CHALLENGES OF IMPLEMENTING HIV VOLUNTARY COUNSELLING AND TESTING (VCT) CAMPAIGNS FOR HIGHER EDUCATION DISTANCE LEARNING STUDENTS: A CASE STUDY OF UNISA-SUNNYSIDE REGIONAL OFFICE

by

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DECLARATION

I declare that **CHALLENGES OF IMPLEMENTING HIV VOLUNTARY COUNSELLING AND TESTING (VCT) CAMPAIGNS FOR HIGHER EDUCATION DISTANCE LEARNING STUDENTS: A CASE STUDY OF UNISA-SUNNYSIDE REGIONAL OFFICE** is my own work and that all the sources that have been used or quoted from are acknowledged by means of complete references.

Kiabilua, N P

Signature: ..... Date: .....

DEDICATION

I dedicate this dissertation to the following people:

- My precious wife, Lydie-Francoise Mbenza Kiabilua, and my two beautiful children, Tabitha and Nathan Kiabilua, for all their unconditional support;
- My late mother, Albertine Sita Dola, for being a wonderful, supportive, loving and caring mother;
- My late sister, Marie-Madeleine Kiabilua, and late brother, Dodo Kiabilua, for their love and support;
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- All the persons living with or who have died from HIV and AIDS.

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SUMMARY

This study investigated the challenges faced by implementers of VCT campaigns for higher education distance learning students. Qualitative and explorative approaches, using a case study, were employed as the research methodology. It has been concluded that the administrative planning procedures of VCT campaigns were not properly followed, which resulted in the following difficulties: defining the roles and responsibilities of stakeholders, using limited resources, and the inability to reach all the students, in order to get them to actively participate in the campaigns. Lack of coordination of HIV and AIDS activities and the absence of monitoring and evaluation also impacted negatively on the success of VCT campaigns. This study recommends that VCT campaigns have a proper task team constituting of experts in VCT campaign operations, in order to strategically plan and coordinate all the campaigns' activities. The implementers should also monitor and evaluate these activities on a regular basis.

KEYWORDS

VCT campaign; higher education distance learning students; regional office; health belief model; stakeholders; implementers, planning of the campaign; implementation of the campaign; coordination of HIV and AIDS activities; monitoring and evaluation of the campaign.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral Treatment
AWSE	African Women in Science and Engineering
CDC	Centers for Disease Control and Prevention
DOH	Department Of Health
FHI	Family Health International
HBM	Health Belief Model
HEAIDS	Higher Education HIV and AIDS Programme
HICC	HIV Institutional Coordinating Committee
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
M & E	Monitoring and Evaluation
NGO	Non-Governmental Organisation
PLHIV	Persons Living with HIV
RSA	Republic of South Africa
SADC	Southern African Development Community
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOR	Terms of Reference
UNAIDS	United Nations Programme on HIV and AIDS
UNESCO	United Nation Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UNISA	University of South Africa
USBAH	Unit for Social Behaviour Studies in HIV/AIDS and Health
VCT	Voluntary Counselling and Testing
VUDEC	Vista University Distance Education Campus
WHO	World Health Organisation

CHAPTER ONE: INTRODUCTION

1 INTRODUCTION

1.1 Background to the study

Since 1981, the AIDS pandemic has destroyed the lives of many people around the world, especially youth who are between the ages of 15 and 24 years old. According to the United Nations Programme on HIV and AIDS (UNAIDS), this category of youth accounts for more than half of all new HIV infections worldwide every year, and more than 6 000 of the daily HIV incidents, mostly occurring in Southern Africa (UNAIDS 2004:15). This means that if no preventive measures are taken, the world's population especially the youth will decrease significantly in number, which means that the future labour force and leadership of the world will be affected.

The AIDS pandemic does not only affect the youth population, but also weakens the quality of their education as some of them are students at higher education institutions (UNAIDS 2004:51). Although many African universities do not have relevant information regarding the HIV status of their students, mainly due to denial, stigmatisation and discrimination (Kelly 2001:15), HIV and AIDS appear to impact negatively on the academic performance of their students in several ways. According to Katahoire & Kirumira (2008:81-83), many students who are infected with HIV and AIDS have lost interest in their academic work, as a result of not attending lectures regularly, and have turned to alcohol and drug abuse and/or indiscriminate sex with multiple partners.

In order to respond to the AIDS epidemic in Africa, some higher education institutions have started to engage with students on HIV and AIDS issues by establishing programmes and implementing advocacy campaigns, such as the **"Know your HIV Status"** campaigns. These campaigns and programmes do facilitate students' involvement and participation, and often provide them with opportunities to learn more

about HIV and AIDS and their own HIV status, with the aim of changing their sexual behaviour and preventing further HIV infections. This is done by providing access to HIV and AIDS counselling, testing and education (Kelly 2001:22).

However, implementing an appropriate voluntary counselling and testing (VCT) campaign for students, especially those who are studying at higher education distance learning institutions, where more than one-third of all the enrolments in the higher education sector take place (Kelly 2001:65), may pose some challenges.

In this study, the researcher investigated and explored the challenges experienced by higher education distance learning institutions, such as the University of South Africa (UNISA), when implementing voluntary counselling and testing (VCT) campaigns for their students at regional offices. The investigation was based on the UNISA 2006-2009 voluntary counselling and testing (VCT) campaigns for students, which took place at UNISA's Sunnyside regional office.

1.2 Problem statement

Higher education distance learning institutions such as UNISA do not usually have students who are physically present on campus and who stay in student hostels, as is the case with residential higher education institutions. Some of the distance learning students are working full-time and do not often participate in student activities on campus. According to Elsner (2005:28-29), most distance learning students do not have a lot of interaction with the university offices, and seldom participate in student activities. Kelly (2001:32) added that many students in Africa and other underdeveloped countries live in poor communities where there are other social, cultural and economic conditions which may negatively influence their participation in the university's HIV and AIDS activities, such as VCT campaigns. They may even fear knowing their HIV test results as some of them are more vulnerable to HIV infection due to risky sexual behaviour, such as commercial and/or transactional sex as a result of their socio-economic living conditions. Therefore, implementing a meaningful VCT campaign for this category of students may pose serious challenges, which require significantly different strategies

(Kelly 2001:65).

According to the Higher Education HIV and AIDS Programme (HEAIDS), most of the challenges encountered by implementers of VCT campaigns for students at some South African residential universities revolve around the identification of roles and responsibilities of stakeholders; allocation of resources for the campaign; access to promotional materials to support the campaign at different offices; mobilisation of students to actively participate in the campaign; and psychological support structures to assist students after the campaign (HEAIDS 2005).

In this study, the researcher attempted to investigate and explore the challenges experienced by the implementers of VCT campaigns for higher education distance learning students at regional offices, using the case study of UNISA's 2006 - 2009 VCT campaigns for students at UNISA's Sunnyside regional office.

1.2.1 Research questions

To facilitate the collection of data that will contribute towards an understanding of the challenges of implementing VCT campaigns for higher education distance learning students, the following research questions needed to be answered:

- What roles and responsibilities do stakeholders have in the implementation of VCT campaigns at higher education distance learning institutions?
- What types of resources are needed to implement VCT campaigns for higher education distance learning students?
- How can students at these institutions be mobilised to participate in VCT campaigns?
- What can be done to improve the implementation of VCT campaigns for higher education distance learning students?

1.3 Rationale for the study

According to HEAIDS (2005), many South African residential universities do experience challenges in implementing VCT campaigns or services for their students. Some of these challenges are related to the identification of roles and responsibilities of stakeholders, access to appropriate resources, mobilisation and participation of students in the campaign, and office management support to encourage students to find out what their HIV status is. This study seeks to investigate these challenges in the context of non-residential universities, such as the University of South Africa (UNISA), in order to improve the implementation of VCT campaigns for students in the future.

1.4 Aim of the study

The aim of this study is to investigate the challenges encountered by implementers of VCT campaigns for higher education distance learning students. It also aims to help these implementers become aware, during the planning phase, of the importance of identifying and defining appropriate roles and responsibilities of stakeholders, allocating adequate resources for VCT campaigns, and making use of relevant mobilisation tools and strategies, in order to reach large numbers of students and encourage them to actively participate in VCT campaigns.

The overall purpose of this study is to assist higher education distance learning institutions to improve the implementation of VCT campaigns for students at regional offices.

1.5 Objectives of the study

The objectives of this study are as follows:

- To investigate the challenges faced by implementers of VCT campaigns for higher education distance learning students with regard to the identification of the roles and responsibilities of campaign stakeholders;
- To explore the challenge of allocating resources to implement VCT

campaigns for higher education distance learning students at regional offices;

- To identify the difficulties involved in mobilising higher education distance learning students to become actively involved in VCT campaigns at regional offices; and
- To make recommendations regarding the improvement of VCT campaigns, especially in terms of the challenges encountered by implementers.

1.6 Operational definitions

In order to further clarify the purpose of this study, the following concepts or terms, which are frequently used during the course of this study, are defined below:

HIV

HIV (human immunodeficiency virus) is a virus that damages a person's body by destroying specific blood cells, called CD4 T cells, which are essential in terms of helping the body to fight disease. HIV can lead to the acquired immune deficiency syndrome, commonly known as AIDS (Centers for Disease Control and Prevention 2011).

AIDS

AIDS (acquired immune deficiency syndrome) refers to a syndrome of opportunistic diseases, infections and certain cancers, all of which have the ability to kill the infected person during the final stages of the disease. It is caused by a virus known as the human immunodeficiency virus (HIV), which enters the body from outside (Van Dyk 2008: 04).

Voluntary Counselling and Testing (VCT)

Voluntary counselling and testing (VCT) is the process of providing counselling to an individual to enable him/her to make an informed decision about being tested for HIV and AIDS. This is a decision that must be entirely up to the individual, and he/she must

be assured that the process will be confidential (UNAIDS 2000:03).

Investigation

An investigation refers to a careful search; a detailed or careful examination of facts (World Book Dictionary 2009). In the context of this study, the word ‘investigation’ refers to the process of thoroughly examining the challenges encountered by implementers of VCT campaigns for higher education distance learning students.

Challenge

A challenge is defined as a summons to prove or justify something, a demanding or difficult task, or a call to engage in a contest or fight (Oxford English Dictionary 2006). In the context of this study, the term ‘challenge’ refers to difficult situations or obstacles encountered by implementers of VCT campaigns for higher education distance learning students.

Implementation

Implementation is the process of putting a plan into action (The Synergy Project 2004). In the context of this study, implementation refers to the process of putting the planning of VCT campaigns for higher education distance learning students into action.

Campaign

A campaign is defined as an organised course of actions to achieve a goal (Concise Oxford English Dictionary 2006). In the context of this study, a campaign is defined as a plan of action which assists higher education distance learning students to find out and cope with their HIV status through voluntary counselling and testing.

Distance Education

Distance education refers to instructional delivery that does not restrict the student to being in the same physical location as the instructor (UNESCO 2010).

UNISA regional office

For the purposes of this study, a UNISA regional office is any UNISA campus in the country, while the national office is the UNISA Head office, which is situated on the main campus in Pretoria.

1.7 Literature review

According to the World Health Organisation (WHO 2001), voluntary counselling and testing (VCT) assists people in determining their HIV status and changing their lifestyle and sexual behaviour. It also constitutes an important entry point to other HIV and AIDS services, such as prevention and clinical management of HIV-related illness, tuberculosis (TB) control, psychosocial and legal support, and prevention of mother-to-child transmission of HIV (Boswell & Baggaley 2002:01).

The VCT process consists of three important steps, namely pre-test counselling, HIV testing, and post-test counselling. Pre-test counselling is the first step where the counsellor provides all the necessary information and support to enable a person to make an informed decision about being tested for HIV. The second step is HIV testing, whereby the client after signing an informed consent form, voluntarily provides a small blood or saliva sample for testing. Medical laboratory tests, such as Rapid or Elisa testing, can be used to test the sample. The last step is post-test counselling, at which the result of the test is communicated and explained to the client. The test result might be positive, which means that the person is infected with HIV, or negative which means that he/she is not currently infected with HIV, but needs to come back for another test after a window period of three months to confirm his/her HIV status. The counselling provided depends on the result of the test. A person with a negative result will be counselled on how to maintain his/her status, whereas someone with a positive result will be counselled on how to manage his/her positive status and live a long and healthy life (University of the Western Cape 2007; Van Dyk 2005; UNAIDS 2000).

In order to reach the targeted group, the type of VCT service delivery model to be used must be taken into consideration. The VCT service delivery models often used are free-

standing services (stand-alone sites), which only provide VCT services; the Integrated Model, in which VCT services are integrated into a public health facility; the Private Sector Model, where VCT services are provided by private health practitioners; the mobile VCT clinic, which is used to access “hard-to-reach” populations, such as sex workers, homeless and rural people; and the Home Testing Model, which is used at home by the client himself/herself (FHI 2005; WHO 2004).

According to Family Health International (FHI), it is advisable, when implementing a VCT campaign at regional level, to follow VCT campaign guidelines that take the following into account: the establishment of a management structure, the needs assessment of the proposed site, the training of VCT staff, the procurement of VCT material and promotional strategies, and the development of a monitoring and evaluation plan for the campaign (FHI 2002).

Due to poverty in many underdeveloped countries, especially in Sub-Saharan Africa, the implementation of VCT campaigns in these countries often faces the challenges of lack of financial, human and physical resources, such as funding, well-trained health care staff and adequate health facilities. HIV and AIDS stigma and discrimination, as well as gender inequality, are the other challenges faced by Sub-Saharan African countries in this regard (UNAIDS 2000; Solomon, Rooyen, Griesel, Gray, Stein and Nott 2004).

The implementation of VCT campaigns for youth and residential university students also faces the above challenges, in addition the lack of information about HIV and AIDS including VCT, lack of trust of health care providers, and inadequate support services (HEAIDS 2005; Boswell & Baggaley 2002; McCauley et al 2004; Fisher, Reynolds, Yacobson, Barnett and Schueller 2007).

The literature review will be covered in more detail in the next chapter.

1.8 Research methodology

The research design of this study was qualitative and explorative, and was based on the case study of UNISA's 2006 - 2009 VCT campaigns for students, which were implemented at UNISA's Sunnyside regional office.

1.8.1 Sampling method

Non-probability sampling, specifically purposive sampling, was used in this study. This was due to the explorative and informative nature of this study, as well as the small number of key informants, who were therefore easily identifiable.

1.8.2 Data collection

The gathering of data was done by means of in-depth interviews with key informants who were involved in the implementation of UNISA's 2006 - 2009 VCT campaigns for students at the Sunnyside regional office. In addition, the researcher's own observations of all aspects related to the research, such as the research site, style of management, and attitude of respondents, were used in the process of collecting data.

1.8.3 Data analysis

The data analysis was done by means of a qualitative approach, and involved the transcribing of all interviews recorded and observations made during the data collection process, the coding of data collected, creation of themes and categories, and discussion of findings.

1.8.4 Criteria for measurement

Criteria for measuring the trustworthiness of the data were established by evaluating the credibility, transferability, dependability and conformability of this data.

The research methodology will be explained in more detail in chapter three of this study.

1.9 Outline of the study

Chapter 1: This introductory chapter briefly describes the socio-economic impact of HIV and AIDS on the world, especially youth and students at higher education distance learning institutions in Sub-Saharan African countries. The research problem, questions, rationale, aim and objectives of the study, as well as operational definitions, summary of the literature review and research methodology, are also covered in this chapter.

Chapter 2: This chapter presents the literature review, which provides an overview of the following issues: voluntary counselling and testing (VCT), voluntary counselling and testing campaigns, the theoretical framework, implementation of VCT campaigns in Sub-Saharan African countries, youth, HIV and AIDS and VCT campaigns, implementation of VCT campaigns for higher education residential university students, and UNISA's VCT campaigns for students.

Chapter 3: In this chapter, the research methodology used in this study is presented and discussed, and the following areas are covered: the qualitative and explorative research design, case study method, sampling techniques, data collection methods, data analysis, criteria for measurement, limitations of the study, and ethical considerations.

Chapter 4: This chapter deals with the presentation and analysis of data collected from the interviews conducted with key informants and the observations made by the researcher. It also briefly interprets the main findings of the study.

Chapter 5: This chapter discusses the findings that emerged from data analysis in chapter four.

Chapter 6: This last chapter presents the conclusions of this study and makes some recommendations regarding the improvement of the implementation of

VCT campaigns for higher education distance learning students at regional offices. It also suggests possible future research related to VCT and higher education distance learning students.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

Chilisa & Preece (2005:60) define a literature review as a summary of what has already been written or said about a chosen topic. Its purpose is to avoid duplication of earlier studies, legitimise the researcher's assumptions, find gaps in available evidence, provide a theoretical basis for analysing the findings, and assist in answering the research questions. The literature review of this study provides a conceptual framework for exploring the challenges faced by implementers of VCT campaigns for students at higher education distance learning institutions.

This chapter starts by providing an overview of the history, benefits, process and service delivery models of voluntary counselling and testing (VCT). It then explains the main phases of a voluntary counselling and testing campaign, namely planning, implementation, monitoring and evaluation. The theoretical framework applied in this study, namely the Health Belief Model (HBM), is also discussed. This chapter also reviews the implementation of VCT campaigns in Sub-Saharan African countries, focusing mainly on the youth and higher education residential university students. The last part of the chapter provides an overview of UNISA's profile and its VCT campaigns for students.

2.2 OVERVIEW OF VOLUNTARY COUNSELLING AND TESTING

2.2.1 History and benefits of VCT

Voluntary counselling and testing (VCT), which is defined as the process of providing counselling to individuals in order to enable them to make an informed decision regarding being tested for HIV, was developed in the mid-1980s as the standard of care for individuals wanting to know their HIV status (UNAIDS 2000:03; WHO 2001). VCT is a vital entry point to other health services related to HIV and AIDS, such as prevention

interventions, clinical diagnoses and management of HIV-related illnesses, TB control, access to psychosocial and legal support, and the prevention of mother-to-child HIV transmission. High quality VCT services enable and encourage persons living with HIV to access appropriate care and support. It is also an effective HIV prevention strategy to ensure that people who are HIV negative remain uninfected (Boswell & Baggaley 2002:01).

According to Van Dyk (2005:103), VCT assists people who get tested for HIV to change their sexual behaviour by adopting safer sex practices, such as the use of condoms. Depending on the results of the HIV test and the quality of VCT services, people usually then take steps to avoid becoming infected or infecting others. Otaala (2004:23) indicated that some people affected by HIV and AIDS want VCT services to be part of their future planning, including planning for marriage and children, emotional support, medical and other referral services. Boswell & Baggaley (2002:01) added that VCT services help to alleviate anxiety, increase the perception of HIV vulnerability, facilitate early referral for care, treatment and support, and assist in reducing stigmatisation and discrimination within the community. Birdsall, Hajiyiannis, Nkosi and Parker (2004:01) indicate that by enabling people to find out about their HIV status and receive counselling with regard to its implications, VCT services may help to curb the further spread of HIV.

In terms of human rights, VCT protects people's rights by ensuring confidentiality, providing information about HIV transmission, and personalising discussions of individual risks, thus enabling people to make informed decisions about testing for HIV. In turn, this builds trust between those at risk and the health care system, thereby maximising the effectiveness of prevention programmes and ensuring access to treatment, care and support services where necessary (HIV Code 2009). However, the implementation of VCT services and campaigns also faces some challenges, such as the need to respect individual choices and rights, and to ensure access to care and support services for individuals who test positive (FHI 2000:01).

2.2.2 The VCT process

VCT is a process consisting of three important steps, namely pre-test counselling, HIV testing, and post-test counselling (University of the Western Cape 2007).

Pre-test counselling

According to Van Dyk (2005:202-204), pre-test counselling occurs before HIV testing is done. Ideally, during this counselling session, the counsellor provides all the necessary information and support for an individual to make an informed decision regarding being tested for HIV. In the course of pre-test counselling, the counsellor does the following:

- Builds a relationship of trust with the client by creating an atmosphere of safety and trust, in order to make it easier for him/her to open up. The counsellor also gains insight into the client's personal details, such as age, occupation, relationship status and family background, among other things;
- Assures the client of respect for his/her right to confidentiality, which means that all the information shared during the VCT process will be kept confidential, unless the client gives full consent for information to be disclosed;
- Explores the client's reasons for getting tested, in order to gain insight into the individual's perceptions of his/her own high-risk behaviour, the urgency of undergoing the test, knowledge about HIV and AIDS, and emotional state. The counsellor then explains the voluntary aspect of getting tested to the client, and emphasises that he/she may refuse to be tested;
- Assesses the client's risk profile by looking at things such as his/her sexual lifestyle, and whether or not he/she has had a blood transfusion or was involved in an accident, etc. This also assists in determining the client's beliefs and knowledge about HIV and AIDS;
- Provides information about the test procedure, as well the meaning of the test results and the types of support available to the client after receiving his/her

test results. The counsellor also provides information to the client regarding informed consent for testing.

HIV testing

If the client agrees to undergo the HIV test, he/she has to sign an informed consent form and provide a small blood sample from a finger prick, or a saliva sample. Most hospitals and clinics use the rapid HIV test, which makes the results available within 20 minutes. If the rapid HIV test is not available, an Elisa test will be conducted. This type of test requires a larger blood sample (5 ml) from the arm, and this sample has to be sent away to a laboratory. The results of the test can be available after two weeks (AIDSbuzz 2008). The results of the test may be either positive or negative. A positive result means that the person is infected with HIV and is able to spread the virus during sex, pregnancy, or childbirth. Being HIV positive does not, however, necessarily mean that the person has already developed AIDS. A negative result either means that the person has not been infected with HIV, or that he/she may have been infected but the antibodies have not yet been formed inside the body. In this case, he/she has to be tested again after three months (window period) to confirm his/her negative HIV status (Van Dyk 2005: 68-69).

Post-test counselling

This is the last stage of the VCT process. The main objective here is to help the client understand his/her test results and start adapting to his/her positive or negative status (UNAIDS 2000:04). This counselling depends on the test result. If the test result is negative, post-test counselling provides an opportunity for the counsellor to advise the client on how to maintain this status. If the test result is positive, however, the counselling needs to deal with a range of psychosocial issues, including likely psychological reactions, information on how to avoid infecting other people, and what actions the client can take to manage his/her positive status and live a long and healthy life. As the client has chosen to find out his/her HIV status, it is important that the results remain confidential. Only the individual and the person carrying out the test should know

the results of the test, which should not be given to any other person without the client's permission (Dickinson 2003).

From the above, it can be concluded that the VCT process plays an important role for people who want to know their HIV status, because it provides them with information that may assist them to get tested with confidence and assurance, as well as to live a long and healthier life, regardless of the test results.

2.2.3 VCT service delivery models

VCT service delivery models are designed to reach different targeted groups and achieve different goals, such as to provide clinical care to persons living with HIV, prevent mother-to-child transmission of HIV, or to use HIV prevention tools for the general population. Although service delivery approaches may differ within and between countries, the recommended public health approach for providing counselling and testing remains the same. In other words, the test is voluntary, the client must sign an informed consent form, the results are kept confidential, the test is accompanied by counselling, and the quality of testing and counselling is ensured (FHI 2005:01).

The types of VCT service delivery models are as follows:

- **Free-standing services (stand-alone sites):** These are VCT services that are often far away from health facilities and located in areas of high population density, where the rate of HIV infection is also high. This VCT service delivery model is usually operated by non-governmental organisations (NGOs), with full-time staff providing counselling and testing. It has the advantage of having flexible hours, because it only focuses on counselling and testing, and attracts people who do not want to go to public health facilities, such as young people, couples and men. The disadvantages of this model are its dependence on donor funding, potential stigmatisation due to the uniqueness of services provided, and staff burnout (WHO 2004:289-291; FHI 2002:07).

- **Integrated (public sector):** This refers to VCT services that are integrated into public facilities, such as hospitals or clinics. The advantages of this model are the high volume of clients, low cost, easy link to other medical services, and reduced stigmatisation. The model has the disadvantages of increased workload, which de-motivates medical staff, poor quality of counselling, and limited access for men, youth and couples (WHO 2004:291-292; FHI 2002:07).
- **Private sector:** This refers to VCT services that are carried out by private health practitioners, often as part of clinical care, in order to confirm suspicions of HIV infection. Available funding and sustainable medical care for persons living with HIV (PLHIV) are some of the advantages of this model. The disadvantages of this model are the high cost of access for clients and the poor quality of counselling and testing control procedures, due to lack of proper training (WHO 2004: 296-297).
- **Mobile VCT clinics:** This VCT model is used to access "hard-to-reach" populations, such as sex workers, homeless people, injecting drug users and rural people. The advantages of this model are the anonymity that it can offer to clients, the fact that different types of people can be reached through mobile or community outreach, and that regular attendees can be more successfully integrated into larger, more comprehensive and permanent services. The disadvantages of this model are the higher cost involved in maintaining the mobile VCT van or caravan, difficulty in providing follow-up and post-test support, the fact that people using this service can be easily identified and discriminated against due to its single purpose, and limited space (WHO 2004: 298-299).
- **Home testing**: Here, HIV testing is done by clients themselves at home by means of a self-testing kit. The main advantage of this model is its privacy. Its disadvantages are that there is no pre-test counselling, as well as limited post-test counselling or follow-up care, and that it is difficult for some people to use, especially those who cannot read (WHO 2004:297-298).

2.3 VOLUNTARY COUNSELLING AND TESTING (VCT) CAMPAIGNS

2.3.1 History and goals of VCT campaigns

The concept of voluntary counselling and testing campaigns arose in 2006 during the United Nations General Assembly, when a decision was taken to host annual international voluntary counselling and testing (VCT) campaigns. The main goal of these campaigns was to increase public access to and demand for VCT, in order to achieve universal access to HIV prevention, treatment, care and support. Despite the advances in the accuracy of rapid HIV test kits and increased availability of HIV treatment, only 12% of men and 10% of women worldwide have tested for HIV and know their status. This relatively low uptake of counselling and testing was attributed to a lack of awareness regarding the potential benefits of testing, stigmatisation and discrimination related to HIV, and the lack of access to high-quality counselling and testing services (Osewe, Kombe, Golberg and McEuen 2008:01).

As many countries and organisations were already planning or implementing VCT campaigns for the first time, the President's Emergency Plan for AIDS Relief (PEPFAR), in collaboration with the World Health Organisation (WHO) and the United Nations Programme on HIV and AIDS (UNAIDS), have developed a toolkit called ***"Voluntary Counselling and Testing Events: A Toolkit for Implementers"*** to assist countries and organisations to effectively plan, implement and evaluate their VCT campaigns (Osewe et al 2008:01).

The researcher used the above toolkit as a guideline in this study, in order to investigate the challenges faced by implementers of VCT campaigns for higher education distance learning students at UNISA's regional offices.

2.3.2 Planning of Voluntary Counselling and Testing (VCT) campaigns

Smit & Cronje (2002:89) define planning as the setting of the organisation's goals, establishing strategies for attaining these goals, and developing a comprehensive hierarchy of plans to integrate and coordinate activities in the organisation. According to

Osewe et al (2008:9, 15-17), the planning of VCT campaign entails the following:

- Establishment of a VCT campaign task force, which should include technical experts in VCT, communications, logistics, data management and community development, persons living with HIV (PLHIV), and donor representatives;
- Assessment of current VCT service coverage and implementation capacity, in order to identify populations to target during the campaign and the resources needed for the campaign;
- Development of a concept note that outlines the rationale for the event, implementation process, proposed coordination structures, and financial and expected delivery;
- Setting of VCT campaign goals and targets by taking the duration of the campaign and the estimation of the total resources (financial and human) needed into account;
- Development of VCT campaign implementation plan which includes management, monitoring, and stakeholders' roles and responsibilities;
- Guidelines to support regional level planning and implementation by considering the standardised planning format to be used by all regions, activities to be conducted by subcontractors at the regional level, and expenses to be incorporated into the regional budget; and
- Development of a resource mobilisation plan.

Ideally, the planning of a VCT campaign should begin at least six months prior to the implementation of the VCT campaign, in order to fully prepare, in advance, the technical, financial and human resources needed for the campaign (Osewe et al 2008:15).

2.3.3 Implementation of Voluntary Counselling and Testing campaigns

Geyer (2006:18) defines implementation as the fulfilment or putting into action of the

logical conclusion of a plan. FHI (2002:08) states that in order to successfully implement a VCT campaign at regional level, implementers should do the following:

- Finalise the task force structure at national and regional levels. Osewe et al (2008) state that the task force, at national level, should be responsible for the overall organisation of the campaign and be accountable to the organisation's top management. A national VCT coordinator should be appointed to coordinate all the organisation's campaigns. At regional level, the task force should be responsible for both planning and implementation, as well as identifying internal communication strategies and processes that are appropriate for the campaign;
- Conduct a team-building session;
- Perform a participatory needs assessment at each site, conduct a proposal writing session and award grants to these sites, establish working agreements that describe the roles and responsibilities of all stakeholders in the VCT campaign, and ensure that funding mechanisms are in place. According to Osewe et al (2008:13), "terms of reference" is an important tool for defining the roles and responsibilities of stakeholders;
- Conduct a pre-implementation assessment at each site, in order to determine each site's specific contribution. FHI (2002:10) states that the setting of a VCT site, such as VCT rooms, reception area and laboratory, should appear attractive to clients. Service providers should also ensure that there is adequate space to provide VCT services in a private and confidential manner;
- Conduct regional level training for counsellors and other VCT staff (i.e. receptionists, site managers and laboratory staff);
- Procure HIV test kits and other campaign resources;
- Develop local mobilisation strategies that complement the national strategy. Osewe et al (2008) indicate that when developing mobilisation strategies, the use of both mass media and interpersonal communication should be taken

into account. Banners and posters promoting the campaign should be created and then placed in strategic positions;

- Facilitate the formation of a counsellor support network and ‘caring for carers’ programmes; and
- Develop a regional level monitoring and evaluation plan and associated tools.

2.3.4 Monitoring and evaluation of VCT campaigns

Monitoring is a continuous function that uses the systematic collection of data on specified indicators to provide management and the key stakeholders of an ongoing development intervention with information on the level of progress and achievement of objectives, as well as progress in terms of the use of allocated funds. In contrast, evaluation is the systematic and objective assessment of an ongoing or completed project, programme or policy, including its design, implementation and results (Gorgens & Kusek 2009:02).

An effective monitoring and evaluation (M & E) framework is based on a clear, logical pathway of results, in which results at one level are expected to flow towards results at the next level, thereby leading to the achievement of the overall goal. To ensure that the goals and objectives of M & E levels are achieved, it is important to develop adequate indicators to measure them (Shapiro 2001:13-14). The main levels of M & E include the following:

- Inputs: people, training, equipment and resources incorporated into the project or programme in order to achieve the outputs;
- Outputs: activities or services delivered by the project or programme in order to achieve outcomes;
- Outcomes: change in behaviour or skills of people who benefit from the activities or services delivered by the project or programme; and

- Impacts: the effects of the project or programme on the community or country that it serves - for example, a reduction in STI/HIV transmission and AIDS impact (UNAIDS 2002:05).

Osewe et al (2008:67) indicate that it is best to develop the M & E framework during the early stages of VCT campaign planning, and that this framework should be built upon the existing national monitoring and evaluation system. The monitoring and evaluation process includes the following:

- Defining the scope of the VCT campaign's M & E framework;
- Establishing an M & E oversight team;
- Developing guidelines for monitoring and quality control;
- Creating a data management plan for the VCT campaign;
- Implementing quality assurance measures;
- Disseminating data monitoring tools;
- Collecting data monitoring tools; and
- Conducting post-evaluation of the VCT campaign (Osewe et al 2008:67-69).

2.4 THEORETICAL FRAMEWORK: HEALTH BELIEF MODEL

According to Glanz, Rimer and Lewis (2002:52), the Health Belief Model (HBM) is a psychological model developed in the 1950s at the US Public Health Service by Hochbaum, Rosenstock and Kegels, in order to explain and predict individuals' health behaviour by focusing on their attitudes and beliefs. The Health Belief Model is based on the assumption that a person will take a health-related action (i.e. get an HIV test) if he/she:

- feels that a negative health condition (i.e. HIV and AIDS) can be avoided;

- has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition (i.e. knowing one's HIV status will lead to HIV prevention, treatment, care and/or sexual behaviour change); and
- believes that he/she can successfully take a recommended action (i.e. he/she can get an HIV test with confidence).

The HBM was spelled out in terms of four constructs representing the perceived threat and net benefits: perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. These concepts were believed to account for people's "readiness to act." An additional concept, namely cues to action, would activate that readiness and stimulate overt behaviour. A recent addition to the HBM is the concept of self-efficacy, or a person's confidence in his/her ability to successfully perform an action (University of Twente 2010).

2.4.1 Perceived susceptibility

Perceived susceptibility refers to a person's perception of the risk of contracting a health condition, such as HIV and AIDS (Setswe 2009). According to Boskey (2010), people will not change their health behaviours unless they believe that they are at risk. Jones & Bartlett (2010) argue that when people believe that they are at risk of contracting a particular disease, they will be more likely to do something to prevent it from happening (i.e. getting an HIV test). However, when they believe that they are not at risk or have a low risk of susceptibility, they will be more influenced by an unhealthy behaviour (i.e. not getting an HIV test).

2.4.2 Perceived severity

Perceived severity refers to the perception regarding the seriousness of contracting an illness or of leaving it untreated, including the evaluation of both medical and clinical consequences, as well as possible social consequences (Setswe 2009). According to Boskey (2010), the probability of a person changing his/her health behaviour to avoid a consequence depends on how serious he/she considers the consequence to be (i.e. HIV can lead to AIDS and death). Jones & Bartlett (2010) argue that while the

perception of seriousness is often based on medical information or knowledge, it may also come from the belief a person has about the difficulties a disease will create or the effect it will have on his/her health in general (i.e. a student living with HIV might have to drop his/her studies due to opportunistic diseases).

2.4.3 Perceived benefits

According to Setswe (2009), perceived benefits refer to the effectiveness of strategies designed to reduce or prevent the threat of illness (i.e. knowing your HIV status gives you access to treatment, care and support). People tend to adopt healthier behaviour when they believe that the new behaviour will decrease their chances of developing new diseases (Jones & Bartlett 2010). In Boskey's (2010) view, it is difficult to convince people to change their behaviour if there is nothing in it for them (i.e. HIV and AIDS does not have a cure).

2.4.4 Perceived barriers

According to Setswe (2009), perceived barriers refer to the negative consequences that may result from taking particular health actions, including physical, psychological and financial demands. Boskey (2010) indicates that the main reason why people do not change their health behaviour is that they think that doing so is going to be hard (i.e. taking HIV and AIDS medication every day for the rest of your life). Sometimes, it is not just a matter of physical difficulty, but also social difficulty (i.e. HIV positive students may suffer stigmatisation and discrimination at the hands of their peers).

2.4.5 Cues to Action

This refers to external events, people or things that motivate people to change their health behaviour (Jones & Bartlett 2010). It can be anything from a VCT campaign on a university campus or blood pressure van at a health fair to seeing a condom poster on a train or having a relative die of AIDS or cancer (Boskey 2010).

2.4.6 Self-Efficacy

Peltzer (2000:39) defines self-efficacy as the strength of an individual's belief in his or her own ability to respond to difficult situations and to deal with any associated obstacles or setbacks (i.e. students disclosing their HIV status in public in order to motivate others to get tested). According to Jones & Bartlett (2010), people generally do not try to do something new unless they think they can do it. If someone believes that a new behaviour is useful, but does not think that he/she is capable of doing it, the chances are that it will not be tried (i.e. disclosing one's HIV status can lead to isolation and rejection).

2.5 IMPLEMENTATION OF VCT CAMPAIGNS IN SUB-SAHARAN AFRICAN COUNTRIES

The implementation of VCT campaigns in sub-Saharan African countries is often characterised by the lack of resources, limited access to VCT services, poor services, stigmatisation, discrimination and gender inequalities (UNAIDS 2000; Salomon et al 2004).

2.5.1 Lack of resources

According to UNAIDS (2000:07), many Sub-Saharan African governments, with limited resources at their disposal, do not consider VCT to be a priority for HIV care and prevention because of its higher cost of operation, complexity of intervention and lack of evidence in terms of the reduction in HIV transmission. Therefore, in their development planning strategies, VCT does not obtain the resources needed to make it effective.

Even when VCT is considered to be important, its widespread implementation is still limited, due to the lack of adequate infrastructure and trained staff, as well as the lack of clear policies on staffing and service sustainability. Counsellors often have other roles to perform within the health care system, such as nursing or social work, which reduces the time available to them for counselling as part of HIV testing (UNAIDS 2000:07). This view is supported by Solomon et al (2004:64), who indicate that VCT campaigns in

Africa are facing the challenge of not meeting their objectives due to lack of adequate resources, such as finances and good infrastructure. The lack of good infrastructure, finances and equipment, such as testing kits and basic medication, make it difficult for health personnel to perform their duties effectively, and they are also not properly supervised during the process.

Birdsall et al (2004:02) argue that some VCT sites in Sub-Saharan African countries, like South Africa, face environmental/infrastructural challenges such as lack of privacy and a suitable waiting area. Many counsellors work under challenging conditions, and appropriate support systems for them to continue working on a professional level are absent.

2.5.2 Limited access to VCT services

As VCT is not viewed as a priority by many Sub-Saharan African governments, this also influences decision makers to question the benefits of providing counselling and testing services in places where clinical care options are limited, such as rural areas (UNAIDS 2000:07). This view is supported by Solomon et al (2004:61), who indicate that some African communities, particularly rural ones, are traditionally neglected in terms of the delivery of health care and support services. This causes problems for people who want to be tested but are unable to travel to VCT facilities in urban areas due to lack of time, motivation and funds.

According to Van Dyk (2005:103), the availability of accessible and affordable VCT services is a problem for many countries, especially in Africa, and this should be addressed by governments. The use of the HIV antibody test is preferred because distance from clinics and lack of transport often makes it difficult for people to come back for their test results.

2.5.3 Poor services

Even in areas where VCT services are available, the uptake of services is often poor. A common barrier to VCT services is the lack of perceived benefit by people who are

supposed to utilise these services. If VCT is linked to medical care, and an effort is made to improve medical services for persons living with HIV, it will help reduce this barrier to testing (UNAIDS 2000:07).

According to Solomon et al (2004:63), there are a number of service delivery factors that can be regarded as barriers to effective VCT service delivery, mainly because they are factors which impact on exactly how the process of VCT occurs. For the most part, these factors result from the tension between the medical and non-medical components of VCT services. For example, because the HIV test is a medical test, only a trained medical person can conduct it. As a result, most VCT services are carried out in medical settings, rather than non-medical settings, due to the lack of trained medical people at non-medical sites.

2.5.4 Stigmatisation, Discrimination and Gender Inequalities

HIV is highly stigmatised in many Sub-Saharan African countries, and persons living with HIV may experience social rejection and discrimination. In low prevalence African countries, such as those in North Africa, or places where HIV is seen as the problem of marginalised groups, rejection by families or communities may be a common reaction. This fear, rejection or stigmatisation is a common reason for many Africans' refusal to be tested (UNAIDS 2000:07).

Birdsall et al (2004:02) believe that due to HIV and AIDS related stigmatisation, many people in Sub-Saharan African countries are afraid to find out about their HIV status and the implications of a positive result. In a study of 105 South African mineworkers (a third of whom had undergone VCT), fear of testing positive for HIV and the potential consequences, such as stigmatisation, disease and death, were identified by respondents as the main barriers to testing. This view is supported by Solomon et al *(*2004:65), who suggest that the fear of being rejected by one's own family, community, workplace, school and even church is a major factor preventing people from coming forward and finding out about their HIV status.

UNAIDS (2000:07) states that some African persons living with HIV are subjected to discrimination at work or in their communities, and unless legislation is in place to prevent this, these people will be reluctant to undergo VCT. Salomon et al (2004:65) indicate that some Sub-Saharan Africans are of the view that there is no need to disclose their HIV status if no treatment is available.

In terms of gender inequalities, most women in Sub-Saharan Africa are afraid to make use of VCT services due to the stigmatisation, discrimination and physical violence they may suffer at the hands of their partners or communities. In some African countries, such as Zambia, women infected with HIV are considered to be shameful people, and thus experience discrimination. Studies from Kenya have shown that women may be particularly vulnerable after VCT, and in some cases have lost their homes and children or have been beaten or abused by their husbands or partners when their status becomes known (UNAIDS 2000). This view is supported by Bruyn & Paxton (2005:143), who indicate that large numbers of African women are afraid to disclose their HIV positive status to their partners because they fear being blamed, abandoned, or physically abused.

2.6 YOUTH, HIV AND AIDS AND VCT CAMPAIGNS

2.6.1 Situation of HIV and AIDS with youth

Young people who are less than 25 years old are the largest population in the world, because they constitute nearly half of the global population. However, they are also the most threatened by HIV and AIDS, especially those who are between the ages of 15 and 24 years old (UNAIDS 2004:93). There are an estimated 11.8 million youth between 15 and 24 years old who are living with HIV throughout the world. Each day, nearly 6,000 young people in this age range become infected with HIV (UNICEF, UNAIDS and WHO 2002:06). Many youth are infected with HIV due to lack of information about sex and sexually transmitted infections (STIs). Studies from across the globe have established that the vast majority of youth have no idea how HIV is transmitted or how to protect themselves against infection. Even when they do have

information, some adolescents engage in unprotected sex because they lack the skills to negotiate or use condoms. They may be too fearful or embarrassed to talk to their partners about sex (UNICEF et al 2002:14).

Youth are exposed to HIV in different ways. In high-prevalence, Sub-Saharan African countries, the main mode of transmission is heterosexual intercourse. This region contains almost two-thirds of all young persons living with HIV - approximately 6.2 million people, 75% of whom are females. In Eastern Europe and Central Asia, HIV prevalence among young people is increasing rapidly due to drug injection with contaminated equipment and, to a lesser extent, unsafe sex (UNAIDS 2004:93).

Nonetheless, there are areas where the spread of HIV and AIDS is subsiding or even declining, and this is because young men and women are being given the tools and incentives to adopt safe sex behaviours (UNICEF et al 2002:06). Taking action to minimise the threat of HIV to young people is essential for curbing the epidemic. Experience shows that HIV prevention interventions for, and in partnership with, young people are among the most effective measures, as they tap into the energy and idealism of youth (Gravgaard & Rosenkilde 2011).

South Africa has an estimated 5.5 million people who are HIV positive, with the highest prevalence rates existing among young people, especially teenage girls (Ladzani 2009:07; Hartell 2005). The findings of a HIV and AIDS survey by the South African Department of Health among pregnant women attending public antenatal clinics show that the prevalence of HIV and AIDS among pregnant women under the age of 20 years rose to 65.4% from 1997 to 1998. Throughout South Africa, the AIDS epidemic is affecting a large number of adolescents, leading to serious psychological, social, economic and educational problems (Hartell 2005).

2.6.2 Implementation of VCT campaigns for youth

The implementation of VCT campaigns for youth, especially in Sub-Saharan African countries, usually encounter the challenges of limited participation by youth due to the lack of available testing sites, lack of information and misinformation about VCT,

stigmatisation and discrimination, and lack of trust of health personnel (MacPhail, Pettifor, Coates and Rees 2008; McCauley et al 2004; Horizon Program 2001).

According to MacPhail et al (2008:87), the majority of youth in Sub-Saharan Africa are unaware of their HIV status due to the limited availability of testing sites. Furthermore, those who know where to get tested are often ignorant about VCT services, believing that VCT is only for ill people and not for healthier ones. Therefore, they are only prepared to use VCT services when they need treatment for opportunistic diseases (Horizon Program 2001:17).

McCauley et al (2004:07) argue that some youth do not consider themselves to be at risk of HIV infection, as they have never had sexual intercourse or always use condoms. Other youth are afraid to get tested because they think that they will not be able to handle the situation if the result is positive. A positive test result might easily have negative social and psychological consequences, such as stigmatisation and discrimination from their community, which may force them to move to a place where they are unknown, and may also result in the loss of relationships or the break-up of marriages.

The reduced participation of African youth in VCT campaigns may also be the result of the fear of health personnel or counsellors, who may criticise or reprimand them for putting themselves at risk of infection if their HIV test results are positive. Others do not trust the test results, and fear that these results may not be accurate (McCauley et al 2004:06).

Lack of access to long-term therapy constitutes another challenge for implementing VCT services or campaigns for youth, as counsellors find it extraordinarily difficult to convey positive test results to very young clients, who have no hope of accessing anti-retroviral drugs (Essex, Mboup, Kanki, Marlink and Tlou 2002:535).

Boswell & Baggaley (2002:15) provide a list of some of the challenges that VCT implementers face when implementing VCT campaigns for African youth, and these challenges include the following:

- Lack of appropriate VCT services, including legal issues, such as confidentiality;
- Waiting time for test results, which causes frustration among many youth;
- The pressure that most of the health care staff put on youth to inform their partners;
- Lack of trust and a fear that results may be shared with parent(s) or partner(s) without their consent;
- Inaccurate risk perception;
- Fear of being discriminated against and stigmatised by families, friends and communities once their HIV positive status becomes known;
- The perception that living with HIV is synonymous with a death sentence; and
- Lack of assurance from health care providers, including counsellors, when it comes to effectively meeting their HIV prevention, care and support needs.

In their study, Fisher, Reynolds, Yacbson, Barnett and Schueller (2007:18-19) focused more on the challenges of implementing VCT campaigns with special African youth populations, such as mobile youth, orphans and youth with mental disabilities, for whom special care or different counselling strategies may be required. These challenges include the following:

- Youth who are mobile, such as truck drivers, members of the military, political refugees and street kids, in most cases lack sufficient support networks, basic nutrition and shelter, and access to ongoing health care. Because of their mobility, it is difficult for them to return for additional counselling and support sessions. The best thing to do is to provide them with the necessary information during their first session;

- Orphans who are caring for siblings and chronically ill family members, and who live in financially poor households on their own, face certain psychological and emotional challenges. They are reluctant to get tested for fear of being HIV positive, as some of them are engaged in high-risk behaviour, such as having multiple sex partners, in order to assist their families financially; and
- In the case of youth with mental disabilities, it is often difficult to obtain their voluntary consent to get tested.

2.7 VCT CAMPAIGNS AT RESIDENTIAL UNIVERSITIES IN SUB-SAHARAN AFRICA

A study conducted by African Women in Science and Engineering (AWSE) on African universities' responses to the HIV and AIDS pandemic revealed that despite measures taken by some universities to provide VCT services with the assurance of confidentiality, most students are reluctant to get tested on campus, preferring the greater anonymity of city or national testing. This makes it difficult for these universities to provide VCT and treatment, and to obtain an accurate view of the scope of the problem (AWSE 2001:10).

Van Wyk, Pieterse and Otaala (2006:5-25) indicate that residential universities in some Southern African Development Community (SADC) countries, such as Angola, Madagascar and Mauritius, do not have VCT facilities on their campuses due to lack of records on the HIV and AIDS pandemic at their institutions. Countries that have VCT facilities on their campuses, such as South Africa, Botswana, Zambia and Lesotho, often face the challenge of low attendance of students during their VCT campaigns due to a lack of trust of health workers with regard to confidentiality, stigmatisation and discrimination from peers, and lack of information about the services offered at these centres. Lack of adequate funds and shortage of qualified staff to run the centres are other challenges faced by some SADC universities in their attempt to conduct effective VCT campaigns.

A study conducted by Higher Education HIV and AIDS Programme (HEAIDS) between 2002 and 2004 at some South African residential universities revealed the following

challenges:

- In the Eastern Cape Province, most universities, such as the Nelson Mandela Metropolitan University, Rhodes University and Walter Sisulu University of Science and Technology, face the problem of a lack of funds to effectively run their campaigns or separate VCT budgets for each university department. There is also inadequate space to secure privacy when conducting counselling and testing. The local Department of Health (DoH) does not provide enough support to universities in terms of HIV test kits and access to treatment of opportunistic infections for students who have tested positive. There is also a lack of complete participation by students and staff in VCT initiatives on campus (HEAIDS 2005: 06-07);
- In the Western Cape Province, universities such as the University of Cape Town, University of Stellenbosch, University of the Western Cape and Peninsula University all experience the challenges of a lack of funding and sufficient management support, lack of adequate facilities and testing kits, shortage of staff and stigmatisation (HEAIDS 2005);
- In the Gauteng Province, universities such as the University of Johannesburg, University of Witwatersrand, Tshwane University of Technology and the Ga-Rankuwa campus all experience the problem of a lack of support from senior management to sustain VCT services on campus, especially in terms of accessing funds for additional staffing. There is also a lack of committed HIV and AIDS counsellors from local NGOs that are contracted to support campus services (HEAIDS 2005:13);
- In most of the residential universities' VCT services or campaigns, female students get tested for HIV more than male students do (HEAIDS 2005:37);
- Many residential universities experience the problem of a lack of active coordination of HIV and AIDS activities, which prevents VCT campaigns from being implemented successfully (HEAIDS 2005:36). This is supported by AWSE (2001), which indicates that the lack of coordination of the VCT work plan, policy

and activities has a negative impact on HIV and AIDS services in many universities in Africa;

- VCT campaigns or services in many South African universities are faced with the problem of the integration of departments, such as health and psychosocial services (HEAIDS 2005:35);
- Many universities have a shortage of permanent staff to assist in VCT services, as most of the staff involved in these services are part-time employees (HEAIDS 2005:36);
- The limited use of mobilisation tools, such as posters, pamphlets and peer educators, is a common challenge faced by many South Africa residential universities (HEAIDS 2005:08); and
- The monitoring and evaluation of VCT services is not sufficiently standardised in most universities, in order to improve planning and resource allocation (HEAIDS 2005:37).

2.8 UNISA AND VCT CAMPAIGNS FOR STUDENTS

2.8.1 An overview of UNISA, including its student profile

The University of the Cape of Good Hope, which changed its name to University of South Africa (UNISA) in 1916, was initially an examining agency for Oxford and Cambridge universities. In 1946, it was given a new role as a distance education university and today offers certificates, diploma and degree courses up to doctoral level. In January 2004, UNISA merged with Technikon SA and incorporated the distance education component of Vista University (VUDEC). The combined institution retained the name of University of South Africa (UNISA), unlike other merged institutions, which underwent name changes. It is now organised according to colleges and schools (UNISA 2009c).

In terms of its student profile, UNISA's main target market has traditionally been adults, but the institution is now attracting a growing number of youth, aged between 18 and 24

years old. UNISA's student profile increasingly reflects South African demographics. Women currently account for slightly more than 55% of the total number of registrations, while black students (Africans, Coloureds and Indians) make up 73%. Currently, UNISA is attracting growing numbers of students from outside the country's borders as a result of the university's strengthened African orientation. UNISA also provides education to students with disabilities. Just over 1 000 of these students are currently enrolled with UNISA, of whom more than a quarter have visual disabilities (UNISA 2009b).

UNISA has a national office in Pretoria and 27 regional offices across the country, which provides various services to students, such as registration, learning support and workshops (UNISA 2011a).

2.8.2 UNISA-Sunnyside regional office

The UNISA Sunnyside regional office, situated in Pretoria and known as “Sunnytown”, is the main area of student activity, as it includes the registration facility and Sunnytown student hub, developed to cater for the growing needs of UNISA’s Gauteng students. The Sunnytown student hub provide facilities such as study space for at least 3000 students, 25 tutorial venues, well-equipped computer laboratories, an undergraduate library, student counselling services, and an academic literacy and student information centre (UNISA 2009a:05)

2.8.3 UNISA’s National HIV and AIDS structure

The departments or sections at UNISA that are mainly responsible for student HIV and AIDS and VCT campaigns include the Vice-Chancellor, HIV Institutional Coordinating Committee (HICC), HIV and AIDS Division and Students Affairs Department, through the Student Health and Wellbeing Unit.

2.8.3.1 UNISA HIV Institutional Coordinating Committee (HICC)

The UNISA HIV Institutional Coordinating Committee (HICC) consists of representatives from the following areas: management, the Tuition Committee, staff associations/labour

unions, students, persons living with HIV, risk management, and human resources. The Chairperson elected by the committee reports to the Vice- Chancellor. The core duties of the committee include the following:

- Development, implementation and monitoring of HIV programmes/service delivery;
- Coordination, support and communication of HEAIDS programme intervention within the institution;
- Strategic and operational integration of the programme within the institution;
- Advocacy, by acting as champions for the programme at institutional level;
- Advising the Executive Committee on the nature of activities that need to be undertaken to enhance the value and position of the HIV programme intervention within the institution;
- Working collaboratively with internal and external contacts to promote the interests of the institution in relation to its HIV and related activities (UNISA 2008).

2.8.3.2 UNISA HIV and AIDS Division

The UNISA HIV and AIDS Division is one of the sub-divisions of Employee Relations and Wellness, the latter being the Sub-Directorate of the broader Human Resources Directorate. The Division is responsible for the institutional coordination and management of UNISA's HIV and AIDS programmes. The HIV and AIDS Division consists of five people, namely:

- The institutional manager;
- Two nurses;
- One administrative officer; and
- One health promoter.

The UNISA HIV and AIDS Division manages two health clinics: one at the main campus in Pretoria, and the other at the Florida regional office (Johannesburg), both of which

provide basic healthcare services to staff and students (UNISA 2011d).

2.8.3.3 UNISA's Student Affairs Department

This department promotes students' psychosocial needs and develops globally networked student leadership. It is divided into three main directorates, namely Student Development, Student Funding, and Support to Students with Disabilities. The Student Development Directorate promotes the social, cultural and economic growth, as well as health and wellbeing of students through effective social development interventions and governance development programmes, such as VCT campaigns (UNISA 2011b).

2.8.3.4 UNISA VCT campaigns for students

The UNISA VCT campaign for students is a programme developed by the Social Development Directorate of the UNISA's Student Affairs Department, with the overall objective of providing an opportunity for UNISA students to find out about their HIV status and enhance their quality of life by choosing a healthy lifestyle. The other aims of the campaign are to raise awareness among students in the regions about HIV and AIDS, reduce the rate of HIV infections and re-infections, strengthen existing collaborations and linkages with regions, and provide an opportunity for the university to produce effective graduates (Tshabangu 2007).

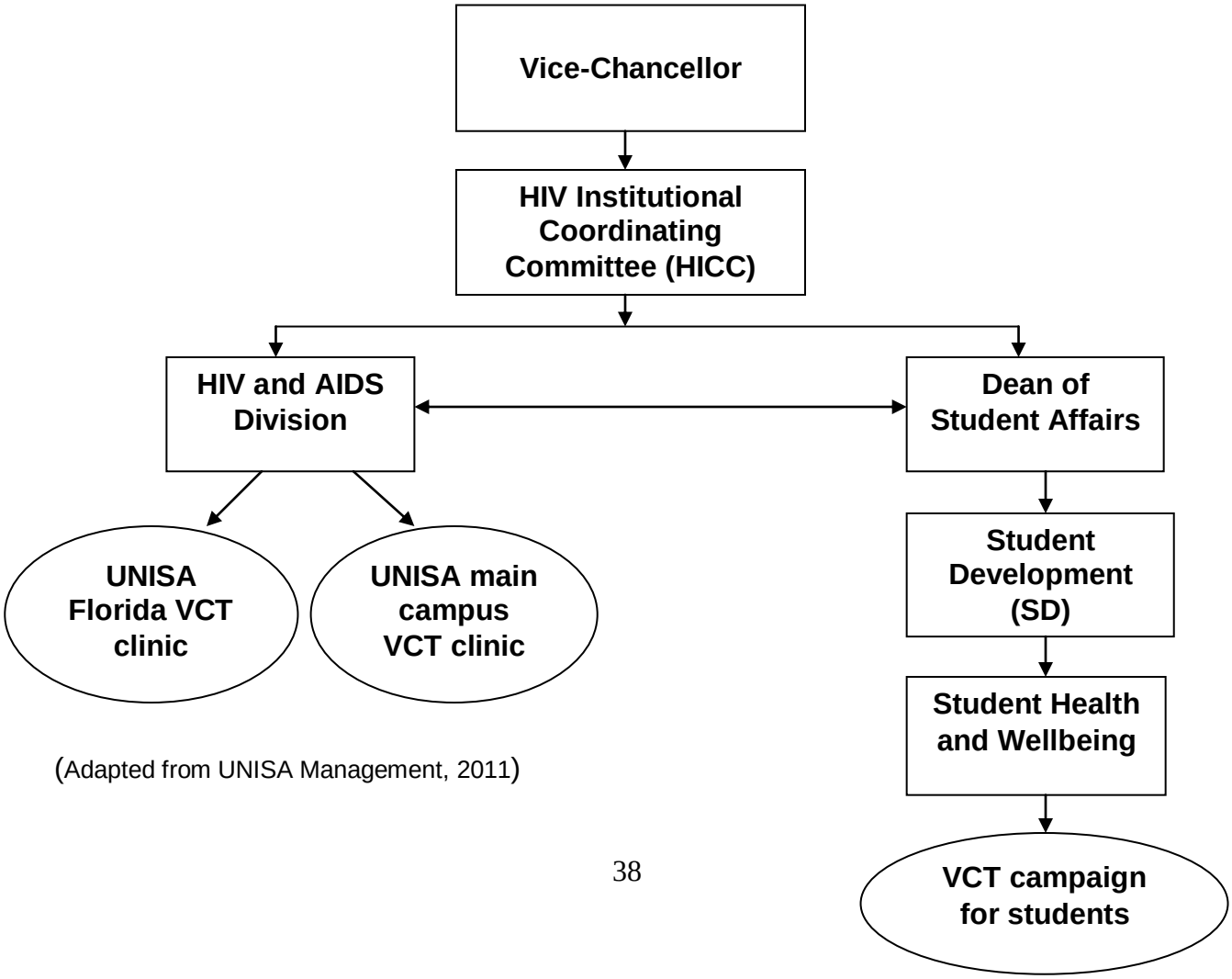
The first VCT campaigns for students, called ***"Know your status***", were conducted in 2006 by the UNISA's Student Affairs Department, in collaboration with the UNISA Social Behaviour for HIV/AIDS and Health Unit (USBAH) and other HIV and AIDS external organisations, such as Lifeline Southern Africa (a physical, spiritual and emotional health support organisation); New Start (largest South African HIV Counselling and Testing programme, managed by the Society for Family Health); and Soul City (a South African media health promotion organisation) at various UNISA regional offices, such as Johannesburg, Polokwane, Durban, Kimberly, Mafikeng, Cape Town and Pretoria. It has been reported that during these campaigns, it was found that female students were increasingly at risk of HIV infection. This is because out of 414 students who went for HIV tests during these campaigns, 6% of the female students tested positive, while all

the male students tested negative (Tshabangu 2007).

Since then, VCT campaigns for students have been organised almost every year at various UNISA regional offices, not only by the UNISA Student Affairs Department, but also by other UNISA departments and services. For example, in 2007, a VCT campaign for students was conducted at the Sunnyside regional office by the UNISA Sunnyside student advisor, in collaboration with the UNISA HIV and AIDS Division. It has been reported that during this campaign, 20 people were counselled and tested, of which five were males and 15 were females, with one female testing positive and one being referred (Preesman 2007).

2.8.3.5 UNISA's national HIV and AIDS and VCT campaigns for students: chart

Due to the absence of a chart for national UNISA HIV and AIDS and VCT campaigns for students, the chart below was adapted by the researcher from the UNISA website.



(Adapted from UNISA Management, 2011)

2.9 SUMMARY

This chapter provided an overview of the history, benefits, process and service delivery models with regard to voluntary counselling and testing (VCT), as well as guidelines for planning, implementing, monitoring and evaluating VCT campaigns. The Health Belief Model, which is the theoretical framework of this study, was described by referring to the concepts of perceived susceptibility, severity, benefit and barriers, cues to action, and self-efficacy. This chapter also discussed the implementation of VCT campaigns in Sub-Saharan African countries for the general population, youth and students at higher education residential universities. The literature review revealed that the implementation of VCT campaigns in Sub-Saharan African countries is characterised by limited resources and access to VCT services, poor services, stigmatisation and discrimination, and gender inequalities. The implementation of VCT campaigns for youth faces the challenges of reduced participation due to limited availability of testing sites, lack of information and misinformation about VCT, stigmatisation and discrimination against youth who visit VCT services, and lack of trust of the healthcare staff and test results. The implementation of VCT campaigns for residential university students revealed the lack of use of VCT services on campuses by students, lack of support from the university's management in terms of funding, and lack of training of VCT staff. There is also a lack of support from the local Department of Health in terms of HIV test kits, condoms and other VCT support equipment. This chapter concluded by providing an overview of the University of South Africa (UNISA) and its VCT campaigns for students.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter describes the research methodology used in this study, and includes the research design, sampling technique, data collection, data analysis, criteria for measurement, limitations of the study and ethical considerations.

3.2 RESEARCH DESIGN

According to Babbie & Mouton (2001:74), a research design is a plan or blueprint of how a researcher intends conducting the research. It spells out the basic strategies that the researcher adopts to obtain evidence that is accurate and interpretable (Polit & Beck 2004:162). Since the purpose of this study was to investigate and explore the challenges experienced by implementers of VCT campaigns for students at higher education distance learning institutions such as UNISA, the research design used in this study was a qualitative and exploratory approach using a case study.

3.2.1 Qualitative approach

Qualitative research is the type of inquiry in which the researcher studies people's experiences, feelings and thoughts in their natural setting by using a variety of techniques, such as interviews and observations, and then reports the findings, mostly in the form of words rather than statistics (Chalisa & Preece 2005:142). Qualitative research was used in this study to enable the researcher, through interviews with key informants and his own observations, to gain insight into the challenges faced by implementers of VCT campaigns for students at higher education distance learning institutions.

3.2.2 Exploratory approach

An exploratory method is used when the subject of the study is relatively new and has

not been previously researched. It frequently involves the use of in-depth interviews, analysis of case studies, and informants (Babbie & Mouton 2001:79-80). Considering the fact that very few studies have been conducted on VCT campaigns for distance learning institutions, the researcher used this method to explore the challenges faced by implementers of VCT campaigns for students at higher education distance learning institutions.

3.2.3 Case study

A case study implies an intensive investigation of a single unit, whereby an investigator has little control over the events and the focus is on a contemporary phenomenon within some real-life context (Yin 2009:18). A good case study is more than just a description. It is information arranged in such a way that the reader is put in the same position as the author was in the beginning, when he/she was faced with a new situation and challenged to figure out what was going on (Chifukushi 2011:24). According to Babbie & Mouton (2001:282-283), the general design principles of a case study include the following:

- Presentation of the research purpose, research questions, paradigmatic perspective and carefully designated concepts;
- Detailed contextualisation of the methods used, in which information regarding participants, sampling, setting, data collection and data analysis is provided;
- Multiple sources of data based on the idea of replication and convergence;
- Analytical strategies based on the way in which findings should be organised, the necessity of transferability to case study data, and the need for theory development.

A case study was used in this research to enable the researcher to conduct an in-depth investigation into the challenges faced by a specific higher education distance learning institution when implementing a VCT campaign for its students at the regional level. Therefore, the UNISA 2006-2009 VCT campaigns for students, which were conducted

at UNISA's Sunnyside regional office, were chosen as the case study for this research.

3.3 SAMPLING TECHNIQUE

A sampling technique refers to a process of selecting a portion of the population, namely a sample, to represent the entire population. In sampling terminology, the units that make up the samples and population are referred to as elements. There are two types of sampling methods: probability sampling and non-probability sampling. Probability sampling involves some form of random selection in choosing the elements, while non-probability sampling elements are selected using non-random samples (Polit & Beck 2004:291).

This study used the non-probability sampling method, in particular the purposive sampling technique. Kumar (2005:179) defines purposive sampling as a technique whereby the researcher uses his/her personal judgment to select key informants who can provide the best information to help achieve the objectives of the study. The reason for choosing the purposive sampling technique in this study was because the number of members of the subset was small and they were therefore easily identifiable. According to Babbie & Mouton (2001:166), the purposive sampling technique may be used when the members of the subset are easily identifiable.

3.3.1 Units of analysis

Units of analysis refer to the individuals, objects, phenomena, entities, processes or events that the researcher is interested in studying (Babbie & Mouton 2001:84). The key informants who were involved in the implementation of the UNISA 2006-2009 VCT campaigns for students at the Sunnyside regional office were selected as units of analysis in this study. They were interviewed regarding the challenges they experienced during the implementation of the UNISA 2006 - 2009 VCT campaign for students at the Sunnyside regional office.

3.4 DESCRIPTION OF KEY INFORMANTS

- **UNISA HIV and AIDS Division institutional manager (Respondent one),** who is responsible for the coordination of all UNISA HIV and AIDS activities, including VCT. Her role in the UNISA VCT campaigns for students was to assist with VCT protocol, and to make all the technical arrangements with VCT service providers regarding the VCT process and logistical materials. She also facilitated the funding of the campaigns by UNISA top management;

- **UNISA Student Affairs Health and Wellbeing Coordinator (Respondent two)**, who, since March 2009, has coordinated all the UNISA VCT campaigns for students;

- **UNISA former Student Affairs VCT Campaign Coordinator** (**Respondent three),** who, between 2006 and February 2009, coordinated all the UNISA VCT campaign for students;

- **The UNISA Student Advisor at Sunnyside regional office (Respondent four),** who coordinated some of the UNISA VCT campaigns for students at the Sunnyside regional office between 2007 and 2008;

- **The UNISA clinic nurse (Respondent five),** who, since 2007, has coordinated some of the UNISA VCT campaigns for staff and students at UNISA's main campus. She also helped the current UNISA VCT campaign coordinator with contact details of some of the stakeholders;

- **The Convenor of UNISA's Unit for Social Behaviour Studies in HIV/AIDS and Health (USBAH) (Respondent six),** who provided advice to the implementers of UNISA VCT campaigns for students with regard to the running of the campaign, and also provided, through his department, HIV and AIDS training to UNISA peer educators;

- **The "New Start programme" Senior Counsellor (Respondent seven),** who has coordinated, since 2009, on behalf of the organisation, the VCT process

(pre-counselling, testing, and post-counselling) of the UNISA VCT campaigns for students; and

- **Three peer educators (UNISA undergraduate students) (Respondents eight, nine, and ten),** who, since 2009, have assisted the coordinator of the UNISA VCT campaigns for students in the planning and implementation of these campaigns. Their duties during the campaigns were to put up posters and banners at UNISA regional offices; interact with fellow students with regard to the campaigns; and distribute pamphlets, fliers, cards and other HIV and AIDS IEC (Information, Education, and Communication) materials to the students.

3.5 DATA COLLECTION

Polit & Beck (2004:716) define data collection as the process of gathering the information needed to address a research problem. The data collection techniques used in this study were in-depth qualitative interviews and qualitative observations.

3.5.1 Interviewing process

According to De Vos (1998:301-303), the process of qualitative interviewing includes the following:

- Preparing for the interview;
- Becoming acquainted – this is the initial relationship;
- Establishing a contractual relationship;
- Establishing a relationship of trust;
- Terminating the interview.

Cresswell (2002:207-208) lists the steps involved in conducting interviews, namely:

- Constructing the research questions that need to be answered;
- Obtaining permission to enter the field;

- Identifying the participants;
- Determining the type of interview (i.e. in-depth interview);
- Locating a quiet, suitable place for conducting the interview;
- Obtaining the consent of participants to be interviewed;
- Audiotaping questions and responses during the interview;
- Taking brief notes during the interview;
- Having a plan, but being flexible; and
- Using facilitative skills to ensure an in-depth understanding of the research phenomenon.

In this study, the researcher followed the interviewing process mentioned above to collect relevant data. He undertook to continue conducting the interview until data saturation had been achieved. Field notes formed part of the data and served as a measure of triangulation.

3.5.2 In-depth qualitative interviews

Boyce & Neale (2006:03) define in-depth qualitative interviews as a technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, programme or situation. In-depth interviews are useful for collecting data on individuals' personal histories, perspectives, and experiences, particularly when sensitive topics are being researched (Mack, Woodsong, Macqueen, Guest and Namey 2005:02). The in-depth qualitative interview technique was chosen in this study to enable key informants to share the challenges experienced during the planning and implementation of the UNISA VCT campaign for students at the Sunnyside regional office. Therefore, in-depth qualitative interviews were conducted with key informants who were involved in the implementation of the UNISA 2006-2009 VCT campaign for students that took place at the Sunnyside regional office.

3.5.3 Qualitative observation

To collect data, the researcher also made use of the observation technique by taking notes of the attitudes, reactions and non-verbal cues of key informants during the interviews and campaign site visit. Polit & Beck (2004:375) define research observation as the systematic selection, observation and recording of behaviour, events and setting related to a problem under investigation. Neuman (2000:361-361) indicates that observation is an appropriate technique for collecting data on naturally occurring behaviour in its usual context.

3.6 DATA ANALYSIS

Data analysis involves organising what the researcher has seen and read in order to make sense of what he/she has learned (Glesne 1999:130). The data analysis technique used in this study was qualitative data analysis. Babbie & Mouton (2001:490) define qualitative data analysis as all forms of analysis of data that was gathered using qualitative techniques, regardless of the paradigm used as a basis for the research. Unlike quantitative research, where analysis begins after data collection, in qualitative research analysis is linked to data collection and occurs throughout the data collection process, as well as at the end of the study (Chilisa & Preece 2005:172).

3.6.1 Qualitative data processing

After the in-depth interviews with key informants, the researcher played back the recorded interview tapes and listened to them repeatedly. He then transcribed all the interviews verbatim, alongside the field notes taken during the interviews and campaign site visit, in order to facilitate the coding and categorising of the raw data, and identify the important issues pertaining to the data (Holloway & Wheeler 2002:236).

3.6.2 Coding process

Kvale & Brinkman (2009:201) define coding as the breaking down of the text into manageable segments and attaching one or more keywords to a text segment, in order

to facilitate the later retrieval of the segment. There are three stages in the qualitative data coding process: open coding, axial coding, and selective coding. Open coding refers to the creation of categories of phenomena through close observation of data. During open coding, data is broken down into distinct parts, closely examined, and then compared for similarities and differences, and questions are asked about the phenomena as revealed by the data. Axial coding refers to a set of procedures whereby data is put back together in new ways after open coding, by making connections between categories. This is done by utilising a coding paradigm involving conditions, context, action/interactional strategies and consequences. Selective coding refers to a process of selecting a core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development (De Vos 2002:346-349).

3.6.2.1 Tesch approach

In this case study, the researcher used the coding process approach developed by Tesch, which includes the following:

- Reading through all of the transcriptions carefully;
- Choosing one document or interview script, either the most interesting or the one on top of the pile, and going through it;
- After going through all the documents or interview scripts, making a list by grouping together similar topics;
- Taking the list and going back to the data. The topics should be abbreviated as codes and these codes are then written next to the appropriate segments of the text. If new categories and codes emerge, these need to be verified;
- Finding the most descriptive wording for the topics and converting them into categories;
- Making a final decision on the abbreviation for each category, and then arranging them in an alphabetic order;

- Assembling the data material belonging to each category in one place and performing a preliminary analysis; and
- Recording, if necessary, the existing data (Creswell 2003:192).

The creation of themes and categories in this study is explained in more detail in chapter four.

3.7 CRITERIA FOR MEASUREMENT

To measure the trustworthiness of data collected in this study, the researcher used the criteria of credibility, dependability and confirmability, as suggested by Babbie & Mouton (2001:276-278).

3.7.1 Credibility

Credibility refers to confidence in the truth and interpretation of them (Polit & Beck 2004:430). According to Babbie & Mouton (2001:277), credibility is the compatibility between the constructed realities that exist in the minds of respondents and those that are attributed to them. In this study, credibility was measured through prolonged engagement and triangulation.

3.7.1.1 Prolonged engagement

Prolonged engagement is defined as the investment of sufficient time in data collection activities, in order to have an in-depth understanding of the culture, language, or views of the group under study and to test for misinformation and distortions. It is also essential for building a relationship trust and rapport with informants, which in turn make it more likely that useful, accurate, and rich information will be obtained (Polit & Beck 2004:430). As the researcher lived near the UNISA Sunnyside regional office, he was able to spend sufficient time at the UNISA VCT campaign site at the Sunnyside regional office, in order to familiarise himself with the campaign's activities and culture, as well as to build and develop a trusting relationship with key informants.

3.7.1.2 Triangulation

Holloway & Wheeler (1996:164) define triangulation as a technique that uses different approaches and methods to collect data. The researcher used triangulation in this study by combining data collected from in-depth interviews with field observation notes, in order to determine whether or not they produce the same data. The triangulation technique also assisted the researcher in determining whether or not there is a correlation between the data collected and the objectives of the study. In the case of no correlation, the data was confirmed by repeating the interview, in order to verify the authenticity and credibility of the data.

3.7.2 Dependability

Dependability means that the researcher must provide evidence that if the research were to be repeated with the same or similar respondents, and in the same or similar contexts, its findings would be similar (Babbie & Mouton 2001:278). This can be proven either by stepwise replication or an inquiry audit, which involves the scrutiny of the data and relevant documents by an external reviewer (Polit & Beck 2004:434-435). In this study, an inquiry audit of the findings was conducted by the researcher's supervisor, who was used as an external reviewer.

3.7.3 Confirmability

Confirmability refers to the degree to which the findings are the product of the focus of the inquiry, and not of the biases of the researcher (Babbie & Mouton 2001:278). It refers to data that is linked to its sources, in order for the reader to establish whether or not the conclusions and interpretations arise directly from the data (Holloway & Wheeler 1996:168). The availability of raw data from the recorded in-depth interviews with key informants, as well as the field notes, will ensure the confirmability of the data obtained.

3.8 LIMITATIONS OF THE STUDY

This study had the following limitations:

- Due to time and financial constraints, the data collection was limited to the UNISA 2006-2009 VCT campaigns for students that were conducted at the Sunnyside regional office, as it is close to UNISA's main campus and the researcher's place of residence;
- The sample size was small - only ten people involved in the implementation of the UNISA VCT campaign for students were interviewed. Therefore, this study cannot be generalised to the overall VCT campaign implemented by UNISA and other higher education distance learning institutions; and
- The language barrier was another constraint, as the researcher is a French-speaking person from the Democratic Republic of Congo (DRC), and English is his fifth language.

3.9 ETHICAL CONSIDERATIONS

VCT is an emotional and sensitive issue because it can affect the morale of people who have been through it, especially if an HIV positive test result is disclosed to the public without the consent of the patient. As a result, this can cause problems, such as rejection, discrimination and stigmatisation by the community. Therefore, in this study, the following ethical considerations were applied: voluntary participation, confidentiality and anonymity, deception and permission.

3.9.1 Voluntary participation and informed consent

Before conducting in-depth interviews with participants, the researcher introduced himself to them and explained the purpose of the study. Thereafter, the researcher informed the potential interviewees that their participation in this study was completely voluntary, and that they therefore had the right to refuse to be interviewed or to withdraw from the study at any time, without any prejudice or explanation. He also

assured them of their right to refuse to answer any question that they did not want to answer. After this, they were asked to read and sign the informed consent form if they were willing to participate in this study.

3.9.2 Anonymity and confidentiality

Anonymity means that a subject's identity is protected, and the individual is therefore unknown or anonymous (Neuman 2006:139). In order to protect the identity of respondents in this study, the researcher assigned each respondent a specific number which he would use throughout the study. Since the issue of HIV and AIDS was a sensitive one, interviews with key informants were conducted in places where privacy was ensured. In addition, information disclosed by implementers and other key informants during the interviews was treated with strict confidentiality and kept in a safe place where only the researcher had access to it. The researcher could, however, share this data with his supervisor for the purpose of the study. According to Neuman (2006:139), confidentiality means that although information may have names attached to it, the researcher does not reveal these names to the public.

3.9.3 Deception

To avoid deceiving respondents regarding the outcome of the study, the researcher assured them that this study was part of the university research programme, and did not give any guarantees with regard to the improvement of the problem under study. Babbie (2010:70) indicates that in order to avoid deceiving respondents, one solution is to inform them that the study forms part of the research programme.

3.9.4 Permission

Whenever a document related to VCT campaigns is consulted, permission has to be obtained for its publication in the dissertation's appendices. At the end of the whole research process, all data related to this study was handed over to UNISA for archiving and confidentiality purposes.

3.9.5 Analysis and reporting

In order to maintain objectivity and integrity in this study, the researcher reported all the negative and positive findings related to the analysis of data, as suggested by Babbie & Mouton (2001:526).

3.10 SUMMARY

This chapter has highlighted the research methodology that was used in this study, namely qualitative and explorative approaches using a case study. The non-probability purposive sampling method was used to select the sample, as the members of the sample were small in number and easily identifiable. The collection of data was done through in-depth interviews with key informants who were involved in the implementation of the UNISA 2006-2009 VCT campaigns for students at the Sunnyside regional office. The researcher also used personal observations during interviews and VCT campaign site visits to collect relevant data.

In terms of data analysis, the researcher used the qualitative data analysis approach of Tesch to transcribe all the recorded interviews and observations made during the data collection process, code the data, create themes and categories, and analyse the data collected. To measure the trustworthiness of the data in this study, the researcher used the criteria of credibility, dependability and confirmability.

This chapter also outlined the limitations of the study, and described the ethical considerations which applied to this study, namely voluntary participation, anonymity and confidentiality, deception, and permission.

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.1 INTRODUCTION

Higher education distance learning institutions do not usually have students who are physically present on campus, and who frequently participate in student activities there. Therefore, when implementing a meaningful VCT campaign for this category of students, implementers may face some challenges. In this chapter, the researcher presents and analyses data collected from the interviews conducted with key informants and the observations made at the VCT campaign site with regard to the challenges faced by implementers of the UNISA 2006-2009 VCT campaigns for students at the Sunnyside regional office. A brief description of key informants, as well as the sampling and data collection processes followed, is included in this chapter. This chapter also provides a brief interpretation of the most important findings, which are then discussed in chapter five.

4.2 SAMPLING AND DATA COLLECTION PROCESSES

The researcher used the purposive sampling technique to select key informants, as they were small in number and easily identifiable. Babbie & Mouton (2001:166) indicate that a researcher may use purposive sampling to study a small subset of a large population, in which many members of the subsets are easily identified. The researcher, at his own discretion, contacted the UNISA Student Affairs Department to enquire about the VCT campaigns for students that took place at the Sunnyside regional office between 2006 and 2009, and to be assisted in identifying key informants who were involved in the implementation of these campaigns. The challenges faced by the researcher in using this sampling technique were that some key informants could not be reached because they were no longer working for the organisations which were involved in the campaigns, such as UNISA and the “New Start programme”. Those who replaced them could not provide enough information, as they were new and did not know much about

the challenges experienced by the implementers of UNISA VCT campaigns for students in the past.

After identifying key informants, the researcher started by sending letters of permission to the relevant managers, requesting permission to conduct interviews with their subordinates who were involved in the implementation of the UNISA VCT campaigns for students. After permission had been granted, the researcher contacted the key informants telephonically and set up interview appointments with them. On the day of the interview, the researcher started by introducing himself and briefing the key informants on the purpose of the study, and also ensuring them that this study would adhere to ethical principles. If the prospective respondent agreed to be interviewed, he/she then signed the consent form (refer to Appendix 2), and the researcher then proceeded with the in-depth interview, using a tape recorder and taking notes with the permission of the respondent. At the end of the interview, the researcher asked the respondent for clarification. If the respondent did not agree with the debriefing, the researcher then corrected any misunderstandings - otherwise, he thanked the respondent and asked if he/she would be willing to come back in the event that additional information was needed. Prior to conducting the interview, the researcher ensured that there was enough privacy and confidentiality in the venue where the interview was to be conducted. The challenge faced by the researcher in collecting data had more to do with the inability to obtain some supporting documents necessary for the study. The researcher took about one month to conduct all the interviews.

4.3 ANALYSIS OF DATA

4.3.1 Creation of themes and categories

In order to create themes and categories in this case study, the researcher followed the open descriptive coding process described by Tesch (Creswell:2003:192). After transcribing all the interviews, he carefully read through all the transcriptions and made a list where he grouped together similar themes and arranged them into columns as major themes, unique themes and leftovers. He then abbreviated the themes as codes

and wrote them next to a segment of the text. Thereafter, he gave the themes the most descriptive wording and turned them into categories. The researcher reduced the total list of categories by grouping them together in themes that are related to each other. He then assembled, in one place, data that belonged to each category and performed a preliminary analysis.

After going through the coding process, the following themes emerged: lack of proper VCT campaign planning, challenges of limited resources, challenges with stakeholders, limited mobilisation of students, low level of participation of students, VCT process challenges, and absence of monitoring and evaluation.

Below is a table of the themes and categories in this study.

4.3.2 Table of themes and categories

THEMES	CATEGORIES AND SUB-CATEGORIES
1. Lack of proper VCT campaign planning	
1.1 Goals and objectives	- Goals and objectives of the VCT campaigns
1.2 Administrative planning	- Inconsistent administrative planning procedures - Lack of integration between departments - Too short a time for the planning of VCT campaigns - Uncertainty about number of students to participate in the campaigns
1.3 Problems of coordination of HIV and AIDS activities, including VCT	- Duplication of HIV and AIDS activities, including VCT - VCT events organised without the permission of the HIV and AIDS division
2. Challenges of limited resources	- Limited financial resources - Lack of adequate human resources - Limited physical resources
3. Challenges with stakeholders	- Absence of a formal working agreement with stakeholders - Dependence on stakeholders' schedules and policies - Absence of test result certificates
4. Mobilisation and participation of students	
4.1 Limited mobilisation of students	- Limited mobilisation tools - Focus on students visiting the regional offices
4.2 Low level of participation of students	- Reduced participation of students - Stigmatisation and discrimination
5. VCT process challenges	- Students lacking HIV and AIDS and VCT information - Absence of support groups
6. Monitoring and evaluation of VCT campaign	- Absence of monitoring and evaluation

4.4 PRESENTATION OF DATA

4.4.1 Lack of proper VCT campaign planning

The main issues raised by the respondents regarding the planning of the UNISA VCT campaigns for students between 2006 and 2009 were related to the goals and objectives of the campaigns, the administrative planning procedures, and the coordination of HIV and AIDS activities, including VCT.

4.4.1.1 Goals and objectives of the VCT campaigns

When asked about the goals and objectives of the UNISA VCT campaigns, all the respondents who participated in the study indicated that the overall goal of the campaigns was to provide UNISA students with the opportunity to find out about their HIV status and enhance their quality of life by getting tested. One of these respondents, who had been responsible for coordinating the UNISA VCT campaigns for students between 2006 and 2009, mentioned that "*The objectives were to influence the health behaviour of our students and give them an opportunity to test for HIV, because UNISA as a distance learning institution never had this kind of services".* Therefore, the main goal of the UNISA VCT campaign for students was in line with the UN General Assembly goal of a VCT campaign, which was mentioned in the literature review, namely to increase public access to and demand for VCT, in order to achieve broad multi-sectoral coverage for prevention, treatment, care and support (Osewe et al 2008:01).

4.4.1.2 Administrative planning procedures

With regard to the administrative procedures followed to plan the VCT campaign, the issues of inconsistent administrative planning procedures, too short a time for planning the campaigns, lack of integration between departments and uncertainty about the number of students participating in the campaigns were raised.

Inconsistent administrative planning procedures

According to the literature review, planning involves the setting of specific goals of an organisation or project, and determining how these goals are going to be achieved (Smit & Cronje 2002:89). When all the respondents were asked about the administrative procedures used to plan the VCT campaigns between 2006 and 2009, it became evident that there was inconsistency in terms of the administrative planning procedures used by each VCT campaign coordinator. To support this statement, **respondent three** indicated that when the UNISA VCT campaign for students was launched in 2006, he planned the campaign, together with UNISA internal stakeholders such as the UNISA Unit of Social Behaviour of HIV/AIDS and Health (USBAH) to assist the campaign with advice, and the UNISA HIV and AIDS Division to assist with VCT standard procedures. He also included external stakeholders such as "Lifeline" to provide basic HIV and AIDS information to the students, the "New Start programme" to assist with the VCT process (pre-counselling, testing and post-counselling), and the Department of Health for promotional materials. He also used celebrities and other persons living with HIV (PLHIV), in order to motivate students to participate in large numbers in the campaigns. However, between 2007 and 2009, this respondent indicated that, due to financial constraints, he only planned the campaigns with stakeholders who did not charge for their services, such as USBAH, the UNISA HIV and AIDS Division, UNISA peer educators, and "New Start programme".

Respondent four, who coordinated some of the VCT campaigns for students between 2007 and 2008, indicated that she planned most of the campaigns on her own, with little assistance from her colleague, a student tutor who sometimes runs VCT campaigns for students at the UNISA Durban regional office. She also benefited from the assistance of the UNISA HIV and AIDS Division and "New Start programme".

Respondent two, who since March 2009, had coordinated the UNISA VCT campaigns for students, indicated that she planned the VCT campaigns and other UNISA student health activities with the help of UNISA peer educators. She mentioned that "'*I planned the VCT campaigns with peer educators, because I'm coordinating that programme. I normally seat down with them to plan the activities that we want to do. It is not that we*

plan for the VCT campaign alone, but we normally integrate it with other activities as well".

Respondent one, who is the UNISA HIV and AIDS Division institutional manager, argued that UNISA does not have a proper structure to plan for all the UNISA VCT campaigns. She said the following: "*what you need to know, we don't have an effective structure or a team that work together to plan VCT campaigns".* The researcher noted that between 2006 and 2009, UNISA VCT campaigns for students never had a proper national planning structure consisting of experts in VCT campaign operations, in order to plan and develop strategies to be used at the regional offices. Consequently, VCT campaign coordinators used their own administrative planning procedures to plan the campaigns. Osewe et al (2008:09) indicate that for a VCT campaign to be successful, a national task force consisting of VCT campaign operations experts, such as management, donor representatives, stakeholders and persons living with HIV, should be established in order to develop a standardised planning format to be used at the regional level - in this case, the UNISA regional offices.

Lack of integration between UNISA departments

The UNISA departments that are responsible for implementing VCT campaigns for students are the UNISA HIV and AIDS Division and Student Affairs Department, and they are also involved in all the university' HIV and AIDS activities including VCT. Two respondents complained about the lack of integration between UNISA departments when it comes to planning and implementing VCT campaigns for students. According to these respondents, it sometimes happens that certain departments, when conducting VCT activities for students, do not involve the HIV and AIDS Division and Student Affairs Department. To support this statement, **respondent three**, who works in the Student Affairs Department, mentioned that "*when other departments deal with students, they must involve us because we are sort of students' custodian, we are the people who have a say about what shall be done, but most of the time they don't do that".* Inversely, **respondent two,** also from the Student Affairs Department, complained about the lack of response to the invitations she sent to other UNISA departments to become involved in the planning of the VCT campaign for students, which was

organised by her department. She said: "*I remember last time, I sent invitations to other departments, I won't give their names, those who are working here, they didn't respond to our request".* When interviewing other respondents, the researcher noticed the lack of integration and collaboration between UNISA departments, especially when it comes to planning and implementing VCT campaigns. This situation is also found in many South African residential universities, where lack of proper integration of the health and psychosocial services is a common challenge (HEAIDS 2005:35).

Too short a time for the planning of VCT campaigns

Osewe et al (2008:16) also mention that the VCT planning task team should take the duration of the campaign and the estimation of total resources needed into account. To support this statement, two respondents complained about the limited time allocated to planning the VCT campaigns, which did not enable everything to be put in place before the actual implementation of the campaigns. In addition, **respondent six** mentioned that "*when it comes to time, I think it was a big issue because lot of things were very much crisis management, the planning was not well done. These campaigns should be planned at least three months before time. There were a lot of steps to be followed before the campaign is implemented, and that need much preparation work, specifically with the stakeholders".* This was confirmed by r**espondent two,** who indicated that when she was appointed as VCT campaign coordinator, she had to plan a VCT campaign for students in a short space of time, which did not allow her to put everything in place. The researcher noted that from 2006 to 2009, most of the UNISA VCT campaigns for students were planned between one and two months before their actual implementation. According to the literature review, the planning of a VCT campaign should ideally begin at least six months prior to the implementation of the VCT campaign, in order to prepare well in advance the technical, financial and human resources needed for the campaign (Osewe et al 2008:15).

Uncertainty about the number of students participating in the VCT campaign

It is important for the VCT planning team to estimate the targeted group or number of students who will participate in the campaign. Most of the respondents admitted that

they did not have any idea about the number of students taking part in the campaigns. In this regard, **respondent three** said that "*when we launched the campaign in 2006, students took us by surprise; we could not imagine them coming in big numbers like that".* The researcher also noted that most of the UNISA VCT campaign implementers when planning for a campaign do not try to determine or estimate the number of students they are targeting.

The uncertainty regarding the number of students expected to participate in the VCT campaigns made it difficult for VCT service providers such as "New Start programme" to operate effectively. This is because they did not have any idea about the number of VCT staff and materials they should bring along, in order to avoid the problems of shortage or surplus. **Respondent seven,** the senior counsellor who coordinated on behalf of "New Start programme", the VCT process of some of the UNISA VCT campaigns for student between 2007 and 2009, said: "*most of the time, VCT campaign organisers can't ensure us about the estimated number of students who will come. They hope that once students see VCT posters and banners, then they will come, that show that we can't even come with two or three staff".* During the VCT campaign site visit in 2009 at the Sunnyside regional office, the researcher observed that the number of VCT staff from "New Start programme" who were providing VCT process services, was only four, namely two counsellors, one laboratory technician, and one receptionist, which was small in relation to the large number of students that UNISA has in Pretoria. Osewe et al (2008:16) state that when planning a VCT campaign, consideration should be given to the number of people that the campaign is targeting, in order to estimate the duration of the campaign and resources needed.

4.4.1.3 Problems of coordination of HIV and AIDS activities, including VCT

According to the literature review, the UNISA HIV and AIDS Division is responsible for the institutional coordination and management of all UNISA HIV and AIDS activities, including VCT (UNISA 2011d). Five respondents who participated in this case study pointed out the problem of the lack of coordination of HIV and AIDS activities, including VCT, which impacted negatively on the success of the VCT campaigns. HEAIDS (2005:63) states that active coordination of all HIV and AIDS activities on campus is

essential for the success of VCT services. The main issues raised by these respondents in this regard were the duplication of HIV and AIDS projects and programmes, and VCT events being organised at UNISA regional offices without the knowledge and permission of the UNISA HIV and AIDS Division.

Duplication of HIV and AIDS activities, including VCT

Three key informants in this study complained about the duplication of HIV and AIDS projects and programmes, as similar VCT activities are conducted by different UNISA departments. To confirm this, **respondent three** said: *"people in some offices have same programmes running. That had a negative impact on our VCT campaigns, and end up abusing the resources of the university".* **Respondent five,** who has coordinated some of the UNISA VCT campaigns for students and staff at the main campus since 2007, agreed with the above respondent by saying: "*other departments are running similar HIV and AIDS activities like us, so at the end of the day it becomes so confusing".* **Respondent two** added that "*you may find that the day you have a campaign, someone else is having it as well".* These respondents confirmed that UNISA has a problem of duplication of HIV and AIDS activities, including VCT, which has impacted negatively on the success of the VCT campaigns. HEAIDS (2005:35) indicates that many South African residential universities face the same challenge of duplication and over-management of HIV and AIDS services.

VCT activities organised without the permission of the HIV and AIDS Division

Respondent one, who is the UNISA HIV and AIDS Division institutional manager, complained about VCT events being organised at different UNISA regional offices without the division being informed. She said: "*Coordination was bit problematic, and this is important to understand that there are many stakeholders in this institution, each of whom is engaged in different activities. Although they add value to the intervention, but they create a challenge of coordination".* She added that *"You will hear one day people said we conducted VCT, and you don't know who did it, you don't know what happens with the results, and if it happens that you want to get the results, you don't know what happen for those who tested positive, so it's really complicated".*

Respondent two, who is responsible for the UNISA VCT campaigns for students, also experienced the same problem, and said: *"often when they are having their VCT campaigns for students, I will only learn about it at that particular day".* The researcher observed that some of the UNISA VCT event organisers do not follow the protocol established by the institution, which is to get permission from the UNISA HIV and AIDS Division before conducting a VCT event, and to then report on the results of the event to the same division. HEAIDS (2005:36) states that there is a lack of active coordination of HIV and AIDS activities at many South African residential universities, which prevents VCT campaigns from being successfully implemented.

4.4.2 Challenges of limited resources

The issues raised by respondents regarding the resources used during VCT campaigns were as follows: limited financial resources, lack of adequate human resources, and limited physical resources.

4.4.2.1 Limited financial resources

Financial support from the university

When respondents were asked about the financial challenges they experienced when implementing VCT campaigns for students, most of them indicated that UNISA VCT campaigns did not have a problem of funding, in the sense that every time they submitted their funding proposals for VCT campaigns to the university top management, their requests always received a positive response. In this regard, **respondent one** said: "*I think one of the success stories, we never had a problem with funding, and VCT is one of the main strategic projects. On campus, there are identified strategic projects across different portfolios, and VCT is one of such a project, and we allocate quite an amount of money for it".* She added that "*VCT itself has its own funds; we have funds for clinic upgrading and to run our campaigns. So money quietly has never been a problem, we get finances without a problem".* This situation is unlike to some Sub-Saharan African residential universities that face the challenge of a lack of funding to effectively run their VCT campaigns (AWSE 2001; Van Wyk et al 2006; HEAIDS 2005).

Limited budgets for VCT campaigns

Although all the respondents admitted to not having a problem with regard to the funding of UNISA VCT campaigns for students, **respondent six** argued that the budget allocated to most of the UNISA VCT campaigns for students did not cover all the costs involved in their implementation. To cover some of the campaign expenses, this respondent indicated that, from 2006 to 2009, VCT campaign organisers relied mostly on the goodwill and networking of service providers, such as "New Start programme", which provided their services free of charge to the campaigns. He said: "*budgets were very slim, so they have to depend on a lot of goodwill and networking and things like that".* The researcher learned from this respondent that the problem of a limited budget was caused by UNISA VCT campaign organisers themselves, because they did not include all the necessary resources in their budgets, despite the availability of VCT funds from the university.

4.4.2.2 Lack of adequate human resources

With regard to the challenges faced by VCT campaigns in terms of human resources, respondents raised the issue of a shortage of dedicated and trained VCT staff. UNAIDS (2000:07) indicates that the implementation of VCT services and campaigns in many developing countries is characterised by a lack of trained staff, as well as a shortage of staff.

Shortage of dedicated VCT staff

The shortage of dedicated VCT staff was viewed as a serious concern by the majority of respondents who indicated that since 2006, most of the people involved in the VCT campaigns were appointed for other duties, and the VCT campaign was not part of their job description - they were just doing the best they could to assist students. To support this claim, **respondent one** mentioned that "*there is no human resource capacity, there is no dedicated HIV and AIDS workers in the regions, people got their substantial jobs, so they will do the best they can, when they can".* This view was supported by **respondent four,** who said: *"If you look at the UNISA strategic plan, there is no position in the region about people who have to run the HIV and AIDS programme. People who*

are running VCT campaigns are doing the best they can; VCT is not part of their job description". The researcher noted that out of all the UNISA VCT campaign implementers, only respondents two, three, and five had the VCT campaign as part of their job description - other implementers were just assisting. This situation is also found in many South African residential universities, for example in the Eastern Cape and Western Cape provinces, where there are insufficient full-time HIV and AIDS employees to manage VCT activities on the campus, thus limiting the success of the programme (HEAIDS 2005:07).

Furthermore, most of the respondents indicated that apart from the support of peer educators and service providers such as "New Start programme", VCT campaign coordinators were expected to do almost everything. To support this claim, **respondent six** seemed agitated when he said: "*in 2006, the VCT campaign coordinator was basically doing everything by himself, sometimes, it was just two or few people to help, which restrains the quality of the campaign".* To add to this, **respondent five,** who coordinated some of the VCT campaigns for students and staff at UNISA's main campus between 2007 and 2008, said: "*I find myself running almost everything most of the time, and when people come in, I must see them, and when there is a campaign, my manager throw everything to me".* The researcher observed that since 2006, the UNISA VCT campaigns have not had enough staff to assist in the campaigns. This situation is also found at many South African residential universities, where a shortage of VCT staff is a common challenge (HEAIDS 2005).

Lack of trained VCT staff

Besides the shortage of dedicated VCT staff, two respondents who were involved in the 2006-2009 VCT campaigns indicated that many VCT campaign staff experienced challenges in assisting students who participated in the campaign because they did not receive proper VCT training. **Respondent eight,** who is a peer educator, mentioned that "*This programme needs counselling skills, and we don't have good counselling skills. It also needs a lot of information because I can say to someone to go and test, and when he/she asks me why? I just say: to know your status. That is not an explanation. I have to explain to him or her in details, but I can't".* In support of this

response, **respondent six** mentioned that "*I think the capacity also was a bit of a problem. They must be careful in selecting people who have proper skills and knowledge around the issue of VCT, because it is a very difficult area".* These responses indicate that since UNISA VCT campaigns for students were launched in 2006, staff involved in these campaigns have never received proper training on VCT. This situation is unlike that in most South African residential universities, where VCT service staff receive training on HIV and AIDS, including VCT, on a regular basis (HEAIDS 2005).

4.4.2.3 Limited physical resources

In terms of the challenges faced with regard to physical resources, the issues raised by key informants focused on the lack of adequate VCT sites and the use of tents, with the associated risk of a lack of privacy and confidentiality. According to the literature review, many VCT sites in Sub-Saharan African countries face environmental/infrastructural challenges, which result in a lack of privacy (Birdsall et al 2004:02).

Lack of adequate VCT sites

Six of the respondents were concerned about the lack of adequate facilities to accommodate large numbers of students who may participate in the campaigns. **Respondent three,** who coordinated the UNISA VCT campaign in 2006, said: "*at Sunnyside regional office, they gave us a room, but it was not enough to accommodate all the students. Students had to stand on their feet, so we could not accommodate them very well. In Polokwane regional office, we also had the same challenge".* This challenge was also shared by **respondent four,** who said that "*we don't have a formal site for VCT here at Sunnyside, because it is not a formal institutional program".* The researcher noted that although the UNISA Sunnyside regional office has many facilities that provide services to students, such as the registration hall, study space, tutorial venues and the library, there is no suitable facility that can accommodate large numbers of students for VCT campaigns and ensure their privacy at the same time. HEAIDS (2005) indicates that many South African residential universities, especially in the

Eastern Cape and Western Cape provinces, lack adequate space for VCT services or campaigns.

The use of tents, with the associated risk of a lack of privacy

Due to the lack of adequate VCT sites at UNISA Sunnyside and other regional offices, most of the UNISA VCT campaigns for students used tents which were brought by the service providers. However, the use of tents raised a concern for three peer educators, who complained about the lack of privacy because, according to them, people who are outside the tents can easily see the attitudes of students coming out of the counselling sessions. **Respondent nine,** who is a peer educator, stated that: "*with the service providers mobile facilities like tents, there is little bit a problem of lack of privacy because when students come out from the test you could see their attitude if they are happy or not".* This was also a concern for **respondent three,** who believed that the setting up of the tents by the VCT service providers compromised the privacy of students who went for VCT. He expressed his concern by saying: "*that was the one thing that we had to address because it was something that was compromising the programme; we discussed it with the service providers. So what happen is they come with tents where they can use for pre-test counselling, one for testing, and another one for post-test counselling".*

Respondent two argued that UNISA VCT campaigns had to accept what the VCT service providers were offering, because the university does not have facilities that can secure the privacy of students. She said: "*We don't have the resources to run a campaign in such a way to secure the privacy of people because we don't have space available. So you have to use what is available like the tents brought by service providers".* This view was supported by **respondent six,** who did not see any problem with the use of the tents, because according to him, tents are convenient and flexible. He believed that the problem of lack of privacy has to do with students' own perceptions, as they want to stigmatise themselves. This respondent added that counselling inside the tents is done in a professional way by the service provider's counsellors, who are well trained - people outside the tents cannot hear what is happening inside. During the UNISA 2009 VCT campaign visit, the researcher observed

that VCT tents were set up in front of the main entrance of the study hall. Students coming out of the tents could easily be seen by other students who were inside the study hall. The literature review indicated that the use of VCT mobile clinics, such as tents, has a disadvantage in that people using it can be easily identified and discriminated against due to its limited space and single purpose (WHO 2004:298-299).

4.4.3 Challenges with VCT stakeholders

A stakeholder is defined as a person, group or organisation that has a direct or indirect stake in an organisation, because it can affect or be affected by the organisation's actions, objectives and policies (Business Dictionary 2010). In the context of this study, stakeholders are viewed as people or organisations that are directly or indirectly involved in the implementation of the UNISA VCT campaigns for students.

When respondents were asked about the stakeholders who assisted in the implementation of the UNISA VCT campaigns between 2006 and 2009, four of the respondents, who coordinated some of the UNISA VCT campaigns, indicated that there were internal and external stakeholders. The internal stakeholders most commonly used were the UNISA HIV and AIDS Division, UNISA main campus clinic, UNISA Unit for Social Behaviour Studies in HIV/AIDS and Health (USBAH), and the Student Representative Council. The external stakeholders most often used were the “New Start programme”, Department of Health, “Lifeline”, celebrities and persons living with HIV.

With regard to the challenges encountered by the VCT campaign implementers in identifying and working with stakeholders, most of the respondents indicated that they did not encounter many challenges. The only challenges that they did encounter were the absence of a formal working agreement, dependence on their schedules, and absence of test result certificates for students who had tested. Nevertheless, VCT campaign implementers were satisfied with the support that they received from stakeholders.

Absence of a formal working agreement with stakeholders

Three respondents were concerned about the absence of a formal working agreement between UNISA VCT campaign organisers and stakeholders, such as a Memorandum Of Understanding (refer to Appendix 4) and Terms Of Reference (TOR), in which the partnership agreement, roles and responsibilities during the VCT campaign are defined. To support this statement, **respondent one** said: "*The problem is that we don't have formal working agreement with stakeholders".* Since the launching of the UNISA VCT campaign for students in 2006, there have been no formal working agreements between the campaign organisers and stakeholders. According to Osewe et al (2008:12), a formal working agreement, such as Terms of Reference, is a very important tool for defining roles and responsibilities of stakeholders involved in the campaign.

Dependence on stakeholders' schedules

The key players in charge of the VCT campaigns acknowledged that due to the absence of a formal working agreement between UNISA VCT campaign organisers and stakeholders, the planning and implementation of these campaigns depended mainly on the availability of stakeholders. **Respondent four** indicated that she had to plan the VCT campaign for students according to the stakeholders' timetable, which sometimes disrupted the annual planning for the campaigns. She said: "*the only challenge I have with stakeholders, such as VCT process service providers, is about their time schedule, because they are committed to other institutions as well. So you have to plan your VCT campaign accordingly to their time schedule".* **Respondent one** supported this statement by saying: "*they will do us a favour whenever they are available*". **Respondent three** also indicated that each stakeholder has its own working procedures, which VCT campaign organisers have to accept. He gave the example of the Department Of Health, and stated that "*with the Department of Health, it differs from one region to another. In some regions, people are giving excuses like they are busy, they cannot do it, or we came in the wrong time, things like that*". Most of these respondents agreed that relying on external stakeholders posed some challenges, which impacted negatively on the success of the campaigns.

Absence of VCT test result certificates

Respondent three, who coordinated the UNISA VCT campaign in 2006, complained about the fact that VCT service providers such as "New Start programme" did not provide students who tested with test result certificates, in order to enable them to keep it or share it, if they wanted, with their relatives or friends. He said: "*they couldn't provide a sort of certificate, they just communicate verbally the test result to the students; they don't give students a sort of document that they can show to their families or friends that they tested".* However, **respondent seven,** who is the "New Start programme" Senior Counsellor, argued that it is their organisation's policy not to issue test result certificates to clients, because they are of the view that even if the test result is negative, it may change to positive during the window period (three months), as the virus may be detected only after a couple months of infection. She added that "*we have the written document, but we never give the document to the students or other clients".* From what these respondents said, the researcher noted that there is disagreement between campaign organisers and VCT process service providers regarding the issuing of test result certificates.

4.4.4 Mobilisation and participation of students

4.4.4.1 Mobilisation of students

The issues raised by key informants regarding the mobilisation and motivation of students to participate in the VCT campaigns were related to limited mobilisation tools and the focus of campaigns on students visiting the regional offices. Osewe et al (2008:29-37) indicate that the mobilisation of people for VCT campaigns requires the design of multi-media communication strategies, such as TV and radio broadcasts, print materials and banners and posters placed in strategic locations.

Limited mobilisation tools

Most of the respondents indicated that the mobilisation of students was done through posters and banners put up at UNISA regional offices near the VCT campaign site a few days before the start of the campaign. **Respondent two** affirmed that "*before the*

campaigns, we develop posters that we put around UNISA campuses. Let's say, if we are going to have VCT a campaign at Sunnyside regional office, we normally have posters around the UNISA Sunnyside regional office, UNISA VUDEC regional office, and UNISA main campus". Peer educators were also used, and they verbally invited their fellow students who visited the regional offices to participate in the campaigns, by handing out cards and fliers to them. **Respondent ten,** who is a peer educator, said: "*we communicated with students via posters, fliers, and sometime verbally".* **Respondent eight** added that *"we just stood by the gate, everyone who comes, we will give him/her a card and condoms and inviting him or her to the campaign".* The researcher observed that during the UNISA 2009 VCT campaign at the Sunnyside regional office, peer educators went into the study hall to invite students to participate in the campaign. This situation is also found at many South African residential universities, especially in the Gauteng and Western Cape provinces, where peer educators promote VCT services to their fellow students (HEAIDS 2005).

When asked about the other mobilisation tools, such as mass media, text messages and emails, four UNISA VCT campaign coordinators, who had previously run the UNISA VCT campaigns, indicated that because of financial constraints, they could not use other mobilisation tools. **Respondent two** said: "*The only challenge we have is if we use other means, finance is involved, and now because of financial constraints that we normally face, we end up putting only posters".*

However, **respondent six** disagreed with the issue of financial constraints. According to him, VCT campaign organisers often do not submit adequate budgets that provide for the development of proper promotional materials. He said: "*look the money was fine, but these types of campaigns need to get a lot of good budget that can allow developing proper promotion materials. But it didn't take place; it was just here and there posters put on the regional offices that were very thin. And people were not completely briefed at the regional offices. Even about what is happening, some of the regional directors didn't know what was happening in their campuses sometime".* From the above respondents' comments, the researcher noted that most of the UNISA VCT campaign

implementers do not make use of multi-media communication strategies to mobilise large numbers of students.

Focus on students visiting the regional offices

In terms of the students who the campaigns were targeting, all the VCT campaign coordinators indicated that they were targeting all UNISA students who lived in the regions where the VCT campaigns took place, especially those who visited the UNISA regional offices. In support of this, **respondent two** said: "*our target was all the students, in a sense that we had posters to all the UNISA's regional offices around Pretoria, it means that all students, full time and part time students who visit the regional offices were most welcomed. We also had staff members who were coming there, as some of them are also students. It was not like a specific group of people, it was for the general students' population".* During the UNISA 2009 VCT campaign at the Sunnyside regional office, the researcher observed that although the VCT campaign implementers focused more on students who visited the UNISA regional offices on a regular basis, some of the students who visited the UNISA Sunnyside regional office were not aware about the campaign. The reason for this was that the mobilisation tools used, such as posters and banners, did not attract their attention, as the design and size were inappropriate. These mobilisation tools were also not placed in strategic positions. According to the literature review, banners and posters promoting VCT campaigns should be placed in strategic positions where they are visible (Osewe et al 2008:29).

When asked about the mobilisation of UNISA students who do not visit the regional offices on a regular basis, **respondent three** indicated that when the campaign was launched in 2006 at the UNISA Cape Town regional office, they put up posters and banners at the regional office and sent text messages to all the students, as most of them did not visit the regional office on a regular basis. However, at the Sunnyside regional office, they did not send text messages to the students because they were concerned about the turnout of students, as there were no adequate facilities to accommodate large numbers of students, and they only used posters and banners. **Respondent one** acknowledged that mobilising students who do not visit the regional offices was one of the biggest challenges that they faced. This was supported by

respondent six, who said: "*most the students who came in the campaign were students who often visit the campus, they didn't know how to get students who were not in the campus, and they really battled in that".* However, **respondent two,** although acknowledging this challenge, indicated that even though other mobilisation tools could be used to reach students who do not visit the UNISA regional offices, not all of them could participate because they are not full-time students, and emphasised that VCT is a voluntary thing - people are free to decide whether or not to participate. These above testimonies confirmed that most of the VCT campaign implementers do face challenges in mobilising students who are not regularly visiting the university's regional offices.

4.4.4.2 Participation of students

With regard to the participation of students in the VCT campaigns, the challenges raised by the respondents focused on the following issues: VCT campaign staff getting tested to encourage students' participation; low level of participation of students in relation to the number of UNISA students living in the regions where VCT campaigns are taking place; and stigmatisation of and discrimination against students who want to get tested. McCauley et al (2004:07) indicate that many VCT campaigns for youth in Sub-Saharan Africa suffer from low levels of participation due to HIV and AIDS stigmatisation and discrimination.

VCT campaign implementers 'leading' by example by getting tested

When asked about the challenges VCT implementers face in motivating students to participate in the campaigns, five out of eleven respondents indicated that some students, before participating in the campaigns, asked VCT campaign staff, especially peer educators, to lead by example by getting themselves tested. In this regard, **respondent ten** said: "*the challenge that I come across was that when you invite some students to test, they will tell you that you must first test yourself, and after that they will follow".* **Respondent two** indicated that as a VCT campaign implementer, she had to lead by example by getting herself tested, so that students would also be motivated to get tested. Although HIV testing is voluntary, the researcher observed that most of the

VCT campaign staff who tested, especially peer educators, were under pressure to do so from students.

Low level of participation of students in relation to the total number of UNISA students in the region

The majority of respondents who participated in the study admitted that the level of participation was low compared to the number of students that UNISA has in each region where VCT campaigns took place. To support this statement**, respondent three** indicated that when the campaign was launched in 2006, there were large numbers of students who participated in the campaign across all UNISA regions. However, from 2007 to 2009, the number of students participating in the campaign dropped. **Respondent one** said: "*I don't know if you have ever seen or observed any particular VCT campaign at UNISA because we haven't been big on campaigns".* **Respondent five** confirmed this by saying: *"we don't have enough people who are coming in our campaigns, like the one we did last time, you realise that people don't come, and students they were writing their exams. Staff members don't like to attend, I don't know why".* The researcher observed that although there was a significant participation of students when the campaign was launched in 2006, between 2007 and 2009, the average participation of students decreased each year. Similarly, many South African residential universities, such as those in the Eastern Cape Province, also suffer from a lack of full participation of students in VCT initiatives on campus (HEAIDS 2005:07).

Respondent three indicated that the low level of participation is due to the fact that HIV and AIDS is no longer intimidating to students, who view it these days as just another chronic disease. However, according to **respondent two,** the low level of participation of students in the campaigns is sometimes due to other UNISA student activities, unrelated to HIV and AIDS or health, being organised at almost the same time and in the same place as the VCT campaigns, which gives students the option to choose which event they feel most comfortable attending. During the 2009 UNISA VCT campaign visit, the researcher observed that although no other student activities were organised at the UNISA Sunnyside regional office at that time, the number of students

who participated in the campaign was at least 100, which was low in comparison to the large number of students that UNISA has in Pretoria.

HIV stigmatisation and discrimination preventing students from getting tested

Two respondents participating in the study raised the issue of HIV stigmatisation and discrimination as another reason for the low level of participation of students in the VCT campaigns. **Respondent three** indicated that during the campaigns, some students did not want to get tested, but preferred to sit around the VCT campaign sites and monitor the attitudes of students coming in and out of the counselling rooms, so that they could make their own judgment. He said the following: "*students, especially males will stand there watching the attitudes of students coming out from testing. So it is a sort of discrimination on its own".* In support of this, **respondent four** said: "*HIV stigmatisation and discrimination influenced many students not to participate in the campaign as some of their fellows students didn't want to participate, but were looking to those who were going for test".* During the UNISA 2009 VCT campaign at the Sunnyside regional office, the researcher observed that as the VCT site was set up in front of the main entrance of the study hall, students who were inside could easily see their fellow students who were going into and coming out of the counselling and testing tents. Boswell & Baggaley (2002) indicate that many young people do not want to participate in VCT campaigns due to fear of being discriminated against and stigmatised by families, friends and communities once their HIV positive status is known.

Among the students who participated in the VCT campaign between 2006 and 2009, four respondents indicated that female students get tested more than male students. **Respondent nine** said: "*there were a lot of girls who get tested; I can say it was 60% for ladies and 40% for males".* The researcher confirmed that during his VCT campaign site visit in 2009, he observed that there were more female students participating in the campaign than male students. This situation is also found at many South African residential universities, where there are more female students who get tested than male students (HEAIDS 2005:37).

4.4.5 Challenges during the VCT process

The VCT process refers to pre-test counselling, HIV testing, and post-test counselling (University of the Western Cape 2007). When respondents were asked about the challenges experienced during the VCT process, they raised the issues of students' lack of basic information on HIV and AIDS, including VCT, as well as the lack of support structures for students who have tested positive.

Students lacking information on HIV and AIDS and VCT

Three respondents indicated that many students who participated in the VCT campaigns did not have enough information regarding HIV and AIDS, particularly with regard to VCT. During the VCT campaigns, peer educators and other VCT staff had to explain the basic facts of HIV and AIDS to students in the queue or during the VCT process. In this regard, **respondent five** stated that "*some students who come here, don't have enough information about VCT, when you tell them about the window period, they look at you in strange manner. Some students when they come here, say they want to do AIDS test. It is not AIDS test, it is HIV test. It is about lack of information, students need information. Most of the people don't know the difference between HIV and AIDS, window period, HIV test, VCT, etc. It is more about information".* **Respondent ten** also experienced the same challenge, and said: "*the challenge was that many students were asking many questions regarding HIV and AIDS including VCT before the test".* The literature review revealed that many youth lack information regarding HIV and AIDS, including VCT (Horizon 2001:17). The researcher learned that since 2006, UNISA VCT campaigns organisers have never conducted seminars or workshops to equip students with basic information on HIV and AIDS, including VCT, in order to prepare them before participating in the campaign. Furthermore, most of the UNISA departments do not include an HIV and AIDS module in their curricula. The literature review indicated that educating people about HIV and AIDS empowers them and contributes towards the prevention of new infections, as well as reducing HIV stigmatisation and discrimination (Avert 2010).

Lack of support structures for students who tested HIV positive

A few of the respondents were concerned about the lack of support structures, such as support groups for students who tested positive. These respondents indicated that although the VCT campaign staff assisted students who tested positive with referrals, UNISA VCT campaign implementers still face the challenge of not being able to establish support groups for students where they can support each other and share their experiences. **Respondent two** mentioned that "'*from my side, I don't have a support structure, and I was also thinking that as we have students who have tested, we need to establish support groups for them".* In support of this, **respondent three** said: "*I think we as UNISA, we still don't have care strategy, because students will come and say that I tested and I'm positive and what next? I'm positive I find out about my status and I will go home and die, and this kind of questions will be asked to us. We are doing this campaign but we must think about the care support".* All these respondents expressed the need to establish support groups to assist students who are infected with and affected by HIV and AIDS. According to HEAIDS (2005:37), access to support groups for students enhances the effectiveness of VCT services.

4.4.6 Absence of monitoring and evaluation of VCT campaigns

The literature review indicated that monitoring and evaluation (M & E) constitute a critical component of successful VCT services or campaigns. A well-designed and conducted M & E of VCT campaigns helps to identify and correct potential problems on an ongoing basis and provides feedback during the planning, design and implementation of VCT programmes (FHI 2003:05). When the researcher asked if the monitoring and evaluation of UNISA VCT campaigns has been done since their launch in 2006, all the respondents who coordinated UNISA VCT campaigns said that nothing has been done. The only thing they used to do was to report to their managers on the activities that took place during the campaigns. **Respondent three** stated that "*I think that is one of the shortcomings that we have never done".*

The concern of **respondent six** was that UNISA VCT campaign coordinators did not

understand the importance of monitoring and evaluation of VCT campaigns, because they have never done it or budgeted for it. This respondent said: "*there was no proper budget for M & E and I don't think that they understood the M & E concept, like tracking the progress of the project, how many students went through the campaign, how did you know that this person get the test result or not?"* All the respondents acknowledged that the failure to conduct monitoring and evaluation of activities related to VCT campaigns contributed towards the experience of difficulties in assessing the progress of UNISA VCT campaigns in terms of whether or not they achieved their objectives. This situation does not help implementers to identify and correct problems faced in order to improve future VCT campaign planning and implementation. HEAIDS (2005:37) indicates that the monitoring and evaluation of VCT campaigns at many South African universities is not sufficiently standardised to ensure effective planning and resource allocation.

4.5 INTERPRETATION OF DATA

According to De Vos et al (2002:344), interpretation involves making sense of the data or giving a coherent meaning to the data. In examining the data collected in this study, it was revealed that implementers encountered many challenges when implementing VCT campaigns for higher education distance learning students. UNISA VCT campaign implementers experienced challenges with the planning, implementation and monitoring and evaluation of campaigns.

Planning of campaigns

According to Osewe et al (2008:09, 15-17), the implementation of VCT campaigns starts with planning, which includes the establishment of a task force consisting of experts in VCT campaigns, management, donor representatives and persons living with HIV; assessment of existing VCT services; establishment of campaign goals and objectives; development of an implementation plan; guidelines to support regional planning and implementation; and a resource mobilisation plan. In this study, all the respondents agreed on the overall goal of the campaign, which was to give students the

opportunity to find out about their HIV status, but indicated that from 2006 to 2009, VCT campaigns were not properly planned, because each VCT campaign coordinator, lacking sufficient expertise on VCT campaign operations, used his/her own administrative planning procedures to plan the campaign. There was no proper task force at national and regional levels that was responsible for the planning of campaigns, and this negatively affected campaign planning.

Respondents also expressed their concern about the duplication of UNISA HIV and AIDS student activities, including VCT, which were run by different UNISA departments and abused the university's resources. It was also difficult for the UNISA HIV and AIDS Division to coordinate these activities, as some of these VCT activities took place at the regional offices, without the knowledge and permission of the HIV and AIDS Division. This situation could cause clashes in terms of HIV and AIDS events, which may negatively affect the success of VCT campaigns.

Implementation of campaigns

With regard to the implementation of VCT campaigns, it has been mentioned in the literature review that in order to conduct a successful VCT campaign, certain procedures need to be followed. Firstly, a national task force has to be established, comprising a number of experts who will be responsible for the overall organisation of all VCT campaigns at an institution. Secondly, a regional task force should be set up at each VCT site, which will be responsible for both the planning and implementation of these campaigns.

It is important for implementers of VCT campaigns to ensure that the resources (financial, human, physical) needed are allocated accordingly; that a suitable VCT site is identified for students; that counsellors and other VCT staff are properly trained; that sufficient HIV test kits and other VCT campaign materials are available; that mobilisation strategies for students are developed; and that a "Terms of Reference" agreement with service providers is in place before the actual implementation of the campaign (Osewe et al 2008). In this study, the data collected and analysed revealed

that there were no task team forces at national and regional level to oversee the overall implementation of VCT campaigns. In turn, this contributed towards many challenges being experienced by implementers during the implementation of VCT campaigns between 2006 and 2009. These challenges include limited resources, problems with stakeholders, problems with the mobilisation of students, the low level of participation of students, and challenges with the VCT process.

In terms of the resources used during the campaigns, respondents acknowledged that significant financial support for the campaigns was received from the university top management, but indicated that the budget allocated for most of the VCT campaigns did not cover all the costs involved in effectively implementing these campaigns. In terms of human resources, respondents stated that most of the campaigns faced the challenge of a lack of dedicated and trained staff. In terms of physical resources, respondents highlighted the inadequacy of VCT facilities, which could not accommodate large numbers of students and secure their privacy, as tents were mostly used during these campaigns. This indicated that the resources needed for the campaigns were not properly allocated.

With regard to the challenges faced by the implementers in identifying the roles and responsibilities of stakeholders, respondents indicated that they were satisfied in general with the services of stakeholders, especially the VCT process service providers. The main challenges encountered were the absence of a formal working agreement between UNISA VCT campaign implementers and stakeholders, such as a Memorandum of Understanding and Terms Of Reference, in which the partnership agreement as well as roles and responsibilities during the VCT campaign are defined. This caused the campaigns to depend largely on the availability of stakeholders, which sometimes disrupted the planning and implementation of these campaigns.

In terms of the challenge of mobilising students for the campaigns, respondents mentioned that due to financial constraints, VCT campaign implementers could only use posters and banners on the campus, as well as peer educators, in order to mobilise students who visit the regional offices. In terms of the participation of students in the

campaigns between 2006 and 2009, respondents acknowledged that when the VCT campaign was launched in 2006, the participation of students was relatively high, but from 2007 to 2009, the participation of students had gradually decreased. Respondents attributed this to the use of limited mobilisation tools, HIV stigmatisation and discrimination, students viewing HIV and AIDS as a normal disease, and other student events being organised at almost the same time as the VCT campaign for students at regional offices. In view of this, many students will not find out about their HIV status, which may negatively affect the success of the campaign.

Respondents indicated that during the VCT process, some students lacked information about HIV and AIDS, including VCT, which resulted in the counsellors and other VCT staff spending more time explaining the basic facts of HIV and AIDS and VCT to them. This is due to the fact that most of the UNISA departments do not include HIV and AIDS modules in their curricula. Respondents also mentioned the lack of a support structure to assist students who tested positive. Without HIV and AIDS support groups, many students will not be motivated to participate in the VCT campaigns, for fear of being rejected and discriminated against by peers. HEAIDS (2005:37) states that HIV and AIDS support groups enhance the effectiveness of VCT services.

Monitoring and Evaluation

According to FHI (2003:05), monitoring and evaluation (M & E) constitutes a critical component of a successful VCT campaign, because it helps to identify and correct potential problems on an ongoing basis, and provides feedback during the planning and implementation of VCT campaigns. In this study, the majority of respondents admitted that the monitoring and evaluation of the VCT campaign activities has never been conducted since the launch of the UNISA VCT campaign for students in 2006. This indicates that between 2006 and 2009, VCT campaign implementers did not properly identify and address the problems faced by the VCT campaigns, in order to improve their implementation in the future. The findings of this study are discussed in detail in chapter five.

4.6 SUMMARY

In this chapter, the data collected during the interviews with key informants and observations made at the VCT campaign site were presented and analysed. It has been found that from 2006 to 2009, UNISA VCT campaigns for students were not properly planned due to the lack of a national and regional task force consisting of VCT campaign operations experts. In addition, adequate resources for the campaigns, such as financial, human and physical resources, were not properly allocated. There was an absence of formal working agreements, such as a Memorandum of Understanding or Terms of Reference between implementers and stakeholders, in which roles and responsibilities, as well as other issues related to the campaigns, are defined. The mobilisation tools used during the campaigns, such as posters and banners, could not reach all the students, as the focus was more on those who visited the regional offices, which resulted in a low level of participation of students.

During the VCT process (pre-test counselling, testing, and post-test counselling), counsellors and other VCT staff were spending a lot of time with students, explaining the basic facts of HIV and AIDS to them. There was also a lack of support groups for students who tested positive, which discouraged many students from participating in the campaigns, for fear of being isolated or abandoned. The findings also revealed that since the launch of the campaigns in 2006, no monitoring and evaluation has been conducted by implementers to check the progress of campaigns and evaluate their impact on the health and wellbeing of students. This chapter has also briefly interpreted the findings of this study, which are discussed in more detail in the next chapter.

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.1 INTRODUCTION

In this study, the researcher attempted to gain insight into and understanding of the challenges experienced by implementers of VCT campaigns for higher education distance learning students, by conducting a case study of the UNISA 2006–2009 VCT campaign for students at the Sunnyside regional office. The literature review indicated that a case study is not just a description, but is information arranged in such a way that the reader is put in the same position as the author was in the beginning, when he/she was faced with a new situation and asked to figure out what was going on (Chifukushi 2011:24). As a guideline, the researcher used the toolkit known as "***Voluntary Counselling and Testing Events: a Toolkit for Implementers",*** developed by PEPFAR, WHO and UNAIDS (Osewe et al 2008), in order to determine whether or not implementers of the UNISA VCT campaigns for students followed the same principles. This will help to identify the reasons for the challenges that implementers experienced during the implementation of these VCT campaigns.

The findings of this study revealed that from 2006 until 2009, UNISA VCT campaigns for students did not have national and regional task forces consisting of VCT campaign experts responsible for planning and implementing VCT campaigns for students. Most of the VCT campaigns for students at regional level were planned and implemented by VCT campaign coordinators who did not have sufficient expertise on VCT campaign operations. This impacted negatively on the implementation of most of the university's VCT campaigns, and created many challenges for implementers. The main challenges experienced by the implementers were the inability to properly plan and implement the campaigns; difficulty in coordinating the university' s HIV and AIDS activities, in order to prevent clashes of VCT events; limited campaign resources, which did not enable them to successfully implement the operations of the campaigns, such as mobilising large numbers of students, hiring a suitable venue to accommodate large numbers of

students, and providing quality VCT campaign training to VCT staff members, in order to enable them to assist students effectively during the campaigns; absence of a formal working agreement with stakeholders in which roles, responsibilities and other issues related to the campaigns are identified and clarified; non-existence of monitoring and evaluation of VCT campaign activities, in order to track progress in terms of objectives and evaluate the campaign's impact on the health and wellness of the students.

This chapter discusses the main research findings, focusing on the themes which emerged from the data analysed in the previous chapter. These themes include the lack of proper campaign planning, challenges of limited resources, challenges with stakeholders, limited mobilisation of students, low levels of participation by students, VCT process challenges, absence of monitoring and evaluation, and areas for improvement.

5.2 LACK OF PROPER CAMPAIGN PLANNING

Although the overall goal of the campaigns was agreed on by all the respondents, the research findings revealed that from 2006 to 2009, UNISA VCT campaigns did not have a proper national task team consisting of experts in VCT campaign operations to develop standard planning procedures and strategies to be used at regional level. Consequently, VCT campaign coordinators, without sufficient expertise in VCT campaign operations, used their own procedures and strategies to plan the campaign. This resulted in the absence of some important VCT planning activities, such as the assessment of existing VCT services and development of a campaign implementation and mobilisation plan, and this negatively affected the implementation of the VCT campaigns. Osewe et al (2008:15-17) indicate that in order to ensure effective planning of VCT campaigns, it is important, at a national level, to establish a task force consisting of experts in VCT campaign operations, who can assess current VCT services, establish VCT campaign goals and targets, develop a campaign implementation and resource mobilisation plan, and develop guidelines to support regional level planning and implementation.

In addition, the researcher learned that some UNISA departments conducted VCT campaigns for students without including the HIV and AIDS Division and Student Affairs Department, which are responsible for all of UNISA's HIV and AIDS activities for students, including VCT. This was confirmed by **respondent two** and **respondent three** (both staff members of the UNISA Student Affairs Department), who indicated that this department, despite being the custodian of UNISA students, is often not included by some UNISA departments when they present VCT activities for students. Inversely, when the UNISA Student Affairs Department organised VCT campaigns for students, and invited members of other departments to join the campaign planning team, most of these departments did not respond to the invitation. This indicates a lack of integration and collaboration between UNISA departments, which should be working together to achieve the goal of university VCT campaigns for students, namely to assist students in finding out about their HIV status and improving their quality of life. These findings are supported by HEAIDS (2005:35), which indicates that VCT campaigns or services in many South African residential universities suffer from a lack of integration of departments.

The research findings suggested that the time allocated for planning VCT campaigns was often too short. The researcher noted that most of the UNISA VCT campaigns were planned over one or two months, which made it impossible for activities such as the selection of a VCT site, identification of service providers and other planning activities to be completed on time before the actual implementation of the campaign. In support of this observation, **respondent two** admitted that she planned some of the VCT campaigns within a month. According to Osewe et al (2008:15), the planning of a VCT campaign should ideally begin at least six months prior to the implementation of the campaign, in order to effectively prepare the technical, financial and human resources needed for the campaign.

The findings also revealed that implementers were unable to estimate the number of students attending the campaigns, in order to prepare a suitable venue to accommodate all of them. This uncertainty with regard to the number of students attending the campaigns made it difficult for VCT services providers, such as "New Start programme",

to procure sufficient HIV kits and other campaign resources needed for the campaigns. This was confirmed by **respondent seven,** the "New Start programme" Senior Counsellor, who indicated that when VCT campaign organisers do not provide them with the estimated number of students, they normally bring along only a few campaign resources. This negatively affects the success of the campaign, especially when some students cannot be tested due to the shortage of VCT staff. During the UNISA 2009 VCT campaign visit, the researcher observed that "New Start programme" brought along only four VCT staff (two counsellors, one laboratory technician and one receptionist), which was not enough for the large number of students that UNISA has in the Pretoria region. Osewe et al (2008:16-17) state that when planning a VCT campaign, it is important to estimate the number of people attending the campaign, in order to facilitate planning for all the resources needed, as well as to determine the duration of the campaign.

Lack of coordination of the university's HIV and AIDS activities, including VCT, also had a negative impact on the success of most of the UNISA VCT campaigns. According to HEAIDS (2005:36), the success of HIV and AIDS activities, including VCT campaigns, depends on the active coordination of these activities. The findings revealed that five out of eleven respondents indicated that similar HIV and AIDS activities, including VCT, are organised by different UNISA departments, and this creates the problem of duplication of activities and abuse of university's resources. In this regard, **respondent one** indicated that some UNISA departments organise their HIV and AIDS events, including VCT, without the knowledge and permission of the UNISA HIV and AIDS Division, which is responsible for the coordination of all such activities, including VCT. Due to the lack of coordination of these activities, similar HIV and AIDS events, including VCT, were organised at almost the same time and in the same place as the UNISA VCT campaign for students. This type of duplication has impacted negatively on students' participation in these campaigns, as they become confused about which event they should attend. HEAIDS (2005:35) indicates that the lack of proper integration of all the university's health and psychosocial services on campuses often causes duplication and over-management of these services.

5.3 CHALLENGES OF LIMITED VCT CAMPAIGN RESOURCES

The findings of this study revealed that the implementers of UNISA VCT campaigns faced the challenges of limited financial, human and physical resources. According to the literature review, VCT campaigns at many South Africa universities have failed to reach their objectives due to lack of adequate resources at their disposal, such as finances and good infrastructure (HEAIDS 2005).

In terms of **financial resources**, although seven out of eleven (excluding peer educators) respondents admitted that UNISA management does not have a problem when it comes to financing the university's HIV and AIDS activities including VCT, **respondent six** argued that the amount requested in most of the provisional budgets for UNISA VCT campaigns for students did not cover all the costs for successfully implementing the campaigns. This respondent indicated that VCT campaign organisers, instead of incorporating everything needed into their provisional budget, relied more on the goodwill of the service providers that offer their services free of charge to the campaigns, but with limited resources, as they are also committed to other institutions that pay for their services. This indicates that the limited resources used by the service providers could jeopardise the achievement of the campaign's goals, as they could serve only few students coming in the campaigns. FHI (2002:08) emphasises the fact that during the planning phase of the VCT campaign, the organisers should ensure that proper funding mechanisms are in place.

In terms of **human resources**, **respondent one** and **respondent four** reported that UNISA did not have enough dedicated VCT staff to run the VCT campaigns. These respondents added that most of the people involved in the implementation of UNISA VCT campaigns for students were UNISA staff members employed for other duties, and the VCT campaign was not part of their job description - they were just doing their best to assist students in finding out about their HIV status. The fact that most of the VCT staff members were not dedicated to the running of VCT campaigns meant that their available time during the campaigns was also limited, and they could therefore serve only a few students. UNAIDS (2000:07) support this by indicating that many VCT staff,

especially counsellors, often have other roles within the health care system, such as nursing or social work, which reduces their time for counselling as part of HIV testing.

Due to the lack of dedicated VCT staff, most of the VCT campaigns were short of staff. The research findings revealed that VCT campaign coordinators and peer educators were the ones who performed almost all the duties during the implementation of the campaigns, and this jeopardised the quality of the campaigns, because a few people were carrying out many tasks. During the UNISA 2009 VCT campaign visit, the researcher observed that apart from the UNISA VCT campaign coordinator and peer educators, there were no other full-time UNISA staff members assisting with the campaign. In the literature review, it was mentioned that many South African residential universities, especially in the Eastern Cape Province, face the problem of staff shortage with regard to VCT campaigns, and there is no formal procedure for supporting VCT staff through debriefing and supervision (HEAIDS 2005:06-07). In view of the shortage of staff, the VCT process (pre-test counselling, testing, and post-test counselling) will also run slowly, which could result in some students leaving the queue without getting tested. Osewe et al (2008:09) state that a VCT campaign requires a strong task force consisting of various stakeholders, in order to make the campaign successful.

With regard to the training of VCT staff, the findings revealed that since the launching of VCT campaigns in 2006, UNISA VCT campaign staff have never received proper VCT training to assist students during the campaigns. **Respondent six** and **respondent eight** admitted that most of the UNISA staff members involved in the implementation of VCT campaigns for students at regional offices did not receive proper training on VCT, and consequently struggled to assist students with adequate information regarding VCT. This finding is supported by UNAIDS (2000:07), which states that the implementation of VCT in Sub-Saharan Africa and other underdeveloped countries suffers from a lack of trained and designated staff. When VCT staff members are not able to provide adequate VCT information and services to students due to lack of proper VCT training, students can be de-motivated to participate in the campaigns. In addition, the implementation of a VCT campaign requires training of counsellors and other VCT staff (FHI 2002:08).

In terms of **physical resources**, all the respondents who coordinated the UNISA VCT campaigns admitted that UNISA does not have adequate facilities for accommodating large numbers of students and protecting their confidentiality and privacy. Consequently, mobile VCT clinics, in the form of tents brought by the VCT service providers, were often used during the UNISA VCT campaigns. The findings revealed that many students complained to the peer educators about the location of the tents, which did not secure their privacy and confidentiality, as people outside the tents could easily observe their attitudes and reactions when they exited the tents. During the UNISA 2009 VCT campaign visit, the researcher observed that the privacy of students participating in the VCT campaign was not secured, because the location of the tents in front of the study hall's main entrance enabled the students outside to easily notice the attitudes of students coming out from the tents. When the privacy and confidentiality of students during the VCT sessions (pre-test counselling, testing and post-test counselling) are not ensured, their participation in the campaign can be low, because of the fear of being discriminated against or stigmatised by their peer. This is supported by WHO (2004), which indicates that the disadvantage of the mobile VCT service delivery model (i.e. use of tents) is that people using this service can be easily identified and discriminated against due to its single purpose and limited space. According to FHI (2002:10) and HEAIDS (2010:24), the VCT rooms, reception area and laboratory have to appear attractive to the client. Therefore, service providers should ensure that there is adequate space to provide VCT services in a private and confidential manner.

5.4 CHALLENGES WITH VCT CAMPAIGN STAKEHOLDERS

Although many respondents admitted that they did not face many challenges with the stakeholders, the findings of this study revealed that the absence of a formal working agreement between VCT campaign implementers and stakeholders, such as Terms of Reference and Memorandum of Understanding, in which roles and responsibilities, as well as other issues related to the campaign, are defined, impacted negatively on the success of most of the UNISA VCT campaigns. There were disagreements between UNISA VCT campaign organisers and stakeholders regarding some issues related to the campaigns, such as VCT policies. For example, on the issue of HIV test result

certificates, UNISA VCT campaign organisers wanted students who got tested to be issued with an HIV test result certificate so that they can share it, if they want, with their families or friends. However, VCT service providers, such as “New Start programme”, indicated that their policy did not allow them to do so. This is in contradiction with the South African National Department of Health (DoH) VCT policy which indicates that patients may request written results which can be issued irrespective of the HIV result. It is essential for the health-care provider to write a letter indicating the patient’s HIV results, his/her name, the date of the test, its outcome and the signature and designation of the issuing provider (DoH 2010: 24).

Furthermore, without a formal working agreement, UNISA VCT campaigns for students depended mostly on the availability of service providers and other stakeholders, which sometimes disturbed the annual VCT campaign planning. These findings highlight the necessity of formal working agreements between all parties involved in the implementation of the campaigns, in order to clarify, in advance, all the issues related to the campaign. According to Osewe et al (2008:12), a formal working document, such as Terms of Reference, is a very important tool in the implementation of VCT campaigns, because it helps to define the roles and responsibilities of the VCT task force. Unlike UNISA, many residential universities in South Africa have formal working agreements with different stakeholders, such as the Department of Health, with regard to the VCT policy, referral, treatment, infrastructure, funding, equipment, and trained and committed staff (HEAIDS 2005:29-30).

5.5 LIMITED MOBILISATION OF STUDENTS

Although all the respondents acknowledged that the main aim of the UNISA VCT campaigns was to reach all the UNISA students living in the regions where VCT campaigns take place, the findings of this study revealed that in order to mobilise students, UNISA VCT campaign implementers focused more on those who visited the university’s regional offices. Respondents confirmed that limited mobilisation tools, such as posters and banners, were displayed at the regional offices. Implementers also made use of peer educators, who had one-on-one conversations with fellow students at the

UNISA regional offices, inviting them to participate in the campaigns. Most of the students who did not visit the UNISA regional offices were not aware of the campaigns, and consequently did not participate in most of them.

During the UNISA 2009 VCT campaign visit at the Sunnyside regional office, the researcher observed that many students who visited the Sunnyside regional office were not aware of the campaign, because the mobilisation tools (i.e. posters) used did not attract their attention, since the design was unprofessional, and they were not placed in strategic locations. Osewe et al (2008:29) indicate that banners, posters and other materials promoting the VCT campaign should be placed in strategic positions. When asked about the reasons for using limited mobilisation tools, respondents who had coordinated UNISA VCT campaigns indicated that they could only use limited mobilisation tools due to financial constraints. However, **respondent six** disagreed with them by saying that the university management allocates enough funding each year to assist VCT campaigns to run effectively. This indicates that between 2006 and 2009, implementers did not make full use of the funding allocated to the VCT campaigns by the UNISA management. Previous researchers mentioned that the use of limited mobilisation tools, such as posters, pamphlets and peer educators, is a common challenge faced by many South African residential universities (HEAIDS 2005:08). Osewe et al (2008:37) suggest that to successfully mobilise people to participate in the campaign, the VCT campaign task team should establish consensus and generate national support for the VCT campaign, design a multi-media communication strategy, and develop a communication theme based on the needs of the targeted group. Implementers should also utilise both a mass media and interpersonal communication strategy, produce a radio broadcast and distribute print materials, as well as mobilise political and community leaders.

Furthermore, the researcher observed that VCT campaign organisers pay little attention to VCT campaign messages on posters and banners to motivate students to participate in large numbers in the campaigns. The campaign message on posters was the following: “VCT campaign for students”, and on banners it was: “Know your status”. In the researcher’s opinion, these two messages do not give a clear indication of the

serious impact that HIV and AIDS can have on the lives of students, and the benefits of knowing their HIV status. The researcher believes that when designing VCT campaign messages for students, it is important for the campaign implementers to take the use of Health Belief Model components, such as perceived susceptibility and severity of HIV and AIDS into account, in order to warn students that everyone is at risk of contracting HIV, and to highlight the fact that the virus can cause serious health problems if contracted and/or left untreated.

The researcher also noticed that prior to the implementation of the campaigns, VCT implementers failed to conduct pre-campaign such as HIV and AIDS seminars or workshops for students, in order to provide them with basic information regarding HIV and AIDS, including VCT, with the aim of motivating them to attend the campaigns with confidence. During these HIV and AIDS seminars and workshops, implementers should also take Health Belief Model components, such as the perceived benefit of knowing your HIV status, into account, which helps to reduce HIV transmission risk and change sexual behaviour (Essex et al 2002:533).

The use of limited mobilisation tools and focus on only certain categories of students (i.e. those visiting the regional offices) can affect the achievement of campaign goals, as many students will not be aware of the campaigns, and will therefore not participate in them.

5.6 LOW LEVEL OF PARTICIPATION BY STUDENTS

The aim of the UNISA VCT campaigns is to give students the opportunity to find out about their HIV status by undergoing voluntary testing. However, despite the influence of peer educators and other VCT staff, who get themselves tested (leading by example) in order to motivate students to do the same, the findings of this study revealed that the average participation of students in the UNISA VCT campaigns between 2006 and 2009 was low, compared to the number of students that UNISA has at each regional office. This situation is also found in many South African residential universities, where there is a lack of full participation of students in VCT initiatives on campus (HEAIDS 2005:07). Besides the lack of adequate mobilisation tools and campaign strategies, which were

unable to reach all the students, **respondent three** indicated that many students these days view HIV and AIDS in the same way as any other chronic disease, and are no longer intimidated by it, which makes them uninterested in participating in the VCT campaigns. According to **respondent two,** the reason for the low level of participation by students in the campaigns was due to other students' events being organised at almost the same time as VCT campaigns for students at the regional offices. This respondent added that as most of those events were not related to VCT, it had a negative impact on the participation of students in the campaigns, because some of them preferred to attend other events that they believed to be less stressful than VCT. During the UNISA 2009 VCT campaign visit at the UNISA Sunnyside regional office, although no other students' activities were taking place, the researcher observed that there were at least 100 students who participated in the campaign, which was low in comparison to the number of students that UNISA has in the Pretoria region.

HIV stigmatisation and discrimination against students who want to know their HIV status was another cause of the low level of student participation in the campaign. The findings of this study revealed that some students were afraid to get tested due to the attitudes of some of their fellow students, who suspected those who got tested of being infected with HIV, and these allegations prevented many students from finding out about their status. Van Wyk et al (2006:05-25) support these findings by indicating that African universities that have VCT facilities on their campuses, such as those in South Africa, Botswana, Zambia and Lesotho, often face the challenge of low attendance of students at their VCT facilities, due to stigmatisation by peers and lack of trust of health workers regarding the issue of confidentiality. UNAIDS (2000:07) and Birdsall et al (2004:02) state that due to HIV and AIDS-related stigmatisation and discrimination, many people in Africa fear knowing their status, and want to avoid social rejection by their communities in the case of a positive test result. According to Peltzer, Nzewi and Mohan (2004:96), stigmatisation attitudes may reduce people's willingness to be tested for HIV, thereby increasing the risk of transmission. Normalising testing and increasing the number of people who know their HIV status is an important strategy for reducing stigmatisation and discrimination (Boswell & Baggaley 2002:15).

The findings also revealed that more female students get tested than male students. This is confirmed by HEAIDS (2005:37), which indicates that female students in many South African residential universities are more willing to get tested than male students are. In his experimental study, Burger (2007:87) suggested that more female students get tested than male students because the latter consider HIV and AIDS to be a severe illness and the coping mechanisms for anti-retroviral treatment (ARV) seem to be less effective, which is not the case with female students. According to Anastasi, Sawyer and Pinciaro (1999:13), citing Lear, the reason for more female students getting tested than male students is because females associate sexuality with medical practice, such as pelvic exams, pregnancy-related issues and sexually transmitted diseases (STD's). From these findings, it can be concluded that many male students do not know their HIV status, and are consequently more vulnerable to AIDS-related illnesses than female students.

From the above findings, it can be confirmed that during the planning stage, with regard to the mobilisation of students, implementers did not take strategies to counter factors such as HIV stigmatisation and discrimination, which could prevent the wide-ranging participation of students in the campaigns, into account. Osewe et al (2008:37) indicate that during the planning of a VCT campaign, one of the task team's duties is to put mobilisation strategies into place that will help to increase people's demand for VCT, as well as to reduce HIV stigmatisation and discrimination.

5.7 VCT PROCESS CHALLENGES

Due to the lack of students HIV and AIDS and VCT education during the pre-campaign few weeks prior to the testing campaign, the findings of this study showed that the VCT process during the campaigns took more time than expected, as VCT counsellors and staff spent more time with each student, explaining the basic facts about HIV and AIDS, including VCT. This made the waiting time in the queue long, and led to some students becoming impatient and leaving without getting tested. This is supported by FHI (2002:15), which states that the waiting time in the queue is one of the barriers to young people's use of VCT services. During the UNISA 2009 VCT campaign, the researcher

observed that peer educators were distributing HIV and AIDS and VCT booklets, as well as condoms, to the students in the queue, and responding to their questions regarding the campaign. The researcher is of the view that besides the absence of HIV and AIDS workshops and seminars prior to the actual implementation of the campaigns, many UNISA students lack HIV and AIDS basic information, including information on VCT, because most of the UNISA departments do not include an HIV and AIDS module in their curricula. HEAIDS (2005:40) indicates that it is important for higher education institutions to integrate HIV and AIDS modules into their curricula, in order to equip students with basic HIV and AIDS information.

Furthermore, all respondents admitted that from 2006 to 2009, UNISA VCT campaigns for students did not have support structures, such as support groups to assist students who tested positive to get the psychological, emotional and care support that they might need. The researcher learned that most of respondents were concerned about the lack of students' care and support services after the test, which constitutes a serious barrier to students' participation in the campaign. Based on the Health Belief Model's component of perceived barriers, Setswe (2009) indicates that negative consequences may result in ill people if particular health actions, including physical, psychological and financial demands, are not taken into consideration. This suggests the need for establishing support structures, such as support groups and individual consultations, to provide a comprehensive emotional, psychological, and clinical care and support service to the students infected by HIV. According to HEAIDS (2005:37), access to support structure for students enhances the effectiveness of VCT services.

5.8 ABSENCE OF MONITORING AND EVALUATION

According to Osewe et al (2008:67), a monitoring and evaluation framework provides a logical system for defining the objectives of the event and collecting and analysing information. As such, it is best to develop the framework at the early stage of VCT campaign planning, and this framework should be built upon the existing national monitoring and evaluation system. The findings of this study revealed that since the launching of the UNISA VCT campaign for students in 2006, **no monitoring and**

evaluation has been done to check the progress of the campaign in terms of whether or not it has achieved its objectives, and to evaluate the impact that it has had on the health and wellbeing of students, especially with regard to HIV and AIDS. This indicates that nothing has been done by implementers since 2006 to identify and address the problems faced by VCT campaigns for students, in order to improve its implementation in the future. HEAIDS (2005:37) states that the monitoring and evaluation procedures related to VCT services within the higher education sector in South Africa are not sufficiently standardised to provide for effective planning and resource allocation.

5.9 AREAS FOR IMPROVEMENT

Respondents suggested that improvements should be made in the areas of planning, resource allocation, mobilisation of students, and monitoring and evaluation.

With regard to the **planning** of the campaign, the findings of this study revealed that VCT campaign role players and internal and external stakeholders should work together under a formal working agreement, in which roles, responsibilities and other issues related to the campaigns are identified and clarified. A standard administrative planning procedure document should also be compiled to allow for continuity in the case of changes in the students' VCT campaign leadership.

Respondents six and **eight** recommended that VCT campaign key role players, together with the university's top management, should choose a fixed VCT day during the year, combined with an HIV and AIDS event, where UNISA students and staff members can get tested at their respective regional offices. However, consideration should be given to the appropriate day, when students and staff are not under pressure, such as during the exam or registration period.

In order to reduce the waiting period during the VCT process, three respondents suggested that the university management should support the initiative of HIV and AIDS workshops and seminars for students, including VCT, prior to the implementation of the VCT campaign, in order to equip them with HIV and AIDS and VCT information. This will in turn enable VCT counsellors to focus more on counselling, which will speed up

the VCT process.

In terms of the **resources needed** for the campaign**, respondent six** suggested that VCT campaign organisers, instead of relying on the goodwill of service providers for free services, should draw up a consistent budget each year, which includes all the resources needed to make the campaigns successful. Two respondents suggested that VCT staff should be increased in number, and also receive regular training on VCT, in order to enable them to deal with all the problems they could face during the campaigns. **Respondents six, eight** and **nine** believed that the university should undertake VCT campaigns at each regional office, with facilities that are able to accommodate large numbers of students, as well as ensuring their privacy and confidentiality. Each regional office should also have its own clinic, where basic health care, including VCT, can be provided to students and staff on a regular basis. However, the setting of these facilities must be taken into account, in order to avoid stigmatisation and discrimination against students and staff members who get tested.

To **mobilise students**, **respondents two, six, nine and ten** suggested that instead of using only posters, banners and pamphlets, it is also important to use other mobilisation tools, such as mass media, text messages, e-mail, etc., in order to not only reach students who visit the regional offices, but also those who do not.

In order to increase the level of students' participation in the campaigns, **respondents two and six** recommended that VCT campaign implementers should provide students who participate in the campaigns with gifts, such as cards, cold drinks and potato chips, or maybe even a meal. Other respondents suggested that VCT campaign organisers should provide transport for disadvantaged and disabled students, in order to motivate them to participate in the campaigns. The researcher disagrees with the provision of gifts that is considered as coercion into forcing testing, which then makes testing non-voluntary.

With regard to the **monitoring and evaluation** of the VCT campaign, **respondent six** believed that a proper budget for monitoring and evaluation of the campaign should be

allocated, in order to track the progress of the campaign towards achieving its objectives and evaluate the impact that it has on the health and wellness of students. VCT campaign organisers, instead of relying only on VCT service providers' statistical reports, should also use a monitoring and evaluation framework that has indicators, such as the number of students who received education on HIV and AIDS, number of students tested, number of students who received their test results, and the number of students who came back after testing. To evaluate the campaign, this respondent recommended that VCT campaign organisers, instead of relying exclusively on the evaluation forms filled in by the students, should also interview other stakeholders who were involved in the campaigns, in order to obtain their views on the implementation of the campaigns.

5.10 SUMMARY

The above discussion of the findings clearly showed that higher education learning institutions such as UNISA face many challenges in terms of the planning, implementation, monitoring and evaluation of VCT campaigns for students.

With regard to planning, the lack of a proper planning structure consisting of experts from different operational fields made the planning of the VCT campaigns ineffective, as most of the implementers involved in the planning of the campaigns did not have enough expertise regarding VCT campaign operations. The lack of coordination of UNISA HIV and AIDS activities, including VCT, was another challenge faced by implementers, as similar HIV and AIDS events, including VCT, were organised by different UNISA departments at almost the same time, without the knowledge and permission of the UNISA HIV and AIDS Division. This created the problem of the duplication of activities and abuse of university resources, and also affected the success of the campaigns, as students were confused about which events to attend.

The findings also revealed that from 2006 to 2009, UNISA VCT campaigns for students did not sign a formal working agreement with stakeholders, in which roles, responsibilities and other issues related to the campaign could be defined. The lack of a

formal working agreement made the VCT campaign organisers largely dependent on the availability and policies of the stakeholders, which sometimes disrupted the annual planning of most of the campaigns.

In terms of the mobilisation of students, due to the lack of a proper mobilisation strategic plan, VCT campaign implementers were forced to use limited resources, such as posters and banners, and focused more on students who visited the regional offices. This did not enable them to mobilise large numbers of students to participate in the campaigns.

The participation of students in the campaigns was low in comparison to the numbers of students that UNISA has in each region where the campaigns took place. The reasons for this low participation were mainly due to the following: limited mobilisation tools used; student events not related to VCT being organised at almost the same time as VCT campaigns at regional offices; HIV stigmatisation and discrimination against students who want to know their HIV status; and the lack of a support structure, such as support groups for students who test positive.

The VCT process (pre-test counselling, testing, and post-test counselling) took more time than expected, as VCT counsellors and other staff spent more time explaining basic facts of HIV and AIDS, including VCT, to students, which discouraged some students and led to them leaving the queue without getting tested.

The discussion of the findings also revealed that from 2006 to 2009, monitoring and evaluation was never done to track the progress of the campaigns and evaluate the impact that they have had on the health and wellness of the students.

Lastly, suggestions made by respondents with regard to the areas of VCT campaigns that can be improved, such as financial, human and physical resources; mobilisation and participation of students in the campaign; and monitoring and evaluation, were also discussed.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

Higher education distance learning students are traditionally not present on the university campus, and implementing a VCT campaign to assist them in finding out about their HIV status may therefore pose some challenges. The findings of this case study, after investigating the challenges experienced by implementers of VCT campaigns for higher education distance learning students at regional level, namely the UNISA 2006-2009 VCT campaigns for students at the Sunnyside regional office, revealed that implementers experienced significant challenges. The main challenges experienced by implementers were the inability to properly plan the campaigns, use of limited resources, absence of a formal working agreement with stakeholders, inability to mobilise all the students, low level of participation by students, and the lack of monitoring and evaluation of the campaigns.

In this chapter, the researcher provides a summary and presents conclusions and recommendations in relation to the challenges experienced by implementers of VCT campaign for students at higher education distance learning institutions. The aim and objectives of the study are restated and then used as focal points to determine whether or not the goals of this study have been achieved. The researcher also makes recommendations regarding additional research topics that need to be investigated in the future.

6.2 COMMENTS ON THE AIM AND OBJECTIVES OF THE STUDY

The aim of this study was to assist higher education distance learning institutions to improve the implementation of VCT campaigns for students at regional level. As very few studies have been conducted on the implementation of VCT campaigns for higher education distance learning students, the objectives of this study were to explore the challenges experienced by higher education learning institutions, such as UNISA, when

implementing VCT campaigns for students at regional level, with regard to the identification of stakeholders' roles and responsibilities; allocation of resources; mobilisation of students; and monitoring and evaluation of the campaigns.

6.2.1 Identifying the roles and responsibilities of stakeholders

The main purpose of this objective was to investigate the mechanisms used by the implementers of VCT campaigns for students regarding identification of roles and responsibilities of stakeholders during the campaigns. The findings revealed that due to the lack of a national planning structure consisting of VCT campaign operations experts, VCT campaign coordinators assisted by peer educators used their own network to identify stakeholders and informally agreed on the roles and responsibilities they had to play during the campaigns, which impacted negatively on the success of most of the campaigns.

6.2.2 Exploring the resources needed to implement the VCT campaign

The main purpose of this objective was to determine the resources needed to implement the VCT campaigns. The findings of this study revealed that UNISA VCT campaigns operated within limited financial resources, which did not enable them to cover all the costs involved in successfully implementing the campaigns. In addition, there was also a shortage of dedicated and trained VCT staff, and a lack of adequate facilities to accommodate large numbers of students and ensure their privacy and confidentiality.

6.2.3 Investigating the difficulties involved in mobilising students to participate in the campaigns

The aim of this objective was to explore the mobilisation tools used by implementers to mobilise students to participate actively in the campaigns. The findings of this study revealed that due to financial constraints, implementers used limited mobilisation tools, such as posters and banners, which could only reach those students visiting the regional offices. The majority of those students who did not visit the regional offices were unaware of the campaigns, and did not therefore participate in them.

6.2.4 Recommendations on the improvement of the VCT campaign

The aim of this objective was to obtain from respondents, based on their experience, recommendations on how to improve the implementation of VCT campaigns for higher education distance learning students. Respondents suggested that improvements should be made in the areas of campaign planning, resource allocation, mobilisation and motivation of students, and monitoring and evaluation.

6.3 THEORETICAL REVIEW OF VCT CAMPAIGN CHALLENGES

6.3.1 Summary

In this study, the researcher chose to use the Health Belief Model (HBM) as a point of reference to address the challenges experienced by implementers of VCT campaigns for higher education distance learning students. The Health Belief Model, as a psychological model, attempts to explain and predict behaviour by focusing on the attitudes and beliefs of individuals. The major components of HBM include perceived susceptibility, perceived severity, perceived benefit, perceived cost (barriers), motivation or cue to action, and self-efficacy (Glanz et al 2002:52).

Although the main goal of UNISA VCT campaigns for students was to give all UNISA students the opportunity to find out about their HIV status by getting tested, the findings of this study revealed that implementers, when planning and implementing VCT campaigns did not take the integration of health theories, such as the Health Belief Model, into account, in order to predict students' health behaviour with regard to their participation in the campaigns. In terms of the mobilisation of students, the campaign messages on the mobilisation tools used, such as posters and banners, were ineffective in terms of making students aware of the risk of contracting HIV (perceived susceptibility) and the danger of having it or leaving it untreated (perceived severity). Furthermore, the campaign messages did not convince students of the benefits of knowing their HIV status, such as getting access to HIV prevention, treatment, care and support (perceived benefit). In addition, implementers did not take the concepts of perceived barriers, cues to action and self-efficacy into account, in order to eliminate or

mitigate barriers to the campaigns and encourage students to participate in large numbers in the campaigns.

The findings revealed that the tents used during the VCT process (pre-test counselling, testing, and post-test counselling) did not ensure the privacy and confidentiality of students who got tested, as people outside could easily see their attitudes when they exited from these tents. The lack of VCT seminars and workshops, prior to the actual implementation of the campaigns, in order to prepare students for getting tested with confidence, caused many students to not participate in the campaigns due to fear of being stigmatised or discriminated against by their fellow students. There was also no form of incentive and support initiatives, such as refreshments, transport, T-shirts or support groups to motivate students to participate in large numbers in the campaigns.

6.3.2 Conclusion

In conclusion, the implementers of the UNISA 2006-2009 VCT campaigns for students did not make use of health theory, such as the components of the Health Belief model, namely perceived susceptibility, perceived severity, perceived benefit, perceived barriers, cues to action and self-efficacy, when planning and implementing the campaigns.

Therefore, the researcher suggests that when planning and implementing VCT campaigns for students, implementers should take the integration of Health Belief Model components into account. In terms of planning, consideration should be given to factors that can jeopardise the success of the campaigns (perceived barriers), such as HIV stigmatisation and discrimination, limited campaign resources, and the lack of coordination of HIV and AIDS activities. In terms of the mobilisation of students, implementers, when designing campaign messages and other IEC (Information, Education and Communication) materials, should focus on making students aware of their susceptibility to contracting HIV (perceived susceptibility), the seriousness of HIV/ AIDS in terms of their health and studies (perceived severity), and the benefit of knowing their HIV status early on (perceived benefit). With regard to the participation of students in the campaigns, implementers should consider motivating students with

incentives such as refreshments, transport, T-shirts, and the establishment of support groups for students who tested positive (cues to action). Implementers should also conduct regular VCT seminars and workshops prior to the implementation of the campaigns, in order to provide students with basic information regarding HIV and AIDS, including VCT, so as to assist them to participate in the campaigns with confidence and assurance (self-efficacy).

6.4 VCT CAMPAIGN STAKEHOLDERS: ROLES AND RESPONSIBILITIES

6.4.1 Conclusion

Previous researchers, such as Osewe et al (2005) and FHI (2002), indicate that to successfully implement a VCT campaign, it is important, at the national level, to finalise the organisational and management structure consisting of key stakeholders, where their roles and responsibilities are clearly defined. The VCT campaign planning team should assess current VCT services, establish VCT goals and targets, develop a VCT campaign implementation strategy, provide guidelines to support regional level planning and implementation, and develop a resource mobilisation plan.

The findings of this study revealed that the UNISA VCT campaign for students did not have a task team, at the national level, consisting of key stakeholders from different fields of expertise, to strategically plan all the UNISA VCT campaigns. The majority of the respondents indicated that each VCT coordinator, assisted by peer educators, without sufficient VCT campaign operations expertise, used their own administrative planning procedures to plan the campaigns at the regional level. Due to the lack of a proper national planning structure, there were no formal working agreements between campaign organisers and stakeholders, in which roles and responsibilities could be defined. VCT campaign coordinators used their own network to identify the stakeholders, and informally agreed on the roles and responsibilities they have to play during the campaigns. This makes the implementers largely dependent on the availability and policies of stakeholders, which sometimes disrupts the annual planning and overall effectiveness of the campaigns.

6.4.2 Recommendations

In terms of the guidelines to identify and describe stakeholders' roles and responsibilities, the researcher recommends that:

- The UNISA HIV Institutional Coordinating Committee (HICC) should establish a VCT subcommittee to strategically plan the implementation of all UNISA VCT activities. This VCT subcommittee should be made up of technical experts in VCT; the HIV and AIDS Division; Student Affairs Department; experts in finances, marketing, logistics and human rights; and students and staff living with HIV.

- The VCT subcommittee should identify key stakeholders capable of assisting in the VCT campaigns, and sign a formal working agreement with them, in which their roles, responsibilities and other issues related to the campaigns are clearly defined;

- The VCT subcommittee should also decide on a fixed VCT day or week during the year, when all UNISA students and staff can undergo VCT at all UNISA regional offices.

6.5 RESOURCES NEEDED FOR THE CAMPAIGNS

6.5.1 Conclusion

The findings of this study revealed that UNISA VCT campaign implementers had to work with limited resources. This was supported by various studies, such as UNAIDS (2000), Solomon et al (2004), AWSE (2001) and HEAIDS (2005), which indicate that the implementation of VCT services in developing countries, including universities, is limited due to the lack of the following: adequate infrastructure, trained and designated staff and clear policies on staffing and service sustainability. Although all the respondents acknowledged the financial support that VCT campaigns received from the university's top management, the findings indicated that the funds allocated for most of the VCT campaigns for students did not cover all the costs involved in successfully implementing

the campaigns. Implementers often depended on the goodwill of service providers who offered their services free of charge to the campaign, but with limited resources. This could jeopardise the achievement of the campaign's goals, as only few students coming to the campaigns will be served.

This study also highlighted the problem of a shortage of dedicated VCT campaign staff, as most of the UNISA staff members who were involved in the campaigns were essentially appointed for other duties, which meant that the time allocated to the campaigns was limited, and as a result, they only served a few students. This is supported by UNAIDS (2000), which states that many VCT staff, especially counsellors, often have other roles to play within the health care system, such as nursing or social work, which reduces their time for counselling as part of HIV testing. The findings also indicated that most of the VCT campaign staff did not receive proper training on VCT, and therefore struggled to assist students with information and advice on issues related to VCT, which could have contributed towards discouraging many students from participating in the campaigns. This is supported by Solomon et al (2004), who state that due to lack of trained VCT staff, many VCT services are carried out in medical settings, rather than non-medical ones.

All the respondents admitted that UNISA does not have adequate facilities to accommodate large numbers of students during these campaigns and ensure their privacy and confidentiality. This is confirmed by Van Wyk et al (2006), who indicate that many universities in the SADC countries do not have adequate VCT facilities on their campuses to accommodate students. The findings revealed that due to a lack of adequate VCT facilities, implementers relied on the tents brought by service providers, which did not secure the privacy and confidentiality of students participating in the campaigns, as people outside could easily see their attitudes when they exited from the tents. This situation prevented the participation of many students in the campaigns, due to the fear of being stigmatised or discriminated against by their peers. WHO (2004) indicates that the mobile VCT service delivery model, such as the use of tents, has a disadvantage in that people who use it can be easily identified and discriminated against because of its single purpose and limited space.

6.5.2 Recommendations

In order for the implementers to be able to deal with the problem of adequate resources for the VCT campaign for students, the researcher recommends that:

- The VCT subcommittee should draw up a consistent VCT campaign budget each year that includes all the resources needed for the campaign;
- The VCT subcommittee should secure adequate VCT facilities at each regional office to accommodate large numbers of students participating in the campaigns;
- Each regional office should have a clinic where students and staff can receive basic healthcare, including VCT, on a regular basis;
- The university should appoint, at each regional office, a clinic manager and healthcare staff, such as nurses, counsellors and administrative staff, to assist in the running of the clinic and VCT campaigns;
- Healthcare and administrative staff members should receive training on VCT, including HIV and AIDS, on a regular basis.

6.6 MOBILISATION OF STUDENTS

6.6.1 Conclusion

According to Osewe et al (2005), the mobilisation of a VCT campaign requires an intensive mobilisation strategy, such as community meetings, radio and television broadcasts, adverts in print media, press briefings, banners hoisted in strategic positions, IEC materials and a public address van to inform people about the event and sites where they can go for VCT. The findings of this study revealed that UNISA VCT campaign implementers made use of limited mobilisation tools, such as posters, banners and peer educators, in order to mobilise students who visited the UNISA regional offices. Many students who did not visit the regional offices were unaware of the campaigns, and consequently did not participate in them. HEAIDS (2005) indicates

that these limited mobilisation tools are used by many South African residential universities to mobilise students for VCT services and campaigns.

Furthermore, the campaign messages on posters and banners did not give a clear indication of the seriousness of HIV and AIDS and the benefit of knowing one's HIV status early on, in order to encourage students to participate in the campaigns. The findings also revealed that implementers failed to conduct HIV and AIDS seminars or workshops for students prior to the actual implementation of the campaigns, in order to provide them with information about HIV and AIDS, including VCT, with the aim of getting them to participate in the campaigns with confidence.

6.6.2 Recommendations

To deal with the challenges of mobilising UNISA students for VCT campaigns, the researcher recommends that:

- Apart from using posters, banners and peer educators to mobilise students, VCT campaign implementers should use other mobilisation tools, such as the mass media, university website, university prospectus (calendar), university and community radios, e-mails and text messages, in order to reach all the UNISA students living in the regions where the campaigns are taking place;

- VCT campaign implementers should work in partnership with the marketing department and agencies to assist in the promotion of the campaigns;

- When designing VCT campaign messages and IEC materials, implementers should take the concepts of perceived susceptibility, perceived severity and perceived benefit of knowing one's HIV status into account, specifying the consequences of HIV risk behaviour and infection, as well as the benefits of getting tested; and

- Seminars and workshop for students on issues such as HIV and AIDS, VCT, HIV stigmatisation and discrimination should be organised prior to the implementation

of campaigns, in order to prepare students for participating in the campaigns with confidence.

6.7 PARTICIPATION OF STUDENTS

6.7.1 Conclusion

The participation of students in VCT activities ensures sustainability and continuous support from student structures (HEAIDS 2005:39). Most of the respondents indicated that the average level of participation of students in UNISA VCT campaigns was low, despite the influence of peer educators and other VCT staff who got tested. According to the findings of this study, this low level of participation of students was mainly due to the following: limited mobilisation tools; students' perception of HIV and AIDS as a normal chronic disease; student events not related to HIV and AIDS being organised at almost the same time as the VCT campaigns at regional offices; and students' fear of being stigmatised and discriminated against by fellow students. These findings were confirmed by various studies, such as AWSE (2001), Van Wyk et al (2006) and HEAIDS (2005), which indicated that many university students in Africa do not use VCT services on the campus due to the fear of being stigmatised or discriminated against by peers.

The findings also indicated that female students participated in the campaigns more than male students. This is supported by HEAIDS (2005), which states that female students get tested more than male students at university VCT sites. According to Burger (2007) and Anastasi et al (1999), citing Lear, the main reason for this is because female students are more concerned about medical conditions, such as pregnancy and STDs, while male students consider HIV and AIDS to be a severe illness, and view anti-retroviral treatment (ARV) to be less effective as a means of dealing with HIV infection.

6.7.2 Recommendations

In order to get higher education distance learning students to participate in large numbers in VCT campaigns, the researcher recommends the following:

- UNISA's leadership and VCT staff members should lead by example by getting themselves tested during the campaigns;
- Celebrities and students living with HIV should be used during the campaigns to encourage students to participate in large numbers and to address the issue of HIV stigmatisation and discrimination;
- Implementers should put strategies in place to motivate male students to participate more in the campaigns;
- VCT campaign implementers should encourage students who participate in the campaigns by offering incentives, such as refreshments or cards, and providing transport for the disadvantaged and disabled students.

6.8 VCT PROCESS DURING THE CAMPAIGNS

6.8.1 Conclusion

Educating people on HIV and AIDS is important in order to assist them to obtain information on how to prevent new infections and avoid passing on the virus to others. It also helps to reduce stigmatisation and discrimination (Avert 2010). The findings of this study indicated that many students who participated in the campaigns did not have enough information regarding HIV and AIDS, including VCT. Counsellors and other staff had to spend more time explaining the basic facts of HIV and AIDS and VCT to students, which made the waiting time during the VCT process long, and forced some students waiting in the queue to leave the campaign without getting tested. These findings were supported by Boswell & Baggaley (2002) and HEAIDS (2005), who state that the waiting time period for VCT services causes frustration among many youth and students. Furthermore, the findings highlighted the lack of support structures, such as support groups for students who tested HIV positive. HEAIDS (2005:37) indicates that access to support groups for students makes VCT services more effective.

6.8.2 Recommendations

The waiting time period during the VCT process and the lack of support structures, are two factors that need to be considered by implementers of VCT campaigns. Therefore, the researcher suggests that:

- Besides VCT seminars and workshops for students, HIV and AIDS modules should be integrated into all UNISA curricula, in order to enable students to become familiar with basic information on HIV and AIDS, including VCT;
- More VCT staff should be deployed during the campaigns to reduce the waiting time period during the VCT process; and
- Support groups for students who tested HIV positive should be established at each regional office to assist students psychologically and emotionally.

6.9 COORDINATION OF VCT ACTIVITIES, INCLUDING HIV and AIDS

6.9.1 Conclusion

The findings of this study revealed that besides the absence of a national VCT campaign planning and implementation structure, the UNISA VCT campaign faced the problem of coordination of HIV and AIDS activities. Different UNISA departments have similar HIV and AIDS projects, which results in the duplication of HIV and AIDS activities and abuse of university resources. Some VCT activities were conducted by different UNISA departments at regional offices, without informing the UNISA HIV and AIDS Division and Student Affairs Department, which are both responsible for all UNISA HIV and AIDS activities, including VCT. Due to the lack of coordination of UNISA HIV and AIDS activities, UNISA VCT campaigns for students were sometimes organised at almost the same time and in the same place as other VCT events organised by other UNISA departments, which negatively affected the success of the campaigns. These findings are supported by AWSE (2001), which indicates that the lack of coordination of the VCT work plan, policy and activities has a negative impact on HIV and AIDS services at many universities in Africa.

6.9.2 Recommendations

To solve the problem of the coordination of HIV and AIDS activities, including VCT, at higher education distance learning institutions such as UNISA, the researcher recommends the following:

- The UNISA HIV Institutional Committee (HICC) should establish a Health and Wellness sub-committee chaired by a member of the Executive committee to coordinate all the university's health and HIV and AIDS programmes, and all departments or units involved in health and HIV and AIDS (VCT) should formally fall under the control of this sub-committee;

- The Health and Wellness sub-committee, together with UNISA departments involved in health and HIV and AIDS activities, should redesign their HIV and AIDS programmes to prevent duplication of activities;

- The Health and Wellness sub-committee should appoint a national VCT coordinator to be responsible for all the UNISA VCT campaigns and services for students and staff; and

- The Health and Wellness sub-committee should also appoint a training coordinator to be responsible for the training of all the health and VCT staff.

6.10 MONITORING AND EVALUATION

6.10.1 Conclusion

Monitoring and evaluation (M & E) constitutes a critical component of the success of HIV and AIDS VCT services or campaigns. The well-designed and conducted monitoring and evaluation of HIV and AIDS VCT helps to identify and resolve potential problems on an ongoing basis and provides feedback during the planning, design and implementation of HIV and AIDS VCT programmes (FHI 2003). All the respondents acknowledged that since the launching of the UNISA VCT campaign for students in 2006, no monitoring and evaluation has been conducted to check the progress of the

campaign activities in terms of the achievement of its objectives and to assess the impact it has on the health and wellbeing of students. Consequently, the university does not have enough information regarding the HIV and AIDS situation of students. This finding was supported by HEAIDS (2005:37), which states that the monitoring and evaluation procedures related to VCT services within the higher education sector are not sufficiently standardised to provide for effective planning and resource allocation.

6.10.2 Recommendations

The researcher recommends that:

- The Health and HIV and AIDS Division should appoint a monitoring and evaluation manager to be responsible for all the monitoring and evaluation of UNISA HIV and AIDS activities, including VCT;
- A monitoring and evaluation framework for the UNISA VCT campaign and services should be designed and have indicators, such as the number of students educated on HIV and AIDS, number of students tested, number of students who received test results, and number of students who came back after testing; and
- Clinic administrators should receive basic training on VCT monitoring and evaluation on a regular basis, and assist in the collection and analysis of VCT campaign and service data at their regional offices, as well as reporting to the monitoring and evaluation manager.

6.11 SUGGESTIONS FOR FURTHER RESEARCH

Based on the findings of this study, the researcher suggests that further studies should be conducted in the following areas:

- Perceptions and attitudes of higher education distance learning students with regard to the use of the university's VCT clinic;

- Establishment and management of support structures for higher education distance learning students infected with HIV and AIDS; and
- Coordination of HIV and AIDS activities at higher education distance learning institutions.

6.12 CLOSING STATEMENT

The main aim of this study was to examine the challenges experienced by implementers of voluntary counselling and testing (VCT) campaigns for higher education distance learning students. This was done through the interviews conducted with key informants involved in the implementation of the UNISA 2006– 2009 VCT campaigns for students at the UNISA Sunnyside regional office, and the observations made by the researcher at the VCT campaign site.

This study revealed that implementers of VCT campaigns for students experienced significant challenges, which jeopardised the success of most of the VCT campaigns. The main challenges in this regard were the lack of proper task teams and inconsistent planning. This lack of proper planning also resulted in other challenges, such as the use of limited resources due to inadequate budgeting, the absence of a formal working agreement with stakeholders, inability to mobilise and reach all the students, and lack of monitoring and evaluation of the VCT campaigns. Therefore, the establishment of proper national and regional task teams consisting of experts in VCT campaign operations would have played an important role in the overall organisation and success of the VCT campaigns.

Furthermore, this study also revealed the lack of coordination of HIV and AIDS activities among different UNISA departments, which caused some clashes of events and negatively affected the running of the VCT campaigns. The long waiting time period during the VCT process and absence of HIV and AIDS support structures also contributed to the low level of participation of students in the campaigns. Therefore, the merging of all the UNISA departments or units involved in HIV and AIDS programmes, including VCT, and the establishment of HIV and AIDS support groups, would facilitate the effective running of VCT campaigns and increase the level of participation.

The time and financial constraints as well the researcher's language barrier contributed towards the limitation of this study. Since this case study was limited to the UNISA 2006-2009 VCT campaigns for students with only 10 key informants interviewed, the findings of this study cannot be generalised to VCT campaigns for students that are implemented at other higher education distance learning institutions.

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Appendix 1

Dear Sir / Madam,

Request for permission to interview UNISA VCT campaign staff

My name is Pascal Nkay Kiabilua, and I am currently registered for my Masters in Social Behaviour Studies in HIV/AIDS in the Department of Sociology at the University of South Africa (UNISA).

As part of my studies, I hereby request permission to conduct interviews with UNISA staff and students who were involved in the implementation of the UNISA 2006-2009 VCT campaigns for students, which took place at the UNISA Sunnyside regional office. The purpose of the research is to investigate the challenges experienced by implementers of the abovementioned campaigns. I will be conducting face-to-face interviews with key informants using a tape recorder to facilitate the transcription process. Ethical considerations and measures will be applied, in order to prevent harm and protect the confidentiality of informants. The Department of Sociology at the University of South Africa has already approved this research. Your positive response in this regard will be greatly appreciated.

Yours truly,

Pascal N Kiabilua

Appendix 2

CONSENT FORM FOR KEY INFORMANTS

Dear Sir/Madam,

My name is Pascal Nkay Kiabilua, and I am currently registered for my Masters in Social Behaviour Studies in HIV/AIDS in the Department of Sociology at the University of South Africa (UNISA). As part of the requirements for this degree, I am expected to undertake a research project in the field of my studies.

The purpose of my research is to investigate the challenges experienced by UNISA when implementing VCT campaigns for students at the UNISA Sunnyside regional office from 2006-2009.

I would very much like to conduct a one hour face-to-face interview with you, in order to obtain the necessary information for this study. This interview will be recorded by means of a tape recorder, in order to facilitate the transcription process. The recording will be erased as soon as it is no longer needed.

Your participation in this study is voluntary, and you therefore have the right not to answer some of the questions or to withdraw from the study at any time.

Thank you for your willingness to participate in this study.

Pascal Nkay Kiabilua
Researcher

I have read and fully understood this consent form, and I agree to voluntarily participate in this study.

Informant's name: Informant's signature:
Researcher's signature: Date:

MA Social Behaviour Studies of HIV/AIDS

Department of Sociology

Appendix 3

UNISA

Pascal Nkay Kiabilua
Student number: 30854393

Challenges of Implementing HIV Voluntary Counselling Testing (VCT) Campaigns for Higher Education Distance Learning Students: A Case Study of UNISA-Sunnyside Regional Office

Interview schedule for UNISA VCT Campaign Implementers

1. The VCT campaign entitled “Know your Status” was organised for UNISA students at the UNISA-Sunnyside regional office. What can you tell me about the campaign in terms of the following :
    - Goals and objectives of the campaign?
    - The administrative procedures used to plan and implement the campaign (if it is possible to get access to some of the administrative documents used)?
    - Coordination of VCT campaign activities?

2. To implement a VCT campaign, especially for distance students, you might encounter some challenges. What challenges did you encounter during the implementation of the campaign in terms of the following:
    - Financial resources such as budget and other forms of financial support?
    - Human resources such as the number and skills of VCT staff used during the campaign?
    - Physical resources such as site, equipment and VCT material used?

3. Who were the active stakeholders who assisted in the implementation of the campaign, and what were their roles and responsibilities?
    - What challenges did you encounter in identifying the stakeholders?
    - What challenges did you encounter with them in terms of their roles and responsibilities?
    - What kind of support did you receive from them, and were you satisfied about it?

4. Which tools did you use to mobilise and motivate UNISA students to participate in the campaign?
    - What challenges did you face in terms of mobilising and motivating them to participate in the campaign?
    - What challenges did you face during the VCT process of the campaign?

5. How was the monitoring and evaluation of the campaign done?
6. What areas of the campaign need improvement, and what can be done to improve the campaign in the future?

Appendix 4

MEMORANDUM OF UNDERSTANDING (MOU)

Entered into by and between

The (Insert City) Administration
Regional Health Bureau (RHB); duly represented by:

"Name" _____
"Title" _____

And

The (Insert City) Administration
HIV Prevention and Control Office (HAPCO), duly represented by:

"Name"_____
"Title" _____

And

The (Insert Organisation) led by (Insert Leader)
Duly registered in accordance with the laws of (insert Country); situated at
(Insert Address)
Represented herein by (Insert Name of Project Director)

Whereas: The MOH has targeted to test X people. To accomplish this, the MOH has invited its partners (funding agencies, civil service organisations, and private health sectors) to extend support in meeting the national target.

Whereas: City X's RHB and HAPCO acknowledge Organisation X's technical competency, managerial and financial capabilities in supporting X workplace and X private clinics to participate in the campaign in order to increase the number of people to be tested effective from (Insert Date).

Whereas: City X's RHB and HAPCO recognizes Organisation X's contribution in fostering participation of clinics in response to this Voluntary Counselling and Testing event.

Now therefore; each party to this MOU has agreed to execute its share in the (Title of Event) in the (Insert Name of City) Administration. The responsibilities of each party are outlined below:

1. City X Administration's RHB:

- Take a lead in program coordination, implementation, supervision, and follow-up.
- Provide private clinics with the necessary materials including: test kits, test tubes, tubes for external quality control (EQC), gloves, and syringes.
- Provide the necessary monitoring tools
- Provide private clinics with IEC/behaviour change communication (BCC) materials.
- Conduct supportive supervision to private sector counsellors and EQC to test tubes in line with the national guideline.
- Acknowledge the private clinics and workplaces involved in the event.

2. City X Administration's HAPCO:

- Conduct intensive promotion through national radio, FM radio, TV stations, newsletters, banners, flyers, posters, etc.
- Identify key VCT messages to be used in the VCT event materials.
- Provide technical support for the development of VCT promotional materials.
- Provide technical back-up support during program implementation and supervision.
- Take the lead in coordinating the event with various partners.
- Distribute IEC/BCC materials to private clinics.

2. Organisation X:

- Develop program implementation plan together with City X Administration RHB and HAPCO.
- Conduct preliminary assessment and jointly select private clinics.
- Assign X counsellors to assist private clinics with extra rooms so that they can effectively respond to the increase in client load resulting from ongoing promotional activities.
- Supervise quality assurance with counsellors and external laboratories in partnership with RHB.
- Strengthen private clinics' data collection and reporting by providing the necessary formats.
- Provide technical back-up support to private clinics in conjunction with RHB and HAPCO.
- Strengthen VCT promotional activities to ensure high uptake of services in the private clinics.
- Organize and conduct recognition events for private clinics in partnership with RHB and HAPCO.
- Prepare a banner that depicts the purpose of VCT and duration of the event and make sure that the banner is posted at the main gate of each of the participating private clinics.
- Organize and conduct workplace VCT events that involve in-house panel discussions and a recognition ceremony.
- Cost-share with private clinics on an extra-hour payment basis to ensure that counselling and testing during weekends and off-duty hours are properly performed.
- Use financing to cover supportive supervision and external laboratory quality assurance.

3. Overseeing the Campaign

The three parties will jointly work in program coordination, implementation, program supervision, and follow-up. Organisation X, in collaboration with its partners, shall provide the necessary technical assistance in implementing the mutually agreed upon interventions in the private clinics and workplaces.

4. Validity

The validity of this MOU is for (Insert Timeframe) from the signing date of this agreement with the possibility of extension based on mutual agreement of all parties.

5. Conditions Interfering with Performance

Each party hereto shall promptly provide written notice to the other party of the occurrence and effects of any condition which interferes with or which may reasonably interfere with, the completion and /or timely and/or effective performance of its obligations pursuant to this MOU.

THUS DONE and signed at _____ on this _____day of _____in the presence of the undersigned partners.

Date of Enforcement:

This MOU will be put into force effective the date of signature by each party to the MOU.

Name _____ Name _____ Name _____

Signature _____ Signature _____ Signature _____
City X Administration City X Administration Organisation X
Regional Health Bureau

Adapted from Osewe et al (2008:51-53)