowledge dissemination, research and advisory services – to contribute to stemming the spread of the disease and to mitigating its impacts within the larger society of which it is a part.

Therefore, the presence of HIV/AIDS in a country makes it imperative that a tertiary institution examines its policies to determine whether any that are in operation may increase the vulnerability of individuals and augment the risk of HIV – infection.

What has been the response of African tertiary institution to this tragic development, which is not merely a health issue, but a development problem?

In answering this question, this technical report will address the following topics

- The level of priority to be given to HIV/AIDS and the reasons for this,
- The obligations African tertiary institutions have to their staff with regard to HIV/AIDS;
- Policies and practices currently in place, with particular reference to policy development, peer counselling mentoring and tutoring, curriculum integration, and voluntary counselling and testing. This may also suggest s with respect to what tertiary education leaders can do to further limit the spread HIV/AIDS within their campuses, this may further investigate:
 - The manner HIV/AIDS has affected personnel, operations and the use of resources at selected tertiary institutions in South Africa;
 - The steps the institutions have responded to the impacts,

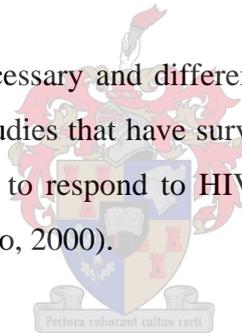
- The development in teaching, research, publications and advisory services which the institutions have initiated because of the infection

These are the issue to be examined looking at the institutions in South Africa and forming the work that has been done by Mangosuthu Technikon to eradicate HIV/AIDS in tertiary education.

1.2 WHY SHOULD TERTIARY INSTITUTION BE CONCERNED WITH HIV/AIDS?

Tertiary education poses a radically different set of educational, institutional and social issues. The need to define a response that makes sense in tertiary education context is the primary motivation behind the HIV/AIDS education.

What makes a specific response necessary and different in tertiary education? The findings are drawn from a cross section of studies that have surveyed the extent of the impact and the preparedness of African institutions to respond to HIV/AIDS (Chetty, 2000, Kelly, 20001, Arnafi, 2000 Nzioka, 2000, Magombo, 2000).



- Evidence is growing that students, staff and communities linked to tertiary institutions are all showing the impacts of HIV/AIDS – either because of being infected or affected.
- However, there are a range of different responses within tertiary education that addresses HIV/AIDS in varying depth and scope. The trend towards a comprehensive response that addresses prevention, care and social support in some cases looks at treatment is taking hold but too many responses have to date been ad hoc and unsustainable.
- Tertiary education institutions educate and train sexually active young adults, unlike most of the school system. Therefore the students are often vulnerable because of risky social and sexual behaviour that is common amongst young adults in residential campus settings (alcohol abuse, drug use, low quality housing, sexual abuse and others)

- Students are largely free to choose what they want to study and therefore not obliged to participate in formal or non-formal prevention interventions – even when these are available.
- Though critically important as part of a comprehensive response, prevention remains the dominant trend in a context where treatment, care and support need to be addressed.
- Poverty is a factor that makes young people especially vulnerable to transactional sex – an observable phenomenon in educational institutions.
- Financial and other resources constraints make it difficult to motivate HIV/AIDS as an institutional priority.
- Not all institutional managers are convinced of the role they are expected to play in the fight against HIV/AIDS and many do not have the skills needed to develop and manage a response to the pandemic.
- Not enough institutions have taken seriously the need to mitigate the pandemic through planning and pro-active responses.
- A culture of denial and silence – even in tertiary education – continues to hamper efforts to mobilize students and staff.

Thus, underlying all these challenges is globalisation, development place among them, and recently, the challenge posed by HIV/AIDS has taken a paramount place on our thinking, actions, strategies, and programming.

Amongst all these challenges is the traditional role of a tertiary institution that has in embedded in:

- Transmitting the accumulated body of global knowledge relevant to the development of society through teaching;
- Creating new knowledge and extending boundaries of knowledge through research;
- Preserving knowledge on national and international values of culture, history, and science, through technology, publication and library acquisitions, and

- Providing advisory, extension and consultancy services on issues which are relevant to the socio-economic advancement of society at large

Tertiary institutions are well placed to respond to these varied and daunting challenges for a variety of reasons including the following:

- To paraphrase the words of Boyer, the university campus (tertiary institution) can be considered as a purposeful, open, just disciplined, caring, and celebrative community. It is an educationally purposeful community, a place where staff and students share academic goals and work together to strengthen teaching and learning on campus.
- It is an open community, a place where freedom of expression is uncompromisingly protected and where civility is powerfully affirmed. It is a just community, a place where the sacredness of the person is honoured. It is a disciplined community, a place where individuals accept their obligations to the group and where well-defined governance procedures guide behaviour for the common good. It is a caring community, a place where the well being of each member is sensitively supported and where service to others is encouraged. And it is a celebrative community, one in which the heritage of the institution is remembered and where rituals affirming both tradition and change are widely shared. Given such community, one would expect it to rise to the occasion, by challenging students on a slogan “My Future is My Choice, Let us Graduate alive”

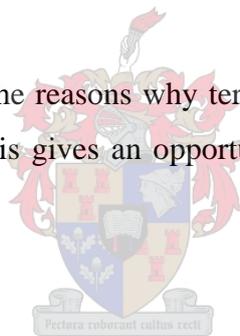
HIV/AIDS has clearly affected the core business of tertiary institutions – teaching and learning, research, management and community engagement. Tertiary institutions that have large numbers of sexually active young people in the age bracket of 19 – 25 years are particularly vulnerable.

According to the report by World Bank 2002: tertiary education is more than the capstone of the traditional education pyramid; it is a critical pillar of human development worldwide. In today’s lifelong – learning framework, tertiary education provides not only the high – level skills necessary for labour market but also the training essential for teachers, doctors, nurses,

civil servant and engineers, humanists, entrepreneurs, scientists, social; scientists and other personnel. It is these trained individuals who develop the capacity and analytical skills that drive local economies, support civil society, teach children, lead effective governments, and make important decisions that affect entire societies.

Given the magnitude of the crisis that HIV/AIDS has brought into the lives of individuals and communities, the education system – especially tertiary institutions – has a serious obligation to cooperate with all other bodies in stemming the spread of this infection. As one of the major socializing forces in society, it has a grave obligation to educate the young on this matter, providing knowledge, fostering awareness, promoting life – asserting attitudes. It also has an obligation to those who work in the system, heightened their awareness and strengthening their determination and efforts to remain uninfected. The education system has a further responsibility towards those who are already infected

Having briefly referred to some of the reasons why tertiary institutions should be concerned with issues related to HIV/AIDS, this gives an opportunity examine what has been done in Policy development.



CHAPTER TWO

2.1 DEFINITIONS OF POLICY

The discussion on definitions of policy focuses briefly on the natures of definitions in the policy field, followed by the presentation of a set of definitions provided by prominent scholars in the field. According to Patton and Sawicki (1986:18) there is universal accepted definition, however, an adequate framework of definitions enables one to explore the multidimensional nature of policy, to establish the key elements of definitions in the field and to develop a working definition.

- Ranney (1968: 7) defines policy as “ declaration and implementation of intent”.
- Easton (1953: 129) defines policy as “ the authoritative allocation through the political process, of values to groups or individuals in the society”.
- Hanekom (1987: 7) states “policy-making is the activity preceding the publication of a goal, while a policy statement is the making known, the formal articulation, the declaration of intent or the publication of the goal to be pursued. Policy is thus indicative of a goal, a specific purpose, and a programme of action that has been decided upon. Public policy is therefore a formally articulated goal that the legislator intends pursuing with society or with a societal group”.
- Dye (1978: 4-5) defines policy as “ a comprehensive framework of and /or interaction”
- Starling (1979:4) defines policy as “ a kind of guide that delimits action”
- Baker et al. (1975: 12-15) defines policy as “ a mechanism employed to realize societal goals and to allocate resources”.

From definitions of policy to definitions of policy analysis: Dunn (1981:35) emphasizes the use of multiple methods of enquiry and defines policy analysis in broad context when he refers to E.S Quade, former head of the Mathematics Department at the Rand Corporation, who called it:

Any type of analysis that generates and presents information in such a way as to improve the basis for policy-makers to exercise their judgement. In policy analysis the word “policy analysis” is used in its most general sense; it implies the use of intuition and judgement, it encompasses not only examination of policy by decomposition into its components but also the design and synthesis of new alternatives.

In each undertaking, Policies are needed to guide the vision and goals of the enterprise, before strategic planning and implementation are begun. In the area of HIV/AIDS, institutional policy development has been slow, particularly within tertiary institutions where AIDS is often viewed as the private matter

2.2 THE POLICY

Mangosuthu Technikon is committed to providing a healthy working environment for all its employees and students by protecting the physical and psychological health and welfare of all employees and students in the workplace and work environment. The policy should provide guidelines for the handling of employees and students and situations where the issue of an HIV/AIDS related illness arises, voluntary testing of employees and students and the creation of a supportive environment in which employees and students infected with HIV/AIDS could continue being employed.

The policy should also be intended to ensure employment equity, to protect the fundamental rights and dignity of HIV/AIDS infected employees and students, to prevent discrimination and remove stigmatization of such employees and students, and prevent those employees and students who are uninfected from acquiring HIV/AIDS.

2.3 THE PRINCIPLES

The medical description of HIV/AIDS is outlined in the introduction as part of chapter one. The devastating impact of the disease on our society and the crippling effect it would have on

organisations necessitates that Mangosuthu Technikon should take a clear position on key issues regarding HIV/AIDS and employees and students, and implement programmes to prevent and manage the various faces of HIV/AIDS. Certain fundamental principles should therefore pervade any policy, practice, programme, or procedure relating to HIV/AIDS. These principles include, but are necessarily limited to the following:

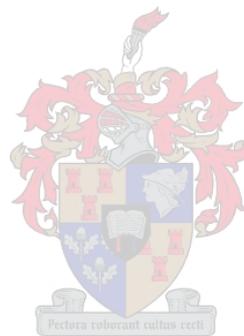
- Treating HIV/AIDS in all respects like any other comparable life-threatening condition.
- Providing equal opportunities for all employees and students with HIV/AIDS, including equal access to employment positions and accommodation of such employees and students to the extent that it does not place undue hardship on the Mangosuthu and its Stakeholders
- Not discriminating directly or indirectly, against employees and students with HIV/AIDS, which includes allowing employees and students who are HIV/AIDS positive to continue employment if they are medically fit and capable of achieving reasonable performance standards.
- Establish and implement appropriate training, education and awareness programmes for employees and students on HIV/AIDS prevention, as well as care and support for those infected.
- Establish a budget for the implementation of programmes mentioned
- Create a working environment that is supportive, sensitive and responsive to employees and students with HIV/AIDS and that encourages employees and students to take personal responsibility for preventing the further spread of the disease.
- Ensure that HIV/AIDS becomes a prime focus area in teaching, research and community outreach.
- Foster a culture of responsibility amongst employees and students to develop a personal lifestyle in which they will not put themselves or others at risk of infection.

2.4 POLICY OBJECTIVE

The policy should be intended to address and regulate the following objectives regarding HIV/AIDS:

- Address legal and ethical issues concerning HIV/AIDS.

- Stipulate the guiding principles behind the Policy
- Provide guidelines for employees and students at risk of HIV/AIDS infection.
- Standardise the management of HIV/AIDS at Mangosuthu Technikon
- Provide HIV/AIDS training of employees and students
- Provide a framework for a voluntary HIV testing and counselling service.
- Encourage collaboration with external institutions and bodies and develop community participation with regard to HIV/AIDS.



CHAPTER THREE

3. TRANSMISSION OF HIV/AIDS

As far as medical science could determine, there is no risk that HIV/AIDS can be transmitted from an HIV/AIDS sufferer to her/his colleagues through casual or proximate contact in the normal working situation.

HIV/AIDS cannot be transmitted if people breathe the same air, use the same toilets, touch the same paper or make use of the same telephone as an HIV/AIDS infected person, or by any means.

Medical authorities have stated that transmission of the disease through oral fluids or tears is not a recognized risk factor. The HI-virus is also fragile and could only be transmitted through intimate exchange of body fluids (for example blood or blood contaminated tissue or fluids such as semen or vaginal fluids).

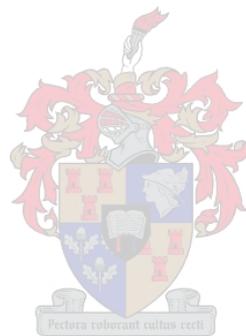
People of all sexual preferences run the risk of contracting and AIDS related condition. The virus does not distinguish between gender, sexual orientation, age or race and ethnicity.

The HI-virus can be transmitted from any infected person to an uninfected person, and the following general ways of transferring the virus have been identified:

- Sexual contact through transmission of semen and vaginal fluids,
- Intravenous application of drugs by means of contaminated needles,
- Transfer of or contact with contaminated blood products,
- Transmission of the virus from infected mothers to their unborn child during pregnancy or the birth process or their child through breast milk.

Medical evidence suggests that an AIDS related condition could have a 'window ' period of several days, months or years before any symptoms appear, and HIV tests will reflect a false negative result during this period. Further HIV tests after the expiry of the 'window' period

may however still show a positive result. The presence of HIV anti-bodies is not a sign of immunity but of infection.



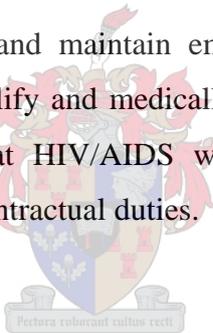
CHAPTER FOUR

4.1 EMPLOYEES AND STUDENTS INFECTED WITH HIV/AIDS

The employment Equity Act No 55 of 1999 prohibits any unfair direct or indirect discrimination on the basis of HIV/AIDS status in any employment policy, practice or procedure.

Accordingly, the same rights and contractual obligations as all other all other employees and students will govern employees and students of the Mangosuthu Technikon infected with HIV/AIDS.

Mangosuthu Technikon should hire and maintain employees and students infected with HIV/AIDS and who are currently qualify and medically fit to work and achieve reasonable performance standards, providing that HIV/AIDS would not be accepted as a blanket justification for non-performance of contractual duties.



Mangosuthu Technikon should also ensure that continued employment, including appropriate promotion, work alternatives and training opportunities are available to employees and students infected with HIV/AIDS.

Section 187(1)(f) of the labour relations Act of 1995 prohibits an employee from being dismissed merely on the basis of HIV/AIDS, and will HIV/AIDS status also have no relevance as a criteria in any retrenchment process.

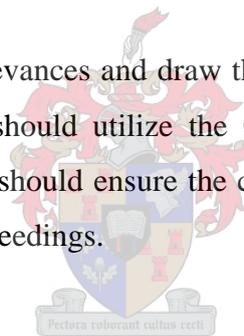
However, if an employee could no longer perform effectively or presents a significant health or safety risk to themselves or others, the procedures for incapacity due to ill health would apply, and would the employee's employment only be terminated if a fair procedure is followed as per Labour Relations Act of 1995 and as set out in the Disciplinary Policy, Code and Procedure of Mangosuthu Technikon.

Mangosuthu Technikon recognizes the need to be sensitive to the needs of critically ill employees and students and that their continued employment may be of vital concern to them, both medically and emotionally.

Employees and students infected with HIV/AIDS would be governed without discrimination by the existing sick leave entitlement of Mangosuthu Technikon, and would their HIV/AIDS status not prejudice their entitlement to such leave.

HIV/AIDS infected employees and students should be entitled to the same benefits as other employees and students, and Mangosuthu Technikon would ensure that provisions that discriminate or restrict the entitlement of such infected employees and students to benefits be removed.

Employees and students to raise grievances and draw the attention of the Technikon to areas of concern relating to HIV/AIDS should utilize the Grievance Procedure of Mangosuthu Technikon. Mangosuthu Technikon should ensure the careful investigation of the matter and confidentiality of any grievance proceedings.



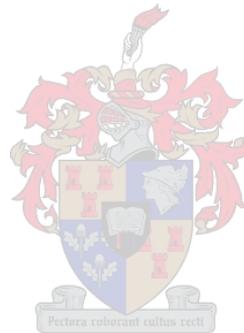
4.2 STUDENTS

- Students who are HIV positive will not be prevented from attending lectures, living in residence or being involved with campus activities on account of their HIV status.
- HIV infection per se will not be used as a prejustification for the academic non-performance of students.
- Students who refuse to study or work with any fellow student or staff member with or perceived to be HIV positive, will be handled in the following way:
 - Education
 - Counselling
 - Disciplinary action

- Student affairs, examination department and faculties will have in place mechanisms to handle the confidentiality issues around the HIV/AIDS with respect to special examinations.

4.3 GRIEVANCES AND DISCIPLINARY PROCEDURE

- A student with HIV/AIDS has the same rights and responsibilities as all other students.
- Where discrimination occurs as a result of HIV/AIDS status, the student will have recourse to existing Technikon for redress.
- HIV/AIDS status may be not used to evade Technikon rules and regulations. Standard disciplinary procedures will apply for infringement of Technikon rules, regardless of HIV/AIDS status.



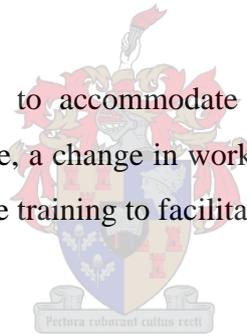
CHAPTER FIVE

5.1 REASONABLE ACCOMODATION

Schedule 8 of the labour Relations Act requires employers to consider alternatives to reasonably accommodate individuals, who have ill health, or become unable to carry out the work they are contracted to perform.

The general health of employees and students infected with HIV/AIDS may progressively deteriorate, resulting in an inability to carry out their required work. Mangosuthu Technikon must reasonably accommodate these employees and students after thorough consultation with the employee to determine the degree of accommodation required.

Mangosuthu Technikon is required to accommodate these employees and students to a reasonable extent, which may include, a change in working hours, job description, transfer to another position, as well as to provide training to facilitate those changes.



However, where accommodation is impossible or unreasonable, or the employee is unable to perform any tasks or work, the employee's services may be terminated in accordance with the relevant legislation.

5.2 STIGMA AND DISCRIMINATION, VULNERABILITY AND FEAR ABOUT HIV/AIDS

When one begins to look at the experiences of people with HIV/AIDS, two things stand out. The first is the diversity of people with HIV/AIDS. The second is how often and in how many ways people with HIV/AIDS are stigmatized or discriminated against. Sometimes it appears as if the various people with HIV/AIDS have only two things in common: HIV infection and HIV- related stigma and discrimination.

Stigma and Discrimination feed on cultural differences and block out common humanity. This happens through social processes whereby:

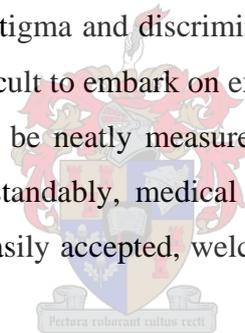
- Particular aspects of some people with HIV/AIDS, such as sexual orientation or drug use, are magnified to the exclusion of the individual humanity of each person with HIV/AIDS and the diversity of all people with HIV/AIDS (stereotyping)
- The negative associations of these magnified aspects are combined with or transferred to the negative associations that have developed around HIV infection;
- People with HIV/AIDS are seen by others primarily in light of these magnified aspects and their negative associations (stigmatization),
- The negative associations of HIV/AIDS lead people- inadvertently or deliberately- to shun, avoid, shame, degrade or discriminate against people with HIV/AIDS,
- Some people feel justified in acting toward people with HIV/AIDS on the basis of their prejudices and misperceptions, to the point of excluding people with HIV/AIDS from services, support, benefits, and opportunities that they would otherwise enjoy;
- Living with HIV/AIDS becomes living with stigma and discrimination, either anticipated or actual.

The cumulative effect of HIV/AIDS – related stigma and discrimination is to objectify, marginalize, and exclude people with HIV/AIDS. Those who were already objectified, marginalized and excluded are pushed even further from recognition of shared humanity and from the support of human society. Repeatedly, loudly and for decades, experts at the international level and services providers at local levels have described the powerful forces of stigma and discrimination. No less a personage than the late Jonathan Mann, then the Director of the WHO Global Programme on AIDS, warned the world about stigma and discrimination in regards to HIV/AIDS. Speaking to the UN General Assembly in 1987, he “identified three phases of the HIV/AIDS epidemic: the epidemic of HIV, the epidemic of AIDS, and the

epidemic of stigma, discrimination and denial.” He noted that the third phase is “as central to the global AIDS challenge as the disease itself” (Parker et al, 2002).

“Each year, more and more people die from the [HIV] disease and it is the stigma and misinformation around HIV that is killing people” Juan Manuel del Toro, president of the International Federation of Red Cross and Red Crescent Societies, said in a World Red Cross Day message. “People place themselves at high risk from infection or refuse to seek treatment rather than face the consequences of social stigma, such as losing their homes, businesses and even their families,” (Olafsdottir, 2003).

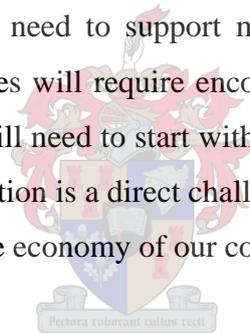
Despite the insistent voices of warning, no concerted action has been initiated to understand and confront stigma and discrimination across many cultures thus that we may be ashamed of the existence of stigma and discrimination. Studying these constructs would plumb our basest aspects, and would not be pleasant. Perhaps we don’t want to know, so scholars, founders and others, have turned a blind eye to stigma and discrimination. Alternatively perhaps research institutions and founders find it difficult to embark on explorations into areas – psychological, social, and attitudinal – that cannot be neatly measured in laboratory values and that have many cultural complexities. Understandably, medical scientists may continue to believe a great medical intervention will be easily accepted, welcomed by all. Tragically, that may not be the case.



Some scholarship regarding shame and stigma suggest the topic is approachable. Kaufman (1966) has studied these factors in terms of Western psychological factors, but little Third World research is documented. Parker, Aggleton and collaborators (2002) have addressed stigmatization and discrimination regarding HIV disease and have articulated a research agenda, including studies of social processes and aspects across cultural boundaries. Others have reviewed have reviewed 21 interventions that explicitly attempted to decrease stigma associated with other diseases (Brown, Trujillo, and Macintyre, 2002). They concluded that the reviewed studies indicate something can be done about stigma through interventions such as information, counselling, coping skills acquisition, and contact. Underlining the scarcity of stigma and discrimination interventions, the authors found only two national level efforts to combat stigma and no documented studies on the effects of mass media campaigns.

While these studies hint that something can be done, in fact we still know very little and perhaps whatever we “know” is only culture specific. The grand challenge is to understand and diminish stigma and discrimination so as people will be willing to access available and effective biomedical and psycho-social interventions. Basic questions still exist: do the construct of stigma; discrimination and shame have commonality across cultures? Are these constructs indeed conceptually entwined? Is it useful to think of them in this way or do we need alternative, as yet conceptualized, factors? What are the bases for shame in different cultures - sexuality, pride versus weakness, inability to perform gender- based roles, illness, or issues that we cannot guess? What are the psycho-social bases in various cultures for stigmatization and discrimination? Interventions to reduce stigma, discrimination and shame, if there are to be any, require some theoretical underpinnings, even if these are different from culture to culture.

As an institution of Higher Learning, we need to move to the issues of interventions regarding stigma and discrimination. Funders need to support more scientifically based intervention studies. Researchers and communities will require encouragement for large- and small scale interventions. Perhaps researchers will need to start with neighbourhood or ethnic-group level interventions. Stigma and discrimination is a direct challenge to tertiary education because our role is also to assist in developing the economy of our country through educating the nations.



5.3 WHY DO PEOPLE LIVING WITH HIV/AIDS SUFFER PREJUDICE AND DISCRIMINATION?

Fear leads to discrimination and victimization against people living with HIV/AIDS. People have been taught to believe that only gays, prostitutes, people who sleep around and drug users get infected with HIV. They think if you are not one of ‘these’, you are safe. This makes it easy for some people to discriminate against others and blame them for the disease, while not protecting themselves. People also fear the discrimination they will face if others know that they are HIV positive, they are afraid to go for an HIV test or to be open about their HIV status.

HIV/AIDS affects very one of us, whether we are gay, lesbian or heterosexual

This is the biggest problem in fighting HIV/AIDS, breaking the silence that surrounds the epidemic. Although thousands of people are ill or dying, we are still afraid to speak about it. Families often hide the fact that a relative had died of an AIDS- related illness. People who

are infected are afraid of being stigmatized (rejected by their families and communities), so they hide their illness.

“ The case of Gugu Dlamini is a terrible example of the prejudice in communities towards HIV positive people. People in her community murdered Gugu Dlamini because she announced that she was HIV positive.

5.4 HEALTH AND SAFETY

Mangosuthu Technikon as an employer has a duty in terms of health and safety legislation to ensure the health and safety of its employees, students and third parties on the premises of Mangosuthu Technikon. This requires health and safety risks to be minimized and health and safety awareness to be inculcated in employees and students through appropriate training awareness campaigns.

Mangosuthu Technikon should also ensure that there is appropriate first aid available to employees and students, and training for First Aid sessions should be regularly updated. These training sessions should include issues such as HIV/AIDS awareness and sensitivity training. Health care workers/lecturers in the faculty of Health Sciences, Mangosuthu Technikon Student Services and MATT (Mangosuthu Aids Task Team) that includes both staff and student are often at risk of being infected with HIV in the performance duties. Mangosuthu should accordingly –

Inform such employees and students about the risk of being infected by HIV,

Supply such employees and students with the necessary training with regard to preventative measures to avoid HIV infection,

Where necessary, through Student Health Service: Occupational Health and Safety, supply the required protection and conduct relevant First Aid training and other relevant information to employees and students to prevent infection, and

Supply appropriate medical tests to such employees and students after an occurrence in the course and scope of their duties that may result in HIV infection.

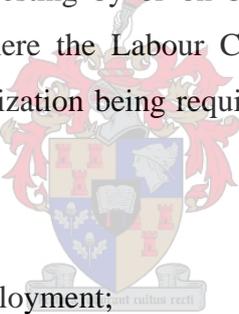


CHAPTER SIX

6.1 TESTING

The common law and the Constitution of South Africa, grants all persons the right to privacy. Accordingly, all persons with HIV/AIDS have a right to privacy, including privacy regarding their HIV/AIDS status. The common law and Constitution of South Africa, grants all persons the right to privacy. Accordingly, all persons with HIV/AIDS have a right to privacy regarding their HIV/AIDS status, and are there no general legal duty on employees and students to disclose their HIV/AIDS status to the Mangosuthu Technikon.

No employees may be required by the Mangosuthu Technikon to undergo an HIV test in order to ascertain their HIV status. HIV testing by or on behalf of the Mangosuthu Technikon Technikon may only take place where the Labour Court has been approached to obtain authorization for testing, such authorization being required where the testing is to take place during the following circumstances:

- 
- During an application for employment;
 - As a condition of employment;
 - During procedures relating to termination of employment;
 - As an eligibility requirement for training or employee development programmes;
 - As an access requirement to obtain employee benefits.

6.2 THE EFFICACY OF VCT FOR ACHIEVING PREVENTION GOALS

When discussing the efficacy of VCT for achieving prevention goals, two main preventative outcomes are usually addressed for instance:

1. The efficacy of the VCT in achieving primary prevention, i.e. facilitating behaviour change in those who test negative

2. The efficacy of VCT in achieving secondary prevention, i.e. facilitating behaviour change in those who test positive.

Most investigations into these two areas, conducted in Western contexts, point to the efficacy of VCT for achieving secondary prevention goals, although it does not appear to be an effective means of primary prevention (Wilson, Levinson, Jaccard, Minkoff and Endias, 1996, ID350; Earp and Koch, 1992, In ID 350, Ickovis, Morrill, Beren, Walsh and Rodin, 1994, In ID 350).

One consistent finding across the literature is that VCT is more effective as a means of secondary than primary findings in African settings, mirroring the international literature in this regard. This means that VCT is more effective at facilitating behaviour change in those who test positive than in those who test negative.

In terms of both primary and secondary prevention goals, it would appear that there are a number of factors that influence the effectiveness of VCT in African settings. One such factor would be whether the person being tested is a member of a couple that is either sero-concordant or sero-discordant. Another factor would be whether these couples are tested together or individually. Studies show that VCT is most effective in facilitating behaviour change in both positive and negative clients, when that client is one of an HIV sero-discordant couple who were counseled together, rather than individually (Kamenga, Ryder, Jingu, Mbuyi, Mbu, Behets, Brown and Heyward, 1991, ID68, Allen, Tice, Van de Perre,

Thus, looking at the above descriptive study, two main suggestions stand out, i.e.

- VCT appears to be more effective for prevention with sero-positive than with sero-negative people, who are more likely to continue to engage in unsafe sexual practices. In order to be effective as a prevention tool with HIV sero-negative individuals and couples. Post-test counselling for sero-negatives will have to be reconsidered. In particular, such interventions should aim to help individuals maintain a negative result and provide them with information to better assess their need for safer sexual practices in the future.

- VCT appears to be more effective when it targets both sexual partners as opposed to only one. Since this finding occurs within a context of unequal power dynamics, it may also indicate that individual VCT services in the African context would be most effective if they actively targeted males rather than continuing to routinely access females at family planning and antenatal clinic facilities. Only one of the quantitative studies under review, apart from those assessing couple counselling, involved male participants. This lack of research is important, as there is reason to believe that in African male-dominated societies, VCT with men may have more impact on couple's subsequent behaviour than VCT for women.

However, at Mangosuthu we have implemented a VCT that also addresses couple on issues relating to HIV as well as assisting people to work on their sexual behaviour. Peer Educators as well as the Health Promoter initiate this.

6.3 CONFIDENTIALITY

Mangosuthu Technikon will treat any and all personal medical information, whether written, in electronic format or oral, obtained from the employee or third parties as strictly confidential in accordance with existing legal and medical norms. (See appendix 2, Testing and Disclosure of HIV/AIDS status).

Mangosuthu Technikon will also take all necessary steps as required from time to time to ensure that all employees and students and agents of the Technikon keep confidential any and all personal medical information obtained, and that such information is used solely in connection with the execution of duties of employment and not for the benefit or knowledge of any third party.

6.4 MANAGEMENT OF HIV/AIDS IN THE WORKPLACE

The effective management of HIV/AIDS by Mangosuthu Technikon requires an integrated strategy that includes:

An understanding and assessment of the impact of HIV/AIDS in the workplace. This requires the Mangosuthu Technikon to develop and understand Mangosuthu Technikon HIV/AIDS risk profiles and conduct an assessment of the direct and indirect costs of HIV/AIDS.

The identification of long and short term measures to deal with and reduce the impact of HIV/AIDS, which include:

- Communication and awareness of the policy (See Appendix 2, the Policy).
- HIV/AIDS programmes, which would include:
 1. Ongoing sustained prevention of the spread of HIV amongst employees and students,
 2. Management and accommodation of employees and students with HIV/AIDS so that they are able to work productively for as long as possible, and
 3. Strategies to deal with and reduce the direct and indirect costs of HIV/AIDS to Mangosuthu Technikon
 4. The peer education strategy is Further (See appendix 1, Peer Education strategy)

The Mangosuthu Technikon will establish an HIV/AIDS Subcommittee, residing under the auspices of the Employment Equity Committee, to manage, monitor and enforce the provisions of this Policy, and where appropriate, implement changes or amendment thereof.

6.5 IMPACT ASSEMENT

To effectively assess staff and financial implications of HIV/AIDS for Mangosuthu Technikon, it is necessary that the Mangosuthu Technikon conduct thorough periodic HIV/AIDS impact assessments and forecasting:

The following costs to the UFS may flow from the above assessment and forecasting:

- Direct costs, may include increased claims against life, disability and medical aid cover.
- Indirect costs, may include: a decrease in efficiency due to absenteeism, increase in stress, illness and disability with resultant decrease in work performance and

efficiency, increased recruitment and training costs, higher staff turnover which produces a less experienced and efficient workforce,

- Human capital costs, may include: failure by staff members to fulfill their potential as they become debilitated due to the progression to full-blown AIDS, the psychological effects of their HIV/AIDS status may result in depression, a lack of motivation and loss of self respect, family circumstances may not be supportive and will have to be replaced by counselling and support groups

6.6 DUTY OF THE HEALTH PROMOTER

The physical and emotional health and well being of all employees and students must be protected and reasonable accommodation must be made for employees and students suffering from AIDS related condition as long as the employee involved can maintain a reasonable level of work performance.

When a health promoter receive information that an employee suffers from HIV/AIDS or suspects that an employee suffers from HIV/AIDS the health promoter should immediately arrange a consultation/discussion with the Human Resources Department in this case (Employee Relations Manager) who conducts sessions for employee in counselling and all other issues that relates to employees life, bearing in mind the right to confidentiality and privacy of the employee.

If it is regarded as a medical necessity because of immediate physical weakness or incapacity of an employee suffers from HIV/AIDS the health promoter involved must, in co-operation with the Human Resources Department, investigate possible adaptations to the employee's working environment or other reasonable accommodations. If the employee becomes incapable of performing her/his duties due to the illness she/he should be treated on the same bases as any other employee suffering from a life threatening illness.

If a healthy employee refuses to work with a HIV positive employee who is medically fit to work, the healthy employee will only be transferred to a different working environment if

such a transfer is required by a medical doctor. The medical doctor must issue signed statement requiring the transfer and reasons for such request.

6.7 THE CONTRIBUTIONS OF THE LESSONS LEARNED

Experience gained over last several years by Institutions of Higher Learning in their efforts to eradicate HIV/AIDS seems sufficient to enable stocktaking. At least five general conclusions can be drawn to what has been learned to date:

Leadership is the most important single factor. Where vice-chancellors, principals and other senior managers have made HIV/AIDS an institutional priority, the effect on their institutions has been immediate and visible. Decision-making and program management structures have been established. Networks have been created, resources have been found, and the climate of silence and denial that surrounds HIV/AIDS has begun to be broken down (Chetty 2000). Apart from serving as an advocate for attention to HIV/AIDS within their institutions, managers are likely to find that the following four actions can be highly effective: undertake an assessment of the impact of HIV/AIDS on their institution, train key staff (Dean of Student office, health services, library, union leaders) in HIV/AIDS awareness, counselling and confidentiality, and also challenge instances of stigma and discrimination, thus promote respect for women staff and students, particularly through anti-sexual harassment policies (Otaala, 2003).

Institutions that establish HIV/AIDS Coordination Units have better organised programmes. New initiatives do not happen by themselves. Sustainability and accountability for results cannot depend entirely on voluntary workers. A visible focal point – an office with two or three competent staff – is necessary to provide day-to-day attention, encouragement to other units, strategic reflection, and a means of disseminating new knowledge and ideas in the HIV/AIDS arena (University of Natal, 2000). HIV/AIDS coordination units have been established at the University of Witswatersrand, the University of Dar es Salaam, and elsewhere. Their impact is clearly being felt on those campuses. However, very few institutions have taken the next step and actually established a budget for their HIV/AIDS programs.

HIV/AIDS activities planned and executed with student involvement are far more effective. Peer education programs are but one example of such effectiveness. Students generally have an understanding of their social milieu that older adults often lack. Peer counselors are also likely to be present where they are needed most, and to be available nearly twenty-four hours a day. In addition, the action of peer counselling serves as an important role model and also impacts positively on those who do the counselling as well as on those who are counselled.

HIV/AIDS prevention is important, but insufficient by itself. An institutional response strategy to HIV/AIDS must be based on a continuum of prevention, treatment, care, and support. All institutions of higher learning contain persons living with HIV/AIDS. They deserve understanding, encouragement, respect, and occasional accommodation. A large number of staff and students are required to deal with the psychological stress and trauma associated with the knowledge that a family member or close friend is battling with HIV/AIDS. Students in particular require support, counselling, and timely intervention to help them to remain in school under these circumstances. The weakness of most current tertiary institutions' responses to HIV/AIDS is that they tend to be one-dimensional. They often concentrate on awareness campaigns and do not do enough in terms of voluntary testing, counselling and support, care and treatment, curriculum integration, community outreach, research, and the creation of external partnerships.

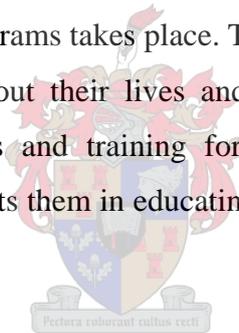
Looking at the checklist guide for devising an institutional policy statement which is as follows:

- ✓ Minimum performance standards
- ✓ Finance (employee benefits, sick leave, pension, recruitment, training)
- ✓ Human resources development (policy, procedures, safeguards)
- ✓ Programs (prevention, treatment, care, support)
- ✓ Student and staff welfare
- ✓ Gender/women/sexual harassment
- ✓ Workplace issues (health and safety procedures)

Mangosuthu is still progressing to meet the guidelines and have also worked on a comprehensive strategy that has led to the opening of the Wellness centre that is being assisted by the Employee Assistant Manager as well as the Health Promoter under the supervision of the Head of Department at Student Health clinic. This shows that in order to deal with the issues regarding with HIV/AIDS integrating services and adapting to things that develop better solutions leads all of us to be a winning nation.

6.8 COMMUNITY INVOLVEMENTS AND COLLABORATION

Mangosuthu Technikon recognises that the battle against HIV/AIDS is not restricted to the employee and students of the Technikon; however, it is also concentrating to the wider community involvement and participation. The train peer educators with the Health promoter in collaboration with the Schools Liaison Officer, conducts schools visits where, peer education and other related HIV programs takes place. The main aim of the visits is to educate young people to be responsible about their lives and action. Meanwhile the Community Outreach centre conducts programs and training for communities sometimes they even collaborates with NGO's which assists them in educating and creating sustainable projects for communities.



Although Mangosuthu Technikon Has not developed a formal qualification that addresses HIV/AIDS, however, the development of the framework on HIV/AIDS peer education (See appendix1) is a step at what as an institution should be work on to tackle the issue of HIV/AIDS. It is through the positive outcome of the projects that are implemented on HIV/AIDS that shows that as an institution of higher learning, the little we do to deal with the issue of HIV/AIDS within the institution and neighbouring community has an impact in the eradication of the HIV/AIDS.

CHAPTER SEVEN

7.1 CONCLUSION

Tertiary institutions have long cherished a tradition of autonomy that surpasses that of many other institutions in society. With regard to HIV/AIDS, this autonomy can become a liability, as it often leaves tertiary institutions outside the field of action taken by ministries of education or health to tackle the disease at a national level. For this reason, initiatives to confront HIV/AIDS within tertiary institutions must begin with each institution. Institutional leaders should demonstrate concerns and actions with regards to the problem. Development of an institutional policy and implementation of programs should be an essential step in asserting control over the threat of HIV/AIDS. Responding to HIV/AIDS is both social and ethical responsibility for tertiary institutions. But in doing so, they also fashion opportunities to generate themselves, they should realign their capabilities to contribute to national development within a constantly changing economic and social environment. (Chetty, 2000).

Although Mangosuthu Technikon has played a significance role in dealing with the HIV/AIDS. However, the development of the draft policy is the first step that shows a positive move in dealing with HIV/AIDS and that all the comprehensive programs that are being introduced will be able to be executed. In that, as a developing institution we have come very far in addressing the issues pertaining to HIV/AIDS and in that we still have a significant role in assisting our staff, students and communities with regard to HIV/AIDS with the determination to work towards a positive goal, Mangosuthu will be able to play a significant role in eradicating and educating our people on issues of HIV/AIDS and that will show a positive success as an institution.

7.2 DEFINITIONS

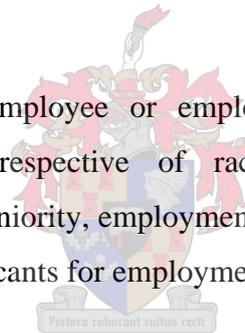
In this Technical report and other supporting documents, unless inconsistent with or otherwise indicated by the context, the following words and expressions shall have the meanings as set out opposite them:

AIDS means Acquired Immune Deficiency Syndrome, which is the late and most severe stage of HIV disease and is characterized by signs and symptoms of severe immune deficiency, where the body loses the ability to fight against infections because the immune system is weakened

AIDS related illnesses refers to the following medically diagnosed illnesses:

- a) The presence of HIV antibodies without the symptoms of AIDS. The presence of an AIDS related symptom complex
- a) AIDS; and
- b) Infection of the central nervous system.

Employees means any employee or employees and students of Mangosuthu Technikon irrespective of race, gender, marital status, sexual orientation, seniority, employment position and employment status, and includes applicants for employment;



Epidemiological means the study of disease patterns, causes, distribution and mechanics in society;

HIV means the Human Immuno-deficiency Virus that causes AIDS

HIV/AIDS means any condition or status relating to HIV and/or AIDS, includes where appropriate the perceived condition or status of HIV and/or AIDS,

HIV testing

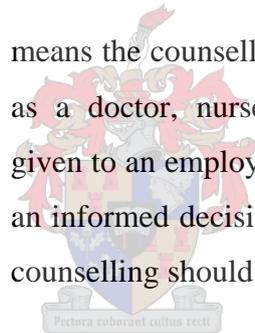
means any form of medical testing to determine the HIV status of a person and will, HIV test have the same meaning,

Informed Consent

is the consent given to any HIV test by an individual who understands and agrees to such an HIV test. Informed consent implies that the individual understands what the test is all about, why it is necessary and the benefits, risks, alternatives and social implications of the outcome. Written consent should be obtained where possible,

Pre-test counselling

means the counselling by suitably qualified person, such as a doctor, nurse, or trained HIV/AIDS counsellor, given to an employee has sufficient information to make an informed decision about having an HIV test. Pre-test counselling should include discussion on –



- What an HIV test is and the purpose of such a test;
- The meaning of a positive test result, including medical treatment and care, sexual relations, psycho-social implications, work and other conditions,
- Assessment of personal risk of HIV – infection,
- Coping with positive test results including how to get the support service and creating one for yourself and

- An opportunity for decision making about taking HIV test.

Policy

it is well defined in chapter two of the technical report, however, it also means the HIV/AIDS policy, which represents the official Policy of the Mangosuthu Technikon,

Post – test Counselling

means the counselling by a suitably qualified person, such as a doctor, nurse or trained HIV counsellor, provided when an employee receives his/her test result. Post test counselling involves one or more sessions (ideally at least two) and should include discussions on-

- Feedback and understanding of results;
- If negative – strategies for risk reduction and the possibility of infection in the ‘window’ period,
- If the result is positive – immediate emotions reaction and concerns; personal, family and social implications, difficulties the employee may foresee and the possible coping strategies; who the employee wants to share the results with; immediate needs and social support identification; follow – up, supportive counselling; follow- up medical care.

Reasonable Accommodation

means any modification or adjustment to a job or the working environment that will enable a person to have access to or participate or advance in employment,

A **risk profiles** mean an element of HIV/AIDS impact assessment and includes an assessment of the following:

- The vulnerability of individual employees and students or categories of employees and students to HIV infection,
- The nature and operations of the Mangosuthu Technikon and how these may increase susceptibility to HIV infection;
- A profile of the communities which the Mangosuthu Technikon draws its employees and students;
- A profile of the communities surrounding the Mangosuthu Technikon, and
- Assessment of the impact of HIV/AIDS upon the client/student base of the MT

MT

is a short form for Mangosuthu Technikon

MATT

stands for Mangosuthu AIDS Task Team



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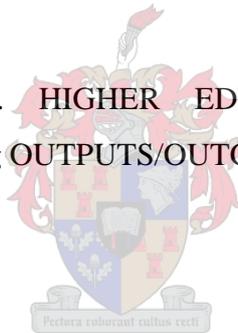
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LINKS



ACMC, Association of Canadian Medical Colleges, www.acmc.ca

ACU, Association of Commonwealth Universities, www.acu.ac.uk

AEGIS, www.aegis.org

AF-AIDS, www.af-aids.org

AFRICASO, African Council of AIDS Service Organisations, www.enda.sn/africaso.org

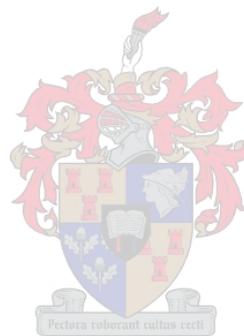
AVERT, www.avert.org

HEARD, www.und.ac.za

Higher Education Against HIV/AIDS (South Africa), www.heaaids.org.za

UNAIDS, Joint United Nations Programme on AIDS, www.unaids.org

WORLD BANK, www.worldbank.org and services@worldbank.org



APPENDIX 1

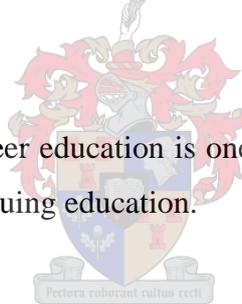
FRAMEWORK FOR PEER EDUCATION PROGRAMME

INTRODUCTION

The approach to Health Education and HIV/AIDS focuses on the development of knowledge, attitudes, values and skills needed to make and act on the most appropriate and positive decisions concerning HIV/AIDS and Behaviour.

Peer education is an interactive process with communities (as integrated with an overall program) to develop tailored messages and approaches using a variety of communication channels to develop positive behaviour; promote and sustain individual, community and societal behaviour change; and maintain appropriate behaviour. Thus, Peer education is a process of learning from one another (Tselanang). Peers are people that come from the same social and age groups.

In Higher Institutions of learning, Peer education is one factor that addresses the response to HIV and AIDS and provides a continuing education.



THE ROLE OF BEHAVIOUR CHANGE IN PEER EDUCATION

Peer education is the integral component of a comprehensive HIV/AIDS prevention, care and support program. It has a number of different but interrelated roles. Effective Peer education can:

- **Increase Knowledge:** Peer education can ensure that people are given the basic facts about HIV and AIDS in a language or visual medium (or any other medium that they can understand and relate to).
- **Stimulate community dialogue:** Peer education can encourage community and national discussions on the basic facts of HIV/AIDS and the underlying factors that contribute to the epidemic, such as risk behaviour and risk settings, environments and cultural practices related to sex and sexuality and marginalized practices (such as drug

use) that create these conditions. It can also stimulate discussion of healthcare- seeking behaviour for prevention, care and support.

- **Promote essential attitude change:** Peer education can lead to appropriate attitudinal changes about, eg Perceived personal risk of HIV infection, belief in the right to and responsibility for safe practices and health supporting services, compassionate and non-judgmental provision of services, greater open-mindedness concerning gender roles and increasing the basic rights of those vulnerable to and affected by HIV and AIDS.
- **Reduce stigma and discrimination:** Communication about HIV prevention and AIDS mitigation should address stigma and discrimination and attempt to influence social response.
- **Create a demand for information and services:** Peer education can spur individuals and communities to demand information on HIV/AIDS and appropriate services.
- **Advocate:** Peer education can lead policymakers and opinion leaders toward effective approaches to the epidemic.
- **Promote services for prevention, care and support:** Peer education services can promote services for STIs, intravenous drug users (IDUs), orphans and vulnerable children (OVCs), voluntary counseling and Testing (VCT) for mother to child transmission (MTCT), support groups for PLHA, clinical care for opportunistic infections, and social and economic support. Peer education is also an integral component of these services.
- **Improve skills and sense of self- efficacy:** Peer education programs can focus on teaching or reinforcing new skills and behaviour, such as condom use, negotiating safer sex and safe injecting practices. It can contribute to development of sense of confidence in making and acting on decisions.

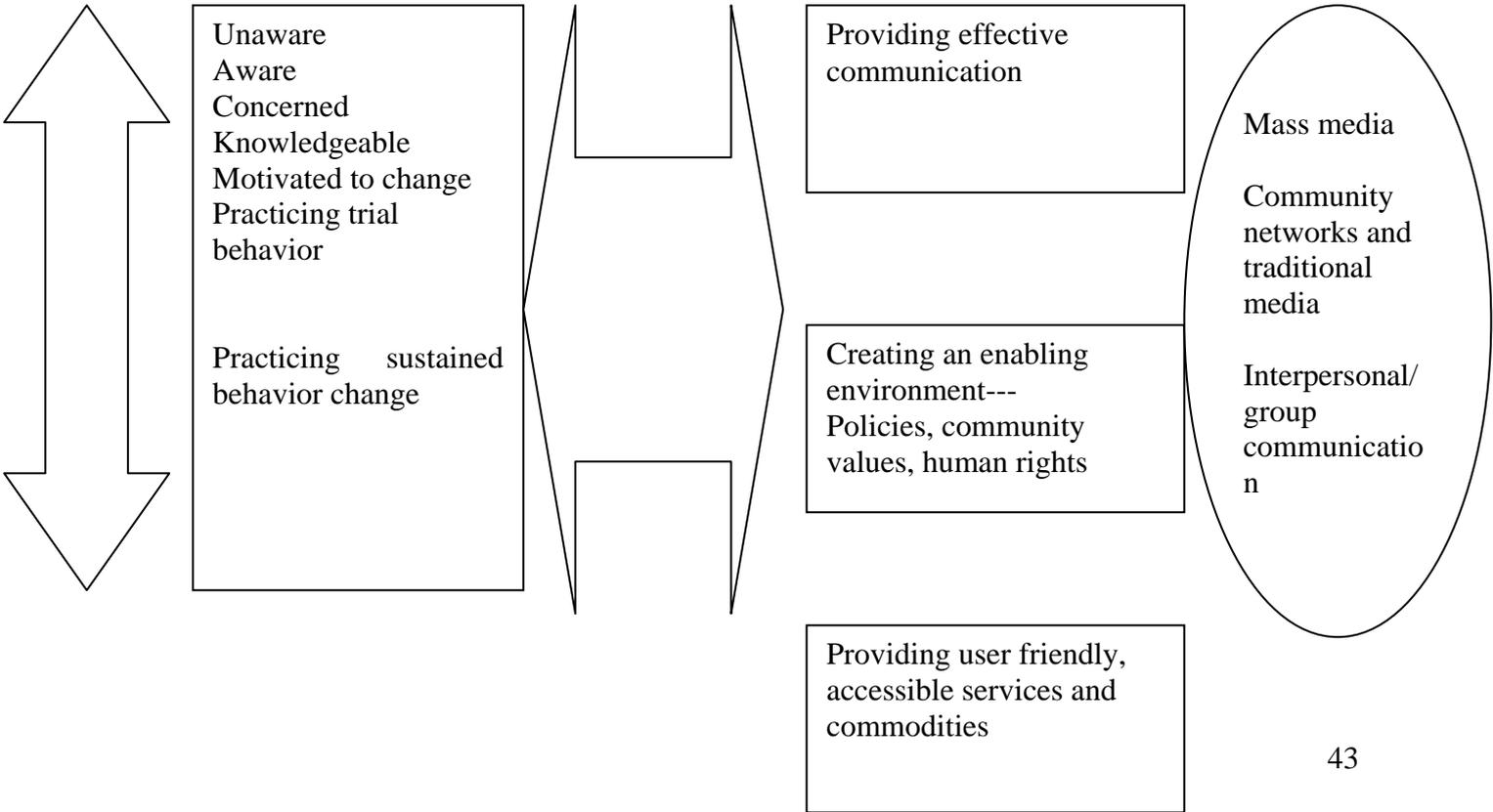
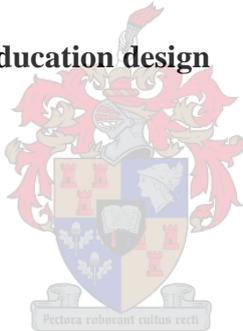


THE PROCESS OF BEHAVIOUR CHANGE: FRAMEWORK FOR PEER EDUCATION DESIGN

Peer education has its roots in behavioural change theories that have evolved over the past several decades. These theories are valuable foundations for developing comprehensive communication strategies and programs. Peer education facilitator draw upon various models and theories to design effective programs and activities. These include the Diffusion of Innovations model (Everett Rogers), the stages of Change model (Prochaska, DiClemente and Nocross), the Self- Efficacy model (Bandura) and the Behaviour Change Continuum (World Bank). The Peer education facilitators use a combination of theories and practical steps that are based on field realities, rather than relying on any single theory or model. The following figure is based on the prevailing models and theories, and is one that guides the framework for Peer Education.

FIGURE 1 a framework for Peer education design

Stages of behavioural change
Continuum



Different channels have been shown to be more effective at different stages of the continuum and for achieving different goals. Communication through mass media can ensure that correct information reaches a specific population and can model positive attitudes, but when an individual or community is motivated to attempt new behaviour, policies and the larger social environment becomes more important. When audiences become ready to change, the activities, services, or product being promoted must be available to them; in this case Peer education should provide information on condom use and other ways to eradicate the spread of the epidemic.

Objectives

Peer education programmes aims to:

- To involve young people in, listening, thinking and learning about sexuality;
- To promote sexual abstinence, responsible behaviour, faithfulness in relationships;
- To encourage people to test for HIV so that they can improve and promote the quality of health, thus prolong life;
- To involve youth in addressing the attitudes and myths relating to HIV and AIDS, understanding sexual risks, develop new skills related to healthy sexual behaviour.
- To reach every student and staff on campus.

Expected outcomes

It is hoped that the following will be achieved:

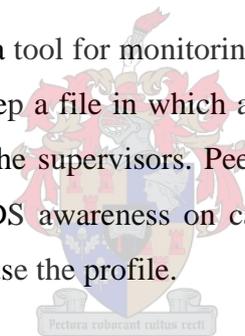
- Reinforcement of accurate and consistent information on HIV and AIDS;
- The youth will examine change the way they think and behave sexually;
- Development of decision making skills;
- Enhance voluntary testing and counselling as well support groups;
- Minimize sexual violence in the communities.

Responsibilities of peers

Peer educators are not role models. When they join the programme they are in the process of healthy and positive behaviour change. Their peers look up at them and observe the growth and development as they educate and influence others. Posing as role models they would have a negative impact, stress and set them for failure. Their responsibilities are as follows:

- Educate peers in small groups or one on one;
- Work in the HIV and AIDS help desk;
- Participate in HIV and AIDS programmes on or off campus;
- Assist the Health Promoter in planning and implementation of AIDS awareness programmes;
- They influence and bring about behaviour change;

Evaluation system Profile model as a tool for monitoring and evaluation will be adopted from UNISA. Each peer educator will keep a file in which all the interactions with targeted peers will be recorded and evaluated by the supervisors. Peers interact with small groups, one on one, and activities of HIV and AIDS awareness on campus and community projects. Peer educators will be trained on how to use the profile.



A portfolio consists of two parts:

- A working portfolio
- A presentation portfolio to present selective examples of the peer educator's best work (e.g. 20 page flip file or other file)

See annexure 2 for the contents of the profile.

The profile will focus on:

- The product: is the evidence of learning that took place;
- The process: an evidence of a process of personal development it describes how development took place;
- The effort and achievement of the person that compiled the portfolio;

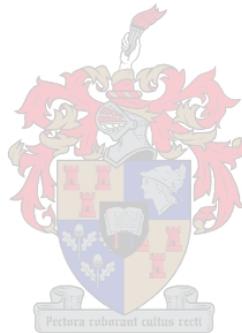
- Ownership of the profile by the peer educator: shows evidence of dedication, commitment, attitudes and motivation and
- Self-evaluation by the peer educator.

Outcomes and Benefits of a portfolio

- A portfolio is a visual powerful tool;
- It provides a complete and comprehensive view of the skills of a peer educator;
- Evidence of the achievements, efforts and growth;
- Contains examples of best performance;
- Is updated throughout the of process skills development;
- Can be integrated with activities of other departments and
- Provides a basis for evaluation at the end of peer educator period.

Target population

- Student on campus;
- Students in the residences;
- Staff members;
- Local schools;
- Local women organisations who volunteer in home based care
- Schools who visit the institution on open day and
- New students during orientation.



Recruitment

Recruitment is by word of mouth. Peer educators motivate students to join the AIDS Task Team. People who volunteer to be HIV and AIDS activists may be trained as peer educators.

Selection criteria

Peer education is a voluntary training. People who are trained sign an agreement to serve as peer educators before certificates of competence are issued at the end of the period.

Placement of peer educators

Peer educators work directly under the close supervision by health professionals and Health promoter. They are active participants in all HIV and AIDS awareness programmes.

Supervision of peer educators

Peer education profile tool will be used to assess the performance. The first four contact sessions with small group discussion will be done under the supervision of the Health Promoter.

Mentoring peer educators

The Health Promoter and the clinic health professionals will function as mentors and facilitate debriefing with peer educators.



Annexure 1

Content of the programme

- Module1 Self awareness and world view
- Model 2 Attitudes
- Model 3 Introduction to the TASO model of counselling
- Model 4 Origins of HIV and AIDS
- Model 5 Epidemiology
- Model 6 Transmission
- Model 7 The immune system
- Model 8 Stages of HIV infection and sexually Transmitted infections
- Model 9 Management of HIV and opportunistic Infections including TB
- Model 10 Children and HIV and AIDS
- Model 11 Prevention of infection through blood
- Model 12 Sexuality and safer counselling
- Model 13 HIV testing and diagnosis
- Model 14 Legal and ethical issues
- Model 15 Behaviour change
- Model 16 The holistic model
- Model 17 Socio-economic impact of HIV and AIDS
- Model 18 Gender and AIDS
- Model 19 Stress and burnout
- Model 20 HIV and AIDS counselling
- Module 21 Referral system

Profile for peer educators

- Chronological arrangement with specific dates;
- According to specific themes or categories (e.g. skills development through: training, projects' student counselling activities, own initiatives, formal or informal group work and individual "clients");
- According to specific problems or concerns;
- According to specific peer educator roles (participation in VCT activities, on campus wellness promotion, reducing stigma associated with living with HIV and AIDS, peer wellness mentoring and referrals to support services and
- According to combination of the above.

Contents of the portfolio

- An introduction consisting of:
 - A table of contents
 - A statement of originality
 - A narrative essay on the reason why you became a peer educator
 - Peer educator's philosophy
 - Peer educator's career goals and goals as a peer educator (the latter can replace or complement the "narrative essay")
 - Reflections on the peer educator's activities using ELC



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3. Bertrand, Jane E; *Communications Pre testing Chicago: Community and Family study center*. University of Chicago (Media Monograph 6, 1978)
4. *Communications Framework For HIV/AIDS: A NEW DIRECTION*, UNAIDS, Pennsylvania University 1999



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Assisted by: Thembinkosi B. Sithole

Schools Liaison Officer



APPENDIX 2

MANGOSUTHU TECHNIKON HIV/AIDS POLICY

1. PREAMBLE

The purpose of this HIV/AIDS Policy document is to attempt to achieve employment and learning equity; to protect the human rights and dignity of HIV-infected employees/students and those with AIDS; to avoid discriminatory action against or stigmatization of such persons, as well as preventing those who are uninfected from acquiring HIV/AIDS.

Given the nature of the disease and the devastating effect it is already having in our society, the Technikon affirms the need to take a clear position on key questions related to HIV infection and AIDS. It also needs to clearly define and implement programmes to address preventive and management aspects of HIV/AIDS.

In respect of employment capacity, risk of workplace transmission and entitlement to employment benefits, there are no relevant differences between HIV/AIDS and other life threatening conditions. Therefore, there should be no special burdens placed on employees with HIV/AIDS. The same should apply to students with HIV/AIDS.

2. LEGAL GUIDELINES / FRAMEWORK

This policy has been drafted in accordance with the provision of existing legislation and international best practice, as it applies to both Technikon employees and students. It embodies but is not limited to the following principles:

Discrimination, equity, and human and patient rights

- International standards such as the Human Rights Charter
- South African standards such as the Constitution (in particular Section 36) and Patients Rights charter

Employment law, equity and benefits

- Labour Relations Act, Employment Equity Act 55 of 1998 (in particular Section 7)
- Medical Aid Schemes Act 72 of 1967 and amendments

Occupational health and compensation

- Occupational Health and Safety Act 85 of 1993
- Compensation for Occupational Injuries and Diseases (COID), Act No. 130 of 1993

Medical control and dispensing

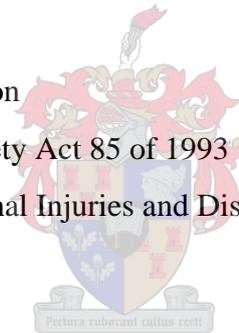
- Medicine Control Council regulations and registration
- Statutory Dispensing acts

National policy frameworks

- Dept. of Education (National AIDS Plan 1994),
- Dept. of Health (National AIDS Strategy)
- Dept. of Labour (Guideline to Employers)

3. PRINCIPLES

The fundamental principles are:



- To treat HIV/AIDS in all relevant respects like other comparable life-threatening conditions.
- To provide equal opportunities and equal access for employees and students with or perceived to have HIV/AIDS and not discriminate against them.
- To respect the right to confidentiality of employees and students with HIV/AIDS as well as others affected by this status.
- To provide appropriate programmes and resources for all employees and students on how to prevent HIV/AIDS infection and care for and support those with HIV/AIDS.
- To create a working and learning environment that is supportive, sensitive and responsive to employees and students with HIV/AIDS and that encourages employees and students to take personal responsibility for preventing the further spread of HIV.
- To ensure that HIV/AIDS becomes a prime focus area in teaching, research and community outreach.



All students and staff have a responsibility to develop a personal lifestyle in which they will not put themselves or others at risk of infection.

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

4. POLICY STATEMENTS

4.1 Testing and disclosure of HIV status

The technician will not require an HIV test as a precondition of employment or entry.

Potential employees or students who voluntarily disclose their HIV status will not be refused entry into the technikon on the grounds of being HIV positive.

All employees and students of the technikon have the legal right to confidentiality about their HIV/AIDS status. Information about an employee or student's HIV/AIDS status may only be disclosed to a third party with written consent of that employee or student.

The Technikon endorses informed consent for individual testing, with confidential and appropriate pre- and post-test counselling. It will provide such services.

4.2 Programmes

4.2.1 Education and Research

- HIV/AIDS will form a faculty-wide area of focus for teaching and research in the technikon.
- Education and research about various aspects of HIV/AIDS will form part of the technikon community outreach programmes.
- The technikon will put into place programmes and/or individuals to co-ordinate and drive this process.



4.2.2 Wellness

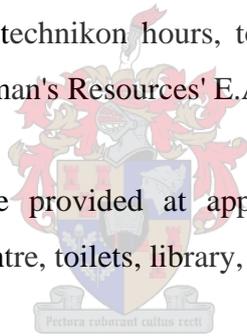
- Wellness management programmes will be developed for all students and employees with HIV/AIDS using evidence-based best practice. These will be sited at Campus Health Centre (for students and staff) and at Human Resources' Employment Assistance Programme (EAP) office (for staff).
- The Counselling Unit will provide focused psychotherapeutic support to individuals where clinically indicated, as well as collaboration with outreach activities and student orientation programmes.

4.2.3 Awareness

- Education and awareness programmes will be provided for all students and employees to combat discrimination provide information and teach the skills necessary to prevent the spread of HIV and to ensure that all employees and staff are familiar with universal safety precautions.
- Such programmes will also address how to treat/deal with HIV positive persons within the human rights ethos.

4.2.4 Prevention

- The technikon will provide HIV/AIDS testing and counseling service for employees and students during normal technikon hours, to be sited at Campus Health Centre (students and staff and at Human's Resources' E.AP Office (staff)
- Access to condoms will be provided at appropriate public areas (e.g., student residences, campus health centre, toilets, library, faculty resource centers).



4.2.5 Risk Reduction

- The technikon will provide AZT or other appropriate drugs/treatment where clinically appropriate in cases of potential exposure to HIV as a result of:
 - Injuries or contact with contaminated materials that occur and are officially reported on campus or at an approved off-campus site while in the line of duty. Incidents must be reported immediately to the safety officer (or if not available, the fire officer).

- Rape and penetrating assault that occurs and is officially reported to police or Campus Protection services.
- The technikon will provide HIV-positive pregnant students with the appropriate short course drug protocol needed to prevent maternal-to-foetal transmission. This does not cover provision of medication or feeding formula to the infant.
- Compensation for Occupational Injuries and Diseases (COED) - The technikon has various departments and employees/students in the health care, clinical and biomedical sciences fields (e.g., Campus Health, clinical departments in the Community and Health Science departments), which increase the risk of accidents happening that can lead to HIV/AIDS infection. In terms of this, infection with HIV/AIDS may be regarded as an "accident" as defined in the Act provided that the employee or student acquires the infection as a result of an incident which arose out of, and in the course of, his/her employment or studies, and provided that the date, place and circumstances of such an incident are ascertainable.
- All employees and students of the technikon should implement universal precautions to effectively eliminate the risk of transmission of all blood-borne pathogens, including HIV, in the technikon. In working areas where there is any possibility of accident, first aid instructions should be prominently displayed explaining the general precautions that need to be followed when dealing with blood.

4.3 Employee Specific Policy

4.3.1 Employment Conditions

- Employees with HIV/AIDS will be governed by the same contractual obligations as all other employees.
- Employees with HIV/AIDS will not be prevented from attending any campus activities.

- Continued employment for employees with HIV, including appropriate promotion, work alternatives and training opportunities will be available, provided the employee is able to work effectively.
- No employee will be dismissed or have his/her employment terminated merely on the basis of HIV/AIDS, nor will HIV/AIDS status influence retrenchment procedures.
- HIV/AIDS will not in itself be a reason for unilateral medical "boarding" of an employee
- HIV/AIDS will not be used as a justification for the nonperformance of duties agreed to by the parties.
- If an employee is no longer able to work due to HIV/AIDS, the appropriate ill-health policies will apply.

4.3.2 Health, Leave and Performance Management

Employees with HIV/AIDS will be governed without discrimination by agreed existing sick leave procedures. HIV/AIDS will neither preference nor prejudice their entitlement to such leave.

4.3.2.1 Benefits

- It is noted that the University's current Medical Aid Scheme limits the benefits of HIV/AIDS related illnesses. Mangosuthu commits itself to reviewing restrictions of benefits, which specifically discriminate against those with HIV infection or AIDS; and to reconsidering its' contract with the scheme.
- Similarly, Mangosuthu commits itself to scrutinizing provident fund, pension, group and spouse life insurance cover for restrictions of benefits which specifically discriminate against those with HIV infection or AIDS; and to reconsidering its' contract with the insurers.
- HIV/AIDS infected employees are entitled to the same benefits as all other technikon staff.
- Mangosuthu will inform all employees of any limitations of medical or insurance, as well as changes to medical or insurance benefits, in regard to HIV/AIDS.

4.3.2.2 Support Services

Mangosuthu will provide, via the Human Resources EAP, the following Support Services:

- Pre- and post-test counseling.

- Referral to appropriate professionals, institutions/organisations within the community for further management
- On-going support to infected staff, their families, their partners and co-workers affected.
- Provide training and refresher courses for support personnel that deal with HIV/AIDS

4.4 Student Specific Policy

4.4.1 Conditions of Study

- Students who are HIV positive or who have AIDS will not be prevented from attending lectures, living in residences or being involved with campus activities on account of their HIV/AIDS status.
- HIV/AIDS per se will not be used as a prejustification for the academic nonperformance of students.
- Students who refuse to study or work with any fellow student or staff member with or perceived to have HIV/AIDS, will be handled in the following manner;
 - Education
 - Counselling
 - Disciplinary action
- Student affairs, examinations' department and faculties will have in place mechanisms to handle the confidentiality issues around HIV/AIDS with respect to special examination or aegrotat examination requests.

4.4.2 Grievances and Disciplinary Procedures

- A student with HIV/AIDS has the same rights and responsibilities as all other students.
- Where discrimination occurs as result of HIV/AIDS status, the student will have recourse to existing Technikon mechanisms for redress.
- HIV/AIDS status may not be used to evade technikon rules and regulations. Standard disciplinary procedures will apply for infringement of university rules, regardless of HIV/AIDS status.

EVALUATION AND MONITORING

The technikon will establish an HIV/AIDS subcommittee, residing under the Technikon Council. The functions of the subcommittee will be:

- To consider new submissions to the policy
- To implement changes in legislation, regulations and/or codes of good practice
- To review this Policy on an annual basis during the month of September of each year
- To plan and discuss any activity to further the intention of this Policy