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**THE IMPLEMENTATION OF HIV AND AIDS PREVENTION PROGRAMMES IN
THREE UNIVERSITIES IN ZIMBABWE**

BY

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**A THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE
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Promoter:

PROFESSOR S. REMBE

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DECLARATION

I hereby declare that, to the best of my knowledge and belief, this dissertation contains no material previously published. Where I used information from the published or unpublished work of other scholars, I acknowledged such sources both in the text and in the list of references. It has not been submitted to any other institution of higher learning for the award of any degree or qualification.

Signed.....*Singender*.....



Date.....*31/12/2012*.....

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ABSTRACT

Given the nature and devastating effects of HIV and AIDS and its impact on society, the universities in Zimbabwe have affirmed the need to define their institutional policy aimed at managing and mitigating the effects of HIV and AIDS. In this regard they have also put in place programmes to address the epidemic. Among the programmes are HIV and AIDS prevention programmes which are being implemented. However, there have been concerns that despite the fact that the programmes are being implemented as planned they have not met their objectives as HIV and AIDS infections have not decreased as expected. Hence this study assesses the implementation of HIV and AIDS prevention programmes in three universities in Zimbabwe.

To achieve these objectives, the researcher opted for the mixed method methodology which is embedded in the post-positivist research paradigm. Post-positivist research paradigm attempts to increase our understanding of the way things are and that objectivity is an ideal that can never be achieved, and research is conducted with greater awareness of subjectivity. The researcher had to opt for questionnaires, interviews, document analysis and observations as data collecting instruments.

From the Data presented the study found that universities lack adequately professionally qualified HIV and AIDS lecturers. Results on capacity of implementers in the study revealed that an insignificant number of lecturers have the capacity while the majority significant number lacked the capacity to implement the programmes. HIV and AIDS prevention is being implemented by unqualified lecturers who lack training and prerequisite skills for the programme.

Furthermore, the study found that Lecturers do not get the necessary professional and institutional support to implement successfully HIV and AIDS programmes in universities. HIV and AIDS Coordinators and NGOs expressed concern over the inadequacy of learning and teaching support material. Funding and lack of resources such as specialist rooms and learning materials are a major impediment to successful implementation of HIV and AIDS. Implementation of HIV and AIDS programmes suffers from inadequate supervision

by the relevant stakeholders due to unavailability of transport and financial cost. It also emerged that Human resource is also a major problem since there is a great staff turnover as specialist lecturers leave the system for better paid opportunities in the private sector. Most university lecturer respondents cited staff turnover as long-established and skilled lecturers look for greener pastures within and outside the country.

The dominant methods used to implement HIV and AIDS programmes do not give enough room for group work discussions to effect behaviour change in students. Rather, more emphasis is on factual knowledge for assignments and examination purposes. On monitoring and evaluation of HIV and AIDS programmes, the study found that lecturers and students are unaware of their programmes progress bench marks. Universities have not been carrying out internal audits over the past years. This implies that the universities are divorced from Ministry of Higher Education Policy on monitoring and evaluation. Also, less people are involved in the monitoring process of HIV and AIDS programmes. The study found from the universities records that an HIV and AIDS Policy document exists at each university. However, the implementation of HIV and AIDS prevention programmes seemed to have a number of controversies and challenges.

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The study made the following recommendations against each major finding:

- Within the organisation, university works continually to equip staff with the knowledge, skills and tools required to analyse programme, implement and monitor interventions for HIV prevention.
- Capacity to support innovations includes aspects which hinder or support the implementation of new practices and ideas in the new curriculum.
- Universities should have trained HIV and AIDS Peer educators.
- For a lecturer to be considered as professionally qualified personnel in universities, the Ministry of Higher and Tertiary Education should stipulate possession of a Master's degree or a Doctorate.

The researcher provided a section on contribution of the study to new knowledge whereby the researcher proposed an alternative model for HIV and AIDS implementation for universities in Zimbabwe. This model was derived after a thorough analysis of the findings

from the study as well as an extensive literature review on the subject. Areas for further research have been suggested in this study.



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DEDICATION

I would like to dedicate this thesis to my wife Verity, my three sons Denias Jr, Denver and Denley, Muzenda family (John, Sainos, Richard, Frank, Shadreck, Charles and Norah) and to my parents the late Mudzviti and Sophia Muzenda whose encouragement and support I will always cherish.



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ACRONYMS

ZIMSEC Zimbabwe Schools Examination Council

MOESC Ministry of Education' Sport and Culture

MOHTEMinistry of Higher and Tertiary Education

UNDP United Nations Development Programme

TBTuberculosis

MOHCW Ministry of Health and Child Welfare

NACPNational AIDS Control Programme

NACZ National AIDS Council of Zimbabwe

STIs Sexually Transmitted Infections

ZHD Zimbabwe Human Development

SPSS Statistical Packages for Social Sciences

ZOU Zimbabwe Open University

HEIs Higher Education Institutions

NGOsNon Governmental Organisations

PE Peer Educators

ZGCE Zimbabwe General Certificate of Education

ALC Advanced Level Certificate



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UZ University of Zimbabwe

ICTs Information and Communication Technologies



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1 CHAPTER ONE: INTRODUCTION

1.1 Global situation

1.1.1 Overview of the global AIDS epidemic

Globally, Human Immuno-Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) remains a major public health threat (Evian, 2006). Nearly a quarter of a century since it was formally identified in humans and given a name, AIDS has become one of the biggest social crises of our age (Squire, 2007; Birdsall & Kelly, 2007). The epidemic has spread and intensified in many parts of the world, especially among the poor, marginalised and disadvantaged populations (Birdsall & Kelly, 2007:15). The same observation was noted by Barnett and Whiteside (2006:27) who conceded that HIV and AIDS show up global inequalities. Its presence and impact are felt most profoundly in poor countries and communities.

According to UNAIDS, in 2006 an estimated 39,5 million people world-wide were living with HIV, with 32% of the world's HIV-positive population and 34% of all AIDS-related deaths being recorded in Southern Africa. An estimated 2, 9 million people lost their lives to AIDS in 2006 (UNAIDS, 2006; UNAIDS, 2008). Evian (2006:13) states that it is estimated that around 18, 8 million people around the world have already died of AIDS since it was first described and identified in 1981 in the United States of America. In their overview of the global AIDS epidemic, the UNAIDS (2006:8) stated that the HIV incidence rate has stabilised in many countries in the world due to prevention programmes and changes in behaviour. However, the global numbers of people living with HIV have continued to rise (UNAIDS, 2008;Squire, 2007). While the rate of new infections is declining in most countries, as UNAIDS observes, Sub Saharan Africa remains the region's most heavily affected by HIV, accounting for 67% of all people living with HIV and for 75% of all AIDS deaths in 2007 (UNAIDS 2008:30). In 2007 an estimated 1, 5 million died of AIDS in Southern Africa alone. This study examines the implementation of HIV and AIDS prevention programmes in Higher Education Institutions in Zimbabwe.

1.2 Basic information about Zimbabwe

Zimbabwe is a landlocked country situated in the Southern African sub-continent. Currently Zimbabwe's population stands at 13 million, of which 48% are male and 52% female (UNICEF, 2011). Zimbabwe's life expectancy is around 46 years, with an average birth rate of 3.4 per woman (CIA, World Fact book, 2011). According to Rembe (2006), literacy level in the country since independence rose to 86% making Zimbabwe one of the countries with the highest literacy levels in the African continent.

Zimbabwe has an estimated 70% of its population living in the rural areas where agricultural production is the main activity (CIA, World Fact book, 2011). Research has revealed that most rural agricultural work is done by women and children since most economically active age groups have left for urban centres to look for jobs (UNICEF, 2011; CIA, world Fact Book, 2011). This impacts significantly on the fight against HIV and AIDS because families are separated and the levels of broken families are undoubtedly high. Furthermore, levels of increased multiple sexual partnerships and extra-marital relationships are high (UNICEF, 2011). Vulnerability of the separated families stems from long absence from home. Human poverty with regards to a decent standard of living and healthy life is relatively higher in rural areas at 31.1% compared to urban areas at 26.45% as at 2001. Overall, Zimbabwe's human poverty stood at 28.8%, in 2001 (Central Statistical Office, 2003).

Using empirical evidence from the past two post-independence decades, the problem is that general vulnerability and risky factors in the population at large are fundamental in fuelling and sustaining risky sexual behaviour, and with it, the spread of the HIV and AIDS epidemic (Central Statistical Office, 2003).

Thus, the spread of HIV and AIDS is linked to these factors such as an economic recession which creates more poverty and vulnerability at the individual and household levels. Research conducted by Rembe (2006), reveals that resources have not been sufficient to sustain the high expenditure on social services and continuous investment in economic development, which followed Zimbabwe independence in 1980. Inflation rose from an annual rate of 32% in 1998 to 133% at the end of 2004 (CIA, World Fact book, 2011). The Global political agreement signed in September 2008 between Zimbabwe's various political rivals, which gave rise to the coalition government made things improve

slightly in 2009. This was a result of the US Dollar which replaced the local Zimbabwe Dollar and the two main political parties found some common ground (CIA, World Fact book, 2011). The cited factors have impacted negatively on efforts to combat the HIV and AIDS pandemic Rembe (2006).

1.3 The Education system in Zimbabwe

Zimbabwe's education system consist of 7 years of primary education, 4 years of secondary education and 2 years of high school before students can enter tertiary level in the country or abroad (Kanyongo, 2005). At each level students write public examinations and are certificated. The Zimbabwe Schools Examination Council (ZIMSEC) administers the examinations in the country. After independence, in 1980, the Zimbabwe government saw education as a tool for social and economic transformation. The government took the following measures in order to provide education to all citizens (EFA 2000 Assessment Team, (2000) in Rembe (2006:3) :

- (i) Basic education was declared a human right;
- (ii) Primary education was made free and compulsory;
- (iii) The age limit for entry into primary school was waved to benefit those who had missed out on education due to the liberation war;
- (iv) Massive national programmes were launched to build new schools and to renovate those that were destroyed during the war.

During the first few years after independence, one ministry (Ministry of Education) was responsible for the education in the country. However, in 1985 the responsibility was shared between two ministries namely, the Ministry of Education' Sport and Culture (MOESC), and the Ministry of Higher and Tertiary Education (MOHTE) (Rembe, 2006).

It would appear that the educational expansion at all levels indicated the increased educational opportunities that had come with independence and was also a measure of the social demand for education in the country, requiring new approaches to educational delivery (Gwarinda, 2006). Thus by 1986 the demand for tertiary education in general and university education in particular had approached "something of a crisis level" (Gwarinda, 2006:2). Currently Zimbabwe has a total of 43 Institutions of higher and tertiary education comprising 12 universities, 13 teachers training colleges, 6 polytechnics and several vocational training centres (UNICEF, 2007). The Ministry of Higher and Tertiary Education

(MOHTE) is responsible for these institutions while MOESC is responsible for primary and secondary education.

1.4 The administration of education

The Public Service Commission (PSC) is responsible for the running of the education department in Zimbabwe. The role of the public service commission, in brief, includes: appointing lecturers and other staff to hold posts or grades in the Public Service; fixing and regulating conditions of service of members of the Public Service; exercising disciplinary powers over members of the Public Service ensuring the general well-being and administration of the Public Service and its maintenance in a high state of efficiency (Public Service Copyright, 2011). To assist the Commission in monitoring implementation of these delegated/decentralised functions in Ministries (The Ministry of Education' Sport and Culture (MOESC), and the Ministry of Higher and Tertiary Education (MOHTE), the Commission has created an Inspectorate Division within its Secretariat (Copyright, 2011). For instance, universities are run by the Vice Chancellor, Pro Vice Chancellor and these are assisted by senior management staff and lecturers. Note should be taken that, although the above functions are delegated, standard procedures and guidelines are still made by the Public Service Commission, in consultation with Ministries and Staff Associations (Public Service Copyright (2011)).

1.4.1 The two Ministries and their responsibilities

The Ministry of Education' Sport and Culture (MOESC) is responsible for the physical welfare and education of primary and secondary institutions. It is the stage that has the largest enrolment base with regard to student statistics (SAfAIDS, 2010). The major reason is that the MOESC offers basic education which can be afforded by the majority of Zimbabwean population.

The Ministry of Higher and Tertiary Education (MOHTE) is responsible for colleges and universities. Higher Education Institutions are responsible for the physical welfare and education of a large number of young people (Kelly, 2001). Generally, the age group found in these institutions ranges from 18-30 years and represents the skills base of any

economy. The focus of this ministry is on quality and quantity of educational service delivery. To elaborate the idea, the focus is to improve access and participation in education since many of the children had been denied the right to basic education (SAfAIDS, 2010). This explains why there are massive increases in enrolment in primary, secondary and tertiary institutions. There is also emphasis on quality of education; hence the practice of staff development and training of manpower to meet such needs (MOESC 2001, MOHCW, 2009). With reference to HIV and AIDS, the MOHTE has members of staff who are responsible for coordinating HIV and AIDS in Colleges and Universities. The MOHTE has a Manpower Planning and Development Division. Their main responsibility is planning, coordinating, managing and monitoring of HIV and AIDS programmes and activities in tertiary education level. The implementation of programmes and activities entails collaboration with other ministries, NGOs, other stakeholders and donors (SAfAIDS, 2010). The coordinators at the Head office communicate directly with the Universities. Individual institutions should have Departments which are responsible for teaching the HIV and AIDS programme. According to SAfAIDS (2010), they are also charged with responsibility of coordinating HIV and AIDS programmes in the institutions. UNESCO provides technical assistance in development of both HIV and AIDS Strategic Plan and the HIV and AIDS Policy. Similarly, Rembe (2006) notes that, it also assists with drawing proposals and raising funds from donors outside the country.

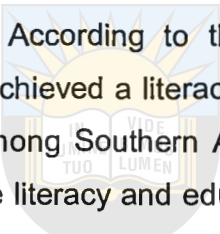
1.5 Successes and Challenges in Education

There are successes and challenges faced by the Zimbabwean education system within the context of prevailing social, political and economic environment. The Government policies achieved success in increasing enrolment, achieving racial redress as well as decreasing gender inequity in education, increasing the supply of educated manpower and improving the country's literacy rate (MOESC, 2001; Kanyongo, 2005; Kotecha 2008; Rembe, 2006).

As an illustration on these successes, the Government, with a socialist philosophy, made primary education free and this resulted in admission rates expanding dramatically (Gwarinda, 2006; MOESC, 2001). During the first decade of independence, the number of primary schools jumped from 2 401 in 1979 to 4 504 in 1989, an 87, 6 per cent increase while enrolment showed a 177, 5 per cent increase from 819, 586 to 2, 274, 178 during the

same period (MOESC, 2001; Kanyongo, 2005). The number of secondary schools increased from 177 in 1979 to 1 502 in 1989 and enrolment increased from 66, 215 to 695, 882, a 950,9 per cent increase. Currently the number of Zimbabwean primary schools stands at 5, 600 (UNICEF, 2012). The primary school net enrolment rate increased from 77% in 2006 to 91% in 2010, having 2, 7 million primary school children in all 5, 600 Zimbabwean primary schools (UNICEF, 2012). The same source maintains that since the country's independence from Britain in 1980, the number of universities had risen from one to 14, polytechnics from just two to the current nine, and teacher colleges from eight to 15 (UNICEF, 2012).

According to Gwarinda (2006), University enrolment at the only university existing at the time which was the University of Zimbabwe, rose from 1 480 in 1979 to 4 130 in 1984. This impacted positively on literacy levels. According to the United Nations Development Programme (UNDP, 2003), Zimbabwe achieved a literacy rate of 90, 7% in the late 2000. Zimbabwe ranks first in literacy rate among Southern African countries, (Kotecha 2008; UNDP, 2003). This is important because literacy and educational access are important as means of improving public awareness on environmental and health issues (International Labour Review, 1995).

The logo of the University of Fort Hare is a circular emblem featuring a sun rising over a mountain range, with the university's name in a circular border.
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Although equity has not been completely achieved, there were significant improvements made in that the gap between male and female students was narrowed in primary, secondary and Higher education institutions Gwarinda (2006). Racial discrimination was addressed as the government disbanded the racial classification system in black (Group B) and white (Group A) schools (Kotecha, 2008; Kanyongo, 2005). Currently, what partially separate these two racial groups in Zimbabwe are Private Schools which deliberately charge exorbitant fees which cannot be easily afforded by the black majority (Kanyongo, 2005). The same source further asserts that aggressive educational policy resulted in the country producing professionals to work in the private sector and government. The country also became the source of educated manpower in Southern Africa and today Zimbabwe has thousands of professionals working overseas and in neighbouring countries (Kanyongo, 2005).

There are also some challenges to the Zimbabwe's education system to be noted. The policy goals and targets were not placed within a reasonable time frame (Kanyongo, 2005). Critics argue that these goals were not tied to the availability of the requisite

resources to achieve them. According to the UNDP Report (2003), the country's economic performance went down since 1990 hence poverty has become more acute and widespread, leading to many parents finding it difficult to afford fees for their children. School levies were introduced in 1987 hence rural schools were underfunded again, thereby widening the gap between the rich and the poor. Mass education placed a heavy financial burden on the government (Rembe, 2006). The challenges became acute as donor support dwindled and shortage of learning and teaching materials surfaced as students also produced poor results in rural and urban schools. Currently, the Higher Education sector is affected by brain drain and as the private sector shrinks, graduates supplied on the job market fail to get jobs (UNDP, 2003; WHO/UNAIDS/UNICEF, 2011). Other stakeholders particularly NGOs are assisting in the provision of education and training of manpower to reduce inefficiencies. NGOs in Zimbabwe have frequently identified HIV and AIDS and inadequate financial resources as being among the major problems affecting education in the country (MOESC, 2001; Kotecha, 2008).

1.6 HIV and AIDS Prevalence in Zimbabwe

The first HIV and AIDS case in Zimbabwe was reported in 1985 (The Zimbabwe Human Development Report 2003: 7). The country's first national estimate produced in 2003, indicated that HIV prevalence amongst adults had reached 24.6%, but by 2005 this had declined to 20.1% (UNAIDS, 2004). The Ministry of Health and Child Welfare (2004) reported that by 2003, an estimated 600 000 people had full blown AIDS out of a total of 2.1 – 2.3 million persons infected with HIV. Current statistics reveal that 25 % of the population or 1 300 000 people are infected with HIV (UNICEF, 2011; CIA, world Fact Book, 2011). Recent estimates by joint United Nations Programme on HIV and AIDS (UNAIDS) show that approximately 1 200 000 adults aged 15 and up are living with HIV (UNESCO, 2007). Literature from UNAIDS (2011) confirm that HIV prevalence in Zimbabwe has declined remarkably in recent years, dropping from 26% to 14 % between 1997 and 2009 (UNAIDS, 2004). The prevalence has gone down especially among the 15 to 24 year group (UNAIDS, 2009). These studies have linked this decline with population-level changes in sexual behaviours. However, critics in literature consulted maintain that a decline in HIV prevalence is not a sufficient indicator of programme impact (WHO/UNICEF, 2011; Chandiwana, 2009).

The negative impact of the epidemic continues to be strongly evident in the Zimbabwean population (UNAIDS 2011). Zimbabwe has experienced the impact of HIV and AIDS on the reduction of life expectancy from 65 years in the 1980s to 46 years currently (UNAIDS 2011). This is a result of HIV infection which gives rise to the outbreak of various opportunistic diseases like Tuberculosis (TB) and pneumonia (CIA, World Fact book, 2011). The population size (Demographic impact) has been affected since projections show that the population would have grown from 11.8 million in 1992 to 16.6 million in 2010 in the absence of AIDS (UNICEF, 2003). The high level of mortality has led to a corresponding increase in the number of orphans. Cited sources reveal that in Zimbabwe, an estimated 980 000 children have been orphaned by AIDS (UNAIDS, 2004). According to Rembe (2006), in education, a decline in enrolments has been attributed indirectly to HIV and AIDS. The probable causes could be linked to economic hardships, increased discrimination, illness and orphanage dropout among a list of other possible factors. In other words, students' enrolment figures have gone down in schools, colleges and universities due to lack of money for fees that is supposed to be paid by responsible guardians and parents, HIV illness and poverty (Kanyongo, 2005; UNICEF, 2003). Loss of skilled and professional labour in the public sector threatens the effective functioning of the education sector.



The impact of the epidemic in Zimbabwe is partly linked to economic recession which has created more poverty and vulnerability at the individual and household levels in the country (WHO/UNICEF, 2011; Rembe, 2006; UNESCO, 2007). This also constrained the resources available at macro-level to control the propagation as well as the capacity to minimise the epidemic's impact (The Zimbabwe Human Development Report 2003). For the purpose of this study, it is worth mentioning that, although the prevalence has gone down especially among the 15 to 24 year group (UNAIDS, 2009), the epidemic in Zimbabwe still affects young women and young men in the university going-age group. Evidence suggests that prevalence in tertiary institutions is bound to be high (Gregson et al, 2002, World Bank, 2008). They are the most affected (Shisana et al 2005). The reason is that, In these institutions, there is high risk rates of sexual experimentation, prostitution, unprotected casual sex and have limited knowledge on the basic facts on HIV and AIDS and other sexually transmitted diseases (World Bank, 2008).

1.7 Impact of HIV and AIDS on the Education sector in Zimbabwe

HIV and AIDS epidemic has an impact on the education supply and demand. It is likely to affect enrolments, as fewer children will be born due to high infection rate among groups of reproductive age. According to Chandiwana (2009), a number of infants will be born with the virus as a result of transmission from their mothers and these infected infants might not survive to school going age. The end result is that the number of children of school going age will be smaller. According to Barnett and Whiteside (2002) in Rembe (2006:9), "There is already evidence of decline or stagnation in learner enrolments in some of the SADC Member States including Zimbabwe, Zambia and Swaziland.

The declines have been attributed directly or indirectly to HIV and AIDS". In universities, enrolments are likely to be affected by the number of orphans who will drop out of school which are sources of supplies to Higher and Tertiary Institutions (Boller & Acher, 2008). In fact, HIV and AIDS have an impact on supply and demand since teachers, inspectors, university lecturers, managers and educational staff, all makes up a large occupational group. According to Rembe, (2006), studies have identified the above mentioned groups as a very high risk group for HIV and AIDS infection due to their relative prosperity, wealth and status in poor communities, where they live, their mobility and their separation from their families.

Barnett and Whiteside (2002) noted that HIV and AIDS have a devastating effect on the management of the education sector. Similar observations were made by Boller and Acher (2008:19) who posit that, "HIV ceases to be just a public health issue and potentially becomes a societal issue which can impact nationally on the economy and on all services, including education". The experienced managers and planners who attained their positions through long service and experience are affected by illness and deaths as well as loss of loved ones. Furthermore, the epidemic affects the availability of resources that would have been allocated for providing and enhancing quality education (Boller & Acher, 2008; UNAIDS 2002). Financial resources that would have been obtained from the public and private sectors are diverted away from the education sector to other areas to combat the epidemic. The epidemic has also increased the cost of providing education. There are other outcomes that result from the impact of HIV and AIDS on supply and consequently

the quality of education. They include, "High turnover of teachers as they take new positions in other public and private sectors which lose skilled and educated staff to HIV and AIDS. There are problems of getting specialist teachers and other staff, hence reliance on less qualified or inexperienced ones" Barnett and Whiteside 2002 in Rembe (2006:10).

It is essential to elaborate further the impact of HIV and AIDS on the university with reference to the issues of demand and supply. One of the human resource bases for skilled personnel is the University. For example Universities train teachers, who will be the main social change agents in the schools. The impact of HIV and AIDS in Higher Education sector manifests in lecturer and support staff's absence from duty due to ill health, which affects the quality of education (Mupawaenda & Murimba, 2002). It has an effect on lecturer performance, reducing competence and affecting output. Furthermore, the replacement of University lecturers often takes a long time and the replacement of lecturers who are on sick leave draws heavily on the budget of the Ministry of Education (Mupawaenda & Murimba, 2002; Boller & Acher, 2008). HIV and AIDS takes the heaviest toll on the 15 to 49 years age group, the age group that is most productive and reproductive (Gregson; Garnett & Nyamukapa 2002). An estimated 30% of students are likely to be infected during or soon after completing their studies, and most of them are likely to die of AIDS related illness before they turn 40 years of age (Mupawaenda, 2002). There is a loss of services of human resources who are in their prime years. The replacement of the teachers lost through HIV and AIDS is a major challenge because it implies stepping up training of such replacements (Gregson et al, 2002).

While the impact of HIV and AIDS on society is disastrous, and the level of wastage in economic terms is staggering, considering the investment made, the impacts are also felt by the education system itself including Higher Education. In the education sector, not only are students and teachers affected, but management, university staff, general workers and the policy makers themselves (Guni, 2006; WHO/UNICEF, 2011).

Although Zimbabwe is experiencing a significant decline in HIV prevalence rates among the 15 to 49 age group, (UNAIDS 2007), findings from UNESCO, (2007) indicate that despite the absence of evidence to link HIV and AIDS to the ever increasing number of deaths among lecturers and students in Higher Education Institutions, the effects of the pandemic cannot be ruled out. In higher Education there is high risk of infection because of the greater social interaction and contacts (UNESCO, 2007). This implies that supply and

demand for Higher Education is threatened. With regard to attendance, infected students always exhibit erratic attendances and concentrate less in class. Withdrawal from the system is another possibility (Mupawaenda & Murimba, 2002).

1.8 Response of the Education Sector to HIV and AIDS

1.8.1 National level

At national level, the aim of the Zimbabwean government is to provide people with the skills, information and services they need to reduce HIV infection (UNESCO, 2007; ZHD Report 2003). Zimbabwe's response to HIV and AIDS at the national level has been described by President Robert Mugabe as slow, weak and selective (ZHD Report 2003: 123). The initial reactions on national response has to be understood within the context of the coexistence of complacency, panic and acceptance among top officials, government departments, private sector and civil society (Rembe, 2006).

Zimbabwe's response to HIV and AIDS began in 1987 when the Ministry of Health and Child Welfare (MOHCW) established the National AIDS Control Programme (NACP). As policies were put in place, this Ministry was mandated to be the national coordinating body (UNESCO, 2007; ZHD Report 2003; Rembe, 2006). In the early stages, the pandemic was viewed as a health problem but as the epidemic unfolded, it was realised that the problem was a socio-economic one, which needed a multi-sectoral response. The National AIDS Council which replaced National AIDS Control Programme (NACP) was set up in 1987, to lead and coordinate the national efforts for HIV and AIDS prevention (Rembe, 2006). Although the National AIDS Co-ordination Programme (NACP) was set up and several short term and medium term HIV and AIDS plans were carried out over the following years, the initial response to the HIV and AIDS epidemic was haphazard, uncoordinated and lacking a central focus (UNAIDS, 2009). It was not until 1999 that the country's first HIV and AIDS policy was announced (WHO/UNAIDS/UNICEF, 2011; Rembe, 2006).

This policy was implemented the following year by the newly formed National AIDS Council (NAC), which took over from the NACP. It was unique in that, there was establishment of decentralised management structures in all levels, and adoption of multi-sectoral approach where partners, organisations' stakeholders worked together to plan and implement HIV programmes in a coordinated manner (UNESCO, 2007). For the

purpose of this study, it explains why the MOHTE has a Manpower Planning and Development Division responsible for planning, coordinating, managing and monitoring of HIV and AIDS programmes and activities in tertiary education level. The implementation of programmes and activities entails collaboration with other ministries, NGOs, other stakeholders and donors (SAfAIDS, 2010).

While these measures have had a positive impact, the government's response to HIV and AIDS has ultimately been compromised by numerous other political and social crises that have dominated political attention and overshadowed the implementation of the national AIDS policy WHO/UNAIDS/UNICEF (2011). The NAC has also been constrained by poor organisation and a lack of resources.

Currently a National HIV and AIDS Policy and the National HIV and AIDS Strategic Framework are operational (MOESC, 2002). The National Strategic Framework set out frameworks for action in terms of prevention of HIV and AIDS. The main components of the National Strategic Framework include HIV and AIDS Prevention Objectives, framework for action in terms of prevention, mitigation through care and support, reduction of negative impacts in general, management strategies and resource mobilisation (Republic of Zimbabwe, 1999:10).

The HIV and AIDS Policy, like the National Strategic Framework, has clearly outlined goals and objectives centred on HIV and AIDS prevention. The HIV and AIDS Policy outlines how different components such as addressing gender needs, vulnerable groups, human rights and dignity and avoidance of discrimination, are going to be implemented in order to achieve the goals and objectives. As an example, it stresses on Confidentiality which means not disclosing private or personal information without consent. Confidentiality of medical information about people living with HIV infection is important because of the risk of stigma and discrimination in respect of HIV and AIDS. The policy stresses on utilisation of participatory methods to develop appropriate HIV and AIDS/STI education material and messages for different target groups. In other words, the utilisation of participatory methods is a hint that lecturers, facilitators and students should engage learning and teaching methods that encourage participation in HIV and AIDS activities.

It is worth mentioning that efforts to prevent the spread of HIV in Zimbabwe have been exerted by the NAC, non-governmental, religious and academic organisations. Prevention

schemes have been significantly expanded since the turn of the millennium, but remain critically under-funded (WHO/UNAIDS/UNICEF, 2011).

Efforts to prevent the spread of HIV in Zimbabwe have been exerted by the NAC, non-governmental, religious and academic organisations. Children in Zimbabwe are currently taught about HIV and AIDS in schools. In 2006 the Ministry of Education, Sport and Culture, and UNICEF initiated an in-service training scheme of primary and secondary school teachers in HIV and AIDS life-skills and counseling. By the end of 2007 around 2753 primary and secondary schools had been reached by the scheme (UNAIDS, 2009). The forthcoming section discusses in detail the role of the education sector in Zimbabwe.

1.8.2 Education sector

Different measures (long and immediate term) have been taken to combat the HIV and AIDS epidemic (Rembe, 2006; UNESCO, 2007). The education sector has put in place policies, strategic plans and other regulatory frameworks to ensure that there is proper understanding of the epidemic and its impact on the education sector and also identification of priority groups and intervention (Rembe, 2006). The measures are meant to enhance proper direction and coordination of working arrangements and implementation of HIV and AIDS programmes and activities by different actors.

The following are the policy components: incorporation of the HIV and AIDS programme into professional training and other activities within all departments including primary, secondary and university levels; formulation of programmes for prevention, care and support in institutions; the human rights and responsibilities of members of the community affected by or living with HIV and AIDS; Gender and HIV and AIDS, support to students, staff and members of the communities, link and collaboration with other stakeholders (MOHTE, 2004:7). The development of HIV and AIDS strategic plans by the education sector and the need for their implementation has led to the establishment of HIV and AIDS management structures which include MOESC and MOHTE (UNESCO, 2007).

As an illustration, the education sector has responded by putting in place management systems, structures and committees at all levels which are provided with the required support like human, material and financial resources (UNESCO, 2007; Rembe, 2006). The

education sector has set up an HIV and AIDS management committee responsible for coordinating the responses to the epidemic in the education sector and its focus is on mitigating the HIV and AIDS pandemic; to educate people on the pandemic and to provide support services. Its focus in relation to other ministries, donors and civil society is to seek assistance in form of funds, support material, information, educational programmes and books. There are measures that have been taken to disseminate the ministry policy on HIV and AIDS and strategic plan to lower levels.

With the aid of circulars and human power representatives, the ministry has reached Provincial, District and the lowest level which is the school (UNESCO, 2007). Circulars and other HIV and AIDS policy related documents are sent to provinces and district to school/university level. It should be noted that the education sector works hand in hand with the Ministry of Health and Child Welfare (MOHCW) and the National AIDS Council (NAC) (Rembe, 2006).



1.8.2.1 Ministry of Higher Education

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Before 2004, the Higher Education sector relied on national instruments drafted by the national HIV and AIDS Policy (1999) and the public service Commission on HIV and AIDS Workplace Policy to guide its response (UNESCO, 2007). The Higher Education sector developed a draft HIV and AIDS Workplace Policy with support from UNESCO-Harare Cluster Office and Public Service Commission. By 2004, the policy was in place for use by teachers' colleges (UNESCO, 2007).

The critical issues in the education sector that the (MOHTE)'s HIV and AIDS policy covers are in documents and in circulars mostly. The objectives include (MOHTE, 2004:7): to prevent new infections and the spread of HIV and AIDS by encouraging responsible behaviour; to care and support the infected and support them with skills to cope with their lives; to ensure that structures and a conducive and supportive environment exist in all colleges and universities to assist and empower those infected and affected; to train and equip students staff with accurate and up to date information on HIV and AIDS and offer in-service training for those who have not received HIV and AIDS training at college and university; to produce peer educators, trainers and volunteers who are adequately

equipped with relevant and up to date knowledge and skills to carry out duties in outreach programmes in the communities; to ensure that gender issues are mainstreamed in the implementation of the college and university HIV and AIDS programmes.

The following are the policy components (MOHTE, 2004:7): incorporation of the HIV and AIDS programme into professional training and other activities within all departments at the college and university; formulation of programmes for prevention, care and support in universities; the rights and responsibilities of members of the university community affected by or living with HIV and AIDS; Gender and HIV and AIDS, support to students and staff, members of the communities, link and collaboration with other stakeholders.

They also identify clearly their target and priority strategies and interventions that will be pursued in order to achieve the stated objectives. They spell out different components and identify priority strategies and interventions that will be pursued in order to achieve the stated aims and objectives. The development of HIV and AIDS strategic plans by both Ministries and the need for their implementation has led to the establishment of HIV and AIDS management structures which include the secretariat and coordinators to steer the implementation of the plans (Rembe, 2006:18). There is a technical unit in the Ministry which is responsible for HIV and AIDS. Its main function is to coordinate functions and activities across the board, initiate production of material and seeks funds for programmes. It is also responsible for production of materials to be used in schools, training teachers at primary, secondary and tertiary levels to teach HIV as a subject with the help from UNICEF (UNESCO, 2007; UNICEF, 2011).

The above section has been purposively included in this study since it helped the researcher to address the main research question and the sub questions on prevention programmes. The policy and strategic framework raised above were examined against issues such as: Implementer capacity, material resources used to deliver the programmes and monitoring of HIV and AIDS programmes, the integration of HIV and AIDS as well as challenges of the implementation methods. As an illustration, to what extent do the policy implementers offer in-service training for those who have not received HIV and AIDS training at college and university as stipulated above?

1.8.2.2 Universities

As a result of the pandemic, Globally, Universities instituted programmes of HIV and AIDS information and education to students in the 1990s. In South Africa the HIV infection rate among university graduates was first estimated at 22% and was rising to 33% in 2005. Among postgraduates the estimate was 11% rising to 21% in 2005 (Kinghorn, 2005). There are also indications that people are dying from HIV and AIDS in universities. It is estimated that 17-20 staff members die from HIV and AIDS every year in The Copperbelt University of Zambia (WHO, 2006). One staff or student dies every month in the Kenyatta University, Kenya. In the University of Natal it is estimated that 33% of nurses who graduated three years previously had died (WHO, 2006).

Given the nature and devastating effects of HIV and AIDS and its impact on society, the universities in Zimbabwe have affirmed the need to draft their institutional policy aimed at managing and mitigating the effects of HIV and AIDS (UNESCO, 2007). The Universities HIV and AIDS prevention programme objectives are expected to be applied on campus in line with the existing Zimbabwean National HIV and AIDS legal framework/policy. It should be noted that, although Universities derive their policies from the national HIV and AIDS Policy, each university has its own institutional policy on how to manage and mitigate the effects of HIV and AIDS on campus (UNESCO, 2007). The coordination strategy for universities programmes at national level involves the Ministry of Higher and Tertiary Education's head office which organises provincial and district meetings. It also arranges and facilitates training sessions for universities members. The same Ministry is expected to monitor and support the programmes in place.

Universities in the country seem to have common Policy components. The aspects in the policies include: Rights and responsibilities of staff and students, integration of HIV and AIDS into teaching and research activities of all faculties, provision of preventive care and support services, implementation structures, processes and monitoring and evaluation, awareness campaigns, also provision for policy review (ZOU HIV & AIDS Policy, 2011; UZ HIV and AIDS Policy, 2011). In other words the policies spell out prevention programmes; programmes that are intended to mitigate the impact of the epidemic; and care and support.

Currently, all the 10 universities in Zimbabwe are implementing all the programmes as spelt out in the institutional HIV and AIDS policies (Kotecha, 2009). This study will examine the implementation of one of the programmes, namely HIV and AIDS prevention programmes which are geared towards raising awareness for behaviour change. HIV and AIDS prevention programmes in universities include:

(i) Education and training:

Education and training raises awareness and knowledge on the pandemic among staff and students (Guni, 2006). While Education is considered a prevention strategy, it is a concrete response in itself since it aims to raise awareness and inform people of the facts about HIV and AIDS (Kotecha, 2009). This programme includes activities such as mass campaigns, once-off HIV and AIDS awareness days or events and peer education programmes (Kelly, 2007). At the beginning of each academic year universities usually provide information on sexually transmitted infections (STIs), HIV and AIDS during orientation sessions. These may be done for a few hours or for a day (Kelly, 2007). Other forms of non-formal HIV and AIDS awareness programmes in Zimbabwe's universities include anti-AIDS clubs and peer education training which normally take three to four days (UNESCO, 2007). Generally, the anti-AIDS clubs strategy involves campaigns for voluntary HIV counselling and testing in the existing health care delivery system (UNAIDS, 2006).

The students would form anti-AIDS clubs and actively participate in processes for planning, implementation, and appraisal of HIV and AIDS related activities and interventions. The clubs are used for continued debate and discussion of issues related to HIV infection and AIDS (UNAIDS, 2006). A booklet on HIV and AIDS awareness suitable for University students was developed in 1994 and it addressed the many misconceptions and knowledge gaps common among most students (Kelly, 2007).

At Global level, in peer education, students may be trained by an HIV and AIDS expert in order to train others on campus. Alternatively, lecturers may be trained by outside experts through short courses, seminars or workshops. In turn, they use the cascade method to train others at university level (Back, et al. 2009). The education and training programmes course equips students with the knowledge, skills and attitudes to enable them to adopt positive behavioural changes regarding HIV and AIDS. The course should also discuss strategies for mitigating the HIV and AIDS epidemic (Back, et al. 2009).

In Zimbabwe universities, the authorities are quite aware that classroom lectures alone, cannot make students change behaviour on campus, and so they have put in place peer education training structures to facilitate HIV and AIDS activities for students on campus. The intended purposes of transforming the students' knowledge, beliefs and attitudes through peer education training is supposed to be done by students within a university who jointly develop their Peer talking, questioning, reflecting and discussing on issues that affect them (Gray et al. 2005; Back, De Geest, Hirst, & Rosamund, 2009). The on-campus site based HIV and AIDS Peer activities are sometimes led or initiated by HIV and AIDS Coordinators or Health Centre staff. Examples include: peer review and coaching; mentoring; study groups and communities of practice; and action research (Gray et al. 2005; Back, De Geest, Hirst, & Rosamund, 2009). These approaches can be seen to share a common 'bottom across' approach. Water-Adams (2006), reports that although these opportunities take relatively little time out of the students' tuition programme, the HIV and AIDS Coordinators find them stimulating and refreshing, and that they assist in shaping students' overall development. The advantage is about trying to understand Peer action from the inside and is carried out by practitioners on their own practice (Water-Adams, 2006). It emphasises the involvement of students in solving problems in their own campus, including halls of residence.

However, Peer activities in universities are a factor of how the administration of the university values them. If administration do not value quality, it is obvious that they will not foster a culture that encourages Peer talking, questioning, reflecting and discussing on issues that affect them. Sometimes Peer trainings usually come in form of workshops or seminars at venues designated by the HIV and AIDS programme facilitators and implementers (Back, et al. 2009). Such programmes might focus on, for example, specific subject topics or strategies for HIV and AIDS awareness. They may also be associated with the implementation and revision of policy issues (Back, et al. 2009).

In terms of qualifications and experience, the crucial point is that it is not the implementation *per se*, but the experience of successful implementation that changes the students' attitudes and beliefs (Guskey, 2002), hence the type of people who are supposed to do peer training is critical. These are supposed to be qualified to teach or lead on HIV and AIDS matters and with a lot of experience on the subject. They are supposed to be supported by the financial, adequate time as well as material resources to sustain

such programmes. In addition, they ought to be backed up with adequate follow-up activities.

(ii) Mainstreaming HIV and AIDS in the Curriculum:

Under this section, the study quizzed whether HIV and AIDS education was being taught in the universities. If so, how should it be integrated into the curriculum? Integrating HIV and AIDS in the main curriculum is an important entry point for HIV prevention, which goes hand in hand with the prevention of pregnancies and STIs (UNFPA, 2002). In the universities it is anticipated that HIV and AIDS is being integrated in the curriculum to provide accurate, comprehensive and current knowledge, information and methodology on STIs, HIV and AIDS. This education is supposed to be integrated into the curricular of all universities' faculties (UNESCO, 2007; Wood, 2011; McGinty & Mundy, 2009). Development practitioners agree that education is the key driving force for accelerated human development and reduction in poverty. It influences the pace of economic growth (Rembe, 2006). As a result, HIV and AIDS education should be mainstreamed in the curriculum (Setswe, 2009; UNESCO, 2008).

Integration of HIV and AIDS within the framework of higher education curriculum raises a number of questions which need to be answered (AAU, 2007). The first is whether it is possible to meet the challenge of HIV and AIDS through the curriculum and how best to do it? For example, should HIV and AIDS be treated as: a core course; that is (Teaching and learning of most of the relevant material is addressed in one main carrier subject); foundation course; a stand-alone course; that is (The topic HIV and AIDS is clearly labelled and earmarked in the university timetable. It addresses all relevant issues relating to HIV and AIDS education), an elective module; that is (students may not take the course if they do not choose it); projects or for special workshops (Miedema, 2006; AAU, 2007); infused into other subjects; that is (Teaching-learning on HIV and AIDS is included across a broad range of subjects in the curriculum). According to (IBE-UNESCO. 2006), this approach has generally been found to be less effective than the other approaches. As an extra-curricular activity; that is (university arrange outside the regular curriculum activities that offer greater opportunity for more active interaction between students, lecturers and the community), (IBE-UNESCO. 2006). On the downside, because extra-curricular activities are less structured, they are often irregular. In addition, because outcomes are generally not assessed or credited, lecturers may be less motivated to devote time to facilitating these activities, in particular when overtime is not compensated (IBE-UNESCO, 2006).

What it means to integrate HIV and AIDS into the framework of higher education curriculum is that, the specific options available for course developer's decisions on the content should be left to the faculty concerned..There are a number of factors to consider in Curriculum Reforms for Integration of HIV and AIDS since they have implications for planning (Setswe, 2009;Miedema, 2006; AAU, 2007). According to these sources, there should be choices to make in terms of priorities, timing, and availability of human and material resources. Furthermore, (AAU, 2007) emphasises that there is need to make provision for adequate financial and time lag to ensure that adequate consultations are made with key stakeholders. It is important when integrating HIV and AIDS education into the curriculum that a specific amount of time be allocated to the subject and that it be clearly scheduled in the university timetable. UNAIDS (2006) advises that the successful implementation and management of HIV and AIDS programmes across levels calls for the adequate provision of resources of financial, human, logistical and technical resources. On Implications of integrating HIV and AIDS education into the regular curriculum, inadequate lecturer training and support has been cited as one of the primary reasons why delivery and possible impact of HIV and AIDS education has been hampered (UNESCO Bangkok-IBE, 2005).



Monitoring and evaluation are also critical requirements under Curriculum Reforms for Integration of HIV and AIDS. Besides assessing learner outcomes, ministries of education will also need to monitor the quality of delivery and coverage of HIV and AIDS education and related services (For instance, number of hours spent teaching HIV and AIDS education per week, semester or year), and the quality and coverage of lecturer training and support(UNESCO Bangkok- IBE, 2005). Monitoring the quality and coverage of lecturers' pre-service and in-service training and implementation of HIV and AIDS education in universities is important for planners. It will enable them to adjust resource allocation so as to enable the system to meet the targets set in the ministry's strategic/annual work plans.

This section on curriculum integration was critical in examining the universities programmes, to ascertain whether the HIV and AIDS course was being given the same status as other Curriculum Studies courses required for graduation. Also, it is an eye opener to the study in that, curricular approach chosen will affect lecturer training. It will, for example, affect the number of (new and practising) lecturers that will need to be

trained, as well as the content of the (pre- and in-service) training(AAU, 2007). If a stand-alone subject or main carrier subject approach is used to integrate HIV and AIDS education into the curriculum, then fewer lecturers will need to be trained than would be the case if a cross-curricular approach were used. In a cross-curricular approach, trainee lecturers of the selected disciplines will need to learn how they can enable students to establish linkages between the lessons learned across the selected carrier subjects. During training, (trainee) lecturers will also need to become familiar with the teaching-learning materials designed for HIV and AIDS education (AAU, 2007). Miedema (2006) reiterates that the decisions on the content should be left to the faculty concerned but making sure they have the necessary skills and that the content is culturally and gender sensitive.

(iii) Material distribution and Support:

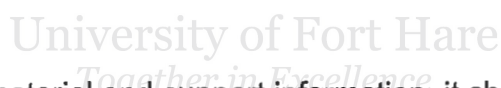
Walklin, (2002) advises that once a programme is put in place, there is need to identify the availability of learning and teaching resources. Material distribution entails the provision of short term and long term material to HIV and AIDS related programmes on campus by university authorities or other stakeholders Dube (2005). This section outlines the type of materials, how they are useful in the prevention programmes and methods of delivery have been integrated in the respective sections.

Material support is divided into two categories, the provision of physical resources such as buildings, technical equipment and books. On the other hand, non-material support is most commonly provided in the form of professional development (Rogan and Grayson, 2003). It should be noted that there are long term and short term materials provided to HIV and AIDS prevention programmes in universities. The long term material may be in form of text books and television sets, a health Centre, AIDS Centre and a library Dube (2005). The short term material may include seminar or workshops stationery which the NGOs or HIAC may distribute to participants Dube (2005). Support can also be on long term basis as programmes and students need consistent back-up on initiatives and in care and support of infected and affected students.

The type of materials to be distributed includes long and short term Information based material (HIV and AIDS literature).These are HIV posters, flyers, pamphlets and T-Shirts. These in most cases are distributed by health personnel, students and universities'

management using door to door outreach delivery methods (Kotecha, 2009). Sometimes the material is distributed using soft copy internet methods as students access them on computers (Kotecha, 2009; Dube, 2005). It should be reiterated that Material distribution uses active participatory methods such as door to door distribution of pamphlets, T-Shirts and placement of information on campus structures (Kelly, 2007; Kotecha, 2009). Information based material (HIV and AIDS literature) will be of greater use to the lecturers, students and programme facilitators since it raises HIV and AIDS awareness and knowledge levels of university community for behaviour change.

Material dissemination and provision of resources like condoms and family planning is usually done by students and health staff (Kotecha, 2009). Information from MOHTE HIV and AIDS review for the University of Zimbabwe reveal that in 2009 about 180 male condoms and 20 female condoms were distributed on weekly basis (University of Zimbabwe, 2009). Over 200 male condoms and 50 female condoms were distributed on weekly basis at each one of the other universities. These in most cases are distributed by health personnel, students and universities' management as they place them in bathrooms.



With reference to curriculum material and support information, it should be noted that there are different methods used by facilitators to implement the programmes (Coombe, 2002). As an illustration, universities employ lecture, exposition and group discussions methods and sometimes distribute hand-out material based on their Coping Skills Manual/Module. Long term human resource support for the programmes in higher and tertiary institutions is critical. Besides the training and supplying of qualified and experienced lecturers in universities by MOHTE, support is also needed (Coombe, 2002; World Bank, 2008). It is needed for the development of lecturer capacity to respond to HIV and AIDS related lecturer curriculum needs. Support can be in form of (non-material support) staff development through short courses training or in-service training (Coombe, 2002; World Bank, 2008; Rogan & Grayson, 2003). The physical support resources such as buildings (health Centre, AIDS Centre and a library), technical equipment (television sets) and books are a necessity (Dube, 2005). The researcher felt that material in form of buildings and multi-media teaching aids will be of greater use to the lecturers, students and programme facilitators. This section on material and support resources was critical in examining the universities programmes to check on availability and adequacy of materials and other resources used by implementers of the programmes in the universities.

(iv) Monitoring and evaluation

Like many HIV and AIDS education programmes worldwide, the universities should have an operational monitoring system on how material and support are being managed (World Bank, 2008). Health personnel, lecturers and university management should monitor programme impact to see if there is change in students' attitudes regarding HIV and AIDS (World Bank, 2008). The University should adhere to the strategic plan on follow-up procedures on all long term and short term material being managed on campus (World Bank, 2008). This strategy holds considerable promise for providing timely and necessary information about the programme. The Ministry of Higher and Tertiary Education should be committed to the response to the pandemic in its tertiary institutions (UNESCO, 2006).

The sector, in collaboration with various stakeholders, is mandated to monitor the implementation of the Ministry of Higher and Tertiary Education Policy on HIV and AIDS for Teacher's Colleges and universities. It should monitor Capacity building for senior university staff and health coordinators (UNESCO, 2006). It is supposed to monitor education based material for initiatives in care and support of infected and affected students. There is need to monitor financial support resources from the various donors (UNESCO, 2006).

The monitoring of Curriculum reforms such as integration of HIV and AIDS entails assessing learner outcomes by MOHTE and university authorities, monitoring the quality of delivery and coverage of HIV and AIDS education and related services. For instance, they monitor the number of hours spent teaching HIV and AIDS education per week or per semester. They also have to monitor the quality and coverage of lecturer training and support (UNESCO Bangkok- IBE, 2005). Data on lecturers' pre-service and in-service training and implementation of HIV and AIDS education in universities will enable planners to adjust strategic work plans if objectives are not being achieved.

In peer education, monitors check to establish whether students are being trained by an HIV and AIDS expert in order to train others on campus as per strategic plan (Back, et al. 2009). There is also need to confirm whether lecturers are being trained by outside experts through short courses, seminars or workshops and noting the strengths and weaknesses of the cascade method at university level (Back, et al. 2009). Monitoring can take place

through interval surveys and check lists to ascertain if education and training programmes course is capable of equipping students with the knowledge, skills and attitudes to enable them to adopt positive behavioural changes regarding HIV and AIDS. It is the mandate of MOHTE and university authorities to monitor performance of on-campus site based peer education training structures programmes put in place to facilitate HIV and AIDS activities for students (Gray et al. 2005).

The monitoring of the implementation of these resources dwells solely on differences in frequency, quality (for instance, video tapes and internet web sites) and quantity of material (for instance, Curriculum modules) being distributed by the relevant university stakeholders. One has to check on whether the resources are adequate for all targeted university students to effect behaviour change.

The monitoring of programmes is supposed to be systematic and consistent. It should also involve programme beneficiaries like students and lecturers in all levels of implementation (Musegedi, 2007; Mogobe et al, 2007; Pohan et al 2011) To ensure that Universities implement the above programmes, various stakeholders, among them UNICEF and UNESCO assist by: capacity building for both staff and health coordinators, development of educational materials for lecturers and establishing of workplace strategy (UNESCO, 2007). Despite the implementation of the above programmes minimisation of HIV infection seems to be a problem at the universities (Gregson et al, 2002). For example, in one university, newspaper report revealed that approximately 2 500 out of 12 500 student population were infected by HIV and that of the 10 000 employees, 2 000 were infected (Herald, 13 August 2006).

Despite the fact that Zimbabwe experienced a decline in HIV and AIDS prevalence, deaths among teachers and students in higher education institutions is on the increase (Higher and Tertiary Education Sector Response to HIV and AIDS in Zimbabwe- Report 2008). The pandemic is continually eroding the skills base of the Zimbabwean economy represented by the 18-30 year age group found in institutions of higher and tertiary education (World Bank, 2008). Evidence suggests that prevalence in tertiary institutions is bound to be high since tertiary institutions have high risk rates of sexual experimentation, prostitution, unprotected casual sex and have limited knowledge on the basic facts on HIV and AIDS and other sexually transmitted diseases (Kotecha, 2009, Gregson et al, 2002). In the case of education faculties enrolled students in the universities include primary and secondary

school teachers, school heads, education officers and curriculum developers (ZOU Information Brochure 2011). It has been observed that Zimbabwe lost between 2414 and 3 919 teachers in 2001 due to the pandemic (Mupawaenda et al, 2001). It is evident that some of them were students from universities since teachers are trained also in those institutions (Kotecha, 2009). In fact, what is supposed to happen through the current HIV and AIDS prevention programme in place in the universities is that, HIV infections should be on the decrease as well as decrease in the number of pregnancies among single female students and also a decrease in STIs among the students. But this is not the case (Kelly, 2007; Kotecha, 2009). In the universities it is anticipated that HIV and AIDS is being integrated in the curriculum to provide accurate, comprehensive and current knowledge, information and methodology on STIs, HIV and AIDS. However, preliminary investigations reveal some gaps in the way the curriculum is being implemented.

The HIV and AIDS prevention programmes have been put in place by the universities and are currently being implemented. However, they do not seem to have met their objectives because HIV and AIDS infection has not decreased as anticipated (Kelly, 2007, Kotecha, 2009). Moreover, the rate of STIs has also increased and pregnancy among single female students has also increased (Kelly, 2007; Kotecha, 2009). Hence this study examined the implementation of HIV and AIDS prevention programmes in universities in Zimbabwe

1.9 Statement of the research problem

Due to the increase in HIV cases, pregnancies and STIs, Universities in Zimbabwe have put in place different programmes to address HIV and AIDS epidemic (UNESCO, 2007, Kotecha, 2009). Among the programmes are HIV and AIDS prevention programmes which are geared towards preventing the spread of the epidemic by raising awareness to enhance behaviour change (The Zimbabwe Human Development Report 2003, UNESCO, 2007). The programmes include education and training, integration of HIV and AIDS in the curriculum and material distribution (UNESCO, 2006; Guni, 2006). The programmes are currently being implemented in all universities in Zimbabwe (Guni, 2006). However, they have not met their objectives as HIV and AIDS as anticipated.

Government machineries for curtailing the menace of HIV and AIDS are not-with-standing and the effects of both governmental and NGOs activities to reduce the impact and

scourge of HIV and AIDS, have failed to yield expected reduction in HIV and AIDS prevalence in Zimbabwe. While lots of efforts have been put in place to impact on the collective attitude and behavioural changes of all and sundry, the increasing pace of single motherhood has assumed alarming proportion while risky sexual behavioural patterns are on the increase. Actual statistics linking HIV and AIDS-induced death are rather unreliable. HIV infections have not decreased as expected (The Zimbabwe Human Development Report 2003; Guni, 2006; Kelly, 2007). Moreover, there has been increase in STIs among students and pregnancies among single female students as Universities health centres noted (Guni, 2006; Kelly, 2007).

It is against this background that this study seeks to assess the HIV and AIDS implementation Programmes and activities in the three designated Universities.

1.9.1 Main research question

How are HIV and AIDS prevention programmes implemented in three universities in Zimbabwe?



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1.9.2 Sub- questions

- (i) What materials and other resources are used by implementers of the programmes?
- (ii) What is the capacity of the implementers of the programmes?
- (iii) What methods do implementers use in delivering the programmes?
- (iv) What monitoring and support strategies have been put in place by the universities to ensure that the programmes are properly implemented?
- (v) What are the students' and staff perceptions regarding implementation of HIV and AIDS prevention programmes in the institutions?
- (vi) What can we learn from the findings of the study regarding curriculum and programme implementation models or theories?

1.10 Purpose of the Study

Thus the main objective was to find out the extent to which earlier implementation efforts of both the Government and NGOs in the reduction of HIV and AIDS prevalence have yielded

in Zimbabwe Universities. The study sought to establish how HIV and AIDS prevention programmes were implemented at Universities in Zimbabwe.

It sought to establish the following aspects:

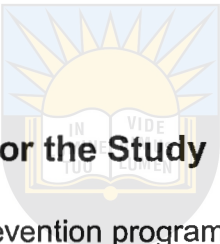
1.10.1 Materials and other resources used by implementers of the programmes in the universities.

1.10.2 The capacity of the implementers of the HIV and AIDS prevention programmes

1.10.3 The methods used by implementers in delivering the programmes

1.10.4 The monitoring and support strategies that have been put in place by the universities to ensure that the programmes are properly implemented

1.10.5 The students and staff perceptions regarding the implementation of HIV and AIDS prevention programmes in the institutions



1.11 Significance and Rationale for the Study

The implementation of HIV and AIDS prevention programmes in the institutions contributes to good quality of education which many universities including those under study are striving to attain for their population including students. Given the nature and devastating effects of HIV and AIDS and its impact on society, the universities in Zimbabwe have affirmed the need to define their institutional policy aimed at managing and mitigating the effects of HIV and AIDS (UNESCO, 2007). The universities and the MOHTE have put in place structures to facilitate the implementation of HIV and AIDS prevention programmes but research has shown that the structures have failed to achieve their intended purposes of harnessing HIV and AIDS prevalence among students in higher education institutions since it is on the increase (Higher and Tertiary Education Sector Response to HIV and AIDS in Zimbabwe- Report 2008; Kotecha, 2009; Gregson et al, 2002).

In this case, the study findings might be of great benefit or rather an eye opener to the Universities, Zimbabwe's Higher Education, HIV and AIDS co-coordinating offices, policy makers and curriculum planners as well as researchers in that: they may use the research findings as a guide in creating intervention programmes and policies that are understood and acceptable by students.

First and foremost, the study would bring to the fore instances of the loopholes and weaknesses hindering the dividends of all the earlier measures at curtailing high HIV and AIDS prevalence and its mitigation. An assessment of weaknesses is crucial while efforts should therefore inform the development and initiation of adequate and well evaluated methods that would impact the reduction of HIV and AIDS prevalence and bringing solace to the people of Zimbabwe through multi-intervention activities geared toward sexual behaviour change. The study has generated a database, which has simply expanded the literature on effective implementation of HIV and AIDS in Zimbabwe programmes for universities at national, regional and global levels. The findings of the study would provide vital reference material for other researchers who may want to carry out similar studies in the implementation of HIV and AIDS in Higher education institutions from a Zimbabwean perspective. The recommendations of this study will assist the Policy makers to make an informed decision on the policy formulation that is tailored to effective behaviour change in students. Through the faculty of Education, universities can implement HIV and AIDS curriculum by training teachers who in turn are societal change agents.

The findings will also add to the existing knowledge on HIV and AIDS since new problems can be exposed by investigating implementation of the programmes. University personnel may utilise the study's findings in monitoring and evaluation of programmes. Furthermore, this study is of great benefit to the MOHTE as it unravels the importance of the capacity of implementers in the implementation process of HIV and AIDS the impact of shortage of material resources on the implementation process.

University based intervention programmes are thus crucial (UNAIDS, 1997). Tembo (2000:23) advises that broad institutional participation and carefully selected programme interventions can lead to a decline in the number of new infections. Furthermore, the target audience are students and staff. Students are high priority in the setting because of the cost of training Higher Education students and the fact that graduates represent the most highly skilled and valuable economic resources in a country. Many of the students will go on to become future leaders across all sectors of society. Thus, the likelihood of a student becoming HIV infected during the studies has considerable implications.

The researcher has attempted to justify why the study had to be done in pursuit of new knowledge. To date, not much has been done to look into issues behind implementation of HIV and AIDS in Zimbabwe universities. This study, therefore intended to fill that gap by

highlighting issues behind implementation of the HIV and AIDS in Zimbabwe universities. Due to their physical, psychological and social attributes, most young adults in Higher Education institutions have not yet fully comprehended the adverse impact of HIV and AIDS virus on their lives (UNESCO, 2007). The researcher reasons that, given such a scenario, therefore, it has become important to investigate why this is the case. Critical factors which have rendered the programmes ineffective have been examined and better ways for implementing HIV and AIDS in Zimbabwe programmes that might render implementation activities effective have been explored.

Although there are studies already conducted on the same issue, the researcher has conducted this study in order to fill the gap. This study is going to add new knowledge through a model of implementation. Though research has been done and a lot of models in HIV and AIDS implementation exist, programmes do not seem to change behaviour of people. This study might contribute knowledge to implementation models and is applicable even in Africa where HIV and AIDS are still prevalent in universities.

1.12 Assumptions

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This study was based on the assumption that there are problems behind implementation of HIV and AIDS prevention programmes in Zimbabwean Universities as such the programmes have failed to reduce HIV and AIDS infection, the rate of STIs and pregnancy among single female students as anticipated. This has negatively impacted on the performance of programmes in universities.

In this study, the researcher assumes that:

1.12.1 Most of the facilitators and lecturers who teach HIV and AIDS programmes in Higher Education Institutions in Zimbabwe are not qualified. The capacity of some facilitators in some cases is inadequate

1.12.2 There is lack of proper monitoring and evaluation strategies of the prevention programmes in universities and that the monitoring and support mechanisms for HIV and AIDS programmes are weak.

1.12.3 There is inadequate support material and other resources in universities for successful implementation of HIV and AIDS prevention programmes.

1.12.4 There is no proper integration of HIV and AIDS curriculum in universities.

1.12.5 Behaviour change will depend on presence of material and other factors such as students' attitudes towards the intervention strategies, institutional policy, and management commitment to the programmes

1.13 Delimitation of the study

The study's main focus was three State Universities that implement HIV and AIDS prevention programmes. Higher education institutions in Zimbabwe include universities, teachers' colleges and technical colleges but the researcher opted to focus on universities (three public universities). There are three private and seven public Higher Education institutions in Zimbabwe but three public universities A, B, and C were included in the study. The study focused on implementation of HIV and AIDS prevention programmes. In this study, the participants were undergraduate and post-graduate students, academic staff, HIV and AIDS coordinators and NGOs. These were targeted as key respondents of the study.

1.14 Definition of Terms

1.14.1 HIV and AIDS

HIV: Huber (1993:76) HIV is the virus that causes acquired immune deficiency syndrome (AIDS). HIV infected cells weakens the immune system. According to UNESCO Report (1995), HIV is an infection called a virus. HIV weakens and eventually destroys the body's immune system which fights infection and diseases. Eventually people with HIV go on to develop AIDS.

AIDS: According to Huber (1993:2) Acquired Immuno Deficiency Syndrome is illness characterised by infection with HIV coupled with the presence of one or more of a constellation of opportunistic infections (such as pneumonia). Similarly, the Zimbabwe

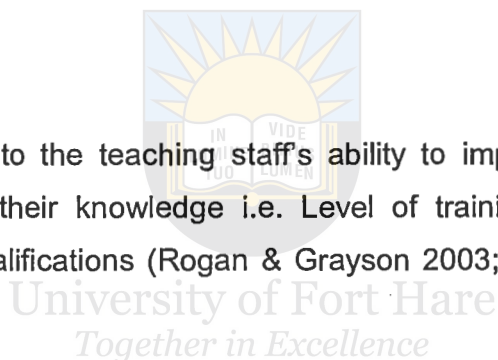
Curriculum Development Unit teacher's book (1996:13) notes that AIDS is a sexually transmitted syndrome caused by the HIV virus. It is worth mentioning that people with HIV go on to develop AIDS.

1.14.2 Implementation

Implementation refers to how, when and by whom the HIV and AIDS programmes are administered. In this study, the implementation is an attempt to put into operation or into reality the intention embodied in the curriculum proposal, during which process the learner should acquire the planned or intended experiences, knowledge, skills and attitudes that are aimed at enabling him to survive in his particular society (CDE, 1995)

1.14.3 Capacity

In this study capacity refers to the teaching staff's ability to implement HIV and AIDS programme with regards to their knowledge i.e. Level of training on HIV and AIDS, experience and academic qualifications (Rogan & Grayson 2003; Ornstein and Hankins, 2004).



1.14.4 HIV and AIDS prevention programmes

"These are planned systematic strategies taken to help reduce the number of new infections by using outreach, counselling, awareness and support services" (MassResources.org 2011:1). They focus on harm reduction strategies. These programmes are associated with activities that could lead to HIV infection reduction. The programmes give people the information and tools they need to make healthier behaviour choices.

1.15 Chapter Outline

The study consists of seven chapters as follows:

Chapter One

Chapter one has presented the introduction that aims to set the scene for the study. This chapter discusses the background of the study where concerns and issues on implementation of HIV and AIDS programmes in universities in Zimbabwe are raised. This section further discusses the statement of the research problem, the purpose of the study and significance of the study. It also presents the research questions as well as objectives of the study. The rationale for the study, assumptions, delimitation for the study and definition of concepts are also outlined in this chapter.

Chapter Two

Chapter Two reviews the theoretical framework. It discusses the theoretical frameworks used in this study which are the Rogan and Grayson's Curriculum Implementation Theory and the Conceptual Model of School-based implementation by Greenberg et al (2005).

Chapter Three

Chapter Three explores the Global and Zimbabwean literature on HIV and AIDS statistics and prevention programmes. It discusses literature on issues such as: Implementer capacity, material resources used to deliver the programmes and monitoring of HIV and AIDS programmes. It reviews challenges of the implementation methods and attempts to identify some gaps which the study seeks to fill.

Chapter Four

Chapter Four presents and justifies the research methodology and design used in the study. It goes further to describe the orientation of the study-research paradigm, an explanation of the study design, instruments used and the entire process of data collection. Data analysis, measures to ensure trustworthiness and ethics are part of this chapter.

Chapter Five

Chapter Five focuses on data presentation analysis and interpretation.

In this chapter, the researcher presents and analyses all the data collected through interviews, focus group discussions, questionnaires and document analysis as well as observations. Data are presented using frequency tables, graphs and pie charts.

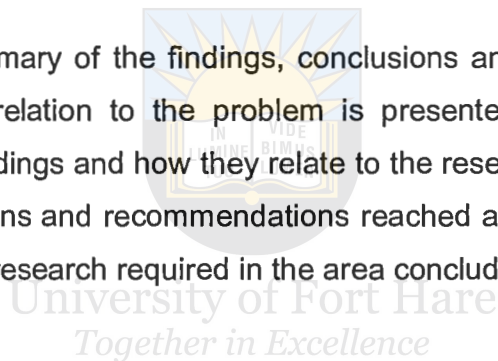
Chapter Six

Chapter Six comprises of a general discussion of the findings

This chapter discusses the findings of the research. The discussion of the findings is based on the comparison of the findings with data found in the literature reviewed on implementation of HIV and AIDS in Universities in Zimbabwe.

Chapter Seven

Chapter Seven presents summary of the findings, conclusions and recommendations. A summary of the findings in relation to the problem is presented in this chapter. The methods used to reach the findings and how they relate to the research questions are also part of this chapter. Conclusions and recommendations reached and their implications for the policy makers and further research required in the area conclude the chapter.



1.16 Summary

This section discussed the background of the study where concerns and issues were raised on the implementation of HIV and AIDS prevention programmes implemented by three Universities, statement of the problem and the purpose of the study were viewed. The research questions, objectives, assumptions, significance and delimitation of the study as well as the chapter outline are presented in this section. The next chapter focuses on discussion of the theoretical frameworks used in this study.

2 CHAPTER TWO: THE THEORETICAL FRAMEWORKS

2.1 Introduction

The Chapter discusses the theoretical frameworks that informed this study. They include the Rogan and Grayson's Curriculum Implementation Theory and the Conceptual Model of School-based implementation by Greenberg, Domitrovich, Graczyk and Zins (2005). It concludes with a discussion of the theoretical framework and model for studying the implementation of HIV and AIDS prevention programmes in higher education institutions.

2.2 Theoretical Frameworks

2.2.1 Rogan and Grayson's Curriculum Implementation Theory

This study has drawn from the theory of curriculum implementation by Rogan and Grayson (2003) to discuss information collected on different issues in the implementation of HIV and AIDS prevention programmes in universities. It should be noted that although the model was for schools, the basics in curriculum implementation are the same; hence it is applicable to Universities. Rogan and Grayson (2003) lay the groundwork for a theory of curriculum implementation with particular reference to developing countries, under which the universities of this study fall. Their framework draws on school development, educational change, and science education literature, in order to develop three constructs that could form the heart of such a theory. The three constructs are: Profile of implementation, Capacity to support Innovation, and support from outside agencies (Rogan & Grayson, 2003). They acknowledged the weaknesses of curriculum implementation models by Beeby (1966), De Feiter et al. (1995) and Verspoor (1990). They felt that their shortcomings are that they tend to endorse a deficit approach to curriculum change and they imply a linear view of curriculum change, thereby obscuring the complex and idiosyncratic nature of the process (Rogan & Grayson, 2003). Instead, in the theory they developed, they propose that there is need to recognise current reality and then build on the strengths of various components of the educational system -teachers, pupils and school environment.



Rogan and Grayson (2003) base their theory of curriculum implementation on three main constructs. The three constructs are: Profile of implementation, Capacity to support Innovation, and support from outside agencies (Rogan & Grayson, 2003).

2.2.1.1 Profile of implementation

According to Rogan and Grayson (2003) the Construct Profile of Implementation is an attempt to understand and express the extent to which the objectives of the reform programme are put into practice. These authorities further maintain that it recognises the fact that there can be multiple ways of putting a curriculum into action as there are teachers teaching it. Inherent in the notion of a Profile of implementation is the recognition that the implementation of a curriculum can take place at different levels. It is at the final levels, Refinement, Integration and Renewal, that the teacher begins to take ownership of the curriculum. This approach is in line with the concept of “development planning” (Hargreaves & Hopkins 1991), in which the various members of the school community participate in drawing a plan to implement change in a way that is appropriate and feasible for that school’s context and culture during which the curriculum is used. It should be noted that, unlike Beeby (1966), Rogan and Grayson (2003)’s levels are not necessarily linear.

With reference to how HIV and AIDS programmes are implemented, Rogan and Grayson (2003)’s theory assists the current study to understand and express the extent to which the objectives of the HIV and AIDS prevention programme are put into practice. It recognises major determinants of the student’s success or rather change of behaviour such as the background of students, attitudes to learning HIV and AIDS, responses to change, and the kind of strengths and constraints they might bring to the learning situation.

The first factor deals with the background of students, and the kind of strengths and constraints they might bring to the learning situation. Behaviour change is expected on universities students as authorities implement HIV and AIDS programmes. However, Rogan and Grayson (2003)’s construct on capacity to support innovations on student factor noted aspects which hinder or support the implementation of new practices. Students come from different backgrounds where family and culture related commitments

(home environments) might be detached for some time as they stay on campus. Student attitudes to learning and responses to change, proficiency in the language of instruction is likely to be a major determinant of the student's success or rather change of behaviour. It is also noted that the student composition of classes can affect the achievement of students. With reference to effecting behaviour change, it should be stressed that universities classes are composed of different students in terms of age groups, peer preferences, interest and perceptions towards learning.

In this study, the Rogan and Grayson's (2003) theory of implementation was used because of its relevance to the areas of enquiry. Although this theory has its limitations, the researcher drew some aspects to explain the data. The researcher discussed study findings through the use of Rogan and Grayson's (2003) theory as one of the researcher's lenses to see through how HIV and AIDS programmes are being implemented and as the basis for the researcher's argument and validation of the results. Aspects of the Rogan and Grayson (2003)'s theory that were used to discuss the findings of this study included issues such as: capacity factors and profile of implementation of HIV and AIDS programmes. Capacity to support innovations includes aspects which hinder or support the implementation of new practices and ideas in the new curriculum. Basically, these possible indicators fall into four groups namely: physical resources, school ethos and management, teacher and student factors. These were the main areas which the research sought to answer. These are discussed in detail under different subsequent sub-headings.

2.2.1.2 Capacity to support Innovation

Capacity to support innovations includes aspects which hinder or support the implementation of new practices and ideas in the new curriculum. Basically, these possible indicators fall into four groups namely: physical resources, school ethos and management, teacher and student factors. It should be noted that not all schools have the capacity to implement a given innovation to the same extent. In other words, institutions differ in their capacity to implement an innovation. Physical factors play a pivotal role in influencing capacity since poor conditions and limited resources can limit the performance of even the best teachers and undermine learners' focus on learning (Fullan, 1991). Physical resources include basic buildings like classrooms and specialist rooms; suitable furniture and text books. Teacher factors refer to teacher's own background, training, subject matter

knowledge and level of confidence and their commitment to teaching (Rogan & Grayson, 2003). These factors influence their capacity and willingness to implement change. Johnson et al (2000:181) in (Rogan & Grayson, 2003: 1187), posit that “new practices will only survive if there is a fit with the working environment. A link between teacher’s pedagogical content knowledge and their classroom actions is essential”. This section of the constructs assisted the researcher to focus discussion on the question on the capacity of the implementers of the HIV and AIDS prevention programmes. It is important as it informs the study on lecturer capacity, that is, lecturers’ qualifications, area of specialisation, experience and teaching strategies they use in the implementation of the programmes.

A fourth factor pertains to the ethos and the management of the school. This refers to the quality of leadership. In their studies on HIV and AIDS prevention through a life-skills school based programme in Indonesia among High school students, Pohan et al (2011:527) posit that, “Talking about school intervention, the role of teachers and school management should not be separated. Their support and involvement may lead to sustainability of a school-based HIV and AIDS prevention programme.” Rogan & Grayson, (2003) are of the view that innovation depends on the role of the principal and that change has to be realistically planned and subsequently monitored. They concede that these two factors are not the same, but are closely intertwined, especially in schools in developing countries. Rogan & Grayson, (2003) stress that reliance of teachers on school leadership changes with time as their capacity is increased. If the school is in disarray and dysfunctional, it implies that no innovation can successfully take place. However, over and beyond the obvious requirements of a functioning school, according to Berman and McLaughlin, (1977) quoted in (Rogan & Grayson, 2003:1187), research has shown that the leadership role of the principal is crucial when it comes to implementation”. This assertion is consistent with observations made by Pohan et al (2011). It is from this perspective that the role of teachers in an organisation is complementary to management role as they aim to achieve organisational goals together.

On leadership of HIV and AIDS programmes, the current study is informed that all those managing and running the universities’ prevention programmes should be equipped with the necessary qualification and experience to teach, manage, monitor and evaluate the programmes in place. Deans, HIV and AIDS Committee leaders should be supervising others and giving them feedback on programme performance, hence cannot be

underestimated. Pohan et al (2011) advise that a shared vision as to how the innovation will play out depends largely on the type of leadership a school has. Change has to be planned and subsequently monitored, supported in a variety of ways by the leadership in collaboration with all stakeholders. Institutional change over time is likely to be dynamic. These four factors together demonstrate the picture of the capacity of a school to innovate. The study examined how the HIV and AIDS programmes were implemented by finding out whether these four factors to the construct capacity to support innovation were taken into consideration by the universities under study.

2.2.1.3 Support from outside agencies

Capacity building- strengthening the capacity of universities to meet the needs of their staff and students is a central goal for technical assistance by outside agencies. Outside agencies are defined as organisations outside the school, including departments of education (Rogan & Grayson, 2003). The organisations fall into four categories: government departments, donors (both local and international), NGOs and unions. These interact with the school in order to facilitate innovation. In the context of this study, the innovation of interest is implementation of a new curriculum HIV and AIDS prevention programme. In developing countries educational innovation is often sponsored and funded by other richer countries (Rogan & Grayson, 2003). These sources further maintain that the management teams of these innovation projects often consist of people from a variety of countries with diverse backgrounds and philosophies.

According to Rogan and Grayson (2003) theory, reputable organisations also link with international donors as they source funds for programme development. However, these organisations do not want to be associated with the government. The issue here is one of credibility. Hence when we consider outside support we need to consider a wide range of organisations with vastly differing agendas, all vying for collaborating with one another to play a role in the implementation of educational innovation. This idea relates to the researcher's study in that there is insight on how outside agencies get involved in Zimbabwe's universities as they implement prevention programmes. The study focused on the types and levels of support NGOs bring to universities to stimulate innovation and undertake professional development activities.

Rogan and Grayson (2003)'s sub-constructs deal with two forms of support to schools, material and non-material support. Material support is divided into two categories, the provision of physical resources such as buildings, technical equipment and books. This aspect on material support was appropriate as a guide to this study. As the programmes are implemented in universities, there is need to check for HIV and AIDS specialist rooms for guidance and counselling. It is also appropriate as a guide on whether universities have put in place text books in form of HIV and AIDS Modules and other related material which attempt to effect behaviour change. On the other hand, Rogan and Grayson (2003) state that non-material support is most commonly provided in the form of professional development and is rated to be one of the most visible and obvious ways in which outside agencies attempt to bring about change in schools.

Under professional development, following Rogan & Grayson, (2003)'s Theory, these ways may take the form of in-service training where teachers' skills could be upgraded. The Theory emphasises that concentration should be on provision of information and a greater sense of teacher ownership of the process since all monitoring is undertaken by school based personnel. Rogan and Grayson (2003) also stress that non-material support can involve the need for monitoring and accountability. Non-material support for students would also involve support of the students groups to be fully committed to the intended changes. Rogan and Grayson (2003)'s model is significant typically in this study, the researcher was guided to assess the implementation of universities as to whether peer groups and student HIV and AIDS committees were being given such external and internal non-material support through workshops and seminars.

The study was also partly grounded in the School-Based Implementation Conceptual Model which is presented and discussed in the next context.

2.2.2 A Conceptual Model of School-based implementation

This study has also been informed by the School-Based Implementation Conceptual Model (Greenberg, Domitrovich, Graczyk and Zins, 2005). Although the model is school based, it suits the current study since the aspects to be discussed are applicable to university based settings as institutions of learning. The study is partly grounded in a framework which conceptualises HIV and AIDS prevention and promotion programmes. This model focuses

on both the factors that affect implementation (pre-planning, target audiences, participants' responsiveness, quality of technical support available, quality of materials, quality of delivery) and the need for implementation quality (Greenberg et al., 2005). The focus of the school-based HIV and AIDS prevention and promotion programmes framework was compatible with the purpose of this study which sought to examine the implementation of HIV and AIDS in three Zimbabwean universities. The model proposed by Greenberg et al. (2005) integrates research and theory from the fields of programme evaluation and education. It considers the study of the implementation of school-based prevention and promotion programmes. The Theory is appropriate for the study because it discusses the critical multiple factors of programme implementation (including key concepts in sub-questions), hence, was compatible with the objectives located in this study.

2.2.2.1 Planning the intervention

Greenberg et al. (2005) provide the planned intervention in the following distinct factors namely: Planning the intervention; target audiences; quality of technical support available; quality of materials; and quality of delivery. These are discussed in detail.

Greenberg et al. (2005) have categorised their critical factors into four main groups. They are; the structure, content, timing, and nature of the intervention. Greenberg et al (2005) posit that the first dimension in the programme model should include the planning factor which entails the cited four main groups.

They argue that these critical dimensions interlink hence, would be an added advantage to programme implementers in any organisation (Greenberg et al. 2005). According to these authorities, the programme structure includes who delivers the programme and the format of the delivery. In other words, planners for university HIV and AIDS prevention programmes should plan for manpower (HIV co-ordinators, lecturers and peer educators) with reference to "who delivers the programme". The same idea tallies with the recommendations that the level of training on HIV and AIDS, experience and academic qualifications should not be under estimated (Rogan & Grayson, 2003; Ornstein & Hankins, 2004). This dimension is appraised by McGinty and Mundy (2009) who maintain that, it entails human resources planning. The dimension also suggests that the format of the delivery of the HIV and AIDS prevention programme has to be planned for. In particular,

the ways in which HIV and AIDS lessons would be delivered in universities. These scholars recognise that teaching and learning of HIV and AIDS can be done as an instruction alone or lessons or instruction plus generalisation procedures (Greenberg et al. 2005). Different schools of thought in social sciences have expressed how they view the format of the delivery of the HIV and AIDS prevention programme in universities. University HIV and AIDS curriculum planners can develop a standalone HIV and AIDS courses or infuse HIV and AIDS into existing units and/or develop a core HIV and AIDS course for all students in every tertiary institution (Owino, 2007; Setswe, 2009; UNESCO, 2008).

This first dimension guided the researcher in the assessment of how HIV and AIDS programmes are implemented in Zimbabwe Universities especially in the following sub question of the study; "What is the capacity of the implementers of the programmes?" This dimension gave insight to the researcher on issues of human resource supply and division of tasks ranging from HIV and AIDS steering committee, lecturers to teach the subject and student peer committees. These should be included at the planning phase.

The researcher notes that these aspects take into consideration the complexity of programme implementation which cannot be achieved by use of any one model. In any delivery of an intervention, it is important to consider how issues to do with the capacity of the lecturer aspects were integrated into the design of the programmes. Greenberg et al (2005) model, of paramount importance, has given guidance on this study in that, it guided the researcher in determining the implications of the model for implementer characteristics with reference to experience, expertise and qualifications.

Next, Programme content is what some programme developers refer to as the "essential components" of the intervention (Greenberg et al, 2005; Guskey and Sparks 2002). These may be broad components or processes, individual sessions within a component or a specific sequence of activities within a lesson. Greenberg et al (2005) explain that there is need to plan the type of content to be taught, that is, knowledge, skills and attitudes relevant to the students' personal interest and professional aspirations. The content topics may include these examples: introduction to sexually transmitted infections including HIV and AIDS, introduction to communication and control of HIV and AIDS, Life skills for students such as self-awareness, assertiveness, interpersonal relationship skills, drug use and abuse, decision making skills, critical and creative skills (Nasibi, 2007). Nasibi (2007)

endorses that the content values are inherent in the university curriculum hence should be advanced in classrooms as well as imparted to students in daily routines, in social events and content coverage.

The timing of the programme is the pace at which the programme should be administered according to Greenberg et.al (2005). In other words, timing and dosage of the programme would entail planning for instance, the number and length of sessions the content may be delivered by the university lecturers (three times per week for seven weeks or once per week for twenty- one weeks) and includes both the frequency and the duration of the intervention. Finally, the nature of the given intervention is likely to affect implementation quality Greenberg et al (2005). These authorities advise that, intervention must be socially valid, capable of being delivered as intended and within the range of expertise and resources available, if it is to be used widely.



2.2.2.2 Quality of delivery

Greenberg et al (2005) posit that the second important aspect of the planned intervention is the quality of programme delivery, including the effective nature or degree of engagement of the implementers when delivering the programme. According to Greenberg et al (2005), this aspect may be reflected in implementers' presentation style or in the variety of materials or methods they use to communicate the intervention concepts. Other aspects of delivery quality include the effective use of the intervention techniques (such as role plays and problem- solving discussions) and the extent to which intervention concepts are generalised across the intervention context (Greenberg et, al. 2005). To elaborate the idea further, once courses are developed, universities must be committed in seeking funds to produce or procure adequate HIV and AIDS teaching and learning materials and modules. At the same time, they train lecturers on the implementation strategies such as teaching skills/techniques through a seminar or other staff development logistics.

This striking point under quality delivery also guided the researcher in the assessment of how HIV and AIDS programmes are implemented in Zimbabwe Universities. It was the intention of this study to establish the methods used by implementers in delivering the programmes. Nasibi (2007) concurs with the view raised by Greenberg et, al. (2005) on the importance of variety of materials or methods universities use. The author purports

that, the methods of teaching and training should be those which will enhance learning in the cognitive, affective, psychomotor and social relating domains of learning (Nasibi, 2007). Dube (2005) advocates for curriculum and learning situations to be client centered. A closer possible explanation, according to the theory postulated by Greenberg et al. (2005), lies in the capacity of a university to successfully implement quality HIV and AIDS prevention programmes which offer a variety of materials or methods as a critical factor. For this study, it is acknowledged that this perspective (quality of delivery) does touch on the teaching and learning situation as it functions in universities to date. These aspects raised were used to explain the data for this study on the students' perceptions on quality of delivery in terms of resources and learning methods in their universities. The next factor to be presented and discussed is target audience

2.2.2.3 Target audiences

The third dimension, target audience, refers to the population or populations intended to receive the intervention and whether they actually are reached Greenberg et al (2005). This dimension is primarily relevant for selected or indicated interventions that target a specific audience (for instance, those students at risk or students already displaying early signs of maladjustment). Greenberg et al (2005) further elaborate that, when an intervention is directed towards a specific group, it is important to monitor on who was present when the intervention was delivered. These scholars are concerned that, given the frequent absenteeism of high- risk students, it is very possible that even when university personnel deliver a programme faithfully, targeted students will not receive an adequate amount of the intervention.

For the study, the target audience factor has been understood and used to refer to university participants as the population intended to receive the HIV and AIDS intervention. It was also the intention of the study to examine whether they were actually being reached and whether there was any form of evidence of kept registers of attendance and minutes documents. To navigate this point further, there was need to adopt this factor since the study also dealt with a distance learning Open University case. Literature capturing this idea about reaching of target audience, was noted on "characteristics of distance learning" by Talbot (2010:6), who states that, "You will be studying at a distance using a variety of different media, which may include radio, television, printed material, a computer or a

mobile phone” If Talbot (2010)’s ideas are considered, it means HIV and AIDS university curriculum developers need to think of best ways to reach distance education students. On the other hand, the implications of this dimension (target audience) are that, in the university situation, students have been known to react/respond differently to on campus programmes such as peer campaigns, meetings, seminars (Cheng, Hua Lou, Lisa, Mueller &Gao, 2008). This explains why sometimes there are reports of negative attitudes of students towards HIV and AIDS campaign programmes that often lead to poor or low turnout attendances in meetings organised for their benefit. Greenberg et, al. (2005)’s point is that, once a programme is put in place, the question to address is how best can universities maximise on attendances from populations intended to receive the intervention (target audiences)? Should it be through examinations (compulsory), after school lessons, lectures, seminars, workshops or other means envisaged possible? In the context of the study this means that, understanding how programmes work and how they are delivered was advantageous to the researcher on achieving the objective; “To establish the students and staff’s perceptions regarding HIV and AIDS prevention programmes in the institutions” Further, this understanding was key in examining how on campus based and distance programmes are implemented in Zimbabwe universities. This factor of theoretical perspective of the school-based model raised in this study holds significant insights that in themselves open unique windows that make real life observations in their dynamic manifests, hence its relevance to this study.

2.2.2.4 Quality of materials

This model argues that in order to have successful programmes, materials for the programmes should be user friendly, age appropriate and culturally sensitive, for instance, instruction manuals. Greenberg et al (2005)’s model advises that the design and format of instruction manuals may have a significant impact on the quality of programme delivery. They advocate for curriculum development and implementation situations to have modules that include a comprehensive scope and sequence chart, provide the rationale for the programme objectives and include detailed and well organised and easily understood lesson activities. (Graczyk et al; 2000; Greenberg et al, 2005).

A critical point in the aspect of the model is the recognition of resources (material and non-material) as central to, implementation and evaluation of programmes in general (Edgar,

Fitzpatrick, & Freimuth, 1992 as cited in Airhihenbuwa, 2000). This aspect of the model gave guidance on this study in that the researcher was interested in finding out the materials and other resources that are used by implementers of the programmes in the universities. It guided the researcher in determining the implications of the model for quality, quantity and role of learning and teaching resources used by implementers. Looking at issues in the implementation of the programmes for example integrating HIV and AIDS issues in formal curriculum, the ideas are most helpful for the study to assess modules/material in place, whether they include a comprehensive scope and sequence of content, provide the rationale for the programme objectives and include detailed and well organised lesson activities.

There is need to plan for different stages and styles of learning and to make sure that there is Design of programme material and Format of programme materials. Understanding how programmes material work and how they are delivered (for example, for lectures or workshops/seminars) was advantageous to the researcher in this study on achieving the objectives on or how the programme facilitators design or organise their programmes.

From this model, it emerges that a variety of contextual issues such as pre-planning and the quality of material may influence programme implementation. Understanding such dynamics of programme implementation, helped the researcher determine how HIV and AIDS programmes are currently being implemented in Zimbabwe universities and how they should be implemented to reduce the spreading of HIV infections. Hence, the main research question and other sub-questions were answered through this understanding.

2.2.2.5 Technical support available

Greenberg et. al. (2005), hold that one of the most important dimensions of the implementation support system is the technical support provided. This support includes the structure, content, and timing of pre-intervention training, and any on-going support required to deliver the programme successfully. It also includes the implementation monitoring system or additional technical assistance materials provided by the programme (Greenberg et. al. 2005).

The authorities of this model further elaborated that the structure of the technical support determines who delivers programme support and how it is delivered to programme implementers (for example, direct training, trainer of trainers' model, or video-tape). From another school of thought, this view of trainer of trainers is refuted in the studies conducted elsewhere by Engelbrecht Ankiewicz, & de Swandt (2007). These have criticised the use of the cascade model used in most formal Continuing Professional Development programmes, saying the 'cascading' of information results in the 'watering down' and / or misinterpretation of crucial information hence, the messages become diluted and distorted at each level of the cascade model (Dove, 1986; Khulisa, 2001 cited in Engelbrecht Ankiewicz, & de Swardt, 2007). Further, the trainers during workshops and especially those involved in the model of training lack confidence, knowledge and understanding to manage the training process (Engelbrecht *et al.*, 2007). Training and supervision should be comprehensive and should prepare the implementers to conduct the programme. Therefore, the content of the technical support should include the essential elements of the intervention (Greenberg *et. al.* 2005). The timing of technical support refers to the frequency, duration, and pace at which the support and follow-up should be administered. In this study, literature reviewed under this sub- heading gave more light on understanding findings for the sub-question "What monitoring and support strategies have been put in place by the universities to ensure that the programmes are properly implemented?" This in turn, became part of the solution to the main research question.

Greenberg *et. al.* (2005)'s model is logically persuasive and characteristic of a simple and feasible curriculum development and implementation theory. It conscientises HIV and AIDS curriculum developers and implementers in that, once a policy and an action plan are in place, all stakeholders should remain principled and uphold commitment as their philosophical inclination.

2.2.2.6 Quality of technical support

According to Greenberg *et. al.* (2005) quality of technical support includes (a) the quality of delivery during training and supervision, (b) the quality of the working relationship between the trainers and the implementers, and (c) the characteristics of the trainers who provide the assistance.

Most of the detail on the importance of quality of teacher support cannot be overemphasised since it has been discussed in detail in the content addressing “What is the capacity of the implementers of the programmes?” The critical points to capture under this section are as follows: The important factor is the experience of trainers. Research reveals that some programmes certify as trainers only individuals who have already had extensive programme experience. Trainers need to be adequately prepared and experienced to provide the technical support (Greenberg et. al. 2005). Quality material should be used to implement programmes.

The researcher learns that this model, therefore, recommends that programme developers should provide information about resources needed to implement an intervention. They should provide information about the actual resources (for example, money, time, and personnel) needed to implement an intervention in practical, familiar formats. This information will not only help communities make the best decision about which Intervention to use but will support the quality of the implementation when the programme is conducted (Greenberg et. al. 2005).

The strategies and methods to be used in transmitting content, skills and attitudes are also critical factors (Greenberg et. al. 2005). Experiential methods facilitate the acquisition of knowledge through experiences and reflection. They are most suitable in teaching attitudes and morals because “only real life experiences are effective in moral learning and the student learns by living life and experiences are the true teachers. This calls for the use of stimulated experiences such as drama, role play, mock sessions and even dance (Nasibi, 2007). The researcher contents that both performing and creative arts are suitable in HIV and AIDS training programme because they are attractive, exhaustive, therapeutic and less confrontational. Interactive methods such as questioning provide immediate feedback on how participants are thinking and on what they know (Nasibi, 2007). It is an essential method in transmission of HIV and AIDS related information because it motivates, sustains attention, and stimulates interest, initiative and creativity among the audience

Discussions give all participants opportunity to interact in any way that is not possible in any other method. The methods of teaching and training should be those which will enhance learning in the cognitive, affective, psychomotor and social relating domains of learning. The study further contents that Interactive methods like question and answer,

open discussions, small group discussions, panel discussions, symposium, round table, debates and brain storming are necessary for quality of delivery during training . Experiential methods such as role play, dramatisation, case studies, projects, researches, education visits and discovery method are also recommended (Nasibi, 2007). Once a programme is put in place, there is need to identify the availability of learning and teaching resources (Walklin, 2002; Dube, 2005)

From these dimensions, the researcher notes that Universities’ authorities need to be aware that HIV and AIDS programmes have essential elements such as methods of delivery and monitoring. The researcher is reminded to understand (such as under Timing and Dosage), the number and lengths of sessions provided on university timetables for formal HIV and AIDS lectures and tutorials, workshops as well as examinations. This was compatible with one of this study’s objectives, which sought to determinethe students and staff perceptions regarding the implementation of HIV and AIDS prevention programmes in the institutions. The researcher therefore presents the summarised diagrammatic theory of Greenberg et al (2005).

Fig 2-1 displays Greenberg et al (2005)’s model incorporating both the planned intervention and the planned implementation system.

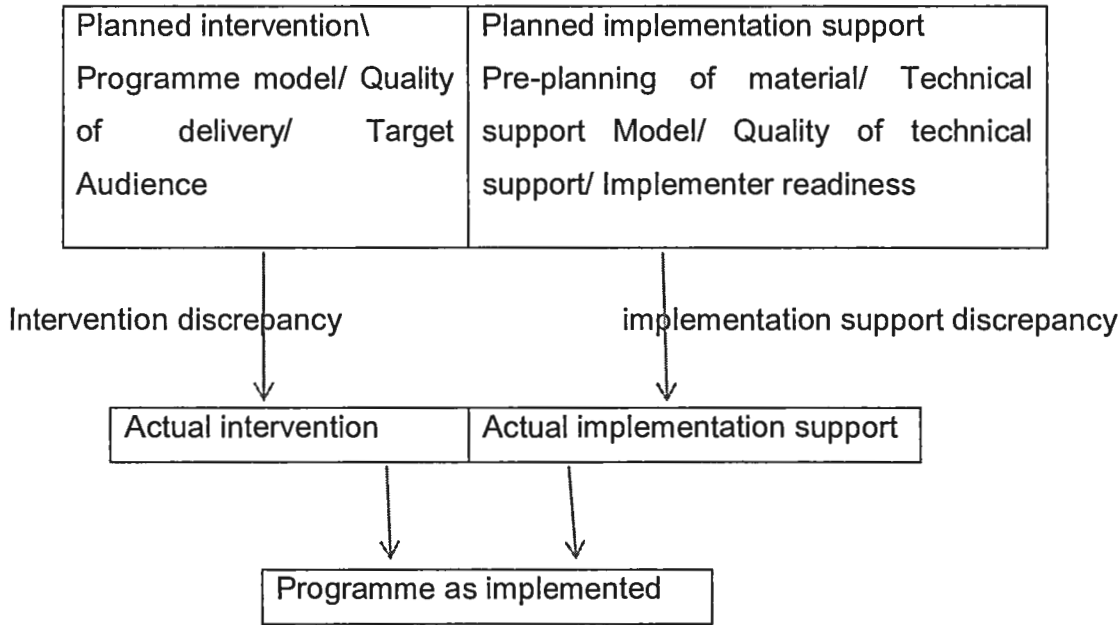
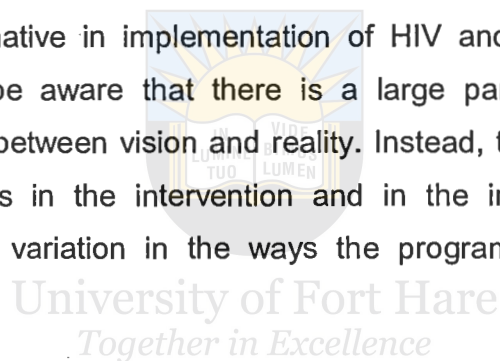


Figure 2-1: The prescriptive portion of programme theory for school based programme

The step proposed by Greenberg et al (2005) in the development of a comprehensive programme theory is to outline the prescriptive theory, the “how to” of the intervention. This step involves specifying the essential elements of both the planned intervention and the planned implementation strategy. In brief, the institution plans essential policies, structures and implementation strategy, and then develops a measurement system to assess these elements (Greenberg et al 2005). The main idea from figure (1) is that, in most cases, some discrepancy will exist between what is planned and what actually happens in both of these elements. The institutional Policy and strategy prescribed may not tally with the actual programme on the ground. Some of the reasons for the mismatch were noted by Greenberg et al (2005) as discussed under Planning the intervention; target audiences; quality of technical support available; quality of materials; and quality of delivery.

These factors can be informative in implementation of HIV and AIDS programmes in universities. They need to be aware that there is a large part of the gap between knowledge and practice and between vision and reality. Instead, they should identify and understand the discrepancies in the intervention and in the implementation systems because it helps to explain variation in the ways the programme was planned and implemented.



2.3 Summary

The models delineated key factors for successful programme implementation; described how these factors relate to one another and to programme characteristics; and ultimately to programme outcomes. What is noteworthy about these theories guiding programme implementation is the fact that they both seem to allude to the following: Aspects which hinder or support the implementation of new practices and ideas in the new curriculum. Basically, these possible indicators are identified as: material and physical resources, lecturer and student factors, methods of delivery; capacity building of implementers and strengthening the capacity of universities to meet the needs of their staff and students in the fight against HIV and AIDS.

Thus in this study, no particular view of the two models (Rogan & Grayson, 2003 and Greenberg et, al. 2005), was adequate to explain all scenarios of the implementation of

HIV and AIDS in the three universities investigated. But, each sub-component of the two theoretical frameworks contributed a portion so as to portray a holistic picture of the implementation of HIV and AIDS prevention programmes. In other words, the significance of using these two different lenses (models of Rogan and Grayson, 2003 and the School-Based Implementation Conceptual Model -Greenberg, 2005) through which to examine programmes, is that the combined insight to be gained is much more relevant and important, than using any one of these frameworks alone. Theoretical Triangulation is enhanced, hence their relevance to this study.



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3 CHAPTER THREE: REVIEW OF STUDIES CONDUCTED TO EXAMINE THE IMPLEMENTATION OF HIV AND AIDS PREVENTION PROGRAMMES

3.1 Introduction

This chapter focuses on review of related literature on major aspects or issues on the implementation of HIV and AIDS prevention programmes. The literature review focuses on material distribution, implementer capacity, monitoring and support, students and staff perceptions, successes and challenges. A number of studies have shown that the implementation of HIV and AIDS prevention programmes is faced by a number of problems such as negative attitudes of students, poor implementer qualification, and shortage of human, material and financial resources, which has impacted negatively on its implementation (Evian, 2006; Leviton, 2003). These issues are discussed in detail in the fore going sections.



3.2 The capacity of the implementers of the HIV and AIDS prevention programmes

Capacity to support innovations includes aspects which hinder or support the implementation of new practices and ideas in the new curriculum (Johnson et al. 2000). In this study, specifically at the university level, there is consensus among researchers that capacity refers to the teaching staff's ability to implement HIV and AIDS programme in relation to their knowledge, that is, level of training on HIV and AIDS, experience and academic qualifications (Rogan & Grayson 2003; Ornstein & Hankins, 2004).

Literature consulted reveals that capacity of implementers entails human resources (McGinty & Mundy, 2009), negative attitudes of students, poor implementer qualification, and shortage of material and financial resources, (Evian, 2006; Leviton, 2003). Human resources refer to manpower/people who implement programmes in universities. These people may include university management and lecturers who should be qualified and experienced to implement curriculum programmes successfully. The major objective of

HIV and AIDS prevention programme implementation in Zimbabwe universities is to provide a healthy environment free from HIV and AIDS (UNESCO, 2007). To create an enabling environment for action, universities address a number of cross-cutting issues: capacity building- strengthening the capacity of universities to meet the needs of their staff and students is a central goal for technical assistance. (McGinty & Mundy, 2009). Lecturer academic and professional qualifications, years of teaching experience and competency can be very instrumental in the implementation of HIV and AIDS prevention programmes (Mogobe et al, 2007; Pohan et al 2011). The forthcoming illustrations spell out the importance of issues regarding qualifications, experience and specialisation of implementers.

3.2.1 Qualifications

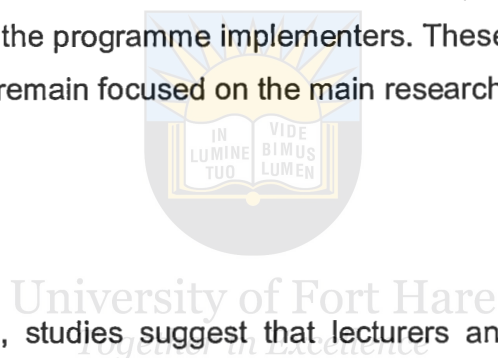
Qualifications refer to the academic status (certificate, bachelor's or masters and doctorate degrees) of the lecturers, NGOs and HIV and AIDS as implementers of HIV and AIDS Prevention programmes. Well-trained staff will result in improvements, enhancements, and expanded programmes. Furthermore, it was established that good practice programmes should be grounded in the principle that implementers need to be trained to strengthen resiliency and decision-making skills, such as harm/risk reduction and condom negotiation, that is, Professional competence (Ornstein & Hankins, 2004; HEAIDS, 2010). Lecturers need to understand what is known about HIV and AIDS so that they can give reliable information about them to students (Ghukasyan, 2003).

For instance, in most of the selected HIV and AIDS interventions in South Africa and sub-Saharan Africa universities, except very few, it was also found that there was no directly professionally-led, large-scale behaviour change programmes. Instead, training was mostly basic, limited, and undertaken by peer educators (HEAIDS, 2010). Literature suggests that NGOs and HIV and AIDS Coordinators working at students' universities play a stronger role in life skills training and in counselling, hence should be qualified (HEAIDS, 2010).

A review that examined university level HIV interventions in South Africa, sub-Saharan Africa, and at an international level concluded that, in cases where there is lack of trained staff, programmes should continuously promote professional development for

implementers. Specific issues concerning human resource competency like lecturer's own involvement in HIV and AIDS activities in universities and staff development and training are crucial (Wood, 2011, HEAIDS, 2010). However, these also need to be supported through various support structures for development of an individual (Eastern Cape Department of Education, Manual for school management, 2010). The Manual authors had in mind the external facilitators including NGOs and HIV and AIDS' level of competence, especially in their role as expert's workshop/seminars facilitators.

In line with the thinking of some of the views noted, qualifications of Lecturers, Peer Educators, NGOs and HIV and AIDS Coordinators working at students' universities needed to be investigated as they play a stronger role in the implementation of HIV and AIDS prevention programmes. Also, the researcher captures that professional development is imperative for the programme implementers. These considerations made it possible for the researcher to remain focused on the main research question.



3.2.2 Specialisation

With regard to specialisation, studies suggest that lecturers and other HIV and AIDS prevention programme implementers should have specialised in the area concerned (McGinty & Mundy, 2009). In other words, they should possess relevant degrees, certificates and diplomas in HIV and AIDS related areas. Literature consulted reveals that most lecturers who deal with HIV and AIDS, in Sub-Saharan Africa universities, lack specialised professional qualifications (Kirumira & Katahoire, 2008). Studies were conducted at universities such as Makerere (Uganda), Universities of Botswana and Namibia as examples (Kotecha 2008). Other researchers have found that there have been too many educational innovations without adequate programme specialists. In some regions there is a history of negative experiences with previous implementation attempts which in itself is an unfavourable condition for change since system members may have built up a cynic or apathetic attitude towards change (Altrichter, 2000). Lecturer capabilities and experience in AIDS or sex education vary (Ghukasyan, 2003). Local administrators must show specific forms of active support including in-service training. The researcher also contends that experience coupled with specialised professional qualifications of the HIV and AIDS programme facilitators play a role in good delivery of lessons during (curriculum mainstreaming) lectures and training workshops or seminars. However, the researcher

feels that effectiveness of this assertion depends very much on the initiative and support of university management as Pellert (2007) also stressed that more competitive funding, project management and inter-institutional collaboration require greater managerial and personal skills. In addition, more autonomy and more proactive strategic profiling of the institution require improved leadership competence (Pellert, 2007).

In this study, it is therefore prudent to investigate the areas of specialisation of NGOs, HIV and AIDS Coordinators and Lecturers.

3.2.3 Experience

Experience refers to the number of years a lecturer, NGO or HIV and AIDS coordinator would have spend serving the university. By applying international standards of good practice, it has been shown that interventions are most effective when guided and implemented by professionals with a background and experience in behaviour change interventions (Wood, 2011; McGinty & Mundy, 2009; HEAIDS, 2010). According to Doll (1999), Curriculum planners today are showing interest in qualities aligned to experience since they consider it most important in transforming human life and behaviour. Critics (Wood, 2011; Doll, 1999), further expressed the view that if programmes are to succeed, their promoters must consider the quality and quantity of human resources ranging from qualifications to adequacy in terms of staffing in universities. In other words, experience of a lecturer at a university is part and parcel of qualitative human resource. NGOs and HIV and AIDS Coordinators should have experience and skills in behaviour change techniques (HEAIDS, 2010). By applying international standards of good practice in studies conducted in South African Universities, it has been shown that interventions are most effective when guided by theory and implemented by professionals with a background and experience in behaviour change interventions (HEAIDS, 2010). The survey was conducted at major universities (including, Pretoria, Kwa-Zulu Natal, Cape Town and Witswatersrand), specifically on universities HIV and AIDS prevention programmes.

Specifically at the university level, capacity building support may include training activities for lecturers, improving technical and organisational processes and functions improving the functioning of systems and mechanism involving a network of partners and stakeholders and addressing the needs of communities for information through advocacy and

awareness raising activities (UNESCO, 2007). While this study agrees with this assertion, the researcher feels that there should be a relevant HIV and AIDS manpower forecasting approach for universities to meet the demands of these Higher Education Institutions. This approach can produce adequate relevant skilled personnel needed in all Faculties. Literature on 'learning organisations' suggests that lecturer professional development can also be promoted through co-operation and support among lecturers (Karsten, Voncken & Voorthuis, 2000).

Other views on lecturer capacity were highlighted by Shisana; Peltzer; Zungu-Dirwayi and Louw (2005). They suggested that on Capacity development, the aim of capacity development is to develop the skills of HIV and AIDS prevention, (Shisana. Peltzer, Zungu-Dirwayi & Louw ,2005; UNAIDS (2006). Hence, these sources warn providers of HIV and AIDS programmes to be mindful of professional development when designing Health programmes for universities and urge them to embark on hiring qualified manpower and training of lecturers as both a guide prior to actually conducting the programme. Just like in a study conducted by (Shisana et.al 2005; UNESCO, 2007; Karsten, Voncken & Voorthuis, 2000), it is also recognised internationally that in many countries an ageing cohort of academic staff requires more systematic succession planning and talent development within the institution (Pellert, 2007). He further asserts that increased national and international competition for high quality staff is a reality (Pellert, 2007).

The researcher reasons that it would be beneficial if universities could adopt such informative ideas to support the implementation of HIV and AIDS programmes. However, specifically at the university level, a challenge remains in the resources to support all those people needing training. Faculties usually compete for budgets to send their staff for further training outside the country, not to mention the local seminars and workshops provided. These studies have illustrated how critical it is to provide support to implementers (lecturer capacity).

The idea of literacy cannot be over emphasised at both national and international levels. Literature consulted from Southern African Regional Universities Association (SARUA) by (Kotecha 2008:116) revealed that, "Despite its current economic and political woes, Zimbabwe still has a literacy rate of 90 percent, placing it among the most literate countries in the world. National literature by Mtetwa, Tambo and Chavunduka (2006) quoted in (Kotecha 2008:117) confirms that, "The National Action Plan aims to improve the quality of

all levels of education and training, due to the competitive demands brought about by globalisation” Reference was based on capacity of HIV and AIDS training skills and literacy (Karsten, Voncken & Voorthuis, 2000). (Pellert,2007), Shisana et.al (2005)’s ideas for considering capacity were of great value to this study in that it enabled the researcher to judge whether lecturers were qualified to implement HIV and AIDS programmes in universities and indeed guided the researcher on how they were staff developed specifically at the university level. Also, implementer capacity was of paramount importance in this study in that it guided the researcher in determining how implementation, with reference to capacity and staff development opportunities, ability to mainstream programmes in different settings, varied. This helped the researcher to establish gaps and suggest possible uniform intervention strategies across the institutions if variations were established. This study will go further to explore whether what is stated above has been achieved by the ministry of higher and tertiary education and the universities in Zimbabwe in the implementation of HIV and AIDS prevention programmes.



3.3 Materials and other resources used by implementers of the programmes in the universities

*University of Fort Hare
Together in Excellence*

The discussion that follows is centred on what various authorities have established regarding teaching and learning materials, materials for training in HIV and AIDS prevention programmes and specifically at the university level. The study consulted both international and national literature.

Material support is divided into two categories, the provision of physical resources such as buildings, technical equipment and books. On the other hand, non-material support is most commonly provided in the form of professional development (Rogan and Grayson, 2003). To begin with, teaching and learning material require large sums of money for programmes to run. HIV and AIDS programmes need money for logistical purposes such as: mainstreaming HIV and AIDS in university curriculum requires buying of materials to use in lecture rooms and during and after training of students (Mohammed, 2006). The type of materials will depend on finances, and on the availability of duplicating equipment. It should be planned to produce student materials and lecturer materials (Ghukasyan 2003). Student materials may include sets of student activities for individual use and for use in small groups, and a booklet with essential information for individual use. Materials for

lecturers should include a lecturer's guide with basic information and instructions for student activities, as well as various teaching paraphernalia (Ghukasyan 2003).

International literature on the subject of material reveals that, Cheng, Hua Lou, Mueller, Gao et al (2008) conducted a study on effectiveness of an institution-based AIDS Education programme among rural students in HIV High epidemic area of China. They established that emerging computer and video-assisted education models are rare due to limited resources. This observation is consistent with studies conducted by Dube (2005), who carried out a study on assessment of HIV and AIDS information communication strategies employed by Higher Education Institutions in South Africa. Dube (2005) used questionnaires, document analysis and interviews to determine the availability, accessibility and relevance of HIV and AIDS information resources. The researcher stresses the importance of a health Centre, AIDS Centre and a library.

According to Dube (2005:320), "The health Centre assumed the leading role in coordinating institutional HIV and AIDS activities". In other words this refers to activities such as the distribution of HIV and AIDS materials, organising some workshops that are HIV and AIDS related and free HIV and AIDS counselling and testing. The AIDS Centre coordinates and drives the institutional response while the library plays a subsidiary role of providing information resources with HIV and AIDS specific information. The library stocks HIV and AIDS related materials to be used by peer groups, lecturers and all other students in general. Literature consulted reveals that since 2001, HIV and AIDS material for students and lecturers in universities has been on a small scale basis since it lacked adequate funding (UNESCO 2006). This conclusive observation was made after a survey research was done in Zimbabwe's tertiary Institutions by UNESCO, though on ad hoc basis. Dube (2005: 321) advises that "HIV and AIDS-specific information resources are crucial as their depth, width and appropriateness, relevance and accessibility, affordability and usability will strengthen or compromise the institutional response." He indicated material resources for example, video tapes and internet web sites and quantity of curriculum material being distributed and their management as being crucial. Chitando, (2008) and Kotecha (2009) advise that mainstreaming HIV and AIDS requires human, material and financial resources. UNESCO, (2006) explains that when mainstreaming HIV and AIDS, it is included across a broad range of subjects in the university curriculum. According to Setswe (2009), the purpose of mainstreaming HIV and AIDS in university curriculum is to effectively implement the prevention programme.

Considering materials and resources for separate programmes such as mainstreaming of HIV and AIDS, Peer Education Awareness campaigns and training of implementers literature reveals that: A lack of resources prevented the effective and consistent monitoring and evaluation of programme components at most universities in developing nations. Researchers echoed that additional resources be made available to assist programme staff and volunteers to use evidence-based practices and theoretical approaches in their prevention activities the programmes (Deutsch & Swartz, 2004; Mohammed, 2006; HEAIDS, 2010). With reference to mainstreaming of HIV and AIDS programme, Moodie and Gravett (2006); Talbot (2010), have researched widely at international level, on the development of learning programme materials for Higher Education students. They advise that universities should be able to develop training materials that meet the needs of the target groups such as distance learning programmes and on campus students.

For this study, it is acknowledged that this perspective, (learning programme materials) does touch on the teaching and learning situation as it functions in universities to date. These aspects raised were used to explain the data for this study on the students' perceptions on learning programme materials (such as mainstreaming of HIV and AIDS in the curriculum) in terms of resources in their universities. The researcher took great interest in their work which incorporates learning material for face to face facilitation and Distance learning material. The current study has a university which offers Distance education hence the assessment of programmes would be informed from the work of Moodie and Gravett (2006). With reference to training of implementers programme, facilitators usually use flip charts, projectors, photocopied handouts, pens and videos as key teaching and learning materials (Deutsch & Swartz, 2004).

Literature accessed under teaching and learning in Further and Higher Education has unveiled a lot of detail on quality and quantity of learning resources. Peer Education Awareness campaign programmes are also included since they distribute condoms, pamphlets, flyers and other information based material. But, it is usually the responsibility of Peer Educators and HIV and AIDS Coordinators to distribute these. The numbers of condoms reported to be distributed to students may vary from 3 to 26 per student per year (Ghukasyan 2003). According to Walklin (2002), once a programme is put in place, there is a necessity to identify the availability of learning and teaching resources (Walklin, 2002). Multi-media teaching AIDS in a well-established resource Centre is a necessity. Just as

was observed by Dube (2005), books, radio broadcasts, television sets, films, projectors, slides and computers topped Walklin, (2002)'s list of suggested Aids in an institution. Walklin, (2002: 83) observed, "To make the most of resources: use the right aid, at the right time, in the right place, and in the right manner"

The researcher however feels that material in form of multi-media teaching aids will be of little use to a lecturer who lacks the know-how or time needed to set up and use them. Lecturers are advised to select appropriate learning and teaching resources. Other writers like Kim, Rhatigan, Jain & Porter, (2008) have suggested that implementation gaps and access barriers frequently overwhelm existing programmes, impeding success despite the best intentions. Talbot (2010), Dube (2005: 321) and Walklin (2002)'s ideas link to the current study in that there are aspects which have been explored such as quality and quantity of learning resources, materials for training in HIV and AIDS prevention programmes, width and appropriateness, relevance and accessibility, affordability and usability of these materials. Also, these are important for this study in that they guided the researcher in exploring further the research findings on issues that were agreed or disagreed upon.



The findings of the different studies above on materials for training and teaching in HIV and AIDS prevention programmes, allude to the fact that resource are very valuable as far as effective implementation of programmes is concerned. It is also appropriate as a guide on whether universities have put in place textbooks in form of HIV and AIDS modules and other related material. HIV and AIDS programme providers need to be aware of when and how long to provide their material so as to achieve their intended purposes. All this is not possible if the resources are limited in institutions. Hence, this study endeavoured also to find out the materials and other resources that are used by implementers of the programmes in the universities in Zimbabwe as this plays a critical role in successful implementation of HIV and AIDS programmes.

The next discussion is based on methods used by implementers in delivering the programme.

3.4 Methods used by implementers in delivering the programmes

Methods used by implementers are strategies or means which are used to teach and to distribute HIV and AIDS related information or material (Walklin, 2002; Coleman; Jolly and Middlewood, 2003). Programme facilitators during seminars and workshop training as well as lecturers are mandated to use a variety of these methods.

Gao et.al, (2008) conducted a study on effectiveness of institutional-based AIDS Education programme among rural students in HIV High epidemic area of China. Gao et al (2008:184) established that, "the intervention increased subject's knowledge significantly. However, no significant change was observed on respondents' attitudes toward premarital sex." In this case, the literature consulted reveals that methods used (such as lecture method) by implementers, are failing to effect behaviour change as the case should be. On students, Pohan et al (2011:528) advise that, "HIV and AIDS curriculum topics should be offered to the students using participatory learning methods to enhance students' skills in self-management as well as increasing their knowledge, develop positive attitudes and behaviour related to HIV prevention." Similar reports have been made in different parts of the world on the importance of participatory methods involving discussions with students (Mohammed, 2006; Gao et. al, 2008; Walklin, 2002).

For instance, information consulted on general universities practices (Coleman, Jolly & Middlewood, 2003) reveals that, much information is through small group meetings with students. However, critics argue that it is not clear to what extent the universities articulate participatory learning methods. When conducting Peer Education, workshop training by external experts, it may not always be possible in larger groups. HIV positive health promoters often participate in these discussions but large numbers need more manpower and varied methods which cater for all students. Participatory methods for HIV and AIDS mainstreaming should discuss pertinent questions that are formulated by the students, such as rape, gender inequality, homosexuality, gender-based violence and issues related to relationships and sexuality (Gao et. al, 2008). It also includes the use of a number of other media including drama and music. Innovation should take the form of designing posters and cards. The interventions, to a large extent, build on interaction with the student population, which plays a very active role.

Mukoma, Flisher, Ahmed, Jansen, Mathews, Klepp, and Schaalma (2009) conducted a survey on Process Evaluation of institution-based HIV and AIDS Interventions in South Africa. On implementation strategies (for HIV and AIDS Mainstreaming programme), they established that a few HIV and AIDS trained lecturers used role-plays which they found to be time consuming, small group discussion, which they found to be difficult to implement due to large class sizes. It becomes a problem to keep the groups focused on topic in terms of discipline. The other methods cited include Homework and students' experiences. The researchers, Mukoma et al (2009:46) concluded that, 'Young people generally enjoy participatory activities.' Coleman, Jolly Middlewood (2003) advocate for methods that validate student experience and encourage active learning. According to Coleman, Jolly and Middlewood (2003:171), "The focus is on learning and learners rather than teachers and teaching.

Literature on teaching and learning in further education under the theme of teaching principles by Walklin (2002:43) claim that at least three different methods of instruction are used in universities namely, "didactic, socratic and facilitative." Didactic materials are instructional materials that assist teaching and learning. The term didactic is also used to describe methods of instruction that are designated to allow the passing of information or facts with little intellectual activity on the part of the students (Walklin, 2002). Socratic involves a series of carefully planned questions that are asked with the intention of leading the students towards the statement of a principle or truth or solution to a problem, using step- by- step questioning. This encourages insight, contemplation, active and creative participation by all students. Facilitative teaching is student centred rather than lecturer centred and is designed to encourage a high level of participation, with students accepting a considerable sense of responsibilities for their individual learning outcomes. The lecturer acts as a catalyst or facilitator of the learning environment (Walklin, 2002)

The ideas that rose under this section link or relate to this study which also sought to establish the methods used by implementers to teach and to distribute HIV and AIDS related information or material. The researcher contends that student engagement, regarding the methods of delivery cannot be under-estimated nor ignored. The study captures that if an appropriate outcome is to be realised in terms of programme implementation, effective methods/strategies (including class sizes) should be envisaged.

With regards to integration or mainstreaming of HIV and AIDS in the curriculum, cited literature lament that most universities have integrated HIV and AIDS into the curriculum for medical and academic purposes with little focus on the personal risk of HIV and AIDS on students' lives (UNESCO Document, 2007:9; Chitando, 2008). Literature consulted reveals that there are differences between mainstreaming and integration of HIV and AIDS in the curriculum. The two are different and have different outcomes.

3.4.1 Integration of HIV and AIDS in the curriculum

Literature on how to integrate HIV and AIDS in the curriculum at higher education level was consulted by this study and it was established that integration of HIV and AIDS in the curriculum entails those subjects that build on existing courses (AAU, 2007). The specific method options available for course developers are: Core course, Foundation Course, Stand Alone Course. To elaborate further, teaching and learning of most of the relevant material is addressed in one main carrier subject (IBE-UNESCO, 2006). This approach has generally been found to be less effective than the other approaches (IBE-UNESCO, 2006). The argument is that, HIV and AIDS education has been added to an already overcrowded curriculum Miedema (2006), in (IBE-UNESCO, 2006). HIV and AIDS education is often added to the existing syllabus of a particular mandatory subject, but no provisions are made to make sure that HIV and AIDS education is taught or that learning outcomes are assessed in meaningful way, (Miedema, 2006, in IBE-UNESCO, 2006).

Another source echoes that, HIV and AIDS education can be integrated into an existing subject to which the epidemic may be relevant, such as civics, religious education, social ethics, social studies, or health education (UNAIDS and WHO, 2006). The advantage of this approach is that the carrier subject lecturers are likely to see the relation between HIV and the other aspects of the subject. These lecturers are also likely to have a greater grasp of the subject and be able to find appropriate examples and issues owing to their experience in teaching the subject. The training of lecturers on how to integrate HIV and AIDS into their subject areas of competence is also likely to be easier, faster, and cheaper than through infusion or creating a separate course (UNAIDS and WHO 2006).

It was also established that the very basis of curriculum integration is students' needs about significant issues that affect their lives. Brown in Stern and Kysilka (2008) insist that

the primary purpose of engaging students in curriculum integration is to provide them with a genuine democratic education and activities that can yield results to practical solutions. However, Wood (2011:181) laments that, "Currently there is very little integration of HIV and AIDS into curricula at higher education institutions." Curriculum integration occurs in some Higher Education Institutions, but mostly on a limited scale (HEAIDS, 2010).

The findings from Wood (2011), suggest that the students in universities found the integrated modules to be interesting and offering them new perspectives on the educational consequences of the pandemic. However, on part of the lecturers, there was little evidence of an in-depth understanding of how to practically adapt pedagogical processes and curriculum content to integrate HIV and AIDS meaningfully into their teaching. In particular, there is a wide gap between the idea of a project held by its central planners and the realities of its implementation (Kelly, 2004). In other words, institutions are blamed for concentrating on the implementation plans yet disregarding the impact of their programmes on students. Literature unveils that in the beginning when the epidemic started, Medical/Health centres were blamed for lacking the social solution to treat the problem of infections as they opted for medication of observable problems in most cases. But from then on, some researchers have argued that governments have looked at HIV and AIDS as an economic as well as social issue. For example, one source maintains that despite the need to implement a multi-sectoral response, the response has largely been bio medically driven by the health sector (ZHD, 2003).

For the purpose of this study, critical pointers have been captured which are relevant to this study. These are guidelines to establish whether HIV and AIDS education is often added to the existing syllabus of a particular mandatory subject or it is being mainstreamed. Also, to establish whether there is any training of lecturers on how to integrate HIV and AIDS into their subject areas of competence. Significant issues that affect the integration of HIV and AIDS into the curriculum, including provisions are also quizzed.

3.4.2 Mainstreaming HIV and AIDS into the curriculum

One main outcome of HIV and AIDS policies in a tertiary or higher education institution should be the mainstreaming of HIV and AIDS into the formal and non-formal curricula.

HIV and AIDS education needs to be incorporated into the curriculum of all faculties. Students and staff need to be “HIV-aware, HIV-competent and HIV-safe” (Coombe, 2003). HIV and AIDS can be taught as a compulsory subject or topic across all degrees or diploma courses in the institution. This teaching could entail providing information on basic epidemiological facts about HIV and AIDS, the impact of HIV and AIDS on society, and desirable protective behaviour *vis-à-vis* HIV and AIDS, such as safer sex practices and life skills. To ensure students take the teaching seriously, compulsory questions should be included in their examinations to assess their competence in understanding the critical issues.

Another option is infusing HIV and AIDS into the curriculum. For example, the Africa University in Zimbabwe and the University of Botswana have taken steps to mainstream HIV and AIDS education into many of their training programmes. Infusion would give students a greater understanding of how to mitigate the impact of HIV and AIDS in their area of expertise such as in Commerce, law and Arts. This will require that students be taught to understand the epidemic and its ramifications on the society including such issues as: what has caused the epidemic to unfold in the way that it has? How has the response of the state helped or hindered the response? What is the role of the private and public sector in addressing HIV and AIDS? How will an effective workplace programme be developed in the sectors in which the students are employed? Tertiary and higher education institutions might also wish to consider integrating HIV and AIDS into non-curricula activities such as sports, or creative arts like drama and music subjects, going to see plays and concerts, and debates.

The current study also reviewed and adopted ideas from a sequential logical path which Higher Education Institutions can follow in the Mainstreaming of HIV and AIDS.

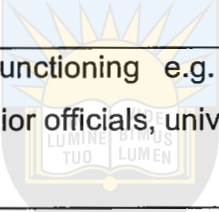
According to Setswe (2009:1), “Mainstreaming of HIV and AIDS is a process which enables development actors to strengthen the way in which they address the causes and consequence of HIV and AIDS; adapting and improving both their existing work and their work place practices (UNAIDS, World Bank & UNDP, 2005). In other words, the curriculum content has to be planned and infused into the university subjects as a way of preventing HIV and AIDS.

Setswe (2009) proposes a strategic plan for mainstreaming HIV and AIDS in universities. Setswe (2009) advises that mainstreaming of HIV and AIDS is not adding on a few selective additional functions and responsibilities, instead it is reviewing the core business of the university from a different perspective and refocusing it.

3.4.2.1 Strategic areas for HIV and AIDS mainstreaming

Table 3.1 below gives a summary of Strategic areas for HIV and AIDS mainstreaming in form.

Table 3-1: Strategic areas for HIV and AIDS mainstreaming



a) HIV structures established and functioning e.g. operational unit for HIV management established headed by senior officials, university sub-committees put in place
b) enabling policy in place and mechanisms to ensure that all employees and students are in the university are adequately informed
c) HIV and AIDS mainstreamed into all planning and budgeting; d) HIV and AIDS mainstreamed into all human resource functions
e) Workplace HIV and AIDS programmes developed, implemented, and monitored;
f) HIV and AIDS mainstreamed into curricular-information and material dissemination
g) support, youth peer educators recruited, trained and supported, teaching material amended for different levels and to conform to outcome based methodologies

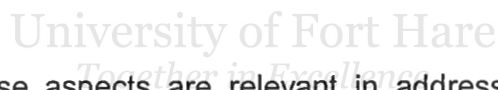
Source (UNESCO: 2008)

With reference to Table 3-1, HIV structures should be established at the university. The HIV structures would include operational unit for HIV management that would be headed by senior officials. In addition, university sub-committees should be put in place as part of the structures. Areas for action are then followed by Guiding Principles of mainstreaming Setswe (2009).

To elaborate this point, an enabling HIV and AIDS policy can be in place and mechanisms set to ensure that all employees and students in the university are adequately informed. Here universities should understand that the mainstreaming of HIV and AIDS impact

mitigation activities within university sector plans hence should be a priority. Also, they should ensure that, addressing HIV and AIDS is not an add-on or separate activity but rather an integral part of the university policies, strategies and action (UNESCO, 2008).

According to the table (Table 3-1), HIV and AIDS should then be mainstreamed into all planning and budgeted for. HIV and AIDS are then mainstreamed into all human resource functions. From another source, literature unveils that steps for internal mainstreaming should include training and capacity building for staff and students about mainstreaming so that they understand the links and are motivated to mainstream (UNAIDS 2005). It includes community research with beneficiaries, modifying development activities in order to minimise negative effects and maximise the positive effects and ensure condom distribution in the university (UNAIDS 2005). It is also recognised internationally that providers of HIV and AIDS programmes should be mindful of professional development when designing Health programmes for universities (Pellert, 2007; Shisana et.al 2005; UNESCO, 2007; Ornstein & Hankins, 2004; Karsten, Voncken & Voorthuis, 2000). In fact, they urge them to embark on hiring qualified and training of lecturers as both a guide prior to actually conducting the programme as noted also by Setswe (2009)



The study captures that these aspects are relevant in addressing the main research question since it was also the intention of the researcher to investigate whether planning was also done for financial budget, human and material resources by the universities. From this literature Setswe (2009), the study also was guided to consider the importance of monitoring HIV and AIDS programmes that are developed and implemented by universities. The researcher is also informed that, when programmes are mainstreamed, they should be supported with teaching material. Similar ideas on mainstreaming were echoed by (UNAIDS, World Bank and UNDP, 2005, UNESCO, 2008). Literature also emphasises on supporting youth peer educators who take part in awareness campaign programmes. UNESCO (2008) has advised that University stakeholders such as the health sector and National AIDS Council should take the lead on all HIV and AIDS activities in the higher education sector.

The critical point to note at this stage is that the current study is guided on assessing how the programmes are implemented (mainstreamed) with reference to: management structures, policy formulation, provision of materials, monitoring and support of peer educators when mainstreaming HIV and AIDS in the curriculum. The issues raised above

should not be underestimated. The current study is concerned about time factor if these strategies are to materialise. Research conducted on duration and time span for programme implementation on staff professional development revealed that time factor is a cause for concern. Several authors including Penuel, Fishman, Yamaguchi & Gallagher (2007) have pointed that a common criticism of professional development activities designed for lecturers is that they are too short and offer limited time. This argument was supported by Brown (2004) who argues that Professional development that is of longer duration and time span is more likely to contain the kinds of learning opportunities necessary for lecturers to mainstream new knowledge into practice

This section reviewed and adopted ideas from a sequential logical path which Higher Education Institutions can follow in the Mainstreaming of HIV and AIDS. "Mainstreaming of HIV and AIDS is a process which enables development actors to strengthen the way in which they address the causes and consequence of HIV and AIDS; though adapting and improving both their existing work and their work place practices as noted by (UNAIDS, World Bank and UNDP, 2005). In any sector, HIV mainstreaming should result in the epidemic becoming part and parcel of the routine functions and functioning of a sector. It should result in the provision of prevention services, and in the mitigating of the impact on the clients of the sector and it is an integral part of the planning, budgeting, implementation, monitoring activities of the sector (UNESCO, 2008).

Still on methods used, training is another important area which is an issue in terms of programme delivery and support strategies. From a survey conducted in Zimbabwe, it has also been availed from literature consulted that cluster lecturers received five day training sessions (Rembe, 2006). Three days were devoted to acquiring thorough knowledge on HIV and AIDS awareness, how HIV and AIDS affect teachers as individuals and the impact of HIV and AIDS on communities. The other two days were used to train teachers on using participatory methodology (Rembe 2006).

3.4.3 Methods in Peer Education programmes

Peer education is a health promotion and intervention strategy. It refers to unleashing the potential of individuals to transform their lives and those of the members of their communities (Family Health International, 2007). This involves empowering individuals so

that they are able to make informed decisions about the challenges they face. It is also about identifying and equipping individuals to influence their peers through positive peer pressure or the modelling of socially acceptable behaviours.

Peer education, according to (HEAIDS, 2010:4),

Is a process in which trained supervisors assist a group of suitable learners to: educate their peers in a structured manner, informally role model healthy behaviour, recognise youth in need of additional help and refer them for assistance, advocate for resources and services for themselves and their peers.

It is worth noting that peer educators are supposed to be selected, trained and supervised. Suggestions: Rigorous selection, Comprehensive training and retraining, PEs routinely followed-uLiterature shows that main methods in peer education programmes relate to the main functions of Peer Educators (PEs) and include information, awareness raising and advocacy for PEs as role models. The general pattern in most Sub-Saharan Universities reveals that intensive activity during Orientation Week for first year students is crucial and constitutes the major activity (Kelly, 2007). After initial orientation, Peer Educators conduct a number of activities. These include: Digital story-telling, as Peer Educators conduct story-telling workshops to allow survivors of gender-based violence, witnesses of abuse, and individuals who have been subjected to HIV and AIDS-related stigma, to write and record first-person narratives about their lives (Family Health International, 2007). The goal of the storytelling circle is to provide these individuals with the support, skills and equipment they need to create original multi-media pieces (using still images, video clips, photos and music) to illustrate the impact these events had on their lives (Family Health International, 2007). In some universities, according to (HEAIDS, 2010), methods used include "Gender-Based Peer Education Project". The aim of this project is to address gender power issues, masculinity issues, issues of sexual consent, sexual and reproductive health, gender-based violence, other STIs, and to look at safer sexual behaviour within a gender context. Awareness raising takes place through a variety of media which includes the use of drama and music. Innovation takes the form of designing posters and cards.

One reason this is not given more attention could be the emphasis on student participation in planning PE activities. Research has shown that PE exists at some of the selected universities in Africa but also limited in time allotment (AAU, 2007). In other words, they need more time for them to function effectively. In the universities where a survey was conducted, literature results reveal that, peer education mainly consists of activities during the so-called "Orientation Week" at the beginning of term and in follow-up sessions during the semester (HEAIDS, 2010). The survey established also that, Peer educators received annual training to conduct a series of 10 workshops with first year students in the evenings in student residences.

The researcher also learns that Peer educators in universities must be provided with opportunities to learn about the HIV and AIDS programmes and how they apply to their work (Deutsch & Swartz, 2004). The study captures that Peer educators must also be offered opportunities to practice these skills so that they can become competent in helping students to change their behaviour (HEAIDS, 2010). These areas had to be investigated by this study.



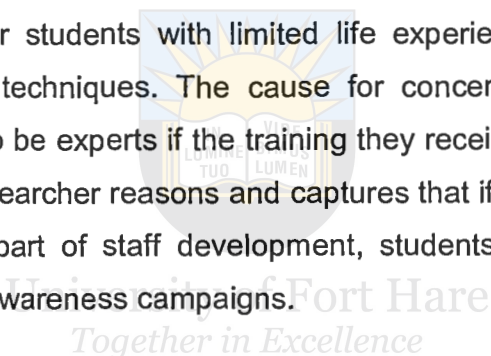
3.4.4 Methods in training and workshops

There are several methods used by universities in training and workshops. With reference to curriculum material and support information, it should be noted that there are different methods used by facilitators to implement the programmes (Coombe, 2002). As an illustration, universities employ lecture, exposition and group discussions methods and sometimes distribute hand-out material based on their Coping Skills Manual/Module. Besides the training and supplying of qualified and experienced lecturers in universities by MOHTE, support is also needed (Coombe, 2002; World Bank, 2008). From another source, the training manual serves as an important guide intended for use, either as part of training workshop to develop knowledge and skills (MOHCW, 2009). During seminars and workshops, the training is meant for the students and the lecturers as well.

At the University of Zambia as an example, the Counselling Centre in conjunction with Counselling and Training Trust conducted a study in 2000. This is a credible source of information that specifically explored the knowledge, attitudes and practices toward HIV and AIDS of students at the University level (AAU, 2007). It involved a sample of 1,240

students. From this survey conducted, literature shows that methods in training and workshops included: group training on HIV and AIDS information, education, and communication. The strategy involved special skills training in peer counselling and education for HIV and AIDS, assertiveness and negotiations for safe sex practice, condoms promotion and use, sustainable social behaviour change. These were found to be effective (AAU, 2007).

With reference to Peer Educators leadership, sometimes university management may use a one on one training method through the counselling department (Deutsch & Swartz, 2004). However, the same authorities lament that in some universities in South Africa, there are challenges being faced by university management regarding the methods in training and workshops. Deutsch & Swartz (2004)'s research found that peer educators are often first or second-year students with limited life experience and no training in behaviour change theory or techniques. The cause for concern is that, second year students would be expected to be experts if the training they received in the first year was effective. Furthermore, the researcher reasons and captures that if training and workshops are regularly conducted, as part of staff development, students would be effective on campus' HIV and AIDS Peer awareness campaigns.



3.4.5 Methods in material distribution

Literature reveals that Condom distribution is an integral part of HIV prevention in universities (Altrichter, 2000; AAU, 2007; UNESCO, 2007). It has been noted that condom dispensers are routinely placed in strategic locations, such as toilets and health care centres (Altrichter, 2000). Procurement of condoms from the Department of Health facilitates universal and uninterrupted condom availability on campuses. The review on who should distribute condoms at the university campus has identified mixed results. For instance, while more studies have reported it as the responsibility of lecturers and cleaning staff, other studies suggest that such responsibility lies in the hands of peer educators (HEAIDS, 2010). At some universities, the cleaning staff is responsible for condom distribution. But, it is usually the responsibility of PEs at the universities of Zambia, Namibia and Zimbabwe (UNESCO, 2007). The students have formed anti-AIDS clubs and actively participated in condom distribution (Family Health International, 2007; AAU, 2007). These may also be kept and distributed by the Janitor in student residences (Family Health

International, 2007). From such practices, some authorities contend that behaviour change among the peer educators themselves may be possible (Deutsch & Swartz, 2004).

Literature has shown that, the numbers of condoms reported to be distributed to students vary from 3 to 26 per student per year in most Sub Saharan Africa universities (Deutsch & Swartz, 2004). Critics have argued that, although statistics tracing the distribution of condoms are generally kept, it is virtually impossible to ascertain the actual use to which such condoms are put. The likelihood of government-sponsored condoms being put to waste and not to use in a sexual encounter cannot be neglected due to a common lack of trust of the quality of these condoms (Altrichter, 2000).

Universities also use door to door service delivery of pamphlets, brochures and T-Shirts (Altrichter, 2000; Dube 2005). On part of NGOs, HIV and AIDS Coordinators and lecturers, research has shown that material can be distributed through the internet and this can be accessed by students on the computers in the university library (Dube 2005).

What this study captures is that, the issue of HIV and AIDS methods in material distribution requires concerted efforts to address it using a multi-sectoral approach. It should not be viewed as an individual responsibility, but rather as a collective one. The information was relevant to this study which investigated how programmes were being implemented in universities under study.

3.5 Monitoring and support strategies that have been put in place by the universities

Monitoring is the regular observation and recording of activities taking place in a project or programme (UNESCO, 2007). It is a process of routinely gathering information on all aspects of the project. To monitor is to check on how project activities are progressing. Monitoring is observation, systematic and purposeful observation. It involves giving feedback about the progress of the project to the donors, implementers and beneficiaries of the project (Mogobe et al, 2007; Pohan et al, 2011). With reference to this study, literature has been reviewed in line with Peer Educator Training, methods used in mainstreaming HIV and AIDS in the curriculum and monitoring of material resources.

On monitoring, UNAIDS (2004) and UNESCO (2007) educational reports also point to significant gaps in the various responses. These include channels of reporting and evaluation as well as funding. At times these lack thorough monitoring resulting in programme ineffectiveness (HEAIDS, 2004; Birdsall & Kelly, 2007). With reference to Universities in Zimbabwe, Musegedi (2007) posits that since universities and private higher and tertiary institutions are autonomous, their approaches to formal HIV and AIDS education vary from institution to institution. From this observation, it enlightened the current study that programmes in universities such as material distribution, Peer Educator Awareness Campaign Programmes vary in nature. Therefore, the researcher questions the extent to which the universities adhere to the dictates of the policy document. Literature reviewed shows that programme implementers should have the ability to monitor and support progress of the programmes at hand for accountability to funders. This especially refers to material distribution programmes. Similar observations were also made by Dube (2005:187), who posits that, "The response of the higher education sector to HIV and AIDS is not uniform". These conclusive remarks were made in response to the South Africa's HEAIDS 2005 survey outcome on universities, with specific reference to Mainstreaming of HIV and AIDS in the curriculum, training of peer educators and the distribution of materials in the universities. The problem is that failure to come up with a complete, all embracing policy and programme implementation plan, implies failure to adequately address HIV infection on campuses.

3.5.1 Mainstreaming and Integrating HIV and AIDS in University Curriculum

Support in terms of HIV and AIDS curriculum issues on delivery methodology and material (learning and teaching) should be monitored by all stakeholders (Mogobe et al, 2007; Pohan et al, 2011). There is need to mainstream HIV and AIDS into the core functions and operations of tertiary or higher education institutions (Kelly, 2001). This is meant to increase the overall relevance of the epidemic into all such institutions. Literature revealed that there should be consistent monitoring of HIV and AIDS programmes to check for how an institution is influencing the spread of HIV within the university and the surrounding communities (Wood 2011). The same authority further postulates that mainstreaming entails putting in place policies and practices that protect institutional staff and students

from HIV infection. Mogobe et al (2007), further reiterates that mainstreaming ensures that the institution's activities do not increase the vulnerability of the communities working with or around the institution through the content of the subjects being mainstreamed. The key aspects raised in this discussion under mainstreaming and Integrating HIV and AIDS in University Curriculum were relevant to this study in that they helped the researcher to focus on the main research question and its sub problems. For instance, there was need to investigate

3.5.2 Material distribution

Literature advises that universities should adhere to the strategic plan on follow-up procedures on all long term and short term material being managed on campus (World Bank, 2008). Support of the human resources in form of equipping them with HIV and AIDS skills through training and provision of workshops, seminars as well as staff development are critical factors (Mogobe et al, 2007; Pohan et al 2011). It should monitor Capacity building for senior university staff and health coordinators (UNESCO, 2006). It is supposed to monitor education based material for initiatives in care and support of infected and affected students. There is need to monitor financial support resources from the various donors (UNESCO, 2006). Literature has shown that when programmes are being implemented, they should be monitored in order to appraise or correct them. For instance, a survey conducted in Southern African universities (Rembe, 2006; Mogobe, et. al, 2007) revealed that ideally, the role of the managers of the programme is to facilitate its monitoring and support strategies.

3.5.3 Peer Educators

Support in terms of HIV and AIDS curriculum issues on delivery methodology and material (learning and teaching) cannot be overemphasised (Mogobe et al, 2007; Pohan et al 2011). Training of peer educators, staff and making a follow up is a typical demonstration of a support strategy in the delivery of HIV and AIDS programmes. The prevention programme implementing staff has to collect data that has to be filed in as a report then passed on to the monitors (World Bank 2004). This move is basically meant to check the

achievement of goals and set standards, so as to recommend areas for improvement and those which need staff development or in-service programmes. Literature has revealed that in general, monitoring practices can be divided into approaches and data collecting methods namely: The conventional /Traditional and the Participatory approach (Muzinda 2006:42). The conventional /traditional Model is very prevalent in which MOHTE and the university management dictate how monitoring and evaluation would be carried-out without the participation of beneficiaries(students and lecturers). The participatory model involves the recipient of the programme in decision making and monitoring of the programmes meant for their consumption (Fetterman, 1994).

Literature has revealed also that the history of official AIDS implementation in South Africa has been heavily shaped by the Traditional Model (Top- Down Approach) (Birdsall & Kelly, 2007). From such perspective, the most emphasis is on the monitoring and needs of the donor as opposed to other stakeholders. On the other hand, the World Bank (2004) defines participatory monitoring as a model that involves stakeholders such as programme beneficiaries, staff, MOHTE, University management and community, in the designing, implementation and monitoring of the programme as opposed to the traditional model.

Preliminary investigations revealed that Higher Education AIDS (HEAIDS) and University management in Sub- Saharan Africa use desk top methods to find out on the effectiveness of the programme implying that they don't consult people at the grassroot level but make surveys and general conclusions without the engagement of peer educators and lecturers (UNESCO 2007). It is not apparent to what extent Africa University,

University of Zimbabwe and South African universities'general staff and students, as recipients, are empowered and benefit from such programmes. They therefore, come up with conclusions and the HEAIDS even produces monthly Institutions Reviews on performance of the HIV and AIDS programme update. This practice is criticised by Leviton (2003:527) who argues that such bodies of evidence are more likely to be complete and timely in serving the information needs of decision makers. The context becomes central, because even the best body of evidence seldom dovetails rationally with the users' knowledge. Individually, users are not tabula rasa and their processing of information will include many considerations over and above a single study (Leviton 2003:527). What is of paramount importance to joint monitoring of programmes is the understanding that within Universities in Sub- Saharan Africa, our potential users (students and staff), should share a body of facts, jointly monitored- agreed upon or disagreed and compared with the

MOHTE policy framework objectives. Mzinzi (2009) says HIV and AIDS initiatives on campus needed to engage more sincerely with students. They must involve students not just to legitimise policies but to get their real buy-in.

The researcher reasons that this is a noble idea since the more the people are involved in the monitoring process, the more they buy the ideas and the more likely change in risky behaviour is to occur. Kirkhart (2000) emphasises the importance of working within the social construction of user knowledge. In fact, the monitors or evaluators may or may not be aware of what users do and do not know (Kirkhart, 2000). For the purpose of this study, this is relevant to the implementation of HIV and AIDS programmes in that it reveals knowledge gap if students are unaware of their programmes' progress or bench marks, they tend to distance themselves from them. The study also sought to establish the extent to which students were aware of their programmes' progress or bench marks, that is their knowledge of the university policy on HIV and AIDS Programmes. Given a chance to monitor programmes, the majority of the implementers are most likely to have a positive attitude towards the prevention programmes in place.

Some authorities express the consensus that lecturers lack the professional competence to make responsible curriculum decisions (Walklin, 2002; Coleman; Jolly & Middlewood, 2003; Kelly, 2004; Hawes, 1979; Stenhouse, 1975). There is a school of thought from another curriculum specialist Lawton (1973:9) who asserts that, "All lecturers are to some extent, curriculum planners". Consequently, it should be noted that Lawton's cautious phrase "to some extent" implies his reservations to make lecturers fully responsible for curriculum planning because of certain constraints. In fact, not every individual can be a curriculum engineer. The researcher learns that the demands of monitoring should not be exaggerated since it is an area of specialisation to be treated with professional responsibility. From these critical aspects discussed, the study is guided to consider that, although monitoring of the prevention programmes can be done solely by outside experts, apart from consideration of lecturers and other beneficiaries, to exclude them from such an exercise can impact negatively on the policy implementation. In fact, the study sought to investigate whether the programmes were being monitored by the university management, peer educators and other related stakeholders. From another source (SAfAIDS 2010), a National HEI monitoring system needs to be established in universities as well as computerised information systems at all HEIs. The authorities sighted further postulate that universities must be asked to submit biannual reports of quantitative data analysis to

HESA , in the case of South Africa and MOHTE as for Zimbabwe, as well as narrative reports with qualitative indicators that could be forwarded every second year.

This study has to establish the adopted monitoring Approach of programmes in place by both the Ministry of Higher Education and the Zimbabwe universities. If high level or cursory monitoring of programmes has been conducted, the main reason from the researcher's investigation has to be established. The emerging question is to what extent these approaches do and others they could be using have led to any meaningful improvement in the implementation of HIV and AIDS programmes provided. The existence of the Participatory model is yet to be established by the current study if it is being used. Although the HIV and AIDS Policy contents show evidence of recommended consistent monitoring and evaluation practices at the universities. On paper, this study is yet to establish how the programmes are monitored, whether the university has been carrying out internal audits or not over the past years as recommended by UNAIDS (2009).

3.6 Students and staff and coordinators perceptions

Literature on students and staff and coordinators perceptions has been deemed essential in this study since HIV and AIDS intervention is not only about knowledge and information. It is about the kind of their perceptions that can change decisions and behaviour. There is growing evidence that the decline in the reduction of the number of new infections in both Kenya and Zimbabwe is partly due to the reduction in risky sexual behaviour (UNAIDS/WHO, 2007) A study was conducted by Terry et al (2006) to examine a comprehensive assessment of differences between participants in an HIV and AIDS prevention programme and non-participants in knowledge, attitudes and practices with a focus on cultural, sociological and economic variables. In this study, a questionnaire was administered to randomly selected students at the University of Zimbabwe. Findings suggest that the attitudes and practices of young men and women are changing, but that progress in some areas does not assure progress in all areas.

On the subject of attitudes and practices of students, Gao, et al (2008) conducted a study on effectiveness of a school-based AIDS Education programme among rural Students in HIV High epidemic area of China. Gao et al (2008:184) established that, "The intervention increased subject's knowledge significantly. However, no significant change was observed

on respondents' attitudes toward premarital sex." From this literature, the researcher is informed that although programmes may be in place in the universities, sometimes students may not necessarily change their behaviour.

The effectiveness of any programme implemented, it may be argued, should be judged from the viewpoint of the end user, in this case, the staff and students of the universities. The main focus of the Universities is to create and maintain a safe working environment within the institutions and to minimise risk of HIV infection to their community (University of Zimbabwe HIV and AIDS Document, 2010). With reference to ownership, programme beneficiaries should be part of the innovation.

The purpose and the nature of new curriculum designs are made with the obvious intention of improving education for children and youth (Doll, 1999:227). In other words the students are part of the learning process that even has a role to play during instruction delivery. However, the view of (Doll, 1999:227) is silent on issues of how these students get selected, trained to be experts in curriculum design and implementation Curriculum planners must decide what innovations they want and why they want them. Furthermore, the use of traditional programme implementation Models (Top-down Approach) has excluded the real buy-in of programmes beneficiaries (Birdsall & Kelly, 2007). This tendency has been criticised since change occurs when individuals' concerns are made known. All change is personal, and for individuals to "buy into" change they must have ownership of the HIV and AIDS programme as a process.

On financial factors, literature reviewed has shown that in the community worldwide and in almost any organisation, there is increasing demand for better salaries (Brief, 1998). Educational employees have increased their expectations on higher wages and the perception of employees is that they prioritise incentives in form of monetary benefits for them to be actively involved in achieving organisational goals (Brief, 1998).

McClelland (1985) cited in Everard, Morris & Wilson, (2004), noted that the effect of monetary incentive on people who are achievers is rather complex. Achievers have a fairly high opinion of the value of their services and prefer to place a fairly high price tag on them. According to these sources, people are not likely to remain long in an organisation that does not pay them well. McClelland (1985) further observed that the monetary incentives are actually more effective with people whose achievement drives are relatively

weak, because they need some kind of external reward. This therefore suggests that lecturers may have low esteem on organising workshops, taking extra-curricular activities even after normal working hours, especially if incentives are low. In this case, it explains why lecturers may find it difficult to deal with students who sometimes might also be having negative attitudes towards the subject HIV and AIDS. Industrial action is usually fuelled by low salaries in universities (Ingersol, 2003; Brief, 1998). As a result, implementation of HIV and AIDS prevention programmes becomes a challenge. It is therefore important that HIV and AIDS curriculum implementation be seen to be improving students' attitudes towards programmes in place (Terry et al 2006; Ingersol, 2003).

There are mixed perceptions with regards to integration or mainstreaming of HIV and AIDS in the curriculum in universities.

Critics, media and academics lament that most universities have integrated HIV and AIDS into the curriculum for medical and academic purposes with little focus on the personal risk of HIV and AIDS on students' lives (UNESCO Document, 2007:9; Chitando, 2008). To demonstrate this debate platform further, Wiebe (2010:357) argues that, "HIV and AIDS are first and foremost understood as medical conditions. Naturally, this approach is highly influential as it indeed concerns a syndrome-HIV." This explains why the health industry has traditionally played an essential role in shaping our understanding in various institutions.

The study sought to establish whether universities-Health centres (clinics) take the lead. The problem is that there is limited room in this biomedical approach for looking at other means of implementing HIV and AIDS programmes that can avert the negative impact of the pandemic (behavioural approach). However, Wiebe (2010) is quick to concede that in the field of HIV and AIDS, such an agenda would need to intelligently combine the merits of the biomedical approach and the behavioural approach since HIV and AIDS implementation is considered a social issue. From these revelations cited above, the study sought to find out what perceptions lecturers, other implementers and students have towards the implementation of HIV and AIDS prevention programmes in these universities.

3.7 Challenges of Implementing HIV and AIDS prevention programmes in universities

The following literature is on successes and challenges of HIV and AIDS prevention programmes. The authorities cited under this section (Gregson et al, 2002; Ornstein & Hunkins, 2004; Kotecha, 2009; Murray, Dickinson & Orr: 2006; UNESCO, 2008), emphasise the requirements for effective implementation of HIV and AIDS prevention interventions. There is consensus among researchers that, successes and challenges are characteristics of any programme which may be in place in a given country and institution. In this study, a lot of literature has been reviewed, exposing possible shortcomings that may be experienced by institutions of learning (Murray, Dickinson & Orr, 2006). Special attention is given to challenges in monitoring of programmes, training of implementers, integrating and mainstreaming HIV and AIDS in the curriculum and lecturer qualifications and experience, Peer Educators campaign programmes.

To begin with, it has been reviewed that the effectiveness of an intervention strategy will depend on the “extent to which the stated goals and objectives are being achieved” (Phillips, Palfry & Thomas 1994). The effectiveness of the implementation of HIV and AIDS intervention programmes will thus be determined by a change in behaviour amongst the 18-24 year old students in universities. This will include a reduction in transmission of HIV infections, reduced pregnancies and any form of health related risky behaviour. Preliminary investigations outlined in the background of the study reveal that minimisation of HIV infection seems to be a problem at the universities since HIV and AIDS prevalence, deaths among lecturers and students in HEIs institutions is on the increase (MOHTE, 2008; UNESCO, 2007). This revelation was unveiled when a survey was conducted in Zimbabwe by Higher and Tertiary Education sector in response to HIV and AIDS in Zimbabwe (MOHTE, 2008; Musegedi, 2007). This observation was also noted by other researchers who maintain that evidence suggests that prevalence in universities is bound to be high (Gregson et al, 2002; Kelly, 2007; UNAIDS, 2009; UNAIDS, 2011).

3.7.1 Integrating and mainstreaming HIV and AIDS in the curriculum

There are challenges faced by universities in either the Integration or mainstreaming of HIV and AIDS in the curriculum.Literature reviewed indicates that between July and August 2006, research was undertaken to understand the knowledge, attitudes and concerns of the university of Namibia students about the teaching (During Integrating or mainstreaming) of HIV and AIDS at the university (McGinty and Mundy, 2009). Findings indicate a gap in knowledge in many HIV and AIDS related issues and the Life Skills course in particular (McGinty and Mundy, 2009). Many students indicated lack of self-efficacy to properly implement HIV education, (McGinty & Mundy, 2009). It is a cause for concern since the preparation of these future lecturers for HIV and AIDS will be a move in the right direction towards mitigating the spread of the virus.

UNESCO (2008) cited a variety of possible barriers to mainstreaming of HIV and AIDS programmes in Universities.



Table 3-2: Barriers to mainstreaming

a) capacity-limited capacity and poor conditions of service;
b) commitment-lack of commitment from senior leadership
c) costs-reluctant to take an unfunded mandate
d) culture and context-cultural and moral barriers to addressing issues of sexuality and reproductive health;
e) collaboration-assignment of HIV and AIDS teaching load to a single person who may also be responsible for other tasks

Source (UNESCO, 2008).

3.7.2 Learner Factors

Curriculum implementation involves not only lecturers with varying conceptions of how to carry out the proposed plan, but also students with all their individual differences. Literature has revealed that the background of the students and the kind of strengths and constraints that they might bring to the learning situation can affect the implementation of HIV and AIDS prevention programmes (Dube, 2005). This view is shared by Mogobe et al

(2007) who carried out a study on University students' experience on HIV and AIDS Education prevention and control course in Botswana. The prevention programme was based on HIV and AIDS mainstreaming. They established that although students were clear that the course increased their knowledge about HIV and AIDS, however, it did not significantly decrease their risky sexual behaviour. Still on student factors, Rindermann, and Meisenberg (2009:385) argue that, "Intelligence is hypothesised to increase life expectancy directly because more intelligent and educated persons are better able to understand information, causal relationships and risks." These sources maintain that students are better able to predict the consequences of their own behaviour in everyday life and are more likely to apply their knowledge and insight to health- related tasks. This stance is rejected by authors like (Mogobe et al 2007 & Sanderson, 2004) who argue that the university students do not always apply their knowledge and insight to health- related issues despite the presence of information being integrated or mainstreamed in the curriculum.

From another body of evidence, literature consulted on "Barriers to Curriculum Implementation", student's negative attitude has been cited as a major determinant. Tanner and Tanner (1980:38) postulate that, "Given the fact that the curriculum broadly aims to help the students to reconstruct knowledge and experience in a manner that he/she can effectively control, the student's negative and indifferent attitude becomes an obstacle to the profitable implementation of the curriculum".

Having observed these remarks, the author reasons that students are exposed to different information and learning environment for good or bad. University students come from various social, religious, and economic backgrounds which impacts on students' attitudes, there by having a bearing on the implementation of HIV and AIDS prevention programmes (Rogan & Grayson, 2003). Students, who have access to (modern technology) internet sites that expose sex- relationships programmes, are likely to have their behaviour on campus affected. This will cause them to interpret information differently from the way the lecturer intends, may even render guidance and counseling on HIV and AIDS on campus ineffective because of attitude (Pohan et. al, 2011). The researcher argues further that while the lecturer is the arbiter of the classroom practice, the learners have the final choice regarding their response to experiences provided Pohan et al (2011). The unpredictable nature of the human interaction in the teaching-learning situation, therefore, is a real consideration in curriculum implementation (Pohan et al, 2011).

These students and lecturer related challenges are indeed constraints that the students might bring to the learning situation hence the current study is guided to put into consideration such factors if they emerge in the findings. This study would explore further the raised concerns on the way the HIV and AIDS prevention programmes are implemented in Zimbabwe's universities.

3.7.3 Lecturer qualifications and experience

This discussion on lecturer factor is based on lecturer qualifications and experience which have a bearing on his/her ability to implement curriculum programmes successfully. In literature reviewed, McGinty and Mundy (2009:142) noted that "teachers are a crucial link in providing valuable information about HIV and AIDS to youth. Lecturers need to be equipped with the requisite skills." Similar sentiments were also echoed by Pohan et al (2011). Lecturer factors refer to lecturer's own background, training, subject matter knowledge and level of confidence and their commitment to teaching (Rogan & Grayson, 2003). These factors influence their capacity and willingness to implement change.

In their studies on HIV and AIDS prevention through a life-skills school based programme in Indonesia among High school students, Pohan et al (2011:527) posit that, "There are some obstacles that hinder the lecturers and school management to take part in HIV and AIDS prevention action. Major obstacles are the sensitivity of the topics like drugs and sex in a Muslim society and the lack of knowledge and skills of lecturers to teach these topics" This is the same in Zimbabwe and South Africa where teachers skip topics or teach other subjects. The lecturer can be viewed as one of the key curriculum implementers (Nkomo, 1995). With specific reference to this study, universities lecturers certainly are determinants of HIV and AIDS prevention programmes. Hinduan, et al, (2007) quoted in Pohan et al (2011:527) advise that, "Therefore, it is an essential requirement to develop lecturer's capability and skills to be able to deliver such information and facilitate students to learn".

The lecturers have been allocated administrative, instructional, supervisory roles, to mention a few (Everad, Morris & Wilson 2004). There are also qualities expected from a lecturer to function effectively. For the purpose of this study, there is guidance on the exact

roles of lecturers and on qualities expected from them in the implementation of HIV and AIDS programmes in Universities (Coombe, 2000; Griffiths, 2005; Gatawa, 1990).

Literature by Gatawa (1990) has revealed that the capacity of teachers is determined by their qualification, experience and ability to communicate. This assertion was also emphasised by Nkomo (1995) who noted that qualification is a vital professional element in lecturers as the major curriculum implementers. To capture the main theme being raised by these sources, Coombe (2000) and UNAIDS (2003) succinctly argue that University lecturers need more knowledge of, and skills to deal with HIV and AIDS and should be trained to give guidance on HIV and AIDS. In defense of this line of thinking, social science curriculum engineers still maintain that the incompetence of lecturer as the chief implementers of curriculum can be a barrier to effective learning (Griffith, 2005; Rogan & Grayson, 2003).

Although the above mentioned scholars seem to agree that there is a critical role of the teacher as a curriculum implementer, they differ on how the curriculum should be designed and on whether the implementer should be involved in designing, implementation and monitoring (Griffith, 2005). It is also still an issue on how the designed curriculum should be imposed/ or negotiated to the teacher in any given institution. This explains why debate on bottom-up and Top-down is still in suspense. There are contradictory aspects of the lecturer's role in implementing curriculum innovation and this has affected curriculum issues in general.

To demonstrate this debate platform further, Fisher et al (2000) and Reidar (2000) argue that the lecturer is not a passive transmitter of other people's ideas. This notion was dismissed by Wood (2011) and Stenhouse (1975), in consensus, as they argued that lack the professional competence to make responsible curriculum decisions. Reidar (2000) bluntly states that, "teaching profession in Africa recruits people of average ability, as a result, the official curriculum is unattainable, let alone the introduction of new technology of new teaching strategies." The stance taken by Fisher et al (2000) and Reidar (2000) noted above is corroborated by Nkomo (1995) when he clarifies that, although curriculum can be developed by outside experts, apart from the consideration of lecturers, to exclude lecturers from curriculum development contradicts what lecturers are expected to do.

The researcher reasons that it is a question of ownership and trust, empowerment and disempowerment on part of the implementers. Nkomo (1995)' s assumption is that

lecturers should have the capability to interpret the national curriculum “proposal” or “prescription” according to each lecturer level of professional training. Wood (2011) also suggests that lecturers’ freedom to be innovative in the classroom is affected by the vulnerability of schools to outside pressures. In making this claim, Miles is cognisant of the fact that schools are subject to a wide variety of legitimate demands from the surrounding environment. One such pressure is the accountability movement which has become increasingly apparent in recent decades. In the researcher’s view it, is this knowledge which they use to interpret syllabi into schemes of work for use in their classes. According to Evans (1993:143), “if there is lack of public confidence in lecturers’ professional knowledge, there will be a parallel crisis of confidence in teachers’ professional execution of duties”. This study focuses also on the qualifications of those who teach HIV and AIDS since issues are usually raised by students who claim that the lecturers are sometimes inexperienced and lack HIV and AIDS training. From such remarks, the researcher also speculates that institutions, due to manpower shortage, engage part-time tutors, a problem which was caused by brain drain in Zimbabwe (ZOU, 2011). With the lack of the necessary training, lecturers are unable to master the basic information about HIV and AIDS, making it impossible to practice and become confident enough to effectively educate their students.

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The idea of engaging lecturers as one of society’s most valuable assets, in the implementation of HIV and AIDS intervention programmes is a noble initiative. A university is expected to deliver quality and effective education about sex, relationships and HIV and AIDS (SAfAIDS, 2010). However, literature reveals that such a step requires a meaningful investment in their professional development (Fisher et al, 2000; UNAIDS, 2003). Visser and Valfrey (2009:25) advise “it is critical that pre- and in-service training of lecturers equip them with knowledge and skills on HIV prevention.” Literature reveals that skills to promote participatory and peer-based, cultural gender-sensitive and rights-based approaches to HIV and AIDS within the developmental and socio-economic context cannot be over emphasised (UNAIDS 2004). Another skill needed by teachers who are conducting HIV and AIDS lessons is that of counseling. HIV counseling has both prevention and care as its objective (UNAIDS 2003). The study observed that, “In institutions where management commitment was not strong, the institutional response was also not strong. Management commitment determines the strength or weakness of the institutional response” (Dube 2005:325).

With regard to factors influencing HIV and AIDS programmes, Doll (1999:174) expressed the view that if programmes are to succeed, their promoters must consider the stages of lecturer's concern, ranging from general awareness to specific awareness to varied thoughts about issues like the lecturer's own involvement and the quality of the lecturer. The researcher deduces that Doll's (1999) priority and emphasis lie on human resource as a critical factor for an innovation to succeed. The study is informed to reconsider what has already been recommended by other authorities like Griffith, 2005; Rogan and Grayson, (2003) on lecturer capacity with specific reference to: qualification, experience, staff development and in-service training. From another source, Fullan (1991) advises that, successful implementation of change involves need, clarity, some complexity, and quality of programmes. In universities, the key players to successful implementation of curriculum are administrators, lecturers, students, and the university board (like Griffith, 2005; Rogan and Grayson(2003). What the current study captures from Fullan (1991) is that all these key players have to play their roles effectively if roles are clarified by programme managers. From another school of thought, one school-level factor that affects implementation is the school's ability to provide logistical or administrative support for interventions. For example, the school administration must allocate sufficient time within the existing class schedule for a new program or curriculum to be presented (Linn, 2000). This aspect is a particular concern at present, given the current standards movement and the accompanying high-stake testing (Linn, 2000).

To pursue this theme further, Hall and Loucks (1981) as quoted by Ornstein and Hunkins (2004), in their research on the implementation of curriculum in colleges noted that, concerns could be classified into four broad developmental stages namely: unrelated concerns, personal concerns, task-related concerns and impact-related change. In these tertiary institutions, such concerns can be addressed by HIV and AIDS- task teams, heads of departments through staff meetings.

Financial problems have been cited as hindrance to successful programme implementation of HIV and AIDS (Kotecha, 2009) as also noted by UNESCO, (2008). Literature at national level in Zimbabwe reveals that the major challenge facing the health sector is lack of resources financial, human, and material. Chevo and Bhatasara (2012) and MoHCW (2010) noted that if the current funding levels and weak capacity of the public health system persist or deteriorate, Zimbabwe will not achieve health-related Millennium

Development Goals. The Universities are affected since they also house health clinics on campus

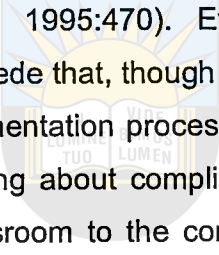
In 2006 a comprehensive evaluation was done at the University of Witwatersrand South Africa on the University's response to HIV and AIDS (Murray, Dickinson & Orr, 2006). The authors of this article outlined the University's qualified failure to implement its HIV and AIDS policy through a comprehensive set of programmes (Murray, Dickinson & Orr 2006:1).

They identified a number of challenges to the policy's implementation: the necessary scope of an effective programme and the limits to existing capacity. The article has highlighted that there are indications of unsuccessful programmes where the Universities bear the cost of student HIV and AIDS programmes but receiving short-term benefit, posing a threat to the region's future human capital. On another track, Murray, Dickinson and Orr (2006:1) posit that while institutions of Higher education may well recognise the moral imperative of responding to HIV and AIDS for the benefit of society, current funding models do not support this. It is unlikely that Higher Education institutions will respond vigorously and holistically to the epidemic. In fact, the implementation of programmes must be multifaceted because of the complex set of activities they conduct as educational institutions. In particular, there is a wide gap between the idea of a project held by its central planners and the realities of its implementation (Kelly, 2004). A gap thus emerges between the ideals and the realities (Kelly, 2004).

Brief (1998) postulates that, the equity theories which focus on organisational justice, note that disequilibrium is created if employees perceive their input to be unequal (unfair) in relation to the outcomes they experience (salary). In this case, university lecturers with low morale and poor salaries are most likely to go to better paying jobs or migrate to countries which offer better work conditions or which value their services (Brief 1998). The economic recession linked to economic hardships witnessed loss of skilled and professional labour in the public sector thereby threatening the effective functioning of this leading development sector in Zimbabwe (Rembe, 2006; UNESCO, 2007). The problem of lecturers leaving the profession and joining other better paying sectors or migrating, seems not to be unique to Sub-Saharan African countries only, but is also prevalent in Europe, as revealed by Ingersol (2003). He postulates that lecturers resign in order to pursue better jobs or other careers, because for most of them, teaching is a stepping stone for better more

challenging occupations (Ingersol, 2003). What emerges from this literature is the fact that universities face staff turnover which in turn creates teaching, replacement problems. It becomes therefore, a challenge.

Universities programmes focus on knowledge and awareness campaigns but very little change in high risk sexual behaviour has taken place (Kotecha, 2009; UNESCO, 2007; Chitando, 2008). On this issue, according to Tomlinson, Rohleder, Swartz, Drimie, and Kagee, (2010), "We need to understand the degree to which these intentions are constrained and shaped by broader social factors." On successes, effective implementation is a condition which can be built up on the knowledge and experience of those in the front line of service delivery. This theme of interaction is also the theme of models proposed by (Lipsky, 1980; Bardach, 1997) which view implementation as a process which is structured by conflict and bargaining (Parsons, 1995:470). Even in the model which view implementation as a political game concede that, though conflict and bargaining take place within shared goals, an effective implementation process will have methods and systems of controlling such conflict so as to bring about compliance (Dunsire, 1978a). It is all a matter of control ranging from the classroom to the community that may affect program implementation in universities.


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This information from literature reviewed helped this study to investigate and address potential obstacles that universities may encounter in their efforts to provide the necessary infrastructure and climate to facilitate successful programme implementation. The literature reviewed above is of paramount importance since it helps the researcher to focus on critical issues that may provide answers to sub-questions on challenges that may affect programme implementation.

3.8 Summary

This chapter focused on the related literature on major aspects or issues which various sources noted or raised on HIV and AIDS prevention programme under the following sub-headings from research questions: implementer capacity, the availability of materials and other resources, methods used by implementers in delivering the programmes. The study also reviewed literature on the monitoring and support strategies, students, and staff and coordinators perceptions regarding challenges of HIV and AIDS prevention programmes in the institutions.

The following chapter discusses the methodology adopted by the study to find answers to the research questions.



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4 CHAPTER FOUR: RESEARCH METHODOLOGY AND DESIGN

4.1 Introduction

This Chapter presents the methodology that was employed by the study. This refers to processes and the sequence followed in the conduct of this research. The aspects covered in this chapter are the research paradigm, research design, research approach, sampling procedures, data collection and analysis. Aspects pertaining to the rigor and trustworthiness of the study such as dependability, credibility and ethical considerations are also described in the chapter.

4.2 Orientation of the Research

4.2.1 Research Paradigm

The selection of an appropriate concept to examine implementation of an HIV and AIDS prevention programme in universities was deemed crucial because it determined the guiding philosophy behind the actual programme examination process. The current study was guided and conducted within the framework of the Post –Positivist paradigm. The concept paradigm can simply be defined as a set of assumptions or belief about fundamental aspects of reality which gives rise to a particular world view (Maree, 2007). According to Maree (2007), paradigms serve as the lens or organising principles by which reality is interpreted. According to Du Plooy et al (2003; 19), “A paradigm is a fundamental image of the subject matter within science. It serves to define what should be studied, what questions should be asked, how they should be asked and what rules should be followed in interpreting the answers obtained”. In simpler terms, a paradigm is an abstract framework or model of reality.

From another perspective, Paradigms are to do with knowledge claims, background knowledge that tells us what exists, how to understand it and most concretely how to study it (Terre Blanche & Durrheim 1999).

Each paradigm can be thought of as a different set of binoculars through which a practitioner views and works within the field. Each paradigm is grounded in a particular set of generally accepted set of approaches regarding ontology, epistemology and methodology (Brandon, 2008:1). This typology is supported by Guba and Lincoln (2005) who distinguish paradigms on the basis of their ontology, epistemology, and methodology. Thus, ontological, epistemological and methodological prescriptions of social research are packaged in paradigms which guide everyday research. This section begins with an exploration and understanding of ontology, epistemology and methodology.

4.2.2 Ontology

Ontology is a branch of philosophy concerned with the theory of being and existence, world view and a sense of self in the world and how other living things exist (Wisker, 2009). It specifies the nature of reality that is to be studied and what is to be known about it, (Terre Blanche & Durrheim, 1999; Gruber, 2009; Mika, 2005). According to Mika (2005), it is a description of the concepts and relationships that can exist (Gruber, 2009). This definition captures the same meaning supplied by Gruber (2009) and Terre Blanche & Durrheim (1999).

Positivists postulate that there is one objective reality that is observed by an inquirer who has little, if any, impact on the object being observed-the object has ontological status in itself and it can be studied objectively from the outside (Nieuwenhuis, 2007). In this case, this would refer to the formal implementation of HIV and AIDS Programmes in universities where by the researcher had to decide on whether to examine the implementation objectively from the outside world or through interaction with the clients whereby people share knowledge with each other.

The study opted to examine the prevention programmes through interaction with the clients. In fact, the nature of the research question in this study dictated an ontological stance which involved asking for participants' queries, views and making assertions in a way that was consistent with social research. This is a situation, according to Gruber, (2009) and Rensburg (2001), where a client interacts with the agent by making logical assertions. Queries and assertions are exchanged among agents. Engagement in social

practices produces knowledge derived from the socially constructed meanings that social actors generate through their engagement in particular social situations (Blaikie, 2000: 102) in (Buchannan & Bryman, 2009). Ontology informed the methodology as to the nature of reality, or what the researcher was supposed to study. It also provides a set of foundational orientations that shaped the ways in which the study was undertaken. Thus, ontology informed the researcher that this study needed to be tailor made to appropriate research methods that would solicit information on capacity of implementers, material resource and support, methods of teaching, monitoring processes and perceptions of students.

For the purpose of this research, these ideas on ontology were very relevant and had critical implications on the choice of a paradigm, methodology and instruments used by the researcher.



4.2.3 Epistemology

Epistemology is concerned with what and how we can know about what exists (Wisker, 2009). Epistemology specifies the nature of the relationship between the researcher and what can be known (Cristani and Cuel, 2005). According to Jupp (2006), it is a field of philosophy concerned with the possibility, nature, source and limits of human knowledge.

Its distinctive features are: it is concerned with whether or how we can have knowledge of reality. The criteria for what counts as knowledge (rather than mere belief) normally include reference to truth and to the justification for it (Wisker, 2009). Historically, a central epistemological debate has been between empiricism and rationalism. Empiricism holds that knowledge derives from the external world albeit mediated through sensory perception, valid knowledge is based upon the facts derived from systematic observations and reflection upon them; inductive reasoning from observational data allows the formulation of general laws, which can be tested and verified through further observation (Jupp, 2006). What distinguishes scientific knowledge is that it specifies the empirical criteria upon which it could be shown to be false (Jupp, 2006).

In the context of this study, epistemology was an eye opener in that, it informed the researcher on methodology that was suitable for use where knowledge was to be sought (Sarantakos, 2005) It guided the researcher to decide on the best approach, methodology, design and instruments that were suitable for addressing the question “how we can have knowledge of reality?”. The criteria for what counts as knowledge (rather than mere belief) had to be decided on. Additionally, epistemology informed the researcher to decide (i) whether to examine the implementation objectively from the outside world or through interaction with the clients, (ii) if so, what would be the best approach, design, methodology and instruments that would be able to answer the research question with also the capacity to yield maximum data from the field? That way, the researcher was able to come up with knowledge of reality on how HIV and AIDS Programme in Zimbabwe universities were being implemented.



4.2.4 Methodology

Methodology specifies how the researcher can go about studying practically what he believes can be known (Terre Blanche & Durrheim, 1999). The methodologies of inquiry provide specific direction for procedures in a research design (Du Plooy et al, 2003). It provides justification for the methods of a research project (Carter & Little, 2007). Methods are techniques for gathering evidence or procedures, tools and techniques” of research (Schwandt, 2001:158).

The researcher’s knowledge and understanding of different approaches, facilitates the ability to compare them if one has the intention of adopting the most suitable for the intended research. There are three dominant approaches to social sciences namely i) the positivist, ii) Interpretive and iii) critical approach (Ashley & Orenstein 1990: 38). The researchers who follow these different approaches share basic assumptions on how social reality should be viewed, what problems social scientists should address, how they can know social reality and what the purpose of research is (Du Plooy et al (2003)

As a summary of the three aspects, Ontology informs methodology as to the nature of reality, or what social research is supposed to study while epistemology informs methodology about the nature of knowledge, or about what counts as a fact and where knowledge is to be sought (Sarantakos, 2005). Methodology specifies how the researcher

can go about studying what he or she believes can be known. It provides justification for the methods of a research project (Carter & Little, 2007). Methods are “procedures, tools and techniques” of research used for gathering evidence (Schwandt, 2001:158).

The section that follows discusses the different types of paradigms namely: Interpretive paradigm, Positivist paradigm and Post-Positivist paradigm. They guided the study in choosing appropriate route to examine the implementation of HIV and AIDS programmes. The paradigms are all about selecting fundamental aspects of reality to a particular world view. Justification and limitation for each paradigm are also discussed.

4.3 Types of paradigms

4.3.1 Interpretive Paradigm

This approach rests on the premise that “knowledge is constructed not only by observable phenomena, but also by descriptions of peoples’ imitations, beliefs, values and reasons, meaning making and self-understanding (Henning et al., 2005,). The ontological aspect of interpretivism holds that social reality is the result of interactions between actors in real social contexts (Burrell & Morgan, 1979). Social reality is shaped through social interaction (Gibbons & Sanderson, 2002). Interpretivists argue that social reality is inherently meaningful (Du Plooy et al., 2003). The interpretive approach aims for depth (thick description) in studying human beings. The focus is on the interpretations, social actions, beliefs, and perceptions of the participants (Du Plooy et al., 2003).

This paradigm was partly relevant to this study since the researcher was interested in understanding the experience, interpretations, beliefs, and perceptions of universities lecturers, students, NGOs and HIAC regarding the monitoring and support strategies put in place, implementer capacity, and methods of integration of HIV and AIDS into the curricula. Their perceptions could give a good understanding of the efficacy of HIV and AIDS prevention programmes.

4.3.1.1 Justification

For the purpose of this study, the interpretivist paradigm had the dominant component that was partly relevant to this study in the following ways:

(i) The research questions demand rich, detailed descriptive information of a qualitative nature from universities staff, students and other stakeholders (participants) as they jointly and collaboratively participate in research activities generating knowledge.

(ii) Knowledge of implementation of HIV and AIDS prevention programmes is not independent from social contexts and experiences of the target population like students, lecturers, NGOs, HIV and AIDS Coordinators. Also, these were studied in their natural setting, as they made meaning of their perceptions of the implementation of HIV and AIDS prevention programmes.

(iii) Interpretivists feel that human behaviour is highly voluntary in that we each choose the paths we take and the decisions we make. This is centred on the belief in autonomy and free will. Drawing from the interpretivist paradigm assumptions of a subjective social reality, it would follow that the respondents of the study were within that self-constructed reality, free to act out of their desires as they wished. There was no possibility of a predetermined life path.

(iv) Since interpretivists approaches are qualitative in nature, the researcher was also attracted to enhance situational understanding by conducting in depth research through interviewing, observing, questioning the participants in a natural setting.

The advantages of this paradigm are varied. Meaning is constructed through human beings interacting with each other and playing a central role in defining a situation to make sense of it. According to Sarantakos (1998:36), "Patterns and regularities in behaviour emerge from the social conventions established by purposefully interacting human beings". Interpretivists argue that there is no social external reality. They insist that meaning and actions need to be understood from within rather than imposed from outside that is, studying how social reality is experienced, interpreted and understood (Dash, 2005). In line with these advantages, Brandon (2008) concurs that interpretive research aims to investigate the meanings of social actors in specific situations, developed socially and

experientially, the investigator and the object of investigation are linked and not separated. Interpretive approaches rely heavily on naturalistic methods (questionnaires, interviewing, observing and analysis of existing documents) hence qualitative methods were used in this study.

4.3.1.2 Limitations

The limitation of this approach, however, lies in the fact that, the notion of objectivity, subjectivity and bias can never be underestimated (Maree, 2007). Ruddock (cited in Cohen et al, 2000: 120) maintains that the approach is criticised for being impressionistic (based on reactions or opinions rather than on specific facts) biased, ungeneralisable, subjective and short sighted. The paradigm has been criticised for its grounded qualitative methods. This observation is critical since this study comprised of questionnaires that had variables requiring statistical procedures.

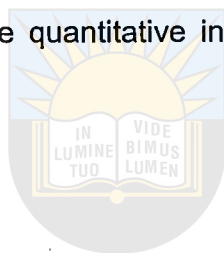
The limitation of relying solely on this paradigm in this study was that, considering the fact that there was statistical data in some cases, which had to be collected and quantified especially on demographic information, the interpretivists paradigm was not adequate. In practical terms, it would not have allowed the researcher to collect such quantitative data which was part of the purpose of this study. It was from such considerations that the researcher could not locate the study totally in the interpretive paradigm due to some limitations cited in this section.

4.3.2 Positivist Paradigm

This approach rests on the premise that research is based on direct experience and controlled by experimental verification. Researchers espousing this paradigm believe that social reality can be discovered through a systematic way of doing research that emphasises the importance of observable facts (Babbie and Mouton, 2001; Maree, 2007, Creswell, 2003) Positivists claim it is crucial that researchers approach social reality in a neutral, value free, detached and systematic way (Sarantakos, 1998). According to Babbie and Mouton (2001:26), "A key principle of the positivist approach is its adherence to the criterion of verifiability". Only objective, observable facts can be the basis for science, any

research claims and results must yield to the positive-that which can be explained in terms of scientific laws (Maree, 2007). These authorities reiterate that it is based on direct experience and controlled by experimental verification. Methodological tools are developed to collect evidence that is observable and hence measurable. Remenyl et al (1998) argue that the view that scientific inquiry should use scientific methods, experimentation, confine itself to only measurable, verifiable and observable reality, objective truth since it is not enough. To follow the argument further, only truth claims /facts based on above can be basis of science knowledge.

In brief, the key characteristics of this paradigm are that: reality is represented by objects considered to be real; truth exists in this separate world/set of objects, unbiased, that there is a single reality obtainable through scientific methods, that is, .measurement of social facts is by statistical procedures, hence quantitative in nature (Maree, 2007; Babbie & Mouton, 2001; Creswell, 2003).



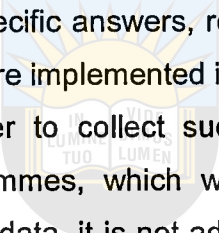
4.3.2.1 Limitations

This school of thought has been criticised for being rigid, to the extent that they do not put into consideration any eventualities which may come out from the study which were not pre-planned. As a result, the positivist paradigm has been criticised for its technicist element that seeks to control and predict relationships within and between variables and its view that knowledge is obsolete (Babbie & Mouton, 2001). According to Gorski (2005), researchers working within this paradigm have also been criticised for their singular view of reality that is measurable through “objective” and “value -free” scientific and quantitative methods. Criticisms have been leveled against positivist in that, the paradigm perceives reality as a sum of measured or measurable attributes; its primary purpose is to quantify and measure social phenomena (Sarantakos, 2005). As a result, research is limited only to what can be approached (measured) through the existing methods, rendering immeasurable social phenomena insignificant (Babbie & Mouton, 2005).

Notwithstanding these criticisms, some elements of the positivist paradigm were considered to be compatible with the purpose of this study, which sought to examine the implementation of HIV and AIDS prevention programmes in Three Zimbabwean universities. All the significant measurable variables in the questionnaire would not have

been administered by naturalistic methods rather than a positivist one. The task of analysing the measurable data accumulated by the researcher was easier done from a positivist approach.

The foregoing discussion justifies why it was not adequate to locate this study in the positivism paradigm. Considering that the study intended using focus group discussions and interviews to solicit participants' perceptions, knowledge and views on the monitoring and support strategies put in place, implementer capacity, and methods of integration of HIV and AIDS into the curricula, it would have prevented the researcher from following up unexpected outcomes or information (Ryan, 2006). The paradigm was not preferred in carrying out this study because it would not have allowed participants such as students, the opportunity to compare and share their views with the researcher. In addition, quantitative data often fail to provide specific answers, reasons and explanations on how HIV and AIDS Prevention programmes are implemented in universities. In practical terms, it would not have allowed the researcher to collect such qualitative data on students' perceptions on HIV and AIDS programmes, which was part of the purpose of this study. Since it captures only quantitative data, it is not adequate to locate this study in the positivism paradigm.


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4.3.3 Post Positivist paradigm

Post-positivism is a shift away from positivism, or rather a wholesale rejection of the central tenets of positivism (Trochim, 2006). The post-positivism is a knowledge claim that challenges the absolute reliance on one knowledge claim as advocated by interpretivists and positivists (Maree, 2007; Creswell, 2003). The post-positivist paradigm came as an alternative to positivism and interpretivism, and can be seen as a combination of the two. Researchers working in the post-positivist framework combine both qualitative and quantitative methods. The idea is to capitalise on real facts, emphasises the importance of multiple measures and observations, to use triangulation across these multiple errorful sources to try to get a valid and reliable picture (Trochim, 2006). The major tenets of this paradigm have been captured and summarised as follows:

Richie and Rigano (2001) argue that, in post-positivism, the knower and the known cannot be separated as is the case in positivism; and that, although human beings cannot perfectly

understand reality, researchers can approach it with rigorous data collection and analysis. Hence, post-positivistic approach to research opens the door to multiple methods and different worldviews as well as to different forms of data collection and analysis so as to provide and justify that rigour in the process of carrying out the research (Richie & Rigano, 2001). This was relevant to this study since the researcher was interested in gathering evidence that could be used to explain the prevalence of HIV, STIs and pregnancies, including negative attitudes in the universities investigated. Objectivity cannot be achieved and hence research is conducted with greater awareness of subjectivity (Maree, 2007). Post-positivism is a knowledge claim that challenges the absolute truth and recognises that we cannot be “positive” about claims of knowledge when studying the behaviours and actions of humans because we are all biased and all of our observations are affected (Maree, 2007; Creswell, 2003)

The main purpose of the study was to examine the implementation of HIV and AIDS Prevention programmes in Universities in Zimbabwe. The main sources of data were observation, semi-structured interviews, self-administered questionnaires and documents. These data collection techniques produced both quantitative and qualitative data, which is compatible with the post-positivist paradigm (Maree, 2007; Bergman, 2008; Guba & Lincoln, 2005). The post-positivism was preferred since it was suitable for this study in various ways elaborated in this section. First of all, it accommodated ideas from both the positivist and interpretivists world views; hence it is a flexible paradigm

Qualitative data helped the researcher examine views and perceptions regarding the ways HIV and AIDS programmes were being implemented in the universities. Research was constructed through valid knowledge claims that emerged as conflicting interpretations and action possibilities were discussed and negotiated among the members of the universities participants (Ryan, 2006). Reference is made to the HIV and AIDS programme implementation issues raised during the interviews, the participants' reactions, and the researcher's interpretations of these interwoven ideas. In this context, it was convenient to capitalise partly on the strengths of the interpretive paradigm, through administering of focus group discussions and individual interviews.

On the other side, it implies that, in this study, quantitative data facilitated the measurement of variables of interest on the implementation of HIV and AIDS programmes such as questionnaires and observation schedule. These instruments extracted statistical

data from universities investigated as espoused by the positivist paradigm. From these considerations cited in the discussion, it was necessary for the researcher to locate the study in the post-positivist paradigm. The paradigm guided the researcher to realise a comprehensive picture of the problem that was being examined.

4.4 Research Approach

There are different research approaches, namely quantitative, qualitative and mixed method approaches (Maree, 2007). According to Creswell (2003:5) the differences depend on answers made by the researcher to the following three questions:

(i) What knowledge claims are being made by the researcher (including theoretical perspective)? (ii) What strategies of inquiry will inform the procedures? (iii) What methods of data collection and analysis will be used?

The knowledge claims include positivism, interpretivism and post-positivism paradigms. The strategies of inquiry or methodologies provide specific direction for procedures in a research design. According to Creswell (2007), the strategies can be experiments, quasi experiments, or surveys in the quantitative studies; or they can be ethnographies, case studies, or phenomenological research in the case of qualitative study, while the mixed method approach includes strategies from both qualitative and quantitative approaches.

This study adapted a mixed methods approach to seek answers to the research question, that is, how are HIV and AIDS prevention programmes implemented in three universities in Zimbabwe?. This section will begin with a brief discussion on qualitative and quantitative approaches and then discuss in detail mixed methods approach.

4.4.1 Qualitative approach

The qualitative research methodology is based on a relativistic, constructivist ontology that argues that there is no objective reality, rather, there are multiple realities constructed by human beings who experience a phenomenon of interest (Creswell, 2007; Krauss, 2005). It is the opposite of the quantitative approach in that, a researcher often approaches reality

from a constructivist position, which allows for multiple meanings of individual experiences (Denzin & Lincoln, 2005 cited in Ivankova, et al., 2007). The goal of qualitative research is to explore and understand a central phenomenon, which is the concept or process explored in a qualitative research study. It seeks to provide an in-depth picture (Creswell, 2005).

Several cited sources have identified the major characteristics of the qualitative approach and where it can be most applicable as highlighted in the foregoing discussion. Qualitative inquiry employs different knowledge claims, strategies of inquiry, and methods of data collection and analysis such as narratives, ethnographies, grounded theory studies or case studies (Creswell, 2007). It values participants' perspectives on their worlds; and it often relies on people's words as its primary data (Maree, 2007; Du Plooy et al., 2003). This part is relevant to this study because the researcher collected data emerging from the primary sources which was rich and relevant to sub- themes discussed in the literature review. Ryan (2006:21) gives the following characteristics of qualitative research, "it gives the researcher a chance to gather information on the respondents' experiences". It seeks to provide an in-depth picture; it tries to illuminate aspects of people's everyday lives; it values participants' perspectives on their worlds; and it often relies on people's words as its primary data.

Furthermore, on the characteristics, sources agree that it generally deals with smaller numbers than in quantitative research (Creswell (2003). Findings from a qualitative research are often not generalisable because of the small numbers. Qualitative approaches have been criticised on various grounds. Critics argue that because of personal impressions involved in this research, it is strongly subject to researcher bias; It is qualitative methods that tend to generate large amounts of detailed information about a small number of settings (Ivankova, et al, 2007; Creswell, 2007). However, findings from a qualitative research are often not generalisable because of the small numbers and narrow range of participants used in the data collection process. The sample size is small and is purposefully selected from those individuals who have the most experience with the studied phenomenon (Patton, 2002 cited in Ivankova, et al, 2007). It is from that perspective that the approach is criticised for lacking generalisability since respondents differ in beliefs, in the ways they feel, value things or even perceive situations hence widening the degree of congruency possibility for generalisation of results process (Ivankova, et al, 2007). This study took note of the limitations raised in this section by

various sources, hence, it was not adequate to rely solely on this approach or utilise the qualitative approach on its own.

4.4.2 Quantitative approach

A quantitative approach is a typical type of research study that employs quantitative research which would be an experiment or a survey (Ivankova, Creswell & Clark, 2007). It relies on numerical data to test the relationships between variables (Cohen, Manion & Morrison, 2007; Creswell & Clark, 2007). The key characteristics of the quantitative approach are discussed by the researcher.

A quantitative approach is a scientific method which has the characteristics of empiricism which subscribes to the notion that the primary source of all knowledge is to be found in experience and observation (Cohen, Manion & Morrison, 2007; Babbie, 2001). To develop knowledge a researcher relies on a post-positivist approach to knowledge which implies the existence of one objective reality (Maree, 2007). Hence, unless data can be verified by the senses, it cannot be accepted as scientific. According to empiricists, the primary source of all knowledge is to be found in experience and observation to be accepted as scientific (Babbie, 2001). Some of the salient characteristics captured reveal that, this type of research tries to test theories or hypotheses (Maree, 2007; Cohen, Manion & Morrison, 2007); to predict; isolate and define categories before research starts and then to determine the relationships between them (Ryan, 2006).

As already mentioned, quantitative research methodology is grounded in the positivist research paradigm and it seeks to apply the natural science model of research to investigations of social phenomena and explanation of the social world. In quantitative research, an investigator relies on numerical data to test the relationships between variables (Creswell & Clark, 2007). The sample size is large and is ideally randomly selected from the larger population to be able to generalise the results to this population (Maree, 2007). This type of quantitative research would be an experiment or a survey (Creswell & Clark, 2007; Maree, 2007).

The quantitative data collected can reveal generalisable information for a large group of people due to its highly structured nature as it prevents the researcher from following up

unexpected outcomes or information (Ryan, 2006). In addition, quantitative data often fail to provide specific answers, reasons and explanations. An investigator relies on numerical data to test the relationships between variables (Creswell & Clark, 2007). The sample size is large and is ideally randomly selected from the larger population to be able to generalise the results to this population (Maree, 2007). From this discussion, the researcher is also informed that the quantitative approach puts emphasis on objectivity, numerical data and generalisability of research findings.

The main research question for this study was, "How are HIV and AIDS prevention programmes implemented at the three universities in Zimbabwe? Some components of the quantitative approach already discussed, were applicable to this study. Reference is made to quantitative (numerical) data collected by means of questionnaires and observation guide which provided specific answers to the research question. Furthermore, analysis of data to answer the inquiry was made possible by quantitative means (Babbie, 2001; Maree, 2007). However, the researcher could not rely totally on this approach since it was not possible to remain objectively separated from the subject matter (the university participants) as cited in the tenets of this discussion (Ryan, 2006). Interaction with the participants was a compelling factor. Due to its highly structured nature (semi-structured questionnaires), it could have prevented the researcher from following up unexpected outcomes or information (Ryan, 2006). In addition, quantitative data often fail to provide specific reasons and an explanation an investigator requires (Creswell & Clark, 2007). The sample size was small, purposively selected; hence it would not have been ideal for generalisation of Implementation of HIV and AIDS prevention programmes information for a large group of people (universities in Zimbabwe) as opposed to the principles of quantitative research that opts for a large sample size. This study took note of the limitations raised in this section hence; it was not adequate to utilise the quantitative approach on its own in this study.

4.4.3 Mixed Methods Approach

A mixed method research according to Creswell (2005) in Maree (2007:261), is defined as, "a procedure for collecting, analysing and 'mixing' both qualitative and quantitative data at some stage of the research process within a single study to understand a research problem more completely" This study adopted mixed method approach which is

associated with post-positivist paradigm and it combines elements of (quantitative) and (qualitative) approaches (Maree, 2007). It should be noted that, research design covers aspects of research such as sampling, data collection and analysis, and interpretations of the results.

The mixed methods design is supported by post-positivistic ideals as they advocate for use of multiple measures and observations, each of which may possess different types of error, and therefore need to use triangulation across these multiple sources to get a better picture on what's happening in reality (Trochim, 2006). Mixed methods research design builds on both quantitative and qualitative approaches and uses them both in a single study (Johnson, 2003; Maree, 2007). Basic mixed methods designs include: The explanatory mixed methods design, in which the purpose of the design is to use the qualitative findings to clarify the quantitative results.

Quantitative results provide a general picture of the research problem while qualitative results refine, explain or extend the general picture. Data is collected in two phases. The first phase quantitative data is collected (in a survey) and analysed. The second phase qualitative data is collected (in a case study) and analysed, hence the qualitative findings explain the quantitative results obtained from the first phase. Both qualitative and quantitative methods have strengths and weaknesses, when used together, these methods can be complimentary and allow for a more complete analysis of the research situation (Tashokkori & Teddie, 1998). This means the data collection process in the mixed methods approach involves gathering both numeric (numbers) data and text (word) data concurrently or in sequence; they complement each other (Maree, 2007). The final database represents both quantitative and qualitative information (Creswell, 2003). The use of mixed methods research makes it possible to overcome the limitations of purely quantitative or qualitative approaches by maximising the advantages and minimising the disadvantages connected to the single application of the two approaches (Creswell, 2007; Maree, 2007). Cohen, Manion and Morrison (2007:135), "both qualitative and quantitative methods can address internal and external validity in research".

This part of the chapter describes how and justifies why particular aspects of the research process were taken. In this study, a concurrent triangulation design was adopted. The problem with this method is that it is time intensive in terms of analysing both text and numerical data; and that the researcher needs to be familiar with both quantitative and qualitative forms of research (Creswell, 2003). However, despite such problems, the use of

mixed methods assisted the researcher to collect data on the implementation of HIV and AIDS prevention Programmes and understood it from various perspectives unlike when using one method.

Quantitative results may be divergent or contradictory. In such circumstances, it can lead to extra reflection, and further research. Thus, given that data have been collected and analysed correctly, such divergence can generate new theoretical insights (Thorleif, 2012). The researcher preferred the mixed method research approach since it provided a complete understanding of how the HIV and AIDS intervention programmes are implemented at the universities in Zimbabwe.

4.5 Research Design

According to Babbie and Mouton (2001:74), research design is “a plan or blue print of how the researcher intends conducting the research”. A plan is needed by the researcher who clearly specifies ‘what’ they want to find out and secondly identify ‘how’ (the best way) to do it. The most commonly used four basic mixed designs include explanatory design, the exploratory design, the triangulation design and the embedded design (Creswell & Plano Clark, 2007; Maree, 2007). These are briefly explained in this study.

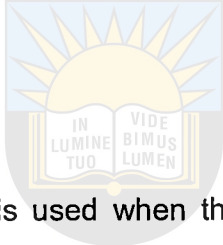
4.5.1 The explanatory design

The explanatory mixed methods design’s purpose is to use the qualitative findings to clarify the quantitative results (Maree, 2007). The rationale is that the quantitative results provide a general picture of the research problem while qualitative results refine, explain or extend the general picture (Creswell et.al, 2003). Data is collected in two phases whereby, in the first phase quantitative data is collected (in a survey) and analysed. In the second phase qualitative data is collected (in a case study) and analysed. Hence the qualitative findings explain the quantitative results obtained from the first phase. An obvious limitation of this design is that collecting and analysing data in two sequential phases means that it takes longer to complete the study. This scenario or character of the explanatory design was not envisioned by the researcher of this study because of the nature of the question examined and time factor hence, was not likely to suit it.

4.5.2 The exploratory design

The exploratory design is used when a researcher first needs to explore a topic using qualitative data before attempting to measure it quantitatively (Maree, 2007). This design is therefore appropriate when studying a topic where no theory or when a researcher does not know which constructs are appropriate. In this design, the qualitative data is collected and analysed first, (Creswell et.al, 2003). In the second phase quantitative data is collected and analysed. The researcher would then generate a theory from the quantitative and qualitative data findings (Creswell et.al, 2003). Since the principle of this design is not in line with the study purpose, it was not suitable for this study.

4.5.3 The embedded design



The embedded mixed method design is used when the researcher needs to answer a secondary research question that is different from but related to the primary research question. To accomplish this, the researcher will embed one type of data within the methodology associated with the other type of data (Maree, 2007). For example, qualitative data could be embedded in quantitative data and the design is suitable for experimental design or a case study (Maree, 2007). The main advantage is that the researcher is basing the study on what is well known and well established. Also, the researcher can collect the two types of data at the same time. However, the limitations emerge on data collection and analysis since bias is inherent on part of the researcher.

4.5.4 The triangulation design

Collection of data in a mixed method approach can either be sequential or concurrent. Sequential procedures imply that the researcher collects both the quantitative and qualitative data in phases (sequentially) while concurrent procedures mean that the researcher will collect both quantitative and qualitative data at the same time (concurrently) (Maree, 2007). Also, Thorleif (2012) posits that collection of data in a mixed method approach can either be sequential or concurrent. When the data are collected in phases,

either the qualitative or quantitative data can come first depending on the initial intent of the researcher (Creswell et.al. 2003). Integration of the two types of data can occur at several stages in the process of research, that is, the data collection (combining open ended questions in a survey with closed ended questions); the data analysis and interpretation (transforming qualitative themes or codes into quantitative numbers and comparing that information with quantitative results); or some combination of places (both during data collection and analysis).

Concurrent procedures are less time-consuming than the sequential procedures. Maree, (2007) noted that the concurrent triangulation design is probably the most familiar of these major mixed method designs. It can be selected as the design to confirm, cross-validate, or corroborate findings within a single study. These sequential or concurrent procedures are explained in detail in the subsequent sections below.

4.5.5 Sequential Triangulation Design

In sequential triangulation, a researcher can use sequential timing and collect and analyse the quantitative data first (exploratory design) followed by the qualitative data collection, and analysis (explanatory design). According to Maree (2007), Sequential procedures imply that the researcher collects both the quantitative and qualitative data in phases (sequentially) when the data is collected in phases, integration of the two types of data can occur at several stages in the process of research, that is, the data collection (combining open ended questions in a survey with closed ended questions); the data analysis and interpretation (transforming qualitative themes or codes into quantitative numbers and comparing that information with quantitative results; or some combination of places (both during data collection and analysis).

This design is partly appropriate in this study during data analysis since the sequential procedure was used to analyse the quantitative numerical data on Biographic information. However, time factor was put into consideration hence, the researcher did not opt for it. To examine the implementation of HIV and AIDS in three universities in Zimbabwe, it was the purpose of the study to triangulate or synthesise the findings from both quantitative and qualitative parts of the study, as is the case in the triangulation design. Then, the two types of data are collected and analysed simultaneously and are compared to each

other. Under such considerations, sequential procedures would not suffice hence the researcher did not opt for it in this study.

4.5.6 Concurrent Triangulation Design

Concurrent procedures entail collecting both quantitative and qualitative data at the same time during the study and then integrating the information in the interpretation of the overall results (Creswell, 2003). Collection of data in a concurrent triangulation design can be through concurrent procedure in that, the researcher will collect both qualitative and quantitative data at the same time, integrating the information in the interpretation of the overall results (Creswell, 2003; Johnson, 2003). In this strategy, the researcher uses two different methods in an attempt to confirm, cross validate or corroborate findings within a single study (Creswell, 2003). Integration of the two types of data can occur at several stages in the process of research, that is,

Collect and analyse qualitative data first and then collect the quantitative data and If the purpose of the study is to explain or refine the quantitative results (explanatory design) or to develop a survey instrument from the qualitative data, then the data collection and analysis is conducted sequentially in separate phases and the data set builds upon the other (Maree, 2007).

In this study, the researcher obtained quantitative data by administering semi structured questionnaires to lecturers and HIV and AIDS Coordinators as well as Health officials. Qualitative data were obtained through interviews with students, lecturers, Health officials and NGOs. Furthermore, documents, Observation guide on HIV and AIDS related information generated quantitative data. The data analysis and interpretation (transforming qualitative themes or codes into quantitative numbers, was congruent with a concurrent triangulation design (Creswell, 2003), hence the researcher was able to compare and contrast results from the questionnaires, semi-structured interviews, and documents on implementation of HIV and AIDS. This was done in order to determine the extent to which they did and did not agree with each other. Relevant data from each of the research instruments were compared when answering a specific sub-research question. This enabled the researcher to develop more complete and well-substantiated conclusions on how the HIV and AIDS programmes are implemented in three universities in Zimbabwe.

There are various reasons for using Concurrent triangulation mixed method design in this study. Concurrent procedures are less time consuming than the sequential procedure (Creswell, 2003). It was the case in the current study which also capitalised on reducing the time for data collection, processing and analysis. The quantitative approach enabled the researcher to generate a large amount of data within a short time. It also gave opportunities to the lecturers, and HIV and AIDS Coordinators in universities to give their views on implementation of HIV and AIDS programmes in universities in Zimbabwe, thereby increasing the reliability of the results as well as confidentiality and anonymity under ethical considerations. Furthermore, the researcher was conscious of the fact that mixed methods approach provides strengths that offset the weaknesses on use of quantitative or qualitative approach alone (Tashakorri & Teddlie, 2003). In this study, the mixed method approach ensured that biases that might be inherent in any single method should neutralise or eliminate the biases of other methods

The quantitative approach guaranteed less time for data analysis as the researcher used SPSS to facilitate the statistical analysis process. In some cases the quantitative data was used to triangulate the qualitative data while in other cases it was the opposite. The data supplemented each other during the data collection, data analysis and interpretation process. This has given the researcher more insight into the implementation of HIV and AIDS programmes in universities in Zimbabwe.

The strengths of the design cited in the discussion were desirable to this study. So the final database represents both quantitative and qualitative information, also concurrently analysed. This move explains why concurrent triangulation design was adopted by this study.

4.6 Population, Sample and Sampling

4.6.1 Population

Population is defined as total quantity of things or cases of the type which is subject of your study (Walliman, 2006). In other words, a population can refer to a group of people that share one or more characteristics from which data can be gathered and generalised

(Walliman, 2006). Currently Zimbabwe has a total of eleven universities with 7 public and 4 private universities respectively

This study targeted all the 7 public universities but then purposively selected the three universities on basis of proximity, type and relevance of programmes being offered and historical background. The target population for the study comprised all lecturers and students in the three selected universities. They are identified as Universities 1, 2 and 3. University 1 was chosen on the basis of being the oldest hence the assumption was that it had well established programmes, having been implemented for a longer period while University 2, is the pioneer of Science Education. University 3 has a different mode of delivery since it offers Distance Education.

The universities have received some substantial attention from the researcher in terms of their pivotal role in HIV and AIDS programme implementation. Also, because of their proximity from the researcher's place of work, educational institutions such as 1 and 3 are based in Harare province while university 2 is less than 100 km away from Harare. In this respect, it was also convenient for the researcher in terms of money and time constraints to conduct the study in those institutions. The study also targeted respective Universities' HIV and AIDS Coordinators, Universities Health Centres and well-established HIV and AIDS NGOs operating in the three Universities. University 1 has approximately 11700 students and about 735 Academic employees while University 2 has over 4 500 students and about 200 Academic employees, and University 3 having 21 000 students, and about 200 Academic employees (Kotecha 2008).

4.6.2 Sample and Sampling methods

Sampling is the act, process, or technique of selecting a suitable sample, or a representative part of a population for the purpose of determining parameters or characteristics of the whole population (Mugo, 2002). From the above population, a sample was selected. Babbie (2008:190) posits that 'We can define the ultimate purpose of sampling: to select a set of elements from a population in such a way that descriptions of those elements accurately portray the total population from which the elements are selected.' In the same vein, Mugo (2002:1) maintains that, 'The purpose of a sample is to draw conclusions about populations from samples which enables us to determine a

population's characteristics by directly observing only a portion (or sample) of the population". We obtain a sample rather than a complete enumeration (a census) of the population for many reasons. These include economic advantages of using a sample as it requires fewer resources than a census (Mugo, 2002). Wilson (1993:172) noted that "researchers use sampling because it is a feasible and logic way of making statements about a larger group based on what the researcher knows about a smaller group."

4.6.2.1 Size of the sample

The sample consisted of 3 universities in Zimbabwe. The participants were 3 HIV and AIDS universities co-ordinators (1 from each university), 30 lecturers from the faculties of education (10 from each university), 9 lecturers for the 3 focus groups, comprising three participants in each group (3 from each university), a total of 24 students under focus group participants (8 from each university), 3 senior health centres participants (1 from each university) and 3 NGOs. The respondents were purposively selected since they operate in the area of the universities under investigation which is the faculty of education. Also, they are rich with information on HIV and AIDS programme implementation in their respective areas. The lecturers for quantitative and qualitative data were selected through stratified sampling. As an example, from a total of 30 faculty members, 10 were selected to make a third of the population representation. The purposive sampling technique was used for the 8 students for each university for focus group discussions, as these were rich in information on the subject. This gave a total of 24 participants. The total sample size was 72.

4.6.2.2 Sampling methods

There are two major classes to which sampling methods belong (Maree, 2007; Bryman, 2012; Cohen, Manion & Morrison, 2007). They are probability methods and non-probability methods (Maree, 2007). The probability methods are also known as representative sampling or random sample while non-probability methods are also known as a purposive sample (Muchengetwa, 2011; Cohen, Manion & Morrison, 2007). According to Maree (2007:172), "Probability methods are based on the principles of randomness and

probability theory, while non-probability methods are not. Consequently, probability samples satisfy the requirements for the use of probability theory to accurately generalise to the population, while this is not the case with non-probability samples". Cohen, Manion & Morrison, (2007) note that, the difference between them is that in a probability sample, the chances of members of a wider population being selected for the sample are known whereas in the non-probability sample the chances of the wider population being selected for the sample are unknown. The implication is that, different research may require different sampling techniques (Muchengetwa, 2011).

For the purpose of this study, this observation by Maree (2007) and Cohen, Manion & Morrison (2007) served as an eye opener in that, the researcher's study findings from the sampled Zimbabwean universities, could not make generalisation about the entire population provided. Since some universities in Zimbabwe did not have an equal chance of being included in the sample, the purposively selected universities would, therefore, not be a true representative of all the universities in Zimbabwe.

The main techniques of the two major classes to which sampling methods belong, are discussed in the next context.

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4.6.2.2.1 Probability sampling techniques

Probability sampling is popular in randomised controlled trials, administered in statistical analysis of quantitative data (Bryman, 2012; Saunders, 2003; Cohen, Manion & Morrison, 2007). A probability sample, because it draws randomly from the wider population, will be useful if the researcher wishes to be able to make generalisations (Bryman, 2012; Cohen, Manion & Morrison, 2007). According to these sources, this is so because it seeks representativeness of the wider population. Bryman (2012:416) reiterates that, "In probability sampling, it is important for the qualitative researcher to be able to generalise to a wider population". This sampling technique was not adopted in this study since the findings were not meant for making generalisations as elaborated above.

- ***The random sampling***

The method involves selecting at random from a list of the population, the required number of subjects for the sample (Corbetta, 2003; Saunders, 2003). This can be done by drawing names out of a container until the required number is reached. In simple random sampling, each member of the population under study has an equal chance of being selected (Mugo, 2002). Also, the probability of a member of the population being selected is unaffected by the selection of other members of the population. This implies that selection is entirely independent of the next (Cohen, Manion & Morrison, 2007).

Cohen, Manion & Morrison (2007) emphasise that the sample should contain subjects with characteristics, similar to the population as a whole (young, old, male, female). This observation on characteristics gave some guidance to this study in that, universities samples had to consider gender, experience, qualification and age ranges of participants under demographic data. According to Mugo (2002:7), "the advantages of using a simple random sample is that, a simple random sample is free from sampling bias". In addition to this, it can be used with large sample populations (Corbetta, 2003).

However, there are limitations attached to random sampling in that: it may not present the correct picture about the wider population if, for example, the random sample may be largely ignorant of particular issues and critical matters of interest to the researcher, to which case a purposive sample is vital (Cohen, Manion & Morrison, 2007). In his apt observation, Corbetta (2003) argues that, it can lead to poor representation of the overall parent population or if the study area is very large there may be practical constraints in terms of time available and access to certain parts of the study area

- ***Systematic sampling***

The method is a modified form of simple random sampling. It involves selecting subjects from a population list in a systematic rather than a random fashion (Cohen, Manion & Morrison, 2007). A systematic random sample is obtained by selecting one unit on a random basis and choosing additional elementary units at evenly spaced intervals until the desired number of units is obtained (Mugo, 2002). For example, from a population of 100, to get a sample of 25, the every fourth participant can be selected. Subjects may be arranged in even and odd numbers up to 20. One has to decide how frequently to make systematic sampling in order to include a wider population being represented (Bryman,

2012;Cohen, Manion & Morrison, 2007). The researcher was also aware of other several techniques which fall under probability sampling including stratified sampling and cluster sampling but could not be discussed considering relevance and applicability in this study. From the researcher's perspective, it is more biased; as not all members or sites have an equal chance of being selected It may therefore lead to over or under representation of a particular pattern

4.6.2.2.2 Non-probability sampling methods

In this type, the researcher has deliberately/purposively selected particular section of the wider population to include in or exclude from a sample (Maree, 2007; Cohen, Manion & Morrison, 2007). A non-probability sample deliberately avoids representing the wider population. It seeks only to represent a particular group, a particular named section of the wider population such as a class/group of students who are taking a particular examination, a group of teachers (Cohen, Manion & Morrison, 2007). This is frequently the case in small scale research, for example, one, two or three schools involving a particular group of students and teachers(Cohen, Manion & Morrison, 2007). This was the case in the researcher's study since three universities in Zimbabwe were selected. In this case, there is no attempt to generalise results. Small scale research often uses non-probability samples because, despite their non-representativeness, they are far less complicated to set up, are considerably less expensive and can prove perfectly adequate where researchers do not intend to generalise their findings beyond the sample in question (Cohen, Manion & Morrison, 2007). Just as there are several types of probability sampling, so there are several types of non-probability sampling: quota sampling, convenience sampling, dimensional sampling, purposive sampling and snowball sampling (Mugo, 2002; Bryman, 2012; Maree, 2007). For the purpose of this study, the purposive sampling technique has been selected because of its relevance.

- ***Purposive sampling***

Purposive sampling is a non-probability form of sampling (Bryman, 2012).

In purposive sampling, (a feature of qualitative research), researchers handpick the case to be included in the sample on the basis of their judgement or possession of the particular

characteristics being sought. In this way, they build up a sample that is satisfactory to their specific needs (Bryman, 2012; Cohen, Manion & Morrison, 2007). Mugo (2002:8) says, "Purposeful sampling selects information rich cases for in-depth study. Size and specific cases depend on the study purpose." This kind of sampling is used, for instance, on very small samples in order to avoid chance fluctuations that might excessively distance the sample from the characteristics of the population (Corbetta, 2003).

It has been stated that in this procedure, the sampling units are not chosen in a random manner, but on the basis of some of their characteristics. It should, therefore be noted that, the purposive sampling is based on the assumption that a great deal can be learnt about issues of concern. For instance, in this research: a detailed study of a few information-rich cases was conducted on: (the capacity of implementers, their perceptions, pregnancies, risk in students' behaviours, HIV infections and impact of the services being rendered, availability of resources). The three universities have been purposively selected for a variety of reasons in particular: the researcher was very much interested in the faculty of education and lecturers who implement HIV and AIDS prevention programmes. All universities are known to have expressed commitment to implementing an HIV and AIDS Education and related prevention programme. The selection of institutions for study was also based upon considerations of feasibility and accessibility.

The researcher was informed and convinced by this sampling technique adopted to gather in-depth knowledge on particular issues (HIV and AIDS implementation). By virtue of their professional role, expertise or experience (lecturers, and NGOs, clinic staff and HIV and AIDS Coordinators) were rather purposively selected. The philosophy underpinning their perceptions on the implementation of HIV and AIDS prevention programmes in Universities could easily be solicited from this sample.

However, there are limitations attached to purposive sampling in that: it may not represent the wider population (Maree, 2007), it is deliberate and regrettably, selective and biased (Cohen, Manion & Morrison, 2007).

In this study, by purposively sampling the key informants and specialists cited above, data that addressed the research question was generated. It was assumed that the lecturers would have much first-hand information on implementation of HIV and AIDS prevention programmes in the universities under study. Again, on campus physical structures with

posters and prevention information and resources (administration block, toilets, clinics and halls of residence) were purposively selected since the researcher wanted to observe, explain and confirm data that had been generated from the respondents' questionnaires and interviews (triangulation)

4.7 Data collection procedures

4.7.1 Initial consultations

The researcher sought permission to conduct research in all 3 universities that were targeted and then designed a plan on logistics and other targeted informants of the field work enquiry. The supervisor also provided consistent feedback on the strengths and possible weaknesses of the researcher's data collection instruments. When these were perfected, the next step was the conducting of a pilot study.

4.7.2 Pilot study

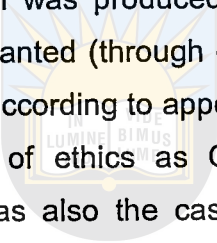
A pilot study was conducted as a final preparation to check the usability and effectiveness of the interview guide instruments and the validity and reliability of the closed and open-ended questionnaires. Although pilot-testing serves many goals, literature (Buckingham & Saunders, 2004; Babbie & Mouton, 2005) considers the following to be the most important: (i) to estimate the costs and duration of the main study; (ii) to ascertain the degree of diversity of the survey population and (iii) to discover possible weaknesses, inadequacies, ambiguities, and problems in all aspects of the research, so that they can be corrected before actual data collection takes place. The main purpose of conducting a pilot study is to test the instruments and also the logistics of the fieldwork enquiry (Cohen, Manion & Morrison, 2007).

In this study, there was need to confirm the strengths and weaknesses of the instruments in terms of logical sequence of questions, wording and other unnecessary ambiguities. The research instruments which were used in this study were pilot-tested in Zimbabwe in April 2011 in a different university from the ones where the main study was conducted. When this was done, necessary changes were captured and effected on the final research

instruments. The participants of the pilot study were not part of the research sample for all universities under study. Pilot-testing also helped the researcher gauge the average time that was required for conducting focus group discussions and the completing of the questionnaire.

4.7.3 The final data collection phase

In this study, the researcher used written permission documents from universities of Fort Hare and Zimbabwean universities authorities, that is, Bindura, ZOU and University of Zimbabwe respectively. To elaborate further, negotiations for access were made with University Registrar, Faculty of education Dean and Chairperson of each university. A confirmation letter to carry out research was produced to gain entry to the population sample. Finally, once permission was granted (through gate keepers) for access into the universities, interviews were conducted according to appointments granted by participants. The researcher adhered to the code of ethics as Questionnaires and focus group discussions were administered. This was also the case where analysis was made on documents.


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The context that follows addresses research techniques/methods used in the study.

4.8 Data Collection

4.8.1 Data collection procedures

Since the study used a mixed approach to collect both qualitative and quantitative data, relevant data collection methods in this study were used namely: face to face interviews, focus group discussions, observation, document analysis and questionnaires.

4.8.2 Interviews

Interviewing is one of the most common methods of data collection. The researcher used semi-structured interviews to solicit data from the respondents as they allowed respondents to express themselves at some length (Sarantakos, 2005). An interview is a face to face confrontation between the interviewer and the participant or a group of

respondents (Leedy, 1980; Maree, 2007). The aim of an interview is to see the world through the eyes of the participant and they can be a valuable source of rich, descriptive information that will help you to understand the participant's construction of knowledge and social reality (Maree, 2007). These observations were also considered to be relevant to this study.

Interviews take a number of forms depending on how structured they are. According to Haralambos and Holborn (2008), a completely structured interview is simply a questionnaire administered by an interviewer who is not allowed to deviate in any way from the questions provided. The interviewer simply reads out the questions to the respondent. From another angle, Cohen et al, (2000: 268) concede that semi-structured interviews provide access to what is "inside a person's head", it makes it possible to measure what a person knows (knowledge or information), what a person likes or dislikes (values and, perceptions), and what a person thinks (attitudes and beliefs). In semi-structured interviews, the participant is required to answer a set of predetermined questions that define the line of inquiry. Probing and clarification of answers are allowed.

On the other hand, a totally unstructured interview takes the form of a conversation where the interviewer has no predetermined questions (Maree, 2007; Sarantakos, 2005; Haralambos & Holborn, 2008). In this study, the researcher used semi structured interviews since there was need to gain very useful insights into the implementation of HIV and AIDS prevention programmes in Zimbabwe universities. The views, perceptions and attitudes of respondents were important to the researcher as he gained insight on issues which affected the implementation of HIV and AIDS prevention programmes.

In this study, the researcher conducted interviews with key informants concerned with the implementation of HIV and AIDS prevention programmes in Zimbabwe universities. The inclusion of these professionals (Lecturers, NGOs and HIAC) in this study was to obtain perspectives other than those of students on the implementation of the prevention programmes. In brief discusses on how the semi-structured interview was administered in this study is provided.

Lecturers, HIV and AIDS Co-ordinators and NGOs were interviewed in their respective offices and at times convenient to them. This was done in order to create rapport and trust for the interview and to make sure that participants felt secure during the interview

sessions (Sarantakos, 2005). The researcher first explained the purpose of the interview to the participants and the type of information he wanted to gather from them. The researcher further requested to capture detailed notes during interviews by means of an audio recording cassette. After obtaining permission from participants, their views were tape-recorded. Information was solicited from lecturers, HIV and AIDS Co-ordinators and NGOs. The researcher used an interview schedule guide to keep the participants focused on the question. In particular the researcher was looking for data that is sought by the sub-questions listed in this research.

Interviews have some strengths that have been identified in the context that follows

4.8.2.1 Advantages of interviews

Firstly, interviews of a more structured type may allow the interviewer to probe the respondents' answers so that they can, if necessary be clarified. According to Haralambos and Holborn (2008:826), "The interviewer may also be allowed to prompt the interviewee, that is, give them extra guidance to help them answer the question." This observation was considered relevant to this study since it suits the demands of qualitative research. The interview is a flexible tool for data collection since it enables multi-sensory channels to be used to solicit complete answers about complex and deep issues (Cohen, Manion & Morrison, 2007). Interviews were preferred in this study for they allow a platform for conversation with the researcher in that: data about capacity of programme implementers, material resources, perceptions and challenges faced, was unravelled by NGOs and HIAC concerning the implementation of the HIV and AIDS programme. Probing for detail was possible in cases where clarity was needed in order to obtain comprehensive responses. For instance, under the research sub-question, what material resources have been provided by universities to implement HIV and AIDS prevention programmes?, the researcher wanted to know further from the NGOs and HIAC why they thought the resources were inadequate and to what extent they served their purpose? The researcher used interviews because they afforded him a chance to pursue the responses of participants (lecturers, NGOs and HIAC) to clarify some obscure points especially on reasons why students had negative attitudes towards HIV and AIDS programmes.

In brief, the face-to-face interview was ideal for this study as it sought to go deeper to find out how the HIV and AIDS prevention programmes were being implemented in the three Zimbabwean universities. It corroborated the data from other sources used in this study (Sarantakos, 2005, Maree, 2007). An example of the semi structured interview guide has been attached in the appropriate appendices section in this study.

Although Interviews have the above cited strengths, there are some limitations identified in the context that follows.

4.8.2.2 Disadvantages of Interviews

Although interviews may impart massive information about individuals, the problem with them is that this massive information may be neither valid nor reliable. Haralambos and Holborn (2008:829) maintain that interviews have many drawbacks in that the responses given may not be accurate and may not reflect real behaviour. Respondents may lie, may forget, or may lack the information required. In such cases, (Maree, 2007) advises that the researcher should be sensitive and never try to force participants to answer questions that they do not want to answer. Critics of questionnaire data insist that interviewees may not act in accordance with their stated beliefs (Haralambos and Holborn, 2008).. When reflecting on past events they may alter their interpretation in the light of subsequent experience. Interviewee may also be influenced by the presence of the researcher (Maree, 2007)

Cohen Manion & Morrison (2007: 349) hinted that, "On the other hand, the researcher using interviews has to be aware that they are expensive in time; they are open to interview bias". Similar observations were noted by Sarantakos (2005), who bemoans that interviews have disadvantages regarding cost, bias, sensitivity, inconvenience and lack of anonymity.

In this study, the researcher made sure that answers given were not influenced by the way the interviewees defined the situation since it is always cited as a problem in research. Many critics argue that interviewer bias can never be totally eliminated from interview research simply because interviews are interaction situations. Several mechanisms were put in place in order to mitigate the effect of the above mentioned limitations. For instance,

bias was reduced by avoiding gestures that were suggestive such as the nodding one's head, echoing remarks such as "yes, no, absolutely" to confirm or disapprove the participants' responses. Furthermore, bias was reduced by corroborating data from the semi-structured interviews with that from self-administered questionnaires, which is consistent with post-positivist paradigm.

4.8.3 Focus group discussions

Focus group discussion is a form of group interview in which there are several participants (Hancock 2002). Krueger and Casey (2009:2) define a focus group discussion as a carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive and non-threatening environment. From another perspective, Cohen, Manion & Morrison (2007) stated that, focus groups are contrived settings, bringing together a specifically chosen sector of the population to discuss a particular given theme or topic. The same sources concur that focus groups can be used to triangulate with more traditional forms of interviewing, questionnaires, observation and others.

In this study, the researcher used formal setting focus groups. One group comprised a minimum of 4 male students while the other group comprised a minimum of 4 female students for each university. The decision was influenced by the observation noted by most qualitative researchers like, Manion & Morrison (2007: 377) who advise that, "Deciding the number of focus groups for a single topic, one group is insufficient as the researcher will be unable to know whether the outcome is unique to the behaviour of the group"..

In this study, focus group discussions were conducted as follows: The students sat in a room where they were very comfortable. The researcher noted that the safe environment stimulated them to talk freely as they revealed facts and opinions on the subject. After the introduction and the setting of ground rules for the group, the discussion was introduced by some basic questions that were prepared in advance with follow-up questions in order to control the discussion and elicit the information required. They had also agreed to be tape recorded in the room.

The university students shared their views and perceptions on the implementation of HIV and AIDS prevention programmes in these universities. This yielded data that gave insights into the implementation process of programmes, in terms of the challenges they face; learning and teaching methods that are used during lessons as well as suggestions on how to implement the programmes. According to Babbie and Mouton (2006), the researcher would sit between eight to twelve respondents in a circle and manage the interview by going around in the circle, giving everyone an opportunity to speak and coming up with an “individual” response. In this study, data collection took place as participants interacted through participation, consultation and taking part in decision making. The researcher’s role was to negotiate, communicate, record data, and facilitate discussions and to interview informants.

The next section discusses the strengths and weaknesses of focus group interviews.

4.8.3.1 Advantages of focus group interviews

Focus group discussions with students was an essential data gathering tool for this study in that the responses provided an in depth view about policies, materials, methods and challenges in the implementation of HIV and AIDS prevention programmes in the universities. Focus group discussions rely on the interaction within the group members as points are raised and discussed. Similar observations were noted by Babbie and Mouton (2006), identified the following advantages about focus groups: an advantage is the opportunity to observe a large amount of interaction on the topic in limited time; group discussions provide direct evidence about similarities and differences in the participants’ opinions. However, the researcher argues that, focus groups take time to conduct especially when the topic is interesting to the participants and it becomes difficult to exhaust all issues within a given session.

According to Hancock (2002:10), “Group interviews can be used when limited resources prevent more than a small number of interviews being undertaken.” Haralambos and Holborn (2008) argue that group interviews might be more likely to produce valid data than a one to one interview. Their reason for the doubt is that some members dominate the discussions. It is argued that group interviews are valuable because they allow diverse categorisations and sentiments to emerge, showing how participants reconstruct

viewpoints in response to challenges (Maree, 2007). It is believed that having much voice present (multivocality) broadens interviews and can make the participants more reflexive. They think more deeply about answers and reflect critically upon them in their responses to others (Krueger and Casey, 2009, Maree, 2007). This was found to be an essential data gathering tool for this study since the respondents provided an in-depth view about the implementation of HIV and AIDS prevention programmes in Zimbabwe universities. In particular, materials/resources used, knowledge on policies, learning and teaching methods that are used during lessons, challenges they face; as well as suggestions on how to implement the HIV and AIDS prevention programme. This yielded a wide range of responses as opposed to an individual view (Cohen, Manion & Morrison, 2007).

4.8.3.2 Disadvantages of focus group interviews

A few limitations of the focus group interviews have been identified from secondary and primary sources (Babbie and Mouton, 2006). To begin with, the ideas of an individual can be influenced by the presence of other people (Haralambos and Holborn, 2008). Focus groups may produce biased data as some participants dominate the discussions (Maree, 2007; Cohen, Manion & Morrison, 2007). The researcher overcame this problem by: encouraging contribution from every member as he directed the questions that needed clarification to the seemingly passive students. This was done without diverting the focus of the topic under discussion and without discouraging the participants.

The focus group discussion requires a great deal of attention and also provides less depth and detail about opinions and experiences of any given participant (Morgan 1997 as cited in Babbie and Mouton (2006). The reasons for the lack of detail are elaborated by Chabaya (2007:108) who notes that, "one limitation of the focus group interview is that some participants may be reluctant to state their views in public or there may be power struggles in the group and this may spoil discussions". In this study, the researcher was alert to guard against the raised concerns during the discussions in that, the researcher laid down rules before the interviews and was able to give group members equal chances to raise their points.

This method saves time and money according to (Babbie and Mouton, 2006). This assertion is dismissed by (Maree, 2007; Chabaya 2007) who argue that, group interviews

tend to be expensive and time consuming. In this study, since the researcher had separate groups for male and female students, to some extent; the researcher noted that it proved to be the case in terms of time as a limiting factor.

Despite the above mentioned limitations, the focus group interview was found to be an essential data gathering tool for this study.

4.8.4 Questionnaires

A questionnaire consists simply of a list of pre-set questions that emerge from the research aim (Cohen, Manion & Morrison, 2007). Questionnaires can be used to collect both quantitative and qualitative data from large samples of people in survey designs (Maree, 2007; Creswell, 2002; Babbie and Mouton, 2006). According to Cohen, Manion & Morrison (2007), questionnaires can be administered in several ways including self-administration, post, telephone, and face-to-face interview. For the purpose of this study, the researcher discusses the possible methods which could have been used. The face-to-face interview has been excluded from the discussion since it has been looked at under interviews section.

According to Cohen, Manion & Morrison (2007), in a postal questionnaire, envelopes are typed and addressed to a named person wherever possible. The questionnaires are then mailed with enclosed self-addressed and stamped envelopes for the participant's reply (Cohen, Manion & Morrison, 2007). Once the recipients have completed the questionnaires, they send them back to the researcher. Postal questionnaires have the advantage of being relatively easy to administer and they cover a wider geographical location (Maree, 2007). Again, the participants fill the questionnaire in a more relaxed atmosphere as there is no interviewer to influence their responses (Maree, 2007). On the other hand, this method would be both expensive and time consuming. Many research findings have remained sceptical on the use of postal questionnaires because the chances of securing a good-response rate from participants are minimal (Creswell, 2002; Cohen, Manion & Morrison, 2007). Another source cited reveal that the response rate may be low; and the conditions for completing the questionnaire are not controlled (Maree, 2007). On such grounds of the noted limitations, this study did not adopt the postal method.

In self-administered group questionnaires, data is gathered in large amounts from many participants, simultaneously as the researcher waits while a whole group of respondents complete questionnaires (Cohen, Manion & Morrison, 2007). Maree (2007) acknowledges that, many respondents complete the questionnaire within a short space of time and the researcher can clarify issues which are unclear to the respondents. The presence of the researcher is helpful in that, it enables any queries or uncertainties to be addressed immediately with the questionnaire designer. Further, it typically ensures a good response rate (Cohen, Manion & Morrison, 2007). The disadvantages cited by consulted sources are that: the researcher's presence may be threatening and exert a sense of compulsion, some may be unwilling to complete questionnaires hence the researcher has limited control over what happens in the field (Cohen, Manion & Morrison, 2007; Maree, 2007; Creswell, 2002). Considering such advantages noted above, this study adopted the self-administered group questionnaires.

In using a Telephone, the participants are tasked to answer the questions as the researcher records the answers. The method is relatively quick and the response rate usually high. However, the cost is relatively high and the questionnaire has to be short (Cohen, Manion & Morrison, 2007). Interviewer bias is very high in telephone surveys as the interviewer may influence responses during the phone conversation (Maree, 2007). The researcher also reasoned that, not all participants could be reached by telephone. This method was deemed unsuitable for this study.

The researcher designed a self-administered semi-structured questionnaire to facilitate the collection of data. The choice of a questionnaire was to allow for anonymity and privacy which the researcher hoped would encourage "more candid responses on the sensitive issues" (Babbie 1998:236). The choice of a semi-structured questionnaire was also determined by the fact that the researcher needed to obtain people's perceptions, opinions and views. This could best be done by allowing respondents to 'answer freely and fully in their own words' and allow them to give as much information as possible. In these questionnaires, the study inclusively focused on the following aspects: policies, Lecturer capacity, materials, methods and challenges in the implementation of HIV and AIDS programmes in the universities. The questionnaire consisted of a section on demographic information of lecturers, while the other sections focused on knowledge of, attitudes towards and perceptions regarding the implementation of HIV and AIDS intervention programmes in universities. These were measured by statements from existing literature.

The Rating scales employed in the questionnaire included: Likert Scales for ordinal data (For example, Degree of agreement or disagreement, priority ratings), categorical answers (such as Yes, No, Uncertain) and lists of items with multiple response options. There were also a number of open-ended questions to capture additional issues and commentary from participants, all developed around key concepts as mentioned in the literature review.

The current study used questionnaires to collect data from 30 lecturers for various reasons. Noteworthy is the fact that the questionnaires were pilot tested before their full scale use in the universities. This ensured that the language used was understandable and that the categories used were not confusing to the participants'. In this study, questionnaires were given to participants as information was collected from every member of the sample. These were self-administered questionnaires in order to ensure a high response rate (Sarantakos, 2005). The whole group of lecturers selected in each university would complete the questionnaire while the researcher waited in the venue of participants. In-order to feel free during the completion of the questionnaire, participants were requested to sit separately without sharing their answers. Filling in of questionnaires on the spot helps in minimising contamination of responses through discussions with others (Chabaya, 2007).

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4.8.4.1 Advantages of questionnaires

Questionnaire is certainly a practical way to collect data and can be used to collect large quantities of data from considerable numbers of people over a relatively short period of time (Maree, 2007; Van Vuuren and Margie, 2004; Creswell, 2002; Leedy and Ormroad, 2005). In this study, the questionnaire had an advantage of being administered to 30 participants in a large geographical area, making it possible to save time and generally, it provided a higher percentage of responses (Maree, 2007; Cohen, et al., 2000; Tuckman, 1978). The other advantage was that the results of the questionnaires could be relatively easily quantified with the assistance of computers. The data could be analysed quickly and efficiently as was observed by (Van Vuuren and Margie, 2004; Creswell, 2002; Leedy and Ormroad, 2005).

From a positivist point of view, statistical data from questionnaires can be analysed so that new theories can be produced (Maree, 2007). In this study, the researcher experienced that they were particularly useful when straightforward descriptive data was required, for instance, on the teaching methods the lecturers used to teach students and the integration of HIV and AIDS in the curriculum. It was easy to administer group questionnaires since it was quick (time saving), easy to clarify issues to participants as was observed by (Cohen, Manion & Morrison, 2007). Also, it was convenient and fast to collect all instruments back from lecturers, thereby enhancing maximum rate of questionnaire return to the researcher. (Cohen, Manion & Morrison, 2007) Compared to postal method, it was also a cheap method since no postal expenses were incurred besides the costs incurred for stationery and printing.

In this study, the questionnaire allowed for anonymity and privacy, which encouraged “more candid responses on the sensitive issues” about universities. As an example, (i) would you confirm that sexual intercourse is common practice at this university? (ii) What are your perceptions regarding HIV and AIDS prevention programmes in the institutions? Under such circumstances, lecturers would not want the university management to know about any negative remarks they would have made for the sake of security. The author reasons that universities are protective of their institutional credentials hence, would feel threatened if organisational members unearth institutional defects. The disadvantages of questionnaires are discussed in the next section.

4.8.4.2 Disadvantages of questionnaires

However, when the participants have no clues to guide their thinking, they may unintentionally omit important information. (Creswell, 2003). The task of categorising, tabulating and summarising their many different, detailed and complex answers was challenging and time consuming (Creswell, 2003). When administering questionnaires, it is not possible to see how people act and react neither towards each other nor towards questionnaire items (Maree, 2007). These limitations were overcome through triangulation (interviews) to capture their reactions towards questionnaire items. Some critics argue that the participants might not attach as much importance and relevance to some of the questions or decide to withdraw vital information (Cohen, Manion & Morrison, 2007). The validity of the data may be reduced by the unwillingness or inability of participants to give

full and accurate replies to questions. Quite simply participants may lie. This was taken care of through a letter which explained the purpose of the research as earlier indicated in this study.

This method is expensive especially when questionnaires have to be distributed over a wide geographical area (Creswell, 2002; Babbie and Mouton, 2006). In this research, this was not the case in terms of postage, since they were self-administered and not distributed over a wide geographical area. However, costs were incurred during purchasing of stationery and printing of the questionnaires.

Another limitation of questionnaires is that they cannot answer questions that are not asked (Cohen, et al., 2000; Maree, 2007). Another reason for doubting the validity of questionnaire data is the distance maintained between the researcher and the subject of the research particularly in the case of postal questionnaires

4.8.5 Document analysis

Documentary methods appear in a variety of forms, but the most common are documentary study, content analysis, and text analysis (Sarantakos, 2005). In research we distinguish between primary and secondary sources of data (Maree, 2007; Cohen, Manion & Morrison, 2007). Primary sources refer to unpublished data like books for minutes of a meeting, reports, correspondence. In other words it is the original source document. On the other hand, secondary sources refer to any materials like books, and articles or second hand information that is based on previously published works; (Creswell et al., 2007; Sarantakos, 2005; Merrian, 1998).

In brief, it is worth outlining what document analysis entails (Maree, 2007:82) posits that, "when you use documents as data gathering technique, you will focus on all types of written communications that may shed light on the phenomenon that you are investigating." Written data sources may include published and unpublished documents, company reports memoranda, agendas, administrative documents, reports, newspaper articles or any document that is connected to the investigation (Maree, 2007). In this method, the focus of analysis was on description, identification of trends, frequencies and interrelationships, and, sometimes, statistical analysis.

Of great interests to this study were such documents that are related to implementation of HIV and AIDS prevention programmes in all universities such as: HIV and AIDS prevention brochures and flyers, booklets, Handbook policy document on HIV and AIDS, vision-mission statement on HIV and AIDS prevention curriculum related information and other physical material present. Using documents, the researcher was able to gather data on the following aspects;

Primary data sources like minutes on HIV and AIDS prevention programmes meetings and workshops were deemed essential by the researcher. In particular the researcher was looking for training sessions conducted for peer groups and lecturers, frequencies of the training of implementers and the methods used by trainers during workshops and seminars. Document analysis was very useful in tracking HIV and AIDS implementation trends and practices against the pre-set objectives of each university mission statement and strategic framework studied. Documents such as University students' learning modules and evidence of related topics were analysed. Analysis of integration of HIV and AIDS integration in the curriculum was imperative in order to provide clues to the main research question. The other documents which were analysed were lecturers' records to solicit information on learning and teaching methods used to implement HIV and AIDS prevention programmes in Universities as well as regularity. The researcher also checked for evidence of Staff development workshops conducted. The researcher looked for evidence of availability of extra learning resources in place, as well as peer campaign registers were analysed since the researcher wanted to find out if students attended workshops and meetings regularly.

In the interest of crystallisation of data, documents could serve to corroborate the evidence from other sources. Cohen, Manion & Morrison (2007). In this study, the use of documents was considered on the premise that some of the un-captured detail from universities by other sources could be fully captured. The researcher stresses that the use of documents in this study also presented other advantages as alluded to by existing literature.

4.8.5.1 Advantages of Document analysis

These advantages included the following: This study used document analysis as an instrument for collecting data because document analysis focuses on all types of written communications that may shed light on the implementation of HIV and AIDS Programmes. Documents of all types (primary and secondary) can help the researcher to uncover meaning, develop understanding and discover insights (Yin, 2003 and Wadesango, 2007). Document analysis can yield a lot of data about the values and beliefs of participants in their natural surrounding (Yin, 2003). The research involves less time for data collection than other research modes. Low cost. Documentary research was more economical than using questionnaires and interviews. Furthermore, documents were easily accessible.

Analysis of documents in this study complemented interviews and questionnaires in the data collection process and enlightened the researcher on some areas which needed clarification. In particular, the Policy strategic framework and quality of resources in universities studied. On precautions to follow, (Maree, 2007), advises that, the researcher should take care to evaluate the authenticity and accuracy of the records before using them since not everything that gets written in a report is factually correct.

4.8.5.2 Disadvantages of Document analysis

Although analysis of documents in this study complemented interviews and questionnaires in the data collection process, there are some disadvantages in using document analysis (Cohen, Manion & Morrison, 2007). The researcher reasons that generally documents are affected by time factor hence the data sought might be out dated and misleading. In this case, programme implementation records for each university change with time, depending on the resources being channelled to them. These changes may be resulting from technological advancement as internet material replaces manually scribed notes. Storage and filing systems automatically influence chances of accessing data (Cohen, Manion & Morrison, 2007).

Furthermore, from the researcher's perspective, sometimes institutions are protective of their credentials thereby making some "sensitive" (such as student HIV statistics)

information inaccessible. Authors of documents sometimes decide to record and leave out some information, informed by their political, social and economic environment of which they are part. Advocates of this research method advise that achieving congruency between document and the research problem depends on the researcher's flexibility in constructing the problem and the related questions (Maree, 2007; Borg, Gall, and Gall, 2003). Creswell (2002) concedes that, given its social context and identity, the researcher gives a selective and biased understanding of a document and may even deliberately choose and select particular documents. The researcher therefore carefully used the documents at each university under investigation by selecting those that had a bearing on the phenomenon that was being investigated.

4.8.6 Observation

Observation is the systematic process of recording the behavioural patterns of participants, objects and occurrences without necessarily questioning or communicating with them (Nieuwenhuis, 2007). The researcher is uninvolved and does not influence the dynamic of the setting (Nieuwenhuis, 2007). The researcher is given an opportunity to look at what is taking place on site rather than relying on second hand accounts (Cohen, Manion and Morrison, 2007). The use of immediate awareness, or direct cognition has the potential advantage to yield more valid or authentic data. According to Cohen, Manion and Morrison (2007: 396), observation provides a reality check, it can be of facts such as the number of books in a classroom, the number of students in a class, it can also focus on events as they happen in a classroom for instance the amount of teacher and student talk, and the amount of group collaborative work and even behaviour of students in general.

Observation may be scheduled or unscheduled (Van Dalen 1978). In a scheduled observation, a schedule or rather structured observation guide is used. The researcher has to decide on what to observe and design the guide. On the other hand, the unscheduled (unstructured) observation generates data as one observes the phenomena in the field. It has no predetermined list of things to be observed (Nieuwenhuis, 2007; Cohen, Manion and Morrison, 2007).

For this study, the researcher selected a scheduled (structured) observation. The observation was direct and required the presence of the observer. The observation

entailed establishing evidence of integration of HIV and AIDS programmes into the curriculum, the distribution of materials (The availability and state of facilities and equipment, infra-structure within the Universities) and training of lecturers and students. This instrument further gave the researcher a chance to solicit data without being involved and did not influence the dynamics of the setting.

As for the data collection process, the researcher knew in advance what he wished to observe hence, it served time. The researcher had to decide on what to observe, being guided by the research questions of the study. The researcher sought for permission to enter the university campus, explained the rationale of the study to the management (Registrar) and assured them of confidentiality. The researcher was able to visit some sites such as libraries, classrooms, halls of residences and HIV and AIDS specialist rooms. The researcher noted down the incidences of the factors being studied. Observations were centered on an observational schedule. An example, of this is shown in table 4.1 below and has also been attached in the appendices section.

Table 4-1: Observational Schedule table

Area of observation	Yes	No
Evidence of posters around lecture rooms		
Evidence of condom packs in halls of residence		
Evidence of posters in halls of residence		
Evidence of awareness information around public		
Evidence of record keeping on workshops conducted		
Evidence of HIV Policy Document		

This is an example of a schedule that was used to triangulate data from interviews and other methods used in the study. For each university, a separate schedule was coded and filed. There was need also to pilot the structured observation schedule before observation was done. The observations were then recorded and filed.

4.8.6.1 Advantages of Observation

As a qualitative data gathering technique, observation enabled the researcher to gain a deeper insight and understanding of implementation of HIV and AIDS prevention programmes in Zimbabwe universities. Observations enable researchers to understand the

context of the programmes, to see things that might otherwise be unconsciously missed, to discover things that participants might not freely talk about, in interview situations (Cohen, Manion and Morrison, 2007). The advantage of observation is that behavior is recorded as it occurs and as an outsider the observer can see phenomenon about a situation which the people involved may take for granted (Moyles, 2002). In this study, it enabled the researcher to collect data on the physical setting and its organisation. Additionally, observational data was useful for the programme setting, the resources and their organisation as well as pedagogic style, curricula and their organisation. The data analysis was fairly rapid.

4.8.6.2 Disadvantages of Observation

The disadvantage is that, when using observations, participants may want to impress the researcher or may not fully participate knowing that they are being observed (Nieuwenhuis, 2007). The presence of an observer may create an unnatural atmosphere. Additionally, if the other crucial aspects emerge they may be uncultured by the observation schedule, that is, it looks selectively at situations (Cohen, Manion and Morrison, 2007).

The next section looks at Data Processing and Analysis procedures used by the study.

4.9 Data Processing and Analysis procedures

Data processing implies editing, coding, classification and tabulation of collected data (Kothari, 2004). Qualitative and quantitative research methods employed in this study initially produced a lot of jumbled data which needed organisation and trimming for it to be understood. In fact, the researcher confirmed the fact that data is usually more bulky and contains more essential and less essential details. It was therefore, the sole responsibility of the researcher to find suitable means that would produce some form of order to this data to make sense and contribute to our understanding of the research problem (Kothari, 2004).

4.10 Analysis of questionnaire, focus group and interview data

The computer package known as Statistical Packages for Social Sciences (SPSS) was applied by the researcher to facilitate frequency counts, percentages and the calculation of appropriate indicators. To elaborate this point further, Quantitative data were analysed using software (SPSS) to: summarise data; compile appropriate tables and graphs; and examine relationships among variables. Cross-tabulations were used to present data in means, frequencies, percent, graphs and tables

Processing and analysis of quantitative data included the following sequence: questionnaires were re-counted to verify totals of participants. The raw data from questionnaires was then captured by the computer in stages such as editing, coding, classification and tabulation (Kothari, 2004, Hills 2000). The SPSS programme package was engaged to process and analyse the data thereby providing a summary of the frequency counts, percentages and the calculation of appropriate indicators. The process of editing data was simply checking the raw data for accuracy and uniformly entered into computer for coding and tabulation since frequency tables and graphs were constructed (Kothari, 2004). All the computer data was stored in a memory flash stick/USB hard drive for future reference.

On the other hand, Qualitative data was collected in form of handwritten notes and tape recorder. The tape recorded data was transcribed. The main task of the researcher was to categorise the ideas, responses into various themes and sub categories by way of inductive coding. According to Kothari (2004), coding is the process of assigning numerals or symbols to answers so that responses can be put into a limited number of categories or classes appropriate to the research problem. The researcher was also conscious of the idea raised by Hills (2000) that, in discovering themes, there are a number of challenges inherent in the analysis of qualitative data. According to Chabaya (2006:126), "The volume of data, and type of data collected may vary in relevance hence, it becomes difficult to identify themes/patterns in order to develop the analysis".

Classification of qualitative data involved placing data in groups or categories on the basis of common characteristics. In this case, issues of concern like capacity of implementers required the grouping of data under lecturers' academic and professional experience, types and levels of training received, to mention a few., The same method was used on

the perceptions of participants, the challenges faced by participants, the methods used, and the availability of resources, which were clustered into common themes. As further illustration, common explanations from the different participants were coded in segments and according to research questions. Such practice helped to come up with inductive themes related to each research question. Since this study falls mostly in the qualitative tradition which is compatible with inductive coding of data, that is, analysis of key words in the text, the question to address was; "What data has been collected for each research question?" In this way, it helped provide answers to the sub-research questions. Qualitative data was analysed thematically. Similarly, focus group discussions and interviews data (transcribed audio-taped or hand written), were summarised and reviewed for accuracy. All the used interview manually transcribed data was safely stored in a file.

4.11 Measures to ensure Validity, Trustworthiness and Ethical considerations

4.11.1 Validity

Validity is premised on the fact that what is being studied can be measured or captured and seeks to confirm the truth and accuracy of this data (Maree, 2007). The instruments are designed in such a way that they measure what they are supposed to measure (Maree, 2007) that is, in this case, the implementation of HIV and AIDS prevention programmes. In this study, the researcher tested for validity and reliability of the instruments through pilot study, before their administration was carried out to reduce errors. Face and content validity of the data collection instruments was ascertained by a panel of experts in the faculty of education, including the supervisor of the researcher. The main focus was on the instrument's format, clarity and adequacy of items and responses on implementation of HIV and AIDS prevention programmes in Universities. The researcher's intention was to make sure that the experts edited, added or eliminated irrelevant items on data collection instruments.

4.11.2 Trustworthiness

Trustworthiness includes credibility, transferability and dependability of the research results (Lincoln and Guba, 1985). A qualitative study cannot be called transferable unless it is credible (Lincoln and Guba, 1985). Credibility can be achieved through the following procedures: peer debriefing, persistent observation and triangulation (Babbie and Mouton, 2006). Strategies used to check the accuracy of the findings in this study included triangulating data sources, detailed descriptions and verification of information with participants. To explain this further, triangulation was employed through the use of interviews, group discussions, questionnaires and observations to ascertain accuracy of the findings. The researcher combined qualitative and quantitative methodologies in the study of the same phenomena. Peer debriefing took place as the researcher further sought clarity on unresolved issues as well as briefing peers on research findings. The researcher met regularly with the supervisor to review decisions made and questions raised (an on-going audit of the study) during the research as a way of enhancing dependability. Supervisor checks and input during the research was also part of the technique to enhance dependability of study



4.11.3 Triangulation

The concept of triangulation was based on the assumption that any bias inherent in particular data sources, investigator and method would be neutralised when used in conjunction with other data sources, investigators and methods (Creswell, 2003). The study used more than three different data sources namely: interview, questionnaire, focus group discussion and observation. Lincoln and Guba (1985) recommend multiple methods for improving the likelihood that findings and interpretations produced through naturalistic inquiry methods will be credible. Mouton (2005) posits that one of the features of a qualitative research design is its openness to multiple sources of data. Methodical triangulation was used as the researcher combined qualitative and quantitative methodologies in the study of the same phenomena (Mouton (2005)). The use of multiple sources of data helped to deal with the problem of uncertainty and unclarified issues as these provided answers to the main research question through responses from research instruments. As an illustration, the data that was omitted by some sections of the participants was captured from the other quarters to enhance validity. This was preferred because of various advantages envisaged by the researcher. Mouton (2005:277)

maintains that, “triangulation helps to achieve credibility in a study.” A balance on gender was also taken into consideration during the study to avoid biased opinions from one side of respondents.

4.12 Ethical considerations

4.12.1 Right to privacy and participation

In this study a number of ways were used to ensure that the right to privacy and participation were enhanced. Participants for this study were never forced to participate in the study since an informed consent form was used to all participants namely: students, lecturers, HIV and AIDS Coordinators and the NGOs. At each university, before the participants engaged in the study, the researcher briefed them on the contents of the consent form, purpose of the study, reasons and benefits for their participation as well as right to participate or not. These participants were then given an opportunity to indicate their willingness to participate in the study by signing an informed consent form provided by the researcher without necessarily providing names. The consent form was attached to each questionnaire given to participants. Creswell (2003) notes that participants have a right to participate voluntarily and to withdraw from the study at any time. However, in this study, they were encouraged to stay to the end.

Creswell (2003), highlighted that researchers need to respect research sites so that the sites are left undisturbed after the research study. In line with the right to privacy and participation, is the idea of accessing entry into the universities where the data were collected. In this study, the researcher had to negotiate with gatekeepers so as to get permission to have access to participants at research sites. In this case the gate keepers were the University Registrar in the sampled universities. Permission was requested to use a voice recorder during both the focus group discussions and the interview.

The study involved generation of personal data from Universities participants.. At that level, the researcher's main concern was to balance probing for detail with respect for privacy, to honour promises and commitments while safeguarding participants' identities. Scott (1995) and Cohen et al. (2000), recommend that each individual who takes part must be consulted and must agree on what is to be collected and included in the research. The

research was conducted with respect and concern for the dignity and welfare of the informants. In fact, a researcher has an obligation to respect the right, needs, values and desires of the participants (Scott 1995). Water- Adams (2006) writes that any research which involves other people in some way has ethical implications. Because education is a social action, data gathering and analysis within this study inevitably impacted on the lives of other people involved in the study.

Taking this enlightenment into consideration, it was only proper that the current study was conducted in line with the code of ethics as set out in the Faculty of Education Handbook of Post Graduate Qualification Policies and Procedures so as to ensure that individual rights were not infringed upon and to promote fairness in the interpretation of data (UFH policies and procedures 2008:12).

The consent form in this study was a measure to ensure that the prospective respondents understood the nature of the research and that they could voluntarily decide whether or not to participate. The procedure was applied to the Universities studied in Zimbabwe as the informed consent form containing a summary of the study and other related information was given to HIV and AIDS coordinators, Non-Governmental Organisations, lecturers and students. In addition, there was need to agree on what data was to be collected, purpose of the study, privacy, anonymity and confidentiality of respondents was guaranteed. The informed consent statements have been included as part of appendices in this study.

4.12.2 Right to confidentiality and anonymity

In this study, Universities and respondents were assured of confidentiality and anonymity. Confidentiality means protecting the privacy of respondents by keeping the data sources as confidential as possible while anonymity deals with disguising the identity of the respondents (Cohen et al., 2000). The right to confidentiality and anonymity are somehow related. In research, the right to confidentiality and the right to anonymity put the respondents at ease of giving information which might otherwise be regarded sensitive. Universities have only been identified as 1, 2 and 3 respectively. The identity of the participants was to be divorced from the information they furnished. Furthermore, for confidentiality and anonymity sake in this study, no names of respondents were taken or recorded and results were recorded as group results. This was done to protect their

identity and give them an opportunity to give their honest opinion without the fear of victimisation or discrimination. The research results were reported in terms of group average so that individual responses could not be traced back to the individual or the university concerned. From this perspective, it is important that participants were assured of how the researcher would adhere to issues of confidentiality and anonymity. Participants such as students and NGOs officials, Health personnel and other informants were granted anonymity in their responses, for example, questionnaires, for them to express freely their perceptions and other opinions involving implementation of HIV and AIDS prevention programmes with respect for privacy. Efforts were made to maintain confidentiality since the researcher aimed to earn trust from different stakeholders who were expected to divulge information that was not supposed to be shared with people outside their organisations. In particular, the researcher had in mind HEIs, NGOs and Universities Health personnel.

4.12.3 Avoiding harm or damage to participants

In this study, the researcher took the necessary precautions to avoid harm to informants by exposing information about individuals. In fact, the researcher reasoned that, universities are public institutions competing for academic Excellency hence, are protective of their credentials. As a result, the research outcome was treated with caution to avoid harm or damage to the universities. They have only been identified as 1, 2 and 3 respectively. According to Flick et al., (2004), it is important that a research study should not inflict harm or damage on those involved in investigation. The researcher intended to balance probing for detail on implementation of HIV and AIDS prevention programmes with respect for privacy. Since this study also required information on risky sexual related behaviour, ways of asking questions were carefully planned. The designed questions did not embarrass informants by requesting them to discuss intimate details of their private life, with friendly strangers. The researcher in this study adhered to issues of confidentiality as discussed under the section on "right of confidentiality and anonymity". In summary, sound research principles were adhered to during the data collection process, data analysis and interpretation.

4.13 Conclusion

This chapter has discussed the different research paradigms that exist in nature and placed this study in the post-positivism paradigm due to its use of both quantitative and qualitative approaches to research. The research approach employed for this study is premised mainly on the Interpretive and partly positivist (post –positivist) paradigm. The chapter further examined the different research designs in an effort to locate the study under its suitable context and the methods to be used for data collection and data analysis. After a thorough examination of the designs, the study fitted into the mixed method design that uses concurrent procedures in collection of both quantitative and qualitative data. The research also adopted a Mixed Methodology (qualitative and quantitative) research design because of the nature of the data to be collected. To gain in-depth, rich, detailed data of a qualitative nature from each university on implementation of HIV and AIDS prevention programmes, detailed data collection instruments namely focus group discussions, interviews, documentary analysis, observations and questionnaires were used to collect data.

The chapter also went further to look into the population, sample and sampling techniques that were involved in the study, thereby giving insights into the population from which participants were solicited and defined the actual sample and the techniques that were followed to come up with the sample. In this chapter, it has been stated that the population of the study comprised Universities staff, students and Non-Governmental officials. The researcher purposively selected particular respondents while others formed a full census because of the nature of their positions. Data generated was analysed inductively in related themes and also with the aid of a computer. Issues of validity / reliability / trustworthiness; data analysis; ethical considerations were also discussed in this chapter. The next chapter, chapter five is on Data presentation, Analysis and Interpretation.

5 CHAPTER FIVE: DATA ANALYSIS AND PRESENTATION

5.1 Introduction

This chapter focuses on data presentation and analysis. The data were collected by means of questionnaires, interviews, focus group discussion, observations and document analysis from three state universities. The participants were unistudents, university academic staff, HIV and AIDS coordinators and NGOs. Two main procedures were applied in the analysis of these data. Quantitative data from the questionnaires was captured and analysed by means of SPSS Package. Qualitative data from semi-structured interviews and focus group interviews was collected in both note form and with the aid of a tape recorder. The recorded information was then transcribed into written text as data sets and is analysed in this chapter.

.Presentation and, analysis of data, was done in line with the main objective of the study which was to examine how HIV and AIDS prevention programmes are implemented in three Zimbabwean Universities. Data is presented along the following themes, namely;

- i) The materials and other resources used by implementers of the programmes in the universities.
- ii) The capacity of the implementers of the HIV and AIDS prevention programmes
- iii) The methods used by implementers in delivering the programmes.
- iv) The monitoring and support strategies that have been put in place by the universities to ensure that the programmes are properly implemented.
- v) The students, staff and HIV and AIDS coordinators perceptions regarding the implementation of HIV and AIDS prevention programmes in the institutions
- vi) The challenges that are faced by HIV and AIDS prevention programmes implementers in the institutions.

The chapter has been divided into two sections. The first section provides the profiles of the three universities included in the study and also presents biographic information of the participants. This section was considered necessary as some trends of certain variables in age, gender, academic qualifications and teaching experience in implementation of HIV and AIDS programmes can better be explained through reference to the biographic information of the participants. The second section of this chapter presents, analyses and

interprets data on how HIV and AIDS prevention programmes are implemented in Universities. It covers variables or indicators of HIV and AIDS implementation such as number of Workshops attended; focus of the programmes; time allocation to the HIV and AIDS in the curriculum; methods used by facilitators to deliver the programmes; monitoring and support mechanisms; and challenges faced by facilitators in implementation of HIV/AIDS programmes. It also presents the students, staff and HIV and AIDS coordinators' perceptions regarding the implementation of HIV and AIDS prevention programmes in the institutions. In particular, views about preferred methods of teaching HIV and AIDS, duration, resources to be used, form of recognition, and nature of the programmes.

The participants are identified as follows:

HIV and AIDS Coordinators for the three universities are identified as:

HI/A C1= HIV and AIDS Coordinator, University 1

HI/A C2= HIV and AIDS Coordinator, University 2

HI/A C3= HIV and AIDS Coordinator, University 3

3 Non-Governmental Organisations (NGOs) working with the three Universities in the implementation of HIV and AIDS programmes are identified as NGO1, NGO2 and NGO3.

Focus Group Interview for females (ffgrp) and males (mfgrp)

mfgrp 1 = Focus group interview: males group one- university 1

ffgrp 1 = Focus group interview: females group one- university 1

mfgrp 2 = Focus group interview: males group two- university 2

ffgrp 2 = Focus group interview: females group two- university 2

mfgrp 3 = Focus group interview: males group three- university 3

ffgrp 3 = Focus group interview: females group three- university 3

L1 =Lecturers interviewed from university 1

L2 =Lecturers interviewed from university 2

L3 =Lecturers interviewed from university 3

5.2 SECTION 1

5.3 Information on the three Universities

This section presents information on the universities that were included in the study. They are identified as Universities 1, 2 and 3.

5.3.1 University 1

University 1 has ten faculties namely; Agriculture, Arts, Commerce, Education, Engineering, Law, Science, Social Studies, Veterinary Science and medicine. The University has approximately 11 700 students and 735 academic and over 8 000 non-academic staff (University of Zimbabwe, Prospectus, 2011).

The following HIV and AIDS Prevention programmes which are geared towards raising awareness for behaviour change are offered in University 1. They include: Education and training, which raise awareness and knowledge on the pandemic among staff and students. This programme involves activities such as mass campaigns, once-off HIV and AIDS awareness days or events and peer education programmes. Other forms of non-formal HIV and AIDS at university 1 include anti-AIDS clubs and peer education training which normally take three to four days. Mainstreaming HIV and AIDS in the Curriculum is a long term programme. Integrating HIV and AIDS in the main curriculum is an important entry point for HIV prevention, which goes hand in hand with the prevention of pregnancies and other sexually transmitted infections (STIs) (UNFPA, 2002).

In the universities it is anticipated that HIV and AIDS is being integrated in the curriculum to provide accurate, comprehensive and current knowledge, information and methodology on STIs, HIV and AIDS. This education is supposed to be integrated into the curricular of the university's faculty of Education (UNESCO, 2007). There are various ways through which HIV and AIDS information may be introduced into universities curricular such as: stand-alone subject, a core course which could be done during the period the students are in the university, an elective module done at a given time in any of the academic years. Examples of topics that can be included in the curriculum are Life Skills Education, drug abuse and definition of HIV and AIDS.

Material distribution: One of the major objectives of the prevention programme in Zimbabwe universities includes: information dissemination and provision of resources like promoting the use of condoms and family planning and distributing literature on HIV and

AIDS (Kotecha, 2009). Resources and materials usually distributed by University 3 include

✦ HIV posters, flyers, T-Shirts and condoms.

5.3.2 University 2

University 2 has four Faculties namely; Science, Education, Agriculture and Environmental Science, Commerce and Social Sciences. The University has over 4 500 students and about 200 Academic employees (Kotecha 2008).

The following HIV and AIDS Prevention programmes are offered in University 2: Education and training, which raise awareness and knowledge on the pandemic among staff and students. This programme involves activities such as mass campaigns, once- off HIV and AIDS awareness days or events and peer education programmes. Other forms of non-formal HIV and AIDS at university 2 include anti-AIDS clubs and peer education training which normally take a short period of time. Integrating HIV and AIDS in the main curriculum is an important entry point for HIV prevention, which goes hand in hand with the prevention of pregnancies and other sexually transmitted infections (STIs) (UNFPA, 2002).

In University 2 "SAY WHAT", (an HIV and AIDS university based programme is an examinable course which is compulsory to all first year undergraduate students) has been included in the curriculum to provide accurate, comprehensive and current knowledge, information and methodology on STIs, HIV and AIDS. Material distribution is also carried out through information dissemination and provision of resources like promoting the use of condoms and family planning and distributing literature on HIV and AIDS. Resources and materials usually distributed by University 2 include HIV posters, flyers, T-Shirts and condom distribution.

5.3.3 University 3

University 3 is a Distance Education institution and has four faculties namely; Arts and Education, Science and Technology, Applied Social Sciences, Commerce and Law. The University has approximately more than 21 000 students with the majority being teachers (ZOU Brochure, 2012, Kotecha 2008). It has about 200 Academic employees (Kotecha 2008).

The following HIV and AIDS Prevention programmes are offered in University 3: Education and training, which raise awareness and knowledge on the pandemic among staff and

students. This programme involves activities such as mass campaigns, once-off HIV and AIDS awareness days or events and peer education programmes. Integrating HIV and AIDS in the Curriculum is also being done at University 3.

Material distribution: is done through information dissemination and provision of resources like promoting the use of condoms and distributing literature on HIV and AIDS Resources and materials usually distributed by University 3 include HIV posters, flyers, and condom distribution. The information was obtained through students focus group interviews.

5.4 Biographic data of participants

Section 1 presents Biographical details of the participants. The biographical data has been included in this study since it assists the researcher to compare the answers (variables) of the various subgroups, such as number of lecturers who responded to the questionnaire and interviews; age, gender, academic post, type of HIV and AIDS training programme attended, academic qualifications and years of teaching experience. As an illustration, academic professional qualifications of participants (Lecturers) help one to better understand whether they are suitable to implement the programmes and appreciate the calibre of the participants. Professional qualifications of lecturers have an effect on the lecturers' capacity to implement HIV and AIDS programmes. Biographical data provides a picture of the level to which these participants are likely to understand the programme implementation dynamics. Their knowledge of HIV and AIDS programmes and skills to effect behaviour change are likely to be influenced by their educational backgrounds. With reference to academic staff, their ages, qualifications and experiences will determine the quality of data to be gained by the researcher from the questionnaires in order to answer the main research question of this study.

Although the data found some generalisation amongst the groups in the study when comparison was made on the responses of the various subgroups to the implementation of the intervention programmes, it does not imply that it will be generalised to the entire population. Below are the findings on each of the variables.

The data that follows shows the Biographical data for academic staff of Universities 1, 2 and 3.

5.4.1 Number of participants

Table 5-1 below gives number and the gender of the participants to the questionnaire per university.

Table 5-1: Number of lecturers from the three universities that filled questionnaires

Name of University	Total Number of Participants
1	10
2	10
3	10
Totals	30

5.4.2 Gender of participants

Table 5-2 below gives the gender of the participants to the questionnaire per university.

In this study, there was also need to profile the participants with respect to their gender to detect equal access opportunity to HIV and AIDS programmes at the three Universities and to get various perceptions. In fact, the Involvement of both male and female participants in this study ensured that different opinions across gender are represented. Also, HIV and AIDS affects both males and females on campus in varying degrees, hence the need to solicit ideas from both sides.

Table 5-2: Gender of lecturers from the Three Universities

Name of University	Number of participants by gender Male Female	Total number of respondents
1	6(60%)4(40%)	10
2	6(60%)4(40%)	10
3	4(40%) 6(60%)	10
Total	16 (53%)14(47%)	30(100%)

Table 5.2.2 shows that of the 30 participants lecturers who took part in this study, 16 (53%) are male and 14(47%) are female. University 3 had the largest proportion of female participants 6(60%) compared to other two universities. The focus group discussions with lecturers in the 3 universities also considered gender representation. Hence 9 lecturers, that is, 4 female and 5 male participated in the focus group discussions. The gender for NGOs comprised of 2 male (universities 1 and 2), and 1 female (university 3), participants while there were 2 female(universities 1 and 2) and 1male (university 1)HIV and AIDS coordinator participants. There were a total of 4 female and 4 male student participants who participated in the focus group discussions at each university.

5.4.3 Age of participant lecturers

Table 5-3 below gives the ages of the lecturer participants.

There are reasons why the researcher chose to present the ages of the participants. With reference to academic staff, their ages will determine the quality of data to be gained by the researcher from the questionnaires in order to answer the main research question of this study. Their knowledge of HIV and AIDS programmes and skills to effect behaviour change are based on experience which is also likely to be influenced by their age. Furthermore, it was necessary to confirm whether the lecturers were in the professionally acceptable age bracket.

Table 5-3: Age of participant Lecturers

Age category	Number of Lecturers	(%) Percentage of lecturers
25-31	5	17%
32-38	6	20%
39-45	7	23%
Above 45	12	40%
Total	30	100%

To give a more vivid picture of the data presented in tabular form, the same information has been represented by means of a column graph below (Figure 5-1).

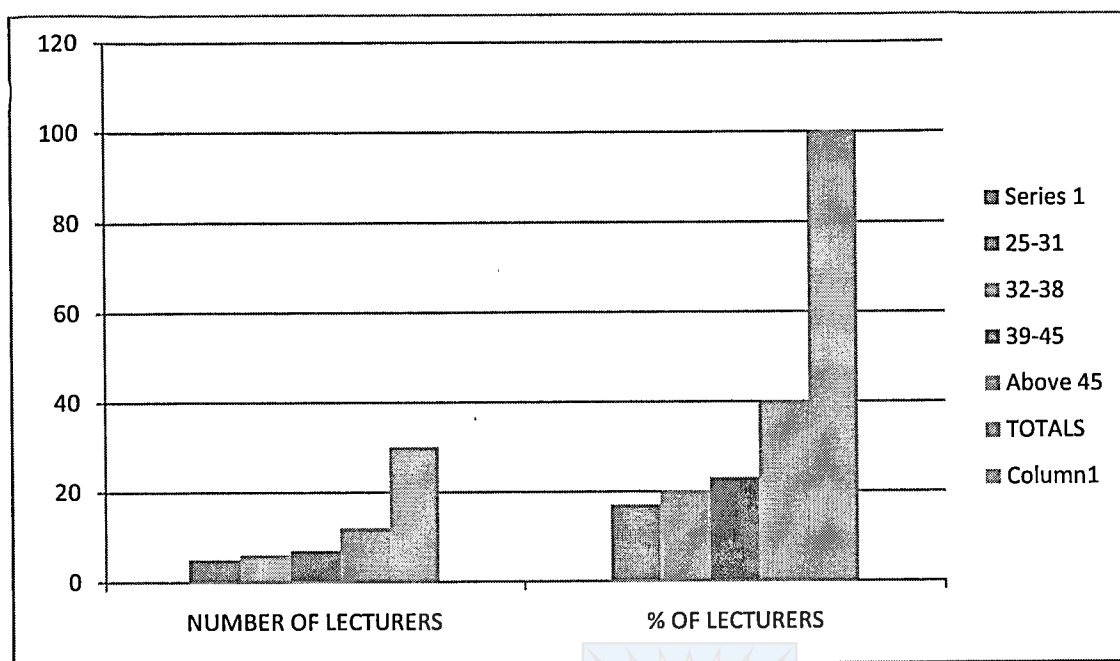


Figure 5-1: Age of participants

The table 5-3 shows that the ages of participant lecturers ranged from 25 to 45 years and above. Of these lecturers, 5(17%), were in the age group category of 25-31, 6(20%) were in the age group of 32-38, 7(23%), were in the age group category of 39-45, while the majority 12(40%) were above 45 years. The distribution of the participants by age range revealed that the majority of them were in the professionally acceptable age bracket. There were no lecturers below the recommended minimum 20 years of age. This means that the lecturers were mature enough for the teaching of HIV and AIDS prevention programmes and indeed mature enough to comprehend the issues around behaviour change.

The MOHTE has a minimum Age requirement of 20 years for one to qualify as a University lecturer (MOHTE, 2007). The lecturer's age is one of the prerequisite indicators of readiness for the teaching profession. At University level, teaching as a profession requires mature minds to comprehend and discern what is involved in the teaching process including issues of HIV and AIDS as an example(MOHTE, 2007). It emerged from the data that the majority of the lecturer participants aged 45 and above were from University 1. The researcher established from the participants that this was the case because University 1 is a long back, well- established university compared to the other two universities.

Data also captured the age ranges of NGO participants for the three universities as follows; university 1(45 years), university 2 (46 years) and university 3 (40 years). All of them were above 40 years. The age ranges of HIV and AIDS coordinator participants for the three universities were as follows: university 1(46 years), university 2 (45 years) and university 3 (43 years).

5.4.4 Age of Focus groups participants

The age ranges of students who participated in focus group discussions are presented by means of a table 5-4

Table 5-4: Age of Focus groups participants

University	Age category 20-24	25-29	30-34	Above 35	% of students
1 Male	2(50%)	2(50%)			4(100%)
1 Female	3(75%)	1(25%)			4(100%)
2 Male	1(25%)	2(50%)	1(25%)		4(100%)
2 Female	2(50%)	2(50%)			4(100%)
3 Male		2(50%)	2(50%)		4(100%)
3 Female		2(50%)	2(50%)		4(100%)
Total	8(33%)	11(51%)	5(26%)		24(100%)

The table above shows that all focus group female participants from universities 1 and 2 were below the age of 30, implying that the experiences from such participants were common and there was room for them to open up their views to each other. However, the age range for university 3, female focus group, ranged from 25 to 34 years. There were 6(50%) out of 12 participants of the 25 to 29.age range category for the three universities while 6(50%) were between 30-34 years.

5.4.5 Years of work experience in teaching HIV and AIDS

The researcher contends that the length of service in the profession is imperative. It is expected that the more the years of experience in teaching HIV and AIDS programmes in

the service the lecturer has, the more well informed about implementation issues they become(Engelbrecht, Ankiewicz and Swardt, 2007). The study also sought data from participants on experience in teaching HIV and AIDS. The responses were as presented in Table 5-5 below. Table 5-5 below gives the lecturers' years of experience in teaching HIV and AIDS for all universities.

Table 5-5: Lecturers' years of experience in teaching HIV and AIDS

Years of experience	Number of Lecturers	Percentage of Lecturers
No experience	15	50%
1-5 years	4	13.5%
6-11 years	1	3%
12-17 years	2	7%
18-23 years	1	3.5%
No response	7	23%
Total	30	100%

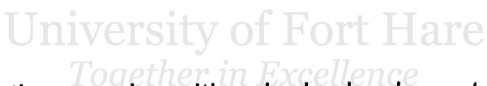


Table 5.2.5 revealed that the three universities lacked adequate experienced HIV and AIDS lecturers. Among the respondent lecturers, it was noted that 15 (50%) of the participants had no experience at all as they have not taught the course before; 4 (13.5%) had 1-5 years of experience; 1 (3%) had 6-11years experience; 2 (7%) participants had taught the subject for 12-17 years; and 1 (3%) had 18-23 years of experience. There was no response from 7 (23%) respondent lecturers. From the revelations of the Table 5.2.6, it is clear that the majority 15 (50%) of those who responded, did not have experience in the teaching of HIV and AIDS specifically.

This information also emerged from the focus group discussions since this study was partly a qualitative study as such it also considered narrations from participants. Qualitative data captured one male lecturer participant as follows:

However, this does not imply that the lecturers are not experienced to teach their specific curriculum subjects they primarily trained to teach (L1).

Most lecturers had worked for their universities for a period of over 3 years.

It was also thought that HIV and AIDS programme implementers (NGOs and HIV and AIDS Coordinators) were experienced. Thus, their experience as implementers was considered important in further illuminating the problem under investigation. The HIV and AIDS' years of experience in working with universities on HIV and AIDS was as follows: university one (20 years), university 2(10 years) and university 3 (8 years).Data also captured the years of experience of NGO participants years of experience in working with universities on HIV and AIDS for the three universities as follows; university 1(15 years), university 2 (10 years) and university 3 (9 years).A significant proportion of the NGOs in this study reported that they were mature and very experienced professionals as depicted. When asked to explain on their years of experience and their ability to handle HIV and AIDS programmes, this is what one of the HIV and AIDS Coordinators said:

Since I have been with the university for the past 10 years, it means that I have accrued experience in handling HIV and AIDS programmes in my university(HI/A C1).



Another participant said that:

I have received college certificate and university education degree as my highest level of achievement. I have been working full time as an HIV and AIDS Coordinator for the past 10 years (HI/A C2).

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The explanations given by the participants suggest that, besides being qualified, they were experienced to handle HIV and AIDS prevention programmes.

5.4.6 Academic qualification of lecturers

In Zimbabwe, for one to be a lecturer, he or she has to go through the structure of the education system which consists of Primary, Secondary and Tertiary Education. The Primary level is a seven year cycle while the Secondary cycle can be a 4-year (Ordinary level) and a 2 year Advanced level cycle (Kanyongo, 2005). At the end of the 4 year cycle, successful candidates get a Zimbabwe General Certificate of Education (ZGCE-O) while at A-Level they get an Advanced Level Certificate (ALC) which can allow them to study for a

degree programme at a tertiary institution, (Kanyongo, 2005). To qualify as a university lecturer, one should have at least an honours or Master's degree in the area they intend to teach. A PhD would be an added advantage. Academic qualification was seen to be an important variable in this study because interpretation and understanding of issues to do with implementation of HIV and AIDS programmes requires some level of academic qualification.

Table 5-6 below shows the academic qualifications of participant lecturers as a way of assessing their capacity to implement HIV and AIDS programmes.

Table 5-6: Lecturers' academic qualifications

Academic Qualification	Number of Lecturers	Percentage of Lecturers
Diploma/Certificate	N/A	0%
Bachelor's degree	N/A	0%
Honours	3	10%
Masters	21	70%
PhD/Doctorate	6	20%
Total	30	100%

Information from table 5.6 above indicates that the majority of the lecturers 21(70%) in the universities under study were holders of masters degrees as their academic qualification, 3(10%) had Honours Degree. This implies that they qualify to work as university lecturers since one should have at least an honours or Master's degree in the area they intend to teach. However, the problem is that these are not HIV and AIDS related qualifications. A small percentage of these 6(20%) had a PhD qualification which is an added advantage in terms of academic qualification. It further emerged from the Data that University 1 had the highest number of more qualified lecturers since it is a long and well-established institution.

With such academic qualifications revealed in this study, it is possible for these participantlecturers to interpret and understand issues to do with the subject area they teach. However, although data from the participants in this study indicated that the majority of these lecturers have higher academic qualifications, Qualitative data from focus groups revealed that these were not necessarily tailored to HIV and AIDS teaching.

A Lecturer from university 3 confirmed that the university does not have the ability to teach the subject when she remarked that:

Although most of us qualify to work as university lecturers, we may not be accurate or competent enough to interpret and understand issues to do with the subject, (HIV and AIDS).

The academic qualifications of NGO respondents for the three universities were as follows: university1 had a Bachelor of Arts degree;university 2 had a college certificate and a university degree in while university 3 had a masters degree in education.The qualifications of HIV and AIDS coordinator participants for the three universities were as follows: university 1 had a degree in educational psychology and a diploma in education; university 2 had a nursing certificate and a degree in psychology while university 3 had a masters' degree in education. Data shows that the NGOs and HIV and AIDS Coordinators had acceptable academic qualifications to execute those tasks in the respective universities.

5.4.7 Qualifications in teaching HIV and AIDS

Professional qualification can either be qualification in terms of subject content or in their profession Such as teachers, accountants and medical doctors.The table below is on Specialisation in HIV and AIDS.

The introduction of HIV and AIDS in Universities curriculum as an urgent mitigation measure contributed at most to the largest number of untrained and under-qualified HIV and AIDS lecturers since it was an unexpected situation. The Ministry of Higher and Tertiary Education made an effort to train and to staff develop the untrained lecturers in the shortest period possible (Rembe, 2006). Under this design, the Ministry focused on content and new delivery modes of the HIV and AIDS Curriculum. As staff was oriented to the programme while on the job. During holidays, they go for short term courses in lecturer training programmes. The cause for concern is on such type of training and the impact it may have on the quality of lecturers in the University system. Hence, it was important in this study also to establish on participants, the training programmes they had received.

Table 5-7: HIV and AIDS Training of Lecturer participants

	Total universities'lecturer participant 30(100%)
Had not received HIV and AIDS Training	15(50%)
Had received HIV and AIDS Training	9(30%)
No response	6(20%)

The findings were as follows: From a total of 30 participant lecturers in universities 1, 2 and 3, 15(50%) indicated that they had not received HIV and AIDS Training and had no certificates, 9(30%) indicated that they had received training and have a certificate qualification in HIV and AIDS. There was no response from 6 participants (20%).Through probing, for those who had certificates, it was discovered that the type of training referred to by some of the participants was on workshops, for example, for 3 days. One participant from University1echoed that:

I do not have an HIV and AIDS certificate but was once trained under short course which lasted for 3 days, what I got is a certificate of attendance/participation of which I feel was inadequate.

One participant from University 2 cited clinical courses on counselling.

I do have mini certificates from the workshops I attended and the longest I can still recal was a clinical course on counselling.It was a 6 day long workshop.

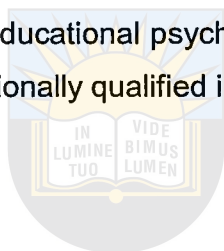
However, it should be noted that this study acknowledges that the lecturers have high and acceptable masters and PhD academic qualifications. It is the professional aspect on HIV and AIDS which is a cause for concern.

The study inferred that the number of professionally qualified HIV and AIDS lecturers was insignificant. The majority indicated that they had not received HIV and AIDS training hence had no certificate qualification in HIV and AIDS.HIV and AIDS coordinator participants for the three universities had diplomas from private institutions,

However, from the data presented above, it emerged that universities had inadequate professionally qualified HIV and AIDS lecturers. From the Qualitative Data generated from focus group discussions, it also emerged that universities had inadequate professionally qualified HIV and AIDS lecturers. A female focus group 2 echoed that:

This shortage explains why Universities depend on Mass lectures and recruiting external experts to teach the subject in most cases.

Universities may have academically qualified lecturers but lacking professional qualifications as was established by this study. The NGOs have acceptable academic qualifications and HIV and AIDS coordinators. Although these have slightly satisfactory professional qualifications in areas like educational psychology, which is linked to HIV and AIDS, some of them are not fully professionally qualified in the area.



5.5 SECTION 11

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5.6 Implementation of HIV and aids programmes in the three Zimbabwe Universities

This section of the study presents, analyses and interprets data on how HIV and AIDS prevention programmes are implemented in the three Zimbabwe Universities. It covers variables or indicators of HIV and AIDS implementation such as number of Workshops attended; focus of the programmes; time allocation to the HIV and AIDS in the curriculum; methods used by facilitators; monitoring and support mechanisms; and challenges faced by facilitators in implementation of HIV and AIDS programmes. Also in this section are the students, staff and HIV and AIDS coordinators' perceptions regarding the implementation of HIV and AIDS prevention programmes in the institutions. Below are the findings on each of the variables to the research question of the study.

5.6.1 Understanding of policy

HIV and AIDS prevention programmes (awareness programmes for staff and students). The study investigated whether the universities had an HIV and AIDS Policy?

Table 5-8: Lecturer awareness of HIV and AIDS Policy Document

University	Yes	No	Uncertain
1	8(80%)		2(20%)
2	7(70%)		3(30%)
3	5(50%)	4(40%)	1(10%)

Data from (university 3) were as follows: 5(50%) confirmed Yes, 4(40%) confirmed No while 1(10%) was uncertain. For university 2, 7(70%) confirmed yes; while 3(30%) were uncertain. At (University 1), 8(80%) confirmed yes while 2(20%) were uncertain.

From the quantitative data presented in table 5, 8 above, the study concluded that the majority of lecturers20 (67%) were aware of the presence of the university HIV and AIDS Policy. Only a small percentage 10(33%) was uncertain.

The researcher investigated whether the lecturers knew about the objectives and components of the HIV and AIDS policy. Responses from (university 3) were as follows: 5(50%) confirmed Yes and they even revealed to the researcher some of these components such as HIV and AIDS in the curriculum, Peer campaign awareness, and Counselling and support strategies. The other 5(50%) indicated that they were not aware of the objectives and components of the HIV and AIDS policy. For university 2, 4(40%) were aware of the objectives and components of the HIV and AIDS policy while 6(60%) were uncertain. The researcher established from one lecturer participant that some of them are are not familiar with the policy content although it exists at their university. One male responded stated that:

Although some lecturers are aware of the policy, they may not be acquainted to its contents.

At university 1, 8(80%) confirmed they knew the objectives and components of the HIV and AIDS policy while 2(20%) were uncertain. The main reason for the uncertainty is

centred on lack of professional qualifications to teach HIV and AIDS. In that case one may not be interested to be fully involved in the main streaming or intergration of HIV and AIDS at the university. A female lecturer respondent confirmed:

I am aware that a policy document exists at this university.

However, I may not be in a position to spell out its objectives since I am not professionally trained to teach HIV and AIDS.

Participants were also requested to outline the capacity of the implementers of the programmes and it was unveiled by one of the lecturers from university 1, that lecturers are not well capacitated to implement HIV and AIDS programmes and the rest were uncertain 9 (90%). From University 2, 2(20%) indicated that they were competent enough to deliver the intervention, while 8(80%) were uncertain of their capacity to implement the programme. As for university 3, 6(60%) indicated that the capacity was adequate while 4(40%) were uncertain. From these results on capacity of implementers, the researcher concluded that an insignificant number of lecturers, 9(30%) have the capacity while the majority, significant number 21(70%) lacked the capacity to implement the programmes.

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5.6.2 The materials and other resources used by implementers of the programmes in the universities

HIV and AIDS programme implementation requires planning in terms of financial, material and human resources to use during the campaigns, teaching and training. This section will focus on the following resources: financial resources, material resources and human resources.

5.6.2.1 Financial resources

Data captured from NGOs, HIV and AIDS Coordinators and lecturer participants reveals that, like any other educational programme in Tertiary institutions, financial challenges are a reality in universities HIV and AIDS programmes

HIV and AIDS Coordinators have noted that Finacial problems affect their day to day operations as they try to implement HIV and AIDS prevention programmes. Money is

needed for various purposes. When probed to explain on how it is a challenge, the participants HIV and AIDS Coordinator, (HI/A C1) indicated:

Implementation of HIV and AIDS faces problems of high inflation and economic challenges. Funding is essential for resources such as staff salaries, transport, provision of specialist rooms, equipment, machinery, text books and learning materials hence are a major impediment to successful implementation of HIV and AIDS.

It is a challenge indeed when considering material distribution programmes, peer educators campaign programmes and mainstreaming of HIV and AIDS programmes. These require large sums of money. However, all the (HI/A C) participants were quick to acknowledge financial assistance, though inadequate, from various sectors towards HIV and AIDS special events, workshops and seminars as an example

The majority, 24(80%) of lecturers from all universities concurred with their NGOs and (HI/A C) counterparts that financial resources were a problem. They stated that regular HIV and AIDS workshops and seminars demand allowances for the participants, their transport and subsistence, provision of stationery, refreshments and key guest speakers' allowances. One participant from (ffgrp 1) said,

Since it is expensive to print and photocopy handouts, usually after the workshop, these are given to lecturers by the facilitators and not to us.

The cause for concern is that these hand-outs intended for the beneficiaries, in this case majority of students, would not be able to access them. This study has established that, financial constraints, is the main reason why HIV and AIDS workshops and seminars in these Universities are not conducted regularly. It emerged in this study that Faculties are not adequately funded for such activities. In this case, Lecturer focus groups discussions suggested that:

Each university has to find its own ways of getting financial resources for their activities instead of depending solely on external sources.

However, in this study, the researcher noted from one focus group of lecturers that:

Considering competing demands on financial budget, universities were already “financially withered” to generate much income to enable smooth implementation of HIV and AIDS programmes.

It emerged from this study that Programmes conducted by NGOs such as UNESCO, are fully funded by the organisations themselves. However, it was established through the focus group discussions with lecturers; interviews with students and HIV and AIDS Coordinators that such fully funded long term programmes are mostly aligned to the clinic (Health Centre) and the Counselling Unit. As quoted from participant:

The bulk of financial support is peripheral to Faculty programmes since Donors focus on Care and Support of HIV and AIDS victims via Health Centre and the Counselling Unit, with little or no focus on learning and teaching classroom programmes. You can compare even the quantity of material support for these centres against the curriculum related material in the University.

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These participants also raised a striking point on funding in that, for University initiated short term training workshops and seminars, the allowances are very low compared to NGO initiated programmes. From such revelation of qualitative and quantitative data, on how HIV and AIDS programmes are being implemented in universities, this study established that the financial resources used by implementers of the programmes in the universities are inadequate, for meeting various critical needs cited above.

5.6.2.2 Material resources

Material resources are the things university facilitators, lecturers; students and HIV and AIDS Coordinators use during implementation of HIV and AIDS programmes (Rogan and Grayson, 2003). It should be stressed that material resources in universities are in two categories; short and long -term material resources. These are used by universities in Education and Training workshops and seminars, Integration of HIV and AIDS in the curriculum and Awareness Campaigns. Short term materials may include stationery, condom distribution, flyers, hand-outs, and workshop refreshments (Dube, 2005). Long term

material may include infrastructure (physical buildings), furniture, Audio-visual media, Internet, transport, handouts and textbooks (Dube, 2005).

Effort was also made to find out from the (HI/A C) and NGOs the Material resources used in the following programmes as an example, Peer awareness campaign, mainstreaming or integrating HIV and AIDS into the curriculum.

5.6.3 Material distribution

Qualitative and quantitative data gave indications that material resources form the foundation of the HIV and AIDS prevention programme. At the university, Peer awareness campaign groups, HIV and AIDS Coordinators, NGOs and Lecturers are examples of people who may take the initiative to distribute HIV and AIDS Prevention programmes.

In the words of one female HIV and AIDS participant, it was noted that:

Material resources are a necessity because they facilitate training and sustenance. As for lecturers, these are essential during curriculum delivery mainstreaming and integration to effect behaviour change in students. Students use a variety of material mostly for raising awareness during peer campaigns and when having tuition.

Qualitative data from (mfgrp 3) participant reveals that

We use material such as flyers, charts, pamphlets since these have a comparative advantage of being visible and readable on campus premises. But I should also point out that material distribution may include library sources in form of Library books, soft ware and news letters.

Some of the findings of the study on material used have been captured from student focus groups and presented quantitatively in form of Table 5-9 below. They are presented according to university category and they embrace software material and other essential infrastructure.

Table 5-9: Materials available in the three universities

University	Material Resources used
1	Computers, posters, pamphlets, charts, condoms
2	Computers, Clinic, flyers, modules, posters, pamphlets, charts, condoms
3	Posters, pamphlets, charts, condoms

The responses from table 5.9 above indicate that, at least, to a lesser extent, there are resources available to lecturers and students at each university. Such revelations are consistent to what the focus groups interviews also unveiled. From NGOs and HI/ACs and lecturers' responses, Resources ranging from financial, material to human resources were inadequate. Furthermore, through triangulation, the study has established the materials and other resources used by implementers of the programmes in the universities from students NGOs and HI/ACs. As for students, these are not different from the set listed above except for the additional information from NGOs and HI/ACs

5.7 Workshops and training

5.7.1 Results presented by the lecturers and NGOs

The responses from table 5.3.2 above indicate that, at least, to a lesser extent, there are resources available to lecturers and students at each university. A pattern of common resources used emerges under posters, pamphlets, condoms and the use of charts. The study established from lecturers' data that these are the major resources used by the universities. Others mentioned the use of clinic staff and invitation of external motivational speakers on behaviour change. University 2 mentioned teaching materials in form of modules since it offers an examinable HIV and AIDS programme. Such revelations are consistent to what the focus groups interviews also unveiled. Resources ranging from financial, material to human resources were inadequate. Furthermore, through triangulation, the study has established the materials and other resources used by implementers of the programmes in the universities from students NGOs and HI/ACs. As for students, these are not different from the set listed above except for the additional information from NGOs and HI/ACs.

All HIV and AIDS Coordinators and NGOs expressed concern over the inadequacy of learning and teaching support material. One of the main factors hindering programmes

implementation is lack of resources. In this study, the data collected showed that the HIV and AIDS information available in most institutions was printed. It included the following: Pamphlets and posters. These sources are available in the health Centres and in AIDS Coordinating offices as well as institutional library. These short term resources are easy to disseminate and are easy to read. Journals; books mostly from the library; display media especially exhibiting HIV and AIDS information in form of posters, Bulletin Boards for the sake of publicity. However, it was observed that these are displayed mainly in the Health Centre and AIDS Centre. Literature has noted that, besides print media in established universities programmes, there is also institutional television and radio stations that broadcast student oriented programmes and information about HIV and AIDS. Electronic media comprises of internet, CD-ROMs and databases (Wood, 2011). However, research respondents revealed that they do not usually have access to some of these resources due to cost implications.

The table 5-10 that follows shows information on lecturers' responses on adequacy of institutional resources for the three universities

Table 5-10: Lecturers' responses on adequacy of Institutional resources

University	Resources are adequate	Percentage of respondents	Resources are not adequate	Percentage of respondents
1	3	30%	7	70%
2	4	40%	6	60%
3	3	30%	7	70%
Totals	10	33%	20	67%

This information tallies with the data collected under challenges faced by the universities whereby the participants indicated the inadequacy of resources. This study observed that such resources may be available at times but more often students are not given enough condoms for use in bathrooms. On Infra-structure and equipment it emerged that there is a shortage of specialist rooms for HIV and AIDS individual counselling. The researcher further established the inadequacy of specialist rooms for storage of HIV and AIDS material. From a discussion with the lecturers, it was established that if institutional and professional support are given to implementers, their level of commitment to support curriculum implementation is generally high. According to Dube (2005):

HIV and AIDS specific information resources are crucial as their depth, width, appropriateness, relevance, accessibility, affordability and usability will strengthen or compromise the institutional response (page 321).

In the results showed that the HIV and AIDS information available in most institutions was printed. It included pamphlets and posters. These sources are available in the health centres and in AIDS Coordinating offices as well as institutional library. According to lecturers, NGOs and HI/ACs, these short term resources are easy to disseminate and are easy to read. However, the data observed that these are displayed mainly in the Health Centre and AIDS Centre. However, research participants revealed that they do not usually have access to some of the resources like videos due to cost implications. From such revelation of qualitative and quantitative data, on how HIV and AIDS programmes are being implemented in universities, this study established that material resources used by implementers of the programmes in the universities are inadequate, for meeting various critical needs such as facilitate training and sustenance of support services, curriculum delivery, for raising awareness during peer campaigns and when having tuition. Resources ranging from financial, material to human resources were inadequate. Furthermore, through triangulation, the study has established the materials and other resources used by implementers of the programmes in the universities. These are posters, pamphlets, condoms and the use of charts mainly.

5.8 Human Resources

Human resources in HIV and AIDS programme implementation basically refer to the HIV and AIDS facilitators including lecturers, HIV and AIDS Coordinators, NGOs and other external motivational speakers. Their qualifications, expertise, experience and capabilities to a larger extent determine how well a programme will be delivered. The study sought to establish from the participants whether the universities have trained HIV and AIDS Peer educators. The majority of the participants from both qualitative and quantitative data were in agreement that universities did not have trained HIV and AIDS Peer educators. Professional and Institutional Support need a firm human resource base. Qualitative and quantitative data results reveal that Human resource in the universities investigated is also a major problem. A Lecturer focus group participant cited that,

Staff turnover is a reality as specialist lecturers leave the system for better paid opportunities in the private sector. They look for greener pastures within and outside the country

Shortage of human resource is realised as long established and skilled staff leave the system for better paid opportunities in the private sector. The researcher's concern was that, new and inexperienced lecturers are bound to be employed to implement HIV and AIDS programmes. Data from students and NGO respondents revealed that there was a shortage of professionally qualified lecturers. During interviews with the focus group members a significant number of the students unanimously agreed that low salaries resulting from unfavourable economic situation as well as poor conditions of service contributed to shortage of qualified and experienced university professionals. However, from another perspective of NGOs and HIV and AIDS Coordinators, Data revealed that shortages were due to lack of training Institutions specifically on HIV and AIDS unattached to medical college.

On subject area specialisation, most lecturers in universities indicated that they were teaching HIV and AIDS components in curriculum subjects which were different from their specialisation as revealed by lecturers in interviews. It can be observed that in some universities, although lecturers had specialised in other subjects, they were teaching HIV and AIDS Components which was not their specialisation. The reason for the doubt is that these could lack both content and pedagogic skills. One lecturer participant said, "We are overloaded with curriculum matters; as a result, HIV and AIDS programmes are not well attended to."

According to the researcher, this seems to create the impression that HIV and AIDS is isolated from the curriculum by not being taken seriously. In a follow-up interview the lecturers explained why HIV and AIDS education in particular could not be taken seriously even by their colleagues. The reason is that, in some institutions, it is not an externally examined subject and it depends on how it is taught. Lecturers preferred paying attention to other curriculum content and day to day matters. The lecturers' motivation for this is that learners are exposed to various sources that inform them about HIV issues in and outside university community. Information on this section was buttressed by the responses from students and NGOs and HI/ACs.

Table 5-11 below shows some of the factors that affect the operations of human resources in the implementation of HIV and AIDS programmes in universities under study

Table 5-11: Lecturers' views-Factors affecting Human resource operations in HIV and AIDS implementation

Factor	Number of lecturers	Percentage of lecturers
Lack of experience in teaching HIV and AIDS	15	50%
No training received to teach HIV and AIDS	15	50%
No certificates or Diploma to teach HIV and AIDS	21	70%

Under Biographic Data, information has been captured on the characteristics of lecturers who implement HIV and AIDS. The shortcomings of the lecturers with regard to experience, qualification and training have been summarised in table 5-11 since they matter most on things usually to do with new curriculum orientations.

All universities have at least HIV and AIDS Coordinators and NGO's working in their premises hence have access to knowledgeable human factor resources. During interview sessions, these two sources have stated that they usually assist Universities with in-service programmes. Trainings are done during holidays at cluster level making it easy for lecturers to commute to and from the training centres. Lecturers in some of the focus group discussions conducted for this study mentioned that these NGOs have their own ways of organising HIV and AIDS trainings. For their seminars and workshops, they use the cascade model whereby they develop workshop training material. The team that would have trained will in turn train other departmental colleagues and student leaders. NGOs stated that they use their own staff for conducting the training sessions and sometimes they engage the services of an external HIV and AIDS expert presenter. The problem is that lecturers prefer facilitators who are experts in their area of trainings be it content or methods. The level of expertise of facilitators should be very conversant with the subject.

Through the focus group discussions, lecturers preferred: Subject expert related facilitator to In-service us for a long period of time, resulting in awards of recognised certificates.

Generally, on the cascade model, lecturers are against facilitators who display some knowledge gaps in some topics because of inadequate time allocated for their training. The focus group discussions with the lecturers as well as the quantitative data from the questionnaires established that not all universities use the cascade mode of training for certificates instead; some take the longer term method of going through a normal university degree programme to get a qualification.

5.9 Methods used by implementers in delivering the programmes

5.9.1 Integrating HIV and AIDS in the curriculum

The following responses in Table 5-12 were solicited from the lecturer's questionnaire on Integration of HIV and AIDS in the curriculum.

Table 5-12: Lecturers' response on the Integration of HIV and AIDS in the curriculum

Curriculum Aspect of HIV and AIDS Programme	Responses from University A Lecturers	Responses from University B Lecturers	Responses from University C Lecturers	Percentage of respondents
Is taught once a year	2	Nil	2	4(13%)
Is spread across the year	7	10	6	23(77%)
Is taught as a stand-alone subject	2	8	2	12(40%)
Is taught as part of other subjects	8	2	8	18(60%)
Is allocated at least 2 hours per session	4	8	3	15(50%)

From the overwhelming evidence of the greatest percentage 23(77%), the study established that the programme was being taught throughout the year at all universities. A very small percentage 4(13%), indicated that it was being taught once per semester. These findings correlate with what was revealed in the interview discussions with focus groups lecturers under the three universities. Participants were also asked to indicate and describe how HIV and AIDS has been integrated into the University. The majority participants of from universities 1 and 3 18(60%) indicated that it is being integrated as a part of other subjects while at University B, 8(80%) indicated that it is being implemented as a stand-alone subject.

One female lecturer participant in the focus group discussions had this to say:

*This examinable HIV and AIDS course is known as "SAY WHAT".
Students cannot proceed to the next level if they fail this course.*

This study reveals that the time allocated for HIV and AIDS lessons in the curriculum is not adequate. Through document analysis and students interview data, the researcher noted that the block sessions for some universities do not actually cover specifically an HIV and AIDS topic in 2 or 3 hours like other curriculum subjects.

In an endeavour to understand further the integration of HIV and AIDS curriculum aspect, established that the HIV and AIDS prevention programmes in the curriculum do not sufficiently address the pandemic in all Universities. 11(36%) had a NO response, 10(33%) were uncertain while 9(30%) were in the affirmative. In this case, the researcher concludes that the objectives of the programme being implemented are not commonly shared by the implementers and the consumers. Also, it reflects that a gap of knowledge on the performance of the programme in place exists between the policy implementers and the beneficiaries. The pattern which emerges from the above data shows that the programmes are not well managed/ coordinated.

Table 5-13 below shows methods used by implementers in delivering the programmes;

Table 5-13: Methods used by implementers in delivering HIV and AIDS Curriculum

Methods used by lecturers to implement HIV and AIDS curriculum	Frequency of Lecturer responses	Percentage frequency of lecturer responses
Drama /Role play	5	16%
Lecture Method	20	60%
Workshops	10	33%
Group Discussion	14	46%
Module Method	6	20%
Presentations by Students/Assignments	7	23%
Hand outs	4	13%
Assessment tests and exam	8	26%

On methods used by implementers in delivering the programmes, it was established that: Lecture method, group discussions, workshops, assessment methods, presentations by students, drama and role play are the main methods used. On workshops the lecturers noted that:

The frequency of these per semester depends on availability of resources such as time, financial and facilitators. The duration of the workshop is usually one day since large numbers of students are involved. There is caution to avoid disruption of the smooth running of lectures and large numbers of students are expensive to keep in terms of provisions.

However, through triangulation of data, qualitative results from lecturers' focus groups revealed that the distance education university methods differ from the pattern of methods used by other universities. It uses the module method, assessment method and group discussions in most cases. The module method is the most convenient method of reaching students who are off campus in various centres.

Data was sought from HIV and AIDS coordinators and NGOs on teaching methods since they play a critical role in University programmes. This information was sought also from

students because they are the primary consumers/beneficiaries of the programme. HIV and AIDS Coordinator for University A indicated that tutorials, group discussions and or lecture method are the major methods used to deliver the content. These data confirm what has been cited or noted by the lecturers. From University 2, NGOs and HIV and AIDS coordinator both confirmed that when teaching, the "SAY WHAT" programme, the university lecturers use lecture method, group discussion, assessment methods as key methods of implementing the programme. However, when probed to elaborate further, both respondents from University 2 bemoaned the sizes of classes compared to the number of lecturers: (Lecturer or Student ratio) which gives no room to individual needs for effecting behaviour change. As a result, monitoring and effecting behaviour change become challenges.

From students' interview data, it emerged that lecture method and group discussions assessment methods were dominant methods used by lecturers during programme delivery. This data correlates with what NGOs, HIV and AIDS coordinators and lecturers stated in their responses. The researcher reasons that the larger groups of students being taught through mass lectures methods are not effective for behaviour change. However, such practices show lack of understanding of educational dynamics pertaining to the implementation of HIV and AIDS prevention programmes. There is need to employ methods which cater for small groups, develop access to these target groups through key members and design services to meet needs of each group. The dominant method in universities was cited as lecture method. Critics of this method argue that it does not give enough room for group work discussions to effect behaviour change in pupils. Rather, more emphasis is on factual knowledge for assignments and exam purposes.

NGOs and HIV and AIDS Coordinators use Training of peer groups as one of the key methods for implementation. Training may take place with small groups of students within 3 to 4 days on campus. Interview discussions revealed that lecture methods, demonstrations, question and answer, group discussions, debate, drama, role play and videos are used during workshops. Facilitators include in most cases the health centre master in charge and others invited by the organisers. The peer group students confirmed that they get certificates at the end of training. Furthermore, the HIV and AIDS Coordinators stated that they use counselling services for one on one in their specialist rooms. On the other hand, students Awareness campaign is done using different short

term and long term means that are critical for behaviour change. These are: flyers, on-campus door to door campaigns, displays, posters and drama.

Qualitative data on students' focus group interview also sought data on the learning and teaching methods the youth would prefer most. This study established that they would prefer films while a small proportion of these students cited books, drama, Poems and lecture methods. Through further probing, from the three universities, It emerged that Films, seminars, material distribution, HIV peer campaigns, outreach to the society, Hand-outs, Internet, workshops, and drama would be preferred by university students during the implementation of HIV and AIDS prevention programmes. From this list, films Hand-outs, Internet, CDs and campaign programmes would be preferred most. This view was backed up by responses from both (ffgrp and mfgrp) focus groups.

The study also quizzed on measures that have been taken to strengthen the capacity of the implementation of HIV and AIDS prevention programmes. Responses from (University 2) lecturers revealed that 'It is mandatory that each student does a module on HIV and AIDS which is examined at the end of the year' Others noted the issuance of free condoms, orientation of new members of staff and designing a policy together with the beneficiaries. Responses from (University 1) lecturers revealed that, "It is now mandatory that each programme has a course on the subject HIV and AIDS". Some stated that there is employment of student advisors who counsel students, workshops and seminars have been run to train trainers (implementer capacity). From university 1, it was unveiled that "There has been provision of health services on campus for students and staff, regular workshops and awareness campaigns through Donor funding" implementation, "the university should look at how to expand new student s' programme

5.9.2 Monitoring and Support strategies that have been put in place by the Universities

One of the objectives of the study was to establish the monitoring and support strategies that have been put in place by the Universities to ensure that the programmes are properly implemented.

This section presents information gathered from respondents on monitoring and support strategies. This information on monitoring is very vital since effective monitoring of programmes is usually one of the ingredients of good programme performance. It provides means of accountability, demonstrating transparency to the stakeholders and facilitates organisational learning through documenting lessons learnt in the implementation. Mc Coy et al, (2005) define monitoring as the routine tracking of the key elements of programme, performance, usually inputs, activities and outputs are proceeding according to plan. Monitoring, therefore, is critical because it can answer a basic question, "Does the programme make a difference?"

Monitoring can also play an important role in improving or modifying interventions by providing the information necessary to adjust delivery strategies or programme objectives. Monitoring should be carried out throughout the course of the programme implementation and should use different methodological approaches.

5.9.3 Lecturers' responses on monitoring and support strategies

Ministry of Higher Education Officers, NGOs, HIV and AIDS Coordinators, university management and Lecturers carry out this role of monitoring the implementation of curriculum in universities through supervisory duties. Their supervisory activities include a formative evaluation. Curriculum designers need to provide the necessary support for their recommended programmes modifications to facilitate their fast and smooth implementation. There is a need for consistent monitoring of the programmes so as to have full knowledge of what is taking place in universities. Unfortunately, through the quantitative and qualitative data collected from the views of lecturers, this research has established that monitoring of programmes in Universities is not given the attention it deserves by the programme organisers and facilitators.

Table 5-14 below shows responses of Lecturers on the monitoring and support strategies in their universities.

Table 5-14: Responses of Lecturers on the monitoring and support strategies

Monitoring and Support strategy	Frequency of responses	Percentage frequency of responses
Is carried out by Health Service personnel	4	13%
is carried out by Lecturers	3	10%
is conducted regularly	1	3%
was conducted by MHTE in the past recent years	0	0%
was conducted by NGO in the past recent years	3	10%
was conducted by HI/C in the past recent years	9	30%
Generally programmes are monitored consistently	6	20%
I have once taken part in programme monitoring exercise on campus	4	13%

The data from lecturers above shows very small percentages of responses from a total of 30 participants. Even in terms of support, lecturers lament that Implementers are not making follow ups on implementation of the programmes. 18(60%) of the lecturers responded in the negative when asked whether facilitators or trainers or even Higher Education made follow up visits to the Universities to see how lecturers were implementing what they learnt from the training offered. 4(13%) were in the affirmative while 8(27%) were uncertain of the monitoring and support strategies that have been put in place by the universities. From the qualitative focus group discussions, a few lecturer participants cited that feedback is provided by HIV and AIDS committee, Health service personnel, and Medical school or by the Dean of students. They were not so certain but thought that was the case.

From the data presented above, one can conclude that lecturers are unaware of their programmes progress bench marks. The study is also informed that universities vary in their approaches to formal HIV and AIDS programme implementation with specific reference to monitoring and evaluation. Similar observations were also made by Luyanda and Dube (2005:187), who posit that, "The response of the higher education sector to HIV and AIDS is not uniform". Failure to come up with up to date records or reports means that programme lecturers were not up to date with implementation of the programme activities. However, such views show lack of understanding of educational dynamics pertaining to the implementation of and monitoring of HIV and AIDS prevention programmes as well as policy matters. The researcher sought to determine the opinions of lecturers on when the monitoring and evaluation of these programmes take place. A majority of these lecturers indicated that they were uncertain and some responded as follows; "I do not know of any".

According to these results, it is apparent that universities lack adequate supervision from the relevant officers or stakeholders. Although the HIV and AIDS Policy contents for each university, show evidence of recommended consistent monitoring and evaluation practices at the universities has established how the programmes are monitored, that is, the universities were not carrying out internal audits over the past years. Even through document analysis, the researcher did not find evidence that monitoring was in place. This implies that the universities are divorced from ministry of HE Policy which recommends monitoring and evaluation to be practiced.

5.9.4 NGOs and HIV AND AIDS Coordinators' responses on monitoring and support strategies

On part of Universities authorities, the NGOs and HIV and AIDS Coordinators, monitoring mechanisms should be put in place to assess progress on HIV and AIDS trainings invested in lecturers as they implement what they learnt from the Seminars, workshops and other forms of staff Development programmes. This can also apply to the monitoring of students peer leaders and student population at large on behaviour change.

All governmental agencies are required to conduct monitoring and evaluations of their programmes both to ensure accountability and to produce higher quality programmes. Qualitative responses were sought from the HIV and AIDS Coordinators and NGOs on

monitoring and support strategies that have been put in place by the universities to ensure that the programmes are properly implemented. These sources were requested to explain how the implementation of the programme is monitored.

It was established from all NGOs and HI/ACs that there is a committee for HIV and AIDS which is expected to monitor the HIV and AIDS programmes. The researcher has unveiled from their responses that less people are involved in the monitoring process of HIV and AIDS programmes. According to them HI/AC1:

Committees that monitor programmes are externally funded and reports are compiled to be part of office literature. Also, there are workshops for lecturers for staff development once a month

When documents were analysed, there was no evidence of such literature on staff development and lecturer results did not confirm on this aspect. On the other hand, University 3 NGO's responses indicated that, "Monitoring and evaluation is part of planned activities under the (UZ) Chair on HIV and AIDS". When probed further to explain whether there has been a recent risk assessment on exposure of the university to the epidemic, the response was "no". In fact, It was established that there has not been any form of recent evaluation conducted at university level at these institutions. The confirmation tallies with what the lecturers said. The assumption is that these respondents should have opportunities and responsibilities of control and delivery, of a service. The researcher reasons that failure to regularly monitor the programmes means the programmes were at risk of not meeting the objectives.

One HIV and AIDS coordinators (HI/AC2) stated that:

National AIDS Council of Zimbabwe (NACZ) does it with an evaluation form. The Module is examined as a way of monitoring progress. Furthermore, the quality assurance department moves around to see what the lecturers and other stakeholders are doing. We also institute a student evaluation plus peer evaluation forms.

The common stance from the HI/ACs and NGOs was that Peer evaluation is conducted by HIV and AIDS office. According to them, "programmes are monitored but conducting an

evaluation needs a lot of financial, time and human resources". The World Bank (2004) defines participatory monitoring as a model that involves stakeholders such as programme beneficiaries, staff and donors, and community, in the designing, implementation and monitoring of the programme as opposed to the traditional model.

Results presented reveal that these implementers at this level have no consistent and direct communication with programme beneficiaries like the lecturers and students. In case of poor programme implementation, the programme managers of each university would not be in position to detect the problem timely for remedy action. As Hopkins et al (1994:17) in (Rogan & Grayson, 2003:1176) note. It is almost always the case that centrally imposed (or top-down) change implicitly assumes that implementation is an event. From these unfolding responses from lecturers, NGOs and HIV and AIDS the researcher learns that the AIDS implementation in universities is being shaped by the Traditional Model (Top- Down Approach). It reflects that the most emphasis is on the monitoring and needs of the donor as opposed to other stakeholders.

Such results point to significant gaps in the various ways the universities adhere to the dictates of the policy document. Also, their ability to monitor progress of the programmes at hand for accountability leaves a gap to be bridged.

5.9.5 Students' responses on monitoring and support strategies

Similarly, the majority of students could not come up with specific detail on the key indicators that are being monitored. In fact, they indicated that they were uncertain. During focus group discussions with female students (ffgrp 3), one respondent pointed out that, "Checking on condom use is a key indicator that programmes are being monitored." It is apparent from the responses given that lecturers and students have not been involved in the process of policy formulation or are not conversant with the policy. The problem is that, under such circumstances, it is not possible to achieve the objectives as anticipated.

What further emerged from one female student (ffgrp 3) interviews is that

There has not been any form of evaluation conducted at university level which we can recall. These are not monitored at all; only administration of HIV and AIDS programmes is done through teaching and examinations.

Some hinted that they did evaluations of their lecturers once a year as the university was evaluating the performance of lecturers. This is the view that was backed up by responses from HIV and AIDS coordinators.

This lack of regular supervision was acknowledged by students who participated in focus group interviews in this study. Information was sought to establish if university lecturers or management staff had involved them in monitoring and evaluation of programmes exercise. The majority of students said they were not involved. The researcher therefore established that effecting behaviour change on students is far from being realised. The reason for the doubt is that monitoring excludes the real beneficiaries of the programme. However, some students acknowledged the student support strategy of involving them in peer training workshops and campaign initiatives on campus. They mentioned, under Support Strategies, the assistance they get from the clinic and HIV and AIDS offices in form of posters, flyers, pamphlets, stationery and refreshments. This is usually common when conducting Awareness campaigns with incoming first year group at the beginning of the year.

From the focus group interview qualitative results presented above, came to the conclusion that there still exists a great need for well monitored and effectively evaluated University-based interventions involving students, lecturers and outside agencies. According to the focus groups, fgrp1, this move will successfully change beneficiaries' attitudes regarding ownership of HIV and AIDS prevention programmes..

Experience has shown that, for HIV and AIDS education to be effective in reducing risk taking, programmes need to be regularly monitored by education stakeholders in terms of learning outcomes and behaviour change, in particular, to ensure that such outcomes are used to guide future curriculum developments (Visser & Valfrey, 2009).

Although monitoring of the prevention programmes can be done solely by outside experts, apart from consideration of lecturers and other beneficiaries, to exclude them from such an exercise can impact negatively on the policy implementation. The inconsistency in having

monitoring and evaluation plan implies that not all the programmes implemented by the universities are effectively monitored and evaluated (McCoy et al. 2005). This study has also established the adopted monitoring approach of programmes in place by both the Ministry of Higher Education and the Zimbabwe universities. From the responses solicited from both qualitative and quantitative data; existence of the Participatory model has not been established. This implies that it is not being used.

From such revelation of qualitative and quantitative data, on how HIV and AIDS programmes are being implemented in universities, this study established facts on the monitoring and support strategies that have been put in place by the universities to ensure that the programmes are properly implemented. It emerged in this study that monitoring of programmes in Universities is not given the attention it deserves by the programme organisers and facilitators. Also, Implementers are not making follow ups on implementation of the programmes. Respondents have unveiled that lecturers are unaware of their programmes progress bench marks. According to these results, it is apparent that universities lack adequate supervision from the relevant officers or stakeholders. Furthermore, less people are involved in the monitoring process of HIV and AIDS programmes. Furthermore, through triangulation, the study has established that the top-bottom approach is used to monitor and evaluate programmes.

5.10 Students and staff perceptions regarding HIV and AIDS prevention programmes in the Institutions

Information was also obtained on the students, lecturers, NGOs and HIV and AIDS Coordinators' perceptions HIV and AIDS programmes in the Institutions.

5.10.1 Participants perceptions on HIV and AIDS implementation programmes in the Institutions

From the focus group discussions, the majority of students realise and concede that HIV is preventable if programmes are increased. They revealed that programmes are necessary and should be made compulsory for all students. Such utterances show that students are aware of the programmes in place. However, although they acknowledge the presence of the prevention programmes in the institutions, they perceive these as not being well coordinated. They are not certain on how the programmes are being implemented.

Mfgrp 2 participants reveal that more time and effective teaching is needed during programme implementation. There is need for HIV and AIDS programme to stand as a subject alone at University level.

The study learnt that students have negative attitudes towards the implementation of HIV and AIDS programmes. The following quotation consolidates this perception captured during discussions with mfgrp 3,

We are tired of the subject. People do have negative attitudes on such subjects. We have no time for that at times. This is distance education hence it is difficult to coordinate programmes to the people.

When asked to specify detail during probing, the focus group members indicated that it is difficult to assess effective implementation and behaviour change since it is distance education. As quoted

I am not sure since people may pretend to be good in school yet misbehave as they socialise. Remember we are adults.

They also indicated that they had gained a bit of knowledge from the modules that have to do with HIV and AIDS. As the researcher probed on behaviour change, one female respondent noted that,

There is not much behaviour change since there is no evidence or assurance that behaviour change is a result of the content from the HIV and AIDS module

There was correlation between focus group students' responses and responses from lecturers, NGOs and HI/ACs on the issue of students' negative attitudes towards HIV and AIDS programmes.

The following perceptions were unveiled from students' focus group interviews.

On students' attitude, some students noted that, the universities can get a better response from students if programmes are well managed. It emerged that the beneficiaries of the programmes have challenges that interfere with total commitment and voluntary

participation. Students noted that although people are willing to participate in the programmes; they mainly focus on their exams; they act arrogantly and believe they know it all. Some said that students do not take these programmes seriously. Again, this response hinges on the factor of student attitude towards HIV and AIDS prevention programmes.

Students were asked to comment about their lecturers' commitment in these programmes hence from their own perspective, it seems most of the lecturers are not really interested in these programmes. This observation was not confirmed by NGOs and HIV and AIDS Coordinators.

In the focus group interviews on students' perceptions, the study sought to establish what they thought they had gained from the implementation of the programmes. It emerged from the data generated that they feel they have benefited factual knowledge from the programme being implemented. However, no student confirmed that he/she had changed behaviour as a result of the programme in place. The study is enlightened that the university programme implementers have to learn more on the lacking aspects that promote student behaviour change rather than factual knowledge as was the case. One male focus group respondent (mfgrp 1) reiterated that,

There is poor promotion of HIV and AIDS programmes and students do not take the programmes seriously. Also, there is lack of time to participate actively in these programmes.

Others felt that programmes are not advertised in time and are not enough for students. Worse still, students do not want to use condoms. These sentiments were confirmed by male focus group members (mfgrp 1). The view of clinics handling HIV and AIDS prevention programmes is criticised by the students who argued that "its core duty is to treat patients", critics, media or academics lament that most universities have integrated HIV and AIDS into the curriculum for medical and academic purposes with little focus on the personal risk of HIV and AIDS on students' lives (UNESCO Document, 2007:9, Chitando, 2008). Despite the need to implement a multi-sectoral response, the response has largely been bio medically driven by the health sector(ZHD Report, 2003). The problem is that there is limited room in this approach for looking at why people engage in behaviours that are risky or understanding societal risk factors.

Students were asked to elaborate on why they do not take the programmes seriously. It emerged that students do not support the programmes in the universities due to various reasons. The reason given for not being fully involved on campus activities was time factor and focus on examinations. Asked to elaborate, the students hinted that they prioritise examinations to get a certificate in the end. It was also interesting to note that students feel that the programme does not create conducive platform for young people to enjoy getting information related to the disease. This is contrary to what the MOHTE policy advocates on the implementation of HIV and AIDS programmes in universities.

Data further reveals that, the University authorities seem not to be concerned and meetings are disorganised in most cases. There is also lack of educational seminars on this subject (UNAIDS 2009). Alarming is the statement that outsiders enter the University freely. This puts respondents at risk of having multiple partners even if the university authorities are trying to reverse the problem. This observation concurs with what has been noted in Chapter 1 that: In higher Education there is high risk of infection because of the greater social interaction and contacts UNESCO, (2007). The problem is that HIV and AIDS is still high and behaviour has not changed hence the programmes have been put in place. Furthermore, they hinted that large numbers on campus make it difficult to reach all students. It is clear from the above comments that the participants perceive the implementation of HIV and AIDS from a different angle hence their vulnerability might be influenced by circumstances beyond their control.

5.10.2 Lecturers' perceptions on HIV and AIDS prevention programmes in the Institutions

The study sought to establish the Lecturers' perception on HIV and AIDS prevention programmes in the institutions. This information was considered to be vital because university Lecturer's perception of their capacity, management system and interest could determine the way the HIV and AIDS programme is being implemented. However, different responses were received from lecturers who cited that:

Students do not support the programmes in the university and much work is yet to be done especially during orientation week for first year students.

Orientation programmes provide a critical opportunity to reach first-year students.

They further noted that if effective behaviour change is to take place, programmes should go beyond their first week on campus. In this case, it shows that on-going student support mentoring and on-going workshops are lacking in the Institutions, yet are essential to universities.

Lecturers also perceive that the programme does not create conducive platform for young people to enjoy getting information related to the diseases. In their own words (male lecturer respondent university 1), they stated that;

Non-consultation can sometimes have a negative impact on the implementation of the programme as students may think they are being marginalised as stakeholders and end up not participating in the programme implementation. On this issue, the university management seems not to be concerned. They should be consulted because they are the main beneficiaries of the programme.

The perceptions noted above correlate with what has been raised also by the students in the focus group discussions.

Table 5-15 below shows the perceptions of lecturers on HIV and AIDS programme implementation

Table 5-15: Perceptions of lecturers on HIV and AIDS

Perception variables	Number of lecturers	Percentage of lecturers
Lack of adequate seminars	15	50%
Students lack interest(attitude)	21	70%
Lack of motivation	12	40%
Lack of effective coordination	18	60%
Lack adequate financial resources	24	80%
Lack adequate material resources	21	70%
Difficult to assess students behaviour change	18	60%

What emerges from the table above is the lack of adequate educational seminars on this subject as a cause for concern. Furthermore, from the perspective of lecturers, responses from HIV and AIDS Coordinators concurred with what was said by the lecturer respondents when they indicated that students need more seminars on HIV and AIDS programmes. On the other hand lecturers confirmed that students show no interest on HIV and AIDS issues. The results of the study reveal that students lack strong motivation from peer educators at the university and are a result of lack of effective and proper coordination and organisation of HIV and AIDS programmes.

The majority, 24(80%) of lecturers revealed that financial resources were a problem while 21(70%) of the university lecturers indicated that resources for the subject, ranging from human to material resources were inadequate. Although lecturers design a curriculum that addresses students' needs and prepares students for life skills in the local and national society, a problem exists. Whether a student completes a curriculum that is locally or nationally developed is not the main concern. What is important is that the student has the skills and competencies necessary for behaviour change. However, it is difficult to assess from a distance whether the student has the necessary skills and whether the behaviour has changed.

5.10.3 NGOs and HIV and AIDS Coordinators' perceptions on HIV/AIDS prevention programmes in the institutions

This section of chapter 5 discusses some findings on NGOs and HIV and AIDS Coordinators' perceptions on HIV and AIDS prevention programmes in the institutions. The study sought the views of NGOs and HIV and AIDS Coordinators on how HIV and AIDS prevention programmes were implemented. Their views were solicited on variables or indicators of HIV and AIDS implementation such as number of Workshops attended; focus of the programmes; time allocation to the HIV and AIDS in the curriculum; methods used by facilitators; monitoring and support mechanisms in implementation of HIV and AIDS programmes. There was a need for the researcher to find out the views of NGOs and Coordinators since these were important as the sponsors and co-facilitators of programmes and they know the performance of the programmes they support. This information was found to be useful as it would indicate the intended best practices essential for behaviour change, thereby giving direction to all the people involved in the implementation of HIV and AIDS programmes.

As highlighted in the introduction of this chapter, this section was considered necessary as it is key in responding to objective number 5 and research question number 5 of the study which concern contributions to knowledge in the area of HIV and AIDS programmes implementation that this study will make.

It is clear from the above presented comments that the students, lecturers and HIV and AIDS Coordinators acknowledge that programme implementation is not being conducted in a manner which is perceived right for effective behaviour change by the general majority of programme beneficiaries. Although to a lesser extent these acknowledge the role of the programmes in place, the effort of universities authorities, however there are still signs of gaps, challenges and weaknesses which ought to be addressed from the perspectives of the respondents

Universities have established institutional frameworks to respond to the effects of the pandemic (UNESCO, 2007). The aspects in the policies include Rights and responsibilities of staff and students; Implementation structures (ZOU HIV and AIDS Policy, 2011). If this is the case, the data revealed that there is a difference between written policies and implemented policies as shown by the differences in the ways universities implement HIV

and AIDS programmes. This view is adopted by this study, since in this study, it emerged that the planned curriculum is different from the implemented one. It was further revealed that there are a number of factors which affect respondents in their endeavours to be fully committed in the implementation of HIV and AIDS programmes as the researcher has established.

5.11 Number of Workshops attended

HIV and AIDS workshops in universities vary depending on targeted groups; availability of time, material and financial resources; the organisers and magnitude of the problem. During the course of the term obviously university site based HIV and AIDS Workshops take place frequently since the lecturers and students will easily find accommodation for the days they will be attending the training workshops. Similarly if the organisers of the workshops demand that these takes place at provincial or national level, then the HIV and AIDS NGOs and Coordinators have to focus more on availability of time, material and financial resources. Such variables hence determine the number of workshops attended or organised by the HIV and AIDS NGOs and Coordinators. Further, time of the academic semester can as well determine the number of workshops attended or organised by the HIV and AIDS NGOs and Coordinators. Generally the third semester of the university calendar demands staff and students to focus more on examinations, hence, attendance rate and frequency of workshops are generally low.

In this study the HIV and AIDS NGOs and Coordinators were asked to indicate the number of times HIV and AIDS workshops are being offered to effect behaviour change in students. HIV and AIDS Coordinators (HI/AC) for the three universities HI/A C1; HI/A C2; HI/A C3 concurred that they have attended such workshops

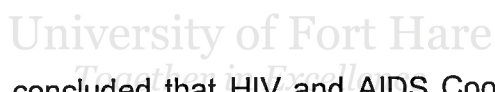
The greatest challenge is to do with financial resources. It should be noted that funding is critical when implementing HIV and AIDS programmes in the Institution

The HIV and AIDS Coordinators (HI/A C) indicated that they have conducted a few workshops to benefit students in universities. Three quarters of the workshops attended by the (HI/A C) targeted students. Also, with regard to time of the academic semester, the study established that 60% of the number of workshops were attended or organised in the

first and second semesters of the university calendar. It emerged from information solicited from (HI/A C) and NGOs that the situation is slightly different in universities 2 and 3 where students have boarding facilities. Information reveals that HIV and AIDS prevention programme workshops in these institutions are more than in non-boarding institution.

The perceptions noted above correlate with what has been raised also by the NGOs who cited that although we commit a portion of our own budget and resources to coordinate and sustain HIV and AIDS responses through workshops, this budget is inadequate.

They also hinted that they prefer the localised venues for most HIV and AIDS workshops to maximise students attendance and minimise financial expenses. Also, for those that preferred the localised venues, they gave the following reasons to justify their perceptions. "It is an ideal practice for cheap logistics since most universities are poorly funded and it is convenient for easy access by participants and also provides a good environment for sharing genuine local based experiences to classmates rather than to strangers". University based workshops are convenient in terms of transport as well as availability of resources.



From these findings it can be concluded that HIV and AIDS Coordinators (HI/A C) have conducted a few workshops to benefit students in universities. Furthermore, localised HIV and AIDS university site based venues are preferred for holding HIV and AIDS workshops for students and lecturers. These are convenient in terms of transport as well as availability of resources. This study has also established that the greatest challenge is to do with financial resources. It was also felt that the time of the year workshops are conducted can have a bearing on the attendance of students and lecturers to that workshop as well as determine their commitment and participation in the workshop.

5.12 Focus of the programmes

In the 3 universities, HIV and AIDS examinable components are compulsory for all students. After school activities that are non-examinable with no incentives are characterised by low and irregular attendances. Information collected reveals that NGOs and HI/AC, (100%), unanimously opted for compulsory attendance. They stressed that all HIV and AIDS activities on campus should be compulsory and not voluntary at times.

Currently students are given a choice to attend or not to attend after school on campus awareness campaign sessions. Their reason for compulsory attendance was that “HIV and AIDS is not selective hence full participation and commitment to such programmes was mandatory”. Unfortunately voluntary attendance is common for after school awareness activities.

5.13 Time allocation to the HIV and AIDS in the curriculum

In this study the HIV and AIDS NGOs and Coordinators were asked to indicate their perceptions on time allocation to the HIV and AIDS in the curriculum to effect behaviour change in students. Data gathered revealed that the time allocation for the HIV and AIDS in the curriculum is not adequate to allow students and lecturers cover intended knowledge and skills to effect behaviour change. In line with this, an effort was made by the researcher to find from them their preferred length of time for conducting HIV and AIDS that can effect behaviour change in students.

From the above table, the researcher deduced that NGOs and HI/AC feel that the time allocation for the HIV and AIDS in the curriculum is not adequate to allow students and lecturers cover intended knowledge and skills to effect behaviour change. The researcher has captured that HI/AC prefer even more time (4 Hours per week) for the HIV and AIDS programme compared to NGOs who preferred (2 Hours per week). Both parties would prefer HIV and AIDS programmes in the curriculum to spread over a period of three semesters per year to enhance better learning outcomes for the students.

The preferences of the NGOs and HI/AC in this study in terms of duration (time allocation) for conducting HIV and AIDS programmes is not very far from what different writers and researchers have found out and written about the duration for conducting effective HIV and AIDS programmes, (Greenberg et al, 2005). The timing of the programme is the pace at which the programme should be administered (e.g. three times per week for seven weeks or once per week for twenty- one weeks) and includes both the frequency and the duration of the intervention, (Greenberg et al 2005). Dosage is the prescribed level of exposure to the intervention and refers to how much of the intervention should be provided (e.g. number and lengths of sessions) (Greenberg et al, 2005). This is likely to affect implementation quality NGOs and HI/AC in this study contend that HIV and AIDS programmes in the curriculum that is of longer duration and timespan is more likely to

contain the kinds of learning opportunities necessary for teachers to integrate new knowledge into practice.

5.14 Methods used by Facilitators

Research conducted by other sources has indicated that methods used by facilitators are strategies or means which are used to teach and to distribute HIV and AIDS related information or material (Walklin, 2002; Coleman; Jolly and Middlewood, 2003). Programme facilitators during seminars and workshop training as well as lecturers are mandated to use a variety of these methods. Data was sought from HIV and AIDS coordinators and NGOs on teaching methods since they play a critical role in University programmes.

NGOs and HI/AC revealed that methods used by facilitators are not varied. For instance, lecture method and group task- based method seemed to be dominating in most universities. This practice is contrary to observations made by Pohan et al (2011:528) who advise that, "HIV and AIDS curriculum topics should be offered to the students using participatory learning methods to enhance students' skills in self-management as well as increasing their knowledge, develop positive attitudes and behaviour related to HIV prevention."

Data revealed showed that a few HIV and AIDS trained facilitators used role-plays which they found to be time consuming and difficult to implement to adults at university level. Also, HI/AC felt that small group discussion is difficult to implement due to large class sizes in universities. "Considering lecturer-student ratio, it becomes a problem to keep the groups focused on the topic in terms of discipline', said one of the HI/AC. NGOs and HIV and AIDS Coordinators use Training of peer groups as one of the key methods used by implementers. Furthermore, the HIV and AIDS Coordinators stated that they use counselling services for one on one in their specialist rooms.

As a source of motivation or incentive and recognition for attending HIV and AIDS workshops, this study sought to hear from NGOs and HI/AC, their views on the form of recognition they would like to be offered after the training. All participants to this question concurred that they opted for giving certificates of attendance / participation and a form of financial recognition to lecturers after attending HIV and AIDS training. One of the HI/AC

echoed that, "They would have gained knowledge and skills to warrant any form of recognition". Those that opted for a certificate of attendance / participation were of the view that an accumulation of such certificates can add up to one's CV for further promotion.

From such revelation of qualitative and quantitative data, this study established the main NGOs and HI/AC perceptions regarding HIV and AIDS prevention programmes in the institutions. These are presented as follows: HIV and AIDS Coordinators (HI/A C) for the three universities HI/A C1; HI/A C2; HI/A C3 concurred that they have attended some workshops

Data revealed highlighted that HIV and AIDS Coordinators (HI/A C) have conducted a few workshops to benefit students in universities. Furthermore, localised HIV and AIDS university site based venues are preferred for holding HIV and AIDS workshops for students and lecturers. These are convenient in terms of transport as well as availability of resources. It was also felt that the time of the year workshops are conducted have a bearing on the attendance of students and lecturers as well as determining their commitment and participation in the workshop.

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Furthermore, through triangulation, the study has established that NGOs and HI/AC unanimously opted for compulsory attendance i.e. full participation and commitment to such programmes was mandatory. It also emerged that the time allocation for the HIV and AIDS in the curriculum is not adequate to allow students and lecturers cover intended knowledge and skills to effect behaviour change. The perceptions of NGOs and HI/AC reveal that methods used by facilitators are failing to effect behaviour change as the case should be. NGOs and HI/AC revealed that methods used by facilitators are not varied. Respondents have unveiled that they opted for giving certificates of attendance or participation and a form of financial recognition to lecturers after attending HIV and AIDS training.

5.15 Challenges that are faced by HIV and AIDS prevention programmes implementers in the institutions

The following responses on challenges enabled the researcher to explain the findings of the study. Successes and Challenges are characteristics of any programme which may be in place in a given country and institution.

5.15.1 Challenges as faced by the students

This first part looks at the challenges as faced by the students at the HIV and AIDS programme venues during delivery of the programmes. To begin with, the following responses were captured from the male and female participants from the Faculty of Education. The responses of the majority of these students, aged between 18 and 30, cited the following challenges: on table 5-16

Table 5-16: A summary of male students' responses on challenges

NATURE OF CHALLENGE

availability of materials and other resources	the capacity of implementers	Attitudes of students
programmes are not advertised in time	No motivational speeches on HIV and AIDS on campus	are careless when it comes to sexual intercourse
lack of time to participate actively in these programmes	Poor promotion of HIV and AIDS programmes	do not want to use condoms, get pregnant
Financial resources are inadequate	university staff do not work hand in hand with students	lack of interest to participate and to go for HIV testing
Shortage of qualified staff	programmes are not enough for students	do not take the programmes seriously
lack of teaching /learning resources	inadequate information or seminars	engage in risky behaviour of drinking alcohol
not enough posters on campus	the clinic provides inadequate information	peer pressure and have multiple sexual partners

In the focus group discussions and interviews, male students reported that there was inadequate expertise of facilitators. It was also noted in this study that the expertise of some facilitators was sometimes frustrating and questionable; hence, they wondered how they were chosen. Some male students had this to say on resources: “one of the challenges we face is lack of teaching or learning resources” Resources may be available in the library but their inadequacy or unavailability at classroom level renders HIV and AIDS programmes ineffective. Another focus group was quick to note that our challenges are hinged on lack of creativity, lack of wide advertisements of the new start testing programmes by the university and lack of knowledge on the part of students who do not even bother to attend HIV and AIDS awareness programmes

Negative attitudes of students are a challenge. This problem was expressed to be critical and as a major cause of learner absenteeism as well as limited learner participation in HIV or AIDS activities. Peer pressure, multiple sexual partners, lack of interest to participate and to go for HIV testing were felt to be the main hindrances to the implementation of programmes. They reported that students are careless when it comes to sexual intercourse. The table below(5-17) shows a summary of female students focus groups responses on challenges captured by the study.

Table 5-17: A summary of female students' responses on challenges

NATURE OF CHALLENGE

General challenges	Attitudes of students
need for more awareness programmes	do not support the programmes
no support groups	Peer pressure
the university seems not to be concerned,	Have multiple sexual partners
lack publicity in form of flyers and posters	not keen to go for HIV testing
lack of educational seminars on this subject	students show no interest on HIV and AIDS issues
training of peer educators is very week	are sexually active and are away from parents
the programme lacks transparency	negative attitudes among youths even on condom use
large numbers on campus make it difficult to reach all students	students do not want to use condoms
lack of effective, properly coordinate/ organised programmes,	students, co-habitation due to lack of accommodation,

Through the focus group discussions and interviews, it was revealed that the programme does not create conducive platform for young people to enjoy getting information related to the disease. Again it was noted that most of the awareness campaigns are done at the clinic yet not many students visit the clinic. Further students argue that meetings are disorganised and lack publicity in form of flyers and posters in the most visible places. It was learnt through one of the female focus group discussions that at their institution, there is lack of effective and proper coordination and organisation of HIV and AIDS programmes,

It is expected that at each institution, there should be at least some form of security at the entrance and in halls of residence. However, this research has established that in some institutions, outsiders enter the University freely. Students cited that delays in processing of funds for students leads to sexual exploitation even outside campus. The major set-back

is that “sexual partners are outside the campus and these cannot receive teachings on HIV and AIDS”, said one focus group. This explains why the problem seems to be complex. Measures need to be put in place to ensure that adequate security measures are enforced at the main campus entrance and in hostels

What emerged from the summarised responses on challenges in table 5.7.2 above is that the common elements which dominated the list were students not using condoms, lack of proper coordination students being careless when it comes to sexual intercourse, negative attitude towards HIV and AIDS programmes, lack of support groups, need for more comprehensive awareness programmes and the practice that the clinic takes a leading role in HIV programmes as well as lack of publicity of HIV and AIDS information. The implication of the results is that overall, male and female students are equally concerned about the implementation of the programme in place.

Table (5-18) below captures the dominant students' challenges.

Table 5-18: A summary of dominant students' challenges in universities

Nature of Challenge
students have multiple sexual partners
students do not use condoms when having sex
lack of trained professionals to teach on HIV and AIDS
no HIV and AIDS awareness during orientation
Lack of resources and adequate funding
no campaigns at departmental level
no peer education
lack of varied programmes
There is no behavioural change amongst students
there are inadequate resource persons
Inadequate workshops for students

The data presented above shows the highly rated challenges faced by students as major recipients of HIV and AIDS programmes in universities. The challenges are inclusive of all female and male focus groups interviewed by the researcher. Again, data presented in the table (5.18) above shows that there are no major differences between these groups of

students. From the array of data presented above, the study established that students' concerns are centred on not being involved at the centre stage of HIV and AIDS programmes. There is also a challenge of reaching out to all students to effect behaviour change. Students are reluctant to attend HIV and AIDS programmes for they think they have all the information. There is also reluctance by students (adamant) to change behaviour since they do not take the programmes seriously (negative attitude). According to data presented, Peer education is not effective and there is lack of cooperation from students on campus. Students also bemoan lack of trained professionals to teach them on HIV and AIDS and lack of resources (finance) for implementing HIV and AIDS programmes. Besides that, students feel that provision of condoms is not systematically done with reference to times expected by students.

5.15.2 Challenges as faced by the lecturers and facilitators (NGOs/HI/AC)

The second part highlights the challenges as faced by the lecturers and facilitators as they try to implement HIV and AIDS programmes in Zimbabwe's universities.

Several challenges that hinder effective delivery of HIV and AIDS programmes in Universities were identified by the lecturers and facilitators (NGOs/HI/AC) as service providers. The challenges were to do with issues of monitoring and evaluation; Financial, resources and transport constraints; none availability of coordinators, Inadequate staff development; Lack of time; Prioritisation of HIV and AIDS programmes,

The findings on these challenges are highlighted below.

With regards to factors influencing HIV and AIDS programmes, Doll (1999:174) expressed the view that if programmes are to succeed, their promoters must consider the stages of teacher's concern, ranging from general awareness to specific awareness to varied thoughts about issues like the teacher's own involvement and the quality of the teacher. The researcher deduces that Doll (1999)'s priority and emphasis lie on human resource as a critical factor for an innovation to succeed.

To shade more light on prioritisation, data captured from participants revealed that programme implementation focus mostly on students' population as opposed to the initial Policy objectives that encompass the entirety of the university population. Some academic

staff views the implementation as peripheral due to the tendency used by the policy implementers who seem to lack political will. As an illustration, the priorities for HIV and AIDS integration into the main curriculum are on the margins with reference to times allocated for teaching and learning HIV and AIDS, staffing of relevant qualified and experienced human resources compared to other subjects. From the data presented above, it emerges that Finance, Resources and Transport are significant problems for University 3 HIV and AIDS programme implementation. This is followed by Lack of consistency in monitoring and evaluation and inadequate staff development.

The table 5-19 below captures the dominant challenges faced by the lecturers of the three Universities.

Table 5-19: The dominant challenges faced by the lecturers

Lack of consistency in monitoring and evaluation
Financial resources and transport constraints
none availability of coordinators
Inadequate staff development
Lack of time
peripheral and selective prioritisation of programmes
Negative attitude of students

Data from the three Universities reveals that: lack of consistency in monitoring and evaluation; financial, resources and transport constraints; none availability of coordinators, inadequate staff development; lack of time; prioritisation of HIV and AIDS programmes being peripheral and selective, are major challenges in the implementation of HIV and AIDS programmes in the three Universities. Further analysis of these challenges reveals that, out of this list, financial problems and negative attitude of students –top the list.

As was revealed on financial challenges, it was noted that the salaries are not very attractive and basically there are very little incentives for lecturers to be fully motivated in the implementation of the programme. Currently, there are poor conditions of service in the profession hence there has been rampant attrition of lecturers to other countries and organisations with well-paying and respectable professions. Experience has shown that

Training workshops that offer financial benefits attract a high attendance. However, most institutions do not offer monetary incentives hence are poorly attended. Unfortunately, the fund is not enough to buy all the requirements for the universities. This indeed is cause for concern and was given as a reason why lecturers do not stay on campus after knock off time to participate in some of these activities.

Data reveals that campaign programmes are selective at times since they do not include lecturers and tend to focus too much on students. These sentiments were echoed by female respondents. Also on time aspect, the challenge is that time is a limiting factor for lecturers who have a busy schedule as they teach, plan, mark and perform other administrative tasks. Asked to elaborate further by the researcher, two female academic staff members hinted that most staff members do not stay on campus, as a result, after hours HIV and AIDS activities are poorly attended. This is compounded by students' negative attitude since they do not want to abstain or use condoms. Of great concern also is the issue that too many programmes that are similar in nature for University community such that people end up being bored or feel they already know everything. From this perspective, most students and lecturers do not attend awareness campaign meetings.

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The following challenge was quoted from a female academic respondent from one of these Universities,

Proper coordination of the organised or planned HIV and AIDS events is lacking. Also, it seems there is no clear policy about HIV and AIDS which can be taken seriously by the academic staff.

The cascade mode of training is widely criticised for its dilution effect that invariably takes place when the training design is passed down the various levels of personnel (Engelbrecht Ankiewicz, & de Swardt 2007). The challenge is that the Cascade mode of training is less effective, hence is causing many problems as far as HIV and AIDS programme implementation is concerned. They also expressed that the cascade model is cost effective but runs the risk of compromising quality of delivery. The use of lecturer to teach another lecturer may not always work. Lecturers in this study expressed concern that knowledge gaps were passed on through each level of the cascade down to the student in the classroom. This explains why some lecturers were of the opinion that HIV

and AIDS Staff Development should target all lecturers and not a few selected ones as is usually the case.

5.15.3 Challenges faced by HIV and AIDS coordinators and NGOs

This section highlights challenges faced in implementation of HIV and AIDS prevention programmes as revealed by both the qualitative and quantitative data collected for this study from HIV and AIDS NGOs and HI/AC. Several challenges that hinder effective delivery of HIV and AIDS programmes in Zimbabwean universities that were identified by the students and lecturers seem to correlate with findings under this section. The challenges were to do with issues of: behaviour change; financial challenges are a reality; learning materials are a major impediment, human capital; negative attitudes of students hamper efforts and class sizes vis-à-vis lecturer-student perceptions. The findings on these challenges are highlighted below in table (5-20).

Table 5-20: Challenges faced by HIV and AIDS coordinators and NGOs

Lack of behaviour change
Financial challenges
Inadequate Learning materials,
Inadequate human capital;
negative attitudes of students
Unmanageable class sizes vis-à-vis lecturer-student ratio
Time allocation for workshops

Data captured from this institution reveals that, like any other Tertiary institution, financial challenges are a reality in this institution. When probed to explain on how it is a challenge, the respondent (HI/A C1) indicated that,

Implementation of Implementation of HIV and AIDS faces problems of high inflation and economic challenges. Funding is essential for resources such as staff salaries, transport, provision of specialist rooms, equipment, machinery, text books and learning materials are a major impediment to successful implementation of HIV and AIDS.

In general, HIV and AIDS coordinators for the three universities concurred that the greatest challenge was to do with financial resources. "Donor funding (Support from outside Agencies) seems to be on the decrease." It should be noted that funding is critical when implementing HIV and AIDS programmes in the Institutions. This study has also established that lack of human capital due to low salaries is a challenge to the universities. The respondents raised the need for employing adequate HIV and AIDS qualified personnel.

The responses from all Universities of Zimbabwe's HIV and AIDS coordinators corresponded with the responses solicited from NGOs HIV and AIDS coordinators (HI/AC) cited that when implementing such programmes, "Handling of large numbers of students on HIV and AIDS is a challenge. Groups are too large to control." The study also established from the same source that, "Sometimes mass lectures on HIV and AIDS are conducted to more than 400 students by one implementer". Under such circumstances, the researcher reasons that, the quality of the programmes is compromised, control is difficult and the one-on-one strategic plan is far from being realised. What the researcher captures also as a problem is the class size and lecturer- pupil ratio. According to the HIV and AIDS coordinator(HI/A C3),

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Financial limitations for resources, workshops and stationery inhibit realisation of the intended plans.

With reference to students, (HI/AC) and NGOs reiterated that negative attitudes of students hamper efforts to successfully implement an innovation.

Although the challenges from the qualitative interview guide, which were raised by the respondents, seem to correlate with the qualitative data solicited from academic staff, some of the sentiments raised on challenges are situational with reference to the type of university and its mode of programme implementation. As stated in Chapter 4, these universities are different in terms of economic status and mode of operation is slightly different e.g. Distance education and on campus students further established through triangulation that the major challenges facing Universities in general are uniform.

As a summary, the following challenges emerge from a cross tabulation of summarised themes from the three universities: behaviour change; financial challenges are a reality;

learning materials are a major impediment, human capital; negative attitudes of students hamper efforts and class sizes vis-à-vis lecturer-student ratio. This assertion was arrived at by the researcher after the data presentation and analysis of the NGOs and HIV and AIDS coordinator's responses noted above.

From such revelation of qualitative and quantitative data, on how HIV and AIDS programmes are being implemented in universities, this study established that there are main challenges faced by HIV and AIDS prevention programmes implementers in the institutions. In conclusion, students, Lecturers, HI/AC and NGOs, face challenges that are many and indeed very pertinent. It remains a gap to programme designers therefore, to look into these challenges and plan the way forward on how to tackle them as they have a direct bearing to the success of any HIV and AIDS programme they organise.



5.16 Summary

From the Data presented it emerged that universities lack adequately professionally qualified HIV and AIDS lecturers. Results on capacity of implementers in the study revealed that an insignificant number of lecturers have the capacity while the majority, significant number lacked the capacity to implement the programmes. HIV and AIDS prevention is being implemented by unqualified lecturers who lack training and prerequisite skills for the programme.

Furthermore, it emerged that Lecturers do not get the necessary professional and institutional support to implement successfully HIV and AIDS programmes in universities. HIV and AIDS Coordinators and NGOs expressed concern over the inadequacy of learning and teaching support material. Funding and lack of resources such as specialist rooms and learning materials are a major impediment to successful implementation of HIV and AIDS. Implementation of HIV and AIDS programmes suffers from inadequate supervision by the relevant stakeholders due to unavailability of transport and financial cost. It also emerged that Human resource is also a major problem since there is a great staff turnover as specialist lecturers leave the system for better paid opportunities in the private sector. Most university lecturer respondents cited staff turnover as long-established and skilled lecturers look for greener pastures within and outside the country.

The dominant methods used to implement HIV and AIDS programmes do not give enough room for group work discussions to effect behaviour change in students. Rather, more emphasis is on factual knowledge for assignments and exam purposes. On monitoring and evaluation of HIV and AIDS programmes, it has emerged that that lecturers and students are unaware of their programmes progress bench marks. Universities have not been carrying out internal audits over the past years. This implies that the universities are divorced from ministry of HE Policy on monitoring and evaluation. Also, less people are involved in the monitoring process of HIV and AIDS programmes. The researcher established from the universities records that an HIV and AIDS Policy document exists at each university. However, the implementation of HIV and AIDS prevention programmes seemed to have a number of controversies and challenges.

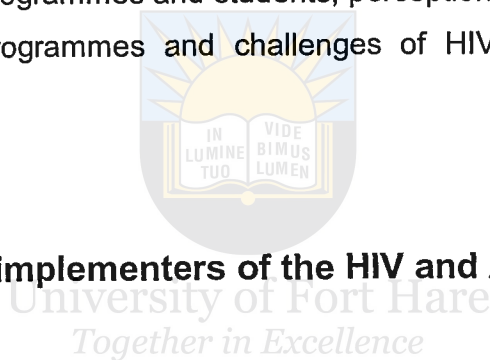
It emerged that NGOs play a major role in the education of university students as they provide funds and support materials.

The next chapter, 6, discusses the findings made by this study. The following chapter discusses some of the key findings/ issues made by this study and their relationship with the literature reviewed. This is done as a way of providing some input into the implementation of HIV and AIDS prevention programmes. The Chapter will also critically examine the findings presented in this chapter in line with the objectives and research questions of the study while making reference to what other writers and studies have unveiled elsewhere.

6 CHAPTER: DISCUSSION

6.1 Introduction

The main purpose of this chapter is to provide a discussion of the data presented in chapter 5 in response to the main research question namely: the examination of the implementation of HIV and AIDS intervention programmes in Zimbabwe's universities. The discussion of data is organised along the following aspects, namely Capacity of implementers, Institutional Support and Resources, Methods used by implementers in delivering the programmes; the monitoring and Support put in place in the implementation of HIV and AIDS prevention programmes and students, perceptions of their vulnerability to HIV infection towards the programmes and challenges of HIV and AIDS prevention programmes in the institutions



6.2 The capacity of the implementers of the HIV and AIDS prevention programmes

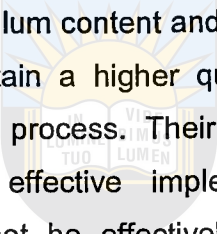
6.2.1 Lecturers' professional qualifications

Lecturer capacity, 'that is' lecturers' qualifications; area of specialisation, experience is an important factor in the implementation of HIV and AIDS prevention programmes. These characteristics might seem insignificant but indeed are critical concerns worthy addressing in the recruitment and selection of lecturers for implementation of HIV and AIDS prevention programmes. However, a different scenario existed in the areas investigated. From the research findings, it emerged that universities had inadequate professionally qualified HIV and AIDS lecturers. From the researcher's own view, what it means in terms of not having adequate professionally qualified lecturers is that: a few qualified lecturer staff in universities cannot cope with the pressure of their teaching load. The findings are congruent to the study results on HIV-AIDS prevention by Pohan et al,(2011). These authorities carried out a life-skills institution based programme survey in Indonesia among students. In fact, Pohan et al (2011:527) posit that, "There are some obstacles that hinder the teachers and school management to take part in HIV and AIDS prevention action. Major obstacles are the sensitivity of the topics like drugs and sex in a Muslim society and

the lack of knowledge and skills of teachers to teach these topics” This revelation tallies to a larger extend with what was found regarding this study..

In the universities under study, it was established that 20(80%) were holders of masters degrees as their academic qualification. A small percentage of these 6(20%) had a PhD qualification. The researcher sought to establish the professional qualifications of university lecturers HIV and AIDS programme as they have an effect on the implementation of HIV and AIDS programmes. Academic qualifications assist the lecturer to understand and interpret the curriculum content better.

The researcher argues that; for a lecturer to be considered as professionally qualified personnel in Zimbabwe, the Ministry of Higher and Tertiary Education stipulates that these should either possess a Master’s degree or a Doctorate. The reason is that, lecturers should have the capacity to teach curriculum content and supervise students’ assignments and projects as they endeavour to attain a higher qualification. These are important qualities in the teaching and learning process. Their unavailability in university staff hamper conducive environment for effective implementation of HIV and AIDS programmes. Lesson preparation cannot be effectively done by under qualified and inexperienced lecturers;


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The study inferred that the number of professionally qualified HIV and AIDS lecturers was insignificant. The rest indicated that they had not received HIV and AIDS Training hence, had no certificate qualification in HIV and AIDS. This is contrary to what other researchers observed and recommended. Rogan and Grayson (2003)’s theory of implementation Greenberg et al (2005)’s School-Based Implementation Conceptual Model stress on professional qualifications as relevant factors and conditions for the implementation of an innovation similar to the areas of enquiry. This situation in universities calls for government to seriously consider producing adequate professionally qualified HIV and AIDS lecturers.

6.2.2 Experience

The study also sought data from respondents on experience in teaching HIV and AIDS. They were also asked to state their experience working with HIV and AIDS programmes. From the findings, the study inferred that the number of professionally qualified HIV and AIDS lecturers was insignificant. The rest indicated that they had not received HIV and

AIDS Training hence had no certificate qualification in HIV and AIDS. It emerged that they had no experience in teaching HIV and AIDS. Also, they did not have such experience in working with HIV and AIDS programmes. From such revelations, the researcher maintains that HIV and AIDS programme implementation has inadequate professionally qualified lecturers. In literature reviewed, McGinty and Mundy (2009:142) noted that “teachers are a crucial link in providing valuable information about HIV and AIDS to youth. Teachers need to be equipped with the requisite skills.” This is contrary to the findings in this study since some are taught by under qualified lecturers. However, it should be noted that this study acknowledges that the lecturers have high and acceptable masters and PhD academic qualifications. It is the professional aspect on HIV and AIDS which is a cause for concern. Consequently, these organisational related HIV and AIDS implementation challenges need to be looked into by university authorities. The researcher argues that lecturer experience in teaching HIV and AIDS has an influence on how receptive the lecturer would be in the acquisition of the prescribed curriculum knowledge and skills to be imparted to students. Indeed, their subsequent acquisition of knowledge and skills with years is likely to influence behaviour change in students, thereby enhancing HIV and AIDS programme implementation.



6.3 Materials and other resources used by implementers of the programmes in the universities

Availability of Materials and other resources

This section discusses data findings on the availability of materials and other resources- Adequacy of funding, Infra-structure and equipment. In this study, information on materials and other resources is discussed under the resources section as their availability could determine the way HIV and AIDS programmes are implemented. Funding plays an important role in the implementation of any programme as each aspect of the programme is dependent on the availability of finance.

The study sought to establish what resources and other material universities have for implementing HIV and AIDS intervention programmes. The assumption of the study was that resources and other material universities have for implementing HIV and AIDS intervention programmes are inadequate. The study learns that from universities 2 and 3,

there is a clinic and nursing staff (health personnel) as resources available to lecturers and students. It also established that there is: invitation of external motivational speakers on behaviour change, teaching materials in form of modules and the use of flyers to raise awareness.

It is surprising to learn from the research findings that a reasonable number of students (50%) were uncertain on what resources and other material universities have for implementing HIV and AIDS intervention programmes. The situation about resources and other material just calls for government and stakeholders in education to tirelessly direct their efforts on ensuring that the recommended HIV and AIDS material is disbursed to universities for the benefit of students as per the policy requirement (MOHTE 2007). Something has to be done to ensure that adequate resources are distributed to raise awareness as envisaged by HIV and AIDS programme designers.

The study learns that the critical factor cited by the majority of respondents who participated in this study is financial resources to buy equipment though others mentioned Human resources and learning materials as resources used in the implementation of HIV and AIDS programmes. Furthermore, the study has also confirmed that there is inadequacy of institutional resources for implementing HIV interventions at these universities though the situation is fairly better at university2. This revelation tallies with the data collected under challenges faced by the universities (discussed under 6.6.). In terms of teaching and learning resources, the study has established that universities do not have trained HIV and AIDS Peer educators. It is a cause for concern since human resources fall under critical resources which contribute to the implementation of HIV and AIDS programmes for behaviour change. It was confirmed that a larger percentage of respondents were uncertain whether the universities had trained HIV and AIDS Peer educators or not.

Research findings unveil that all universities have at least received posters and pamphlets from either the university health center (clinic) or HIV and AIDS Coordinators. Universities 2 and 3 have NGO's working in their premises hence have access to most of these resources than university 1. These resources from NGOs include material such as booklets and other literature to do with HIV and AIDS. On a positive note, most lecturers at university 3 acknowledged the supplies of HIV and AIDS related resources which are given without financial costs to both students and lecturers, though they are not adequate. The

researcher argues that though this is encouraging still a lot needs to be done to ensure that each and every university has adequate resources. The research findings to this effect tally with some of the raised concerns in literature consulted. According to (Musegedi, 2007; Coombe, 2002) the problems are centred on limited learning and teaching resources for implementing the HIV and AIDS curriculum in Higher Education Institutions in Zimbabwe.

In Zimbabwe's universities, support is expected to come from outside agencies, the Ministry of Higher Education, UNICEF, UNAIDS and from NGOs sector. Universities fall under the Ministry of Higher and Tertiary Education (MOHTE) which is responsible for these institutions. However, it is unfortunate that the implementation process lacks adequate provision of material and non-material support to ensure quality of service delivery.

It was revealed that Human resource is also a major problem since a great staff turnover of specialist lecturers leave the system for better paid opportunities in the private sector and outside the country. The researcher reasons that it is a cause for concern since shortage of resources is realised as long established and skilled staff leave the system for better paid opportunities in the private sector. The new and inexperienced lecturers are bound to be employed to implement HIV and AIDS programmes.

Since universities lacked adequate material, respondents have concluded on the necessary resources which include: modules, videos, pamphlets, flyers and chalkboards, brochures. Internet, books from the library. However, in the African context, the researcher advises that there are a few problems that can emanate from the extensive usage of print media since it may not appeal to the youth and some of the books in the library are not a final solution to avert STIs, unplanned pregnancies and HIV infections. Since the study has established students' negative attitude towards HIV and AIDS, the development of the reading culture needs to be cultivated for behaviour change to take effect. The choice of popular technological media has to be done with extreme care and consideration since some programmes expose students to risky behaviour.

The study also established from students why there was a shortage of professionally qualified lecturers in their respective institutions. The causes were exposed as low salaries resulting from unfavourable economic situation as well as poor conditions of service which

contributed to shortage of qualified and experienced university professionals. However, from the perspective of NGOs and HIV and AIDS Coordinators, it emerges that shortages were due to lack of training Institutions specifically on HIV and AIDS un-attached to medical college.

It can be observed that in some universities, although lecturers had specialised in other subjects, they were teaching HIV and AIDS which was not their specialisation. The researcher has doubts on successes of such practices. The reason for the doubt is that these could lack both content and pedagogic skills. On Infra-structure and equipment it emerged that there is a shortage of specialist rooms for HIV and AIDS e.g. for individual counseling. The researcher further established the inadequacy of specialist rooms for storage of HIV and AIDS material. From the researcher's perspective, such an environment hampers effective application of teaching and learning practices which is one of the focuses envisaged by HIV and AIDS programme designers.

This study confirmed the seriousness of the economic situation in Zimbabwe's universities as MOHEC and Donors have reduced capital input because of the prevailing economic situation. Such conditions negate the successful implementation of HIV and AIDS programmes. According to Rogan and Grayson's (2003) theory of implementation, if schools lack financial support from outside agents like government they could find it difficult to implement the desired programme. At university A, high transport costs and shortage of transport had an impact on staff operations since this is distance education.

Furthermore, Universities are therefore, not able to meet their obligations such as procurement of equipment and other HIV and AIDS curriculum learning materials as well as boosting on lecturers' incentives because of inadequate funding. The researcher argues that this can lead to non-commitment towards execution of duties and affect their motivation and morale levels. According to the findings of the study, the situation was prevalent in all State universities investigated. These financial woes are confirmed by Kanyongo, (2005) who noted that the country's economy performance declined since 2003.

School facilities can determine the effectiveness in curriculum implementation. Lecturers need adequate instructional resource materials which include textbooks and teaching aids, while students need awareness campaign materials supplied in large quantities and on

time as observed by (Fullan, 1991; Grayson & Rogan, 2003). It is apparent in this discussion that, with this kind of situation, implementation of becomes problematic at university level. In the long run this inadequacy or unavailability of resources at university level renders HIV and AIDS programmes useless.

6.4 Methods used by implementers in delivering the programmes

The study sought to establish the methods used by implementers in delivering the HIV and AIDS programmes. Literature reviewed noted that there are different methods used by facilitators to implement the programmes (Mukoma, 2009, Coombe, 2002). As an illustration, curriculum implementation employs lecture, exposition and group discussions methods. Material distribution uses active participatory methods such as door to door distribution of pamphlets, T-Shirts and placement of information on campus structures. On students, Pohan et al (2011:528) advise that, "HIV and AIDS curriculum topics should be offered to the students using participatory learning methods to enhance students' skills in self-management as well as increasing their knowledge, develop positive attitudes and behavior related to HIV prevention."



The researcher discusses data on Methods used as close reference is made to the theoretical framework discussed in this study as well as focusing the study findings on the major aspects raised in Part 2 of the related literature. In their apt observation, Rogan and Grayson (2003) lament that, although Government and foreign –aid sponsored initiatives are abound; the details of how the curricular will be implemented at school level are often neglected. These sources maintain that in many cases these curricular are well-designed with laudable intended aims to be achieved. However, attention and energies of policy-makers and politicians are focused on the "what" of desired educational change, neglecting the "how" (Rogan & Grayson, 2003). A section was provided in the questionnaire and the interview guide on methods used in implementing HIV and AIDS programmes. What emerges from this study is that

This study learns that, although the Universities authorities managed to provide a theoretical policy framework for a differentiated HIV and AIDS implementation strategy, their shortcomings are that they tend to endorse a curriculum change approach which implies a linear view of curriculum change. In (Rogan & Grayson, 2003)'s notion of a

Profile of implementation is the recognition that the curriculum implementation might take place at different levels in any given institution. To simplify this point in practical terms, a university can teach HIV and AIDS content in different semesters of the academic calendar. What emerged from this section of the study is that the programme was taught throughout the year at all universities. Although some lecturers indicated that they were uncertain, the number is fairly insignificant. Since some implementers were not certain of the performance of a programme entrusted to them, the study concluded that the programmes are not well managed/ coordinated.

The study also sought to establish whether the HIV and AIDS prevention programme in the curriculum sufficiently addresses the pandemic. This research found that the HIV and AIDS prevention programme in the curriculum did not sufficiently address the pandemic at all Universities investigated. Since a fairly larger percentage of respondents were uncertain, In this case, the researcher concluded that the objectives of the programme being implemented were not commonly being shared by the implementers and the consumers. Also, it reflects that a gap of knowledge on the performance of the programme in place exists between the policy implementers and the beneficiaries. This finding correlates with what Rogan and Grayson (2003) have written in the area on the implementation of HIV and AIDS prevention programmes in Higher Education institutions, hence guides the researcher to have an insight on the related subject.

In terms of teaching and learning HIV and AIDS curriculum content, the study was also concerned about the (Mainstreaming) implementation method used by the universities since it is a curriculum issue. Instead of having it as a standalone subject, the study noted that in some institutions, HIV and AIDS was being articulated by other subjects. The study found that the HIV and AIDS programme was being implemented as part of the other subjects. The researcher detects that there is a weakness in the way HIV and AIDS prevention programme was being implemented. Mainstreaming of the subject is worrisome. Overall results show that the programme was being implemented as a standalone at one university (2), while it was being integrated into other subjects in the other two universities. Authorities cited, (Chitando, 2008,Kotecha, 2009,) advise that mainstreaming HIV and AIDS requires human, material and financial resources.

These issues are centred on inadequate time allocated by universities to teach HIV and AIDS. However, by articulating HIV and AIDS, the other main subjects end up obscuring

the vital and complex nature of the HIV and AIDS content. The current study does not entirely subscribe to (Chitando, 2008, Kotecha, 2009,)’s assumptions since they disregard the fact that HIV and AIDS deserves the political will, recognition and support from designers just like any other subject. The researcher further argues that this could be one of the probable reasons why students do not take HIV and AIDS as a subject seriously. Designers should take cognisance of current realities that exist in different institutions of learning with special attention to implementation challenges in order to act timeously. Instead, the researcher proposes that there is need to accept current reality of the disease and then build on the strengths of various components of the curriculum to recognise it as a standalone subject.

On methods used by implementers, the general pattern of data reveals that flyers, seminar, workshops and lecture methods are critical. However, it has been captured that the distance education university methods seem to differ from the pattern of methods used by the other two universities, 1 and 2. It uses the module method and group discussions. The study concludes that the proportion varies across the Universities. The researcher’s findings are not contrary to what (Murphy, 1992, Rogan & Grayson, 2003) observed. They observed that the diversity of educational institutions in any given society is enormous and these differences are particularly evident for a variety of reasons like discriminatory funding policies of the previous government and the continued socio-economic gulf between racial groups that persist to this day. However, although this study subscribes to the theory of implementation’s initial observations of taking the diversity of Universities into account, the study findings have noted differences on methods used in terms of type of University rather than discriminatory policies by government, buildings and learning resources.

The researcher has different views on the module method issue. This practice is criticised by the current study since the module method is more likely to create a gap between the lecturers and the students. It even complicates the monitoring of behaviour change among the recipients of the programme. Another concern is that Universities programmes focus on knowledge and awareness campaigns but very little change in high risk sexual behaviour has taken place (Kotecha, 2009, UNESCO, 2007, Chitando, 2008). Thus, this study reasons that the methods being implemented by the Distance Learning University are not suitable to effect behaviour change because of the absence of the reasons cited above.

With regard to integration or mainstreaming of HIV and AIDS in the curriculum, media and academics lament that most universities have integrated HIV and AIDS into the curriculum for medical and academic purposes with little focus on the personal risk of HIV and AIDS on students' lives (UNESCO Document, 2007:9, Chitando, 2008). In this study, it emerged that in various universities, Health centres (clinics) usually take the lead in HIV and AIDS issues. This confirms the observation cited in literature review by Wiebe (2010:357) who argues that "HIV and AIDS is first and foremost understood as a medical condition." This explains why the health industry has traditionally played an essential role in shaping our understanding of the disease. From the researcher's perspective, the problem is that there is limited room in this approach for looking at other means of implementing HIV and AIDS programmes that can avert the negative impact of the pandemic. Despite the need to implement a multi-sectoral response, the response has largely been bio medically driven by the health sector (ZHD Report, 2003). The problem is that there is limited room in this approach for looking at why people engage in behaviours that are risky or understanding societal risk factors.

Literature consulted reveals that methods used by implementers are selective and not inclusive as the case should be. The university community includes students and employees - academic Evidence from the study revealed that programmes focus more on students than on lecturers. Lecturer focus groups confirmed the existence of such practices. This revelation is in line with Musegedi (1997) who noted that HIV and AIDS related services in the Universities seem to focus mostly on students. Although not formally restricted to students, they do not seem to extend adequately to academic and non- academic staff. The researcher reasons that, in this regard, the programmes are likely to be ineffective because of the method being used.

From the study findings, the researcher learns that some respondents, cited workshops, seminars and awareness campaigns/posters as methods used by implementers in delivering the programmes. The study established that workshops and awareness campaigns, seminars, counselling and lecture method command a higher percentage at university 3. Peer Presentations/Education had an insignificant percentage of 20%. The study also learns that tutorials, group discussions and/lecture method are the major methods used to deliver the content. These data confirm what has been cited or noted by the lecturers. Dube (2005)'s findings on methods used, established that institutions employ drama, theatre, music and cinematography to communicate HIV and AIDS information. In

this study, these were not being popularly used in universities studied as findings reveal. The reasons could be related to financial capacity as noted in the studies of Cheng et al (2008), which established that video-assisted education models are rare due to limited resources.

The current research maintains that there is a knowledge gap in that there is need for universities to move beyond the traditional passive methods(lecture and material dissemination) Yan Cheng, Chao-Hua Lou, Lisa , Mueller, Gao, et al (2008:184), established that “the intervention increased subject’s knowledge significantly. However, no significant change was observed on respondents’ attitudes toward premarital sex.”

The study also sought data on the resources and other materials the university has for implementing HIV and AIDS intervention programmes. It is alarming to note that most lecturers who are the implementers of the programmes were uncertain of the materials and resources used. Of the few ideas solicited from the questionnaire data, internet and ICTs, modules, human resources and distribution of condoms were cited. Lectures indicated vehicles for transport, videos, posters and clinic staff as major resources. This observation is to some extent consistent with studies conducted by Dube (2005), who used questionnaires, document analysis and interviews to determine the availability, accessibility and relevance of HIV and AIDS information resources. The researcher stresses the importance of a health Centre, AIDS Centre and a library.

According to Dube (2005:320), “The health Centre assumed the leading role in coordinating institutional HIV and AIDS activities. The AIDS Centre coordinates and drives the institutional response while the library plays a subsidiary role of providing information resources with HIV and AIDS specific information.” The resource like the library is not a common factor in the current study’s findings, implying that students and lecturers seem not to be using it regularly. To stress on methods and material distribution, the researcher advises that the library should be used intensively since it improves participants’ AIDS knowledge and their attitudes toward HIV and AIDS as opposed to traditional passive methods (lecture and material dissemination) that do not hold students’ attention. The knowledge gaps that lecturers complain of during HIV and AIDS workshop trainings would have been filled through reading the books in the library. In addition, libraries also supplement data storage in form of CDs and current literature.

As an illustration, at university 2, NGOs and HIV and AIDS coordinator both confirmed that when teaching, the “SAY WHAT” programme the university lecturers use lecture method, group discussion, and assignments and examinations as key methods of implementing the programme. NGOs and HIV and AIDS coordinators hinted that they could not supply the best methods used by lecturers since they offer technical and financial support, hence were not conversant with the methods used by the lecturers to a larger extent. This data correlates with what other NGOs, HIV and AIDS coordinators and lecturers stated in their responses. The dominant method, like in other universities, was cited as lecture method.

Critics of this method argue that it does not give enough room for group work discussions to effect behaviour change in pupils. Rather, more emphasis is on factual knowledge for assignments and exam purposes. Mukoma et al (2009)’s survey on Process Evaluation of a School-based HIV and AIDS Interventions in South Africa on Implementation strategies does not wholly tally with current findings. They established that a few HIV and AIDS trained teachers used Role-plays, small group discussion, Homework, parental involvement, and students’ experiences. These seem not to be majors of the current study. The researchers, Mukoma et al (2009:46) concluded that, ‘Young people generally enjoy participatory activities.’ This assertion has been noted by the findings of this study.

In this study, although some methods are used by implementers, findings indicate a gap in knowledge in many HIV and AIDS related learning and teaching methods used by implementers in universities. These are not varied, interesting and effective to effect behaviour change. It is a cause for concern since the preparation of these future social change agents for HIV and AIDS will be a move in the right direction towards mitigating the spread of the virus. This study therefore recommends that methods need to be looked into as they have an influence on how receptive a student would be in the acquisition of the knowledge and skills imparted during the implementation of HIV and AIDS programmes.

6.5 Monitoring and support strategies put in place by the universities to ensure that the HIV and AIDS programmes are properly implemented

The sub-question for this section was “What monitoring and support strategies have been put in place by the universities to ensure that the programmes are properly

implemented?"Although the HIV and AIDS Policy contents show evidence of recommended consistent monitoring and evaluation practices at the universities, this study's assumption was that; during programme implementation, lack of proper monitoring and evaluation strategies of the prevention programmes would not give a clear picture of how they are performing to programme managers. As a result, it becomes difficult to detect the weaknesses for corrective measures to be undertaken in time.

It is therefore of great necessity that the Ministry of Education, university authorities and other related stakeholders carry out occasional internal and external monitoring of curriculum implementation in universities. This move is basically meant to check the achievement of goals and set standards, so as to recommend areas for improvement and those which need staff development or in-service programmes. All stakeholders, including lecturers, should be professionally qualified and experienced for them to carry out monitoring of programmes. Hence this study also sought the qualifications of these implementers in the universities concerned.

Literature has revealed that in general, Monitoring practices can be divided into approaches and data collecting methods namely: The conventional /Traditional and the Participatory approach (Muzinda 2006 :42). The conventional /traditional Model is very prevalent in which NGO's dictate how monitoring and evaluation would be carried-out. The participatory model involves the recipient of the programme in decision making and monitoring of the programmes meant for their consumption (Fetterman, 1994).

To begin with, this study sought to determine the opinions of lecturers on the monitoring and support strategies that have been put in place by the universities to ensure that the programmes are properly implemented. A higher ranking percentage of "uncertain" assertions, made this study conclude that lecturers and students are unaware of their programmes progress bench marks. On contrary, all NGOs' responses indicated that there is a committee for HIV and AIDS which is expected to monitor the HIV and AIDS programmes. The NGOs also mentioned AIDS Action as another strategy used to ensure that the programmes are properly implemented. On the other hand, with reference to one university, the NGO indicated that Monitoring and evaluation is part of planned activities under the (UZ) Chair on HIV and AIDS. When probed further to explain whether there has been a recent risk assessment on exposure of the university to the epidemic, all sources confirmed that there was no risk assessment conducted. In fact, the study learns from all

respondents that there has not been any form of recent evaluation conducted at university level at these institutions.

The researcher reasons that at the University level, the HIV and AIDS Committee and University management have the jurisdiction to monitor and guide the curriculum implementation of HIV and AIDS. Failure to come up with up to date records/reports means that programme lecturers were not up to date with implementation of the programme activities. Such a scenario is cause for concern because the views show lack of understanding of educational dynamics pertaining to implementation of and monitoring of HIV and AIDS prevention programmes as well as policy matters.

The problem is that failure to come up with a complete, all embracing policy and programme implementation plan, implies failure to adequately address HIV infection on campus. The study findings are contrary to studies by Mc Coy et al, (2005) which stipulate, that Monitoring is critical because it can answer a basic question, "Does the programme make a difference or not. The researcher reasons that it is necessary for the Higher Education and University management to monitor implementation of HIV and AIDS programmes which can be affected as lecturers can interpret the syllabus according to their own understanding or even continue using wrong teaching methods. The researcher further argues that at times there might be a wider variation from the National Policy Framework.

In this study, Qualitative responses were sought from the HIV and AIDS Coordinators on monitoring and support strategies that have been put in place by the university to ensure that the programmes are properly implemented and to explain how the implementation of the programme is monitored. Research findings revealed that National AIDS Council of Zimbabwe (NACZ) does the monitoring with an evaluation form. This revelation is different from what the NGOs stated since they mentioned that the HIV and AIDS Module is examined as a way of monitoring progress. Others stated that the quality assurance department moves around to see what the lecturers and other stakeholders are doing. In addition to this, they also institute a student evaluation plus peer evaluation forms, Peer evaluation is conducted by HIV and AIDS office at other universities.

It emerged from this study that universities vary in their approaches to formal HIV and AIDS programme implementation with specific reference to monitoring and evaluation.

This is in accordance with the views of Luyanda and Dube (2005:187), who posit that, "The response of the higher education sector to HIV and AIDS is not uniform". The problem is that failure to come up with a complete, all embracing policy and programme implementation plan, implies failure to adequately address HIV infection on campus.

This study has also established the adopted monitoring approach of programmes in place by both the Ministry of Higher Education and the Zimbabwe universities. From the responses solicited from both qualitative and quantitative data, it emerged that Top-Bottom Approach is being used. The researcher argues that although monitoring of the prevention programmes can be done solely by outside experts, apart from consideration of lecturers and other beneficiaries, to exclude them from such an exercise can impact negatively on the policy implementation.

From the students and lecturers' responses, this study came to the conclusion that there still exists a great need for well monitored and effectively evaluated University-based interventions involving students, lecturers and outside agencies. As Hopkins et al (1994:17) in (Rogan & Grayson, 2003:1176) note. It is almost always the case that centrally imposed (or top-down) change implicitly assumes that implementation is an event. On the other hand, the World Bank (2004) defines participatory monitoring as a model that involves stakeholders such as programme beneficiaries, staff and donors, and community, in the designing, implementation and monitoring of the programme as opposed to the traditional model. This study's results confirm what has been noted by other authorities who found out that this is the most widely used approach in developing nations (Reidar, 2000).

From records analysis, it shows that the literature on monitoring reports of HIV and AIDS prevention programmes is purely from top office bearers, using the Traditional Model which has become significant in the past eight years in Zimbabwe.

The same source reveals that the current model to monitoring and evaluation, assumes simple linear cause and effect relationships as questionnaires and check lists are used (Reidar, 2000). The researcher reasons that this move of including beneficiaries will successfully change beneficiaries' attitudes regarding ownership of HIV and AIDS prevention programmes. Research tells us that this is more likely to occur when decision makers actively participate in the evaluation process (Patton, 1997),

Since this study established that the majority of universities lecturers did not have the relevant professional qualifications to teach HIV and AIDS programmes, they could not offer minimum support to students committees and their inexperienced colleagues in the institutions. Relevant professional support as well as feedback is essential as propagated by Greenberg et al (2005)'s School-Based Implementation Conceptual Model and (Rogan and Grayson's (2003) theory of implementation. Also it emerged from this study that universities had inadequate experienced implementers hence effective monitoring and support could be compromised. It cannot be over-emphasised that the success of a curriculum implementation largely depends on the qualities of the change agent and with specific reference to professional expertise (Rogan and Grayson's (2003). The study concludes that there is not enough support being given to the HIV and AIDS programmes in the universities. This is a cause for concern as literature consulted maintains that implementers lack the professional competence to make responsible curriculum decisions (Hawes, 1979; Stenhouse 1975). There is another school of thought from a curriculum specialist Lawton (1973:9) who assert that, "All teachers are to some extent, curriculum planners". The researcher also stresses in these findings that in these universities, not every individual can be a curriculum engineer and that the demands of monitoring should not be exaggerated since it is an area of specialisation to be treated with professional responsibility.

The study further learns that inadequate transport to carry out supervisory duties by HIV and AIDS implementers was cited as one of the major challenges affecting Universities. Also, it emerged that NGOs and HIV and AIDS Coordinators lament that conducting an evaluation needs a lot of financial, time and human resources. This study advises therefore that all governmental agencies are required to conduct monitoring and evaluations of their programmes both to ensure accountability and to produce higher quality programmes. The researcher reasons that failure to regularly monitor the programmes means the programmes were at risk of not meeting the objectives.

6.6 Students and staff Perceptions regarding implementation of HIV and AIDS prevention programmes

The study sought to find out what perceptions Lecturers, other implementers and students have towards the implementation of HIV and AIDS prevention programmes in these universities. The purpose of this section was to determine whether the intervention programmes implemented in the universities sufficiently addressed this aspect and whether it had an impact that lead to behaviour change after the realisation of what made people vulnerable to HIV and AIDS.

Findings on students, staff and coordinators perceptions have been deemed essential in this study since HIV and AIDS intervention is not only about knowledge and information. It is about the kind of understanding their perceptions that can change decisions and behaviour. The effectiveness of any programme implemented, it may be argued, should be judged from the viewpoint of the end user, in this case, the staff and students of the universities concerned.

On a positive note, the study has established that the majority of the students realise that HIV is preventable if programmes are increased. These students also revealed that programmes are necessary and should be made compulsory for them to be helpful. This study established also that students have negative attitudes towards the implementation of HIV and AIDS programmes. This revelation is contrary to the findings of Terry et al (2006). These researchers conducted a study to examine a comprehensive assessment of differences between participants in an HIV and AIDS prevention programme and non-participants in knowledge, attitudes and practices with a focus on cultural, sociological and economic variables.

In this study, a questionnaire was administered to randomly selected students at the University of Zimbabwe. Findings suggest that the attitudes and practices of young men and women are changing, but that progress in some areas does not assure progress in all areas. The current study findings refute Terry et al (2006)'s findings simply because they focused on quantitative data as opposed to triangulation of qualitative and quantitative data. Furthermore, the current study established that the attitudes and practices of young men and women are not changing.

This is in line with the observations made by Yan Cheng, Chao-Hua Lou, Lisa , M, Mueller, Gao, M et al (2008:184) who established that “the intervention increased subject’s knowledge significantly. However, no significant change was observed on respondents’ attitudes toward premarital sex.” Mogobe et al (2007) carried out a study on University students’ experience on HIV and AIDS Education prevention and control course in Botswana. They established that although students were clear that the course increased their knowledge about HIV and AIDS, however, it did not significantly decrease their risky sexual behaviour. This study also confirms that these are indeed constraints that the learners bring to the learning situation in the universities.

When the current study probed why they do not take the programmes seriously, it emerged that students do not support the programmes in the university due to various reasons. The reason given for not being fully involved on campus activities was time factor and focus on examinations. The students hinted that they prioritise examinations to get a certificate in the end. Such perception becomes an obstacle to the profitable implementation of the curriculum. This study also unveiled that students perceive that the programmes do not create conducive platform for young people to enjoy getting information related to the disease. This is contrary to what the MOHTE policy advocates on the implementation of HIV and AIDS programmes in universities.

Due to their physical, psychological and social attributes, most young adults in Higher Education institutions have not yet fully comprehended the adverse impact of HIV and AIDS virus on their lives (UNESCO, 2007) Related literature consulted maintain that they engage in high risk sexual practices such as unprotected sex, frequent change and exchange of sexual partners, sex for financial gains and prostitution (UNESCO, 2007). To add onto this observation, judging also from a high rate of teenage pregnancies and high levels of sexually transmitted infections, it is apparent that the message has not reached the learners.

Koplan (2001) concurs that prevention successes have not been evident among the population at greatest risk (15-24 year olds) The risk is compounded by the failure of society particularly education institutions to educate young people on HIV and AIDS (Kelly, 2001) The researcher reasons that, given such a scenario, therefore, it has become important to investigate why this is the case. Research findings concur with what has been noted in the background of the study that: In higher Education there is high risk of infection

because of the greater social interaction and contacts UNESCO, (2007). This situation is common in all universities investigated.

Doll, (1999:227) posits that, "The purpose and the nature of new curriculum designs are made with the obvious intention of improving education for children and youth." The whole idea is about Ownership. However, the view of (Doll, 1999:227) is silent on issues of how these students get selected, trained to be experts in curriculum design and implementation. Curriculum planners must decide what innovations they want and why they want them. Furthermore, the use of traditional programme implementation Models (Top-down Approach) has excluded the real buy-in of programmes beneficiaries (Birdsall and Kelly, 2007). This tendency has been criticised since change occurs when individuals' concerns are made known. All change is personal, and for individuals to "buy into" change they must have ownership of the concern as a process. Lecturers have indicated that the programmes do not create conducive platform for young people to enjoy getting information related to the diseases.

It is notable, given that HIV prevalence is higher in both staff and students, that most HIV and AIDS programmes were directed towards students, to the near exclusion of staff. The majority of lecturers were concerned that programmes did not target the needs of staff in HIV and AIDS initiative. This information was considered to be vital because university lecturer's perception of their capacity, management system and interest could determine the way the HIV and AIDS programme is being implemented.

On financial factors, literature reviewed has shown that in the community worldwide and in almost any organisation, there is increasing demand for better salaries. Educational employees have increased their expectations on higher wages and the perception of employees is that they prioritise incentives in form of monetary benefits for them to be actively involved in achieving organisational goals. The researcher further sought to establish the feelings of lecturers on adequacy of resources. The majority of lecturers revealed that financial resources were a problem.

McClelland (1985) cited in Everard, Morris & Wilson, (2004), noted that the effect of monetary incentive on people who are achievers is rather complex. Achievers have a fairly high opinion of the value of their services and prefer to place a fairly high price tag on them. According to these sources, people are not likely to remain long in an organisation

that does not pay them well. However, despite the fact that implementers have been awarded high salaries, some would still migrate because they need some kind of external reward. This therefore suggests that lecturers may have low esteem on organising workshops, taking extra-curricular activities even after normal working hours, especially if incentives are low. In this case, it explains why lecturers may find it difficult to deal with students who sometimes might also be having negative attitudes towards the subject HIV and AIDS. Industrial action is usually fuelled by low salaries in universities. As a result, implementation of HIV and AIDS prevention programmes becomes a challenge.

There are mixed perceptions with regards to integration or mainstreaming of HIV and AIDS in the curriculum. Critics, media or academics lament that most universities have integrated HIV and AIDS into the curriculum for medical and academic purposes with little focus on the personal risk of HIV and AIDS on students' lives (UNESCO Document, 2007:9; Chitando, 2008). Literature also shows that despite the need to implement a multi-sectoral response, the response has largely been bio medically driven by the health sector (ZHD Report, 2003). The problem is that there is limited room in this approach for looking at why people engage in behaviours that are risky or understanding societal risk factors.

There was a need for the researcher to find out the views of NGOs and Coordinators. These were important as the sponsors and co-facilitators of programmes and they know the performance of the programmes they support.

From the above information on perceptions, one could say that Implementation of HIV and AIDS programmes is faced with challenges which can affect its implementation. Programme managers need proper feedback from programme consumers in order to make informed decisions.

It is clear from the above presented comments that the students, lecturers and HIV and AIDS Coordinators acknowledge that programme implementation is not being conducted in a manner which is perceived right for effective behaviour change by the general majority of programme beneficiaries. Although to a lesser extent these acknowledge the role of the programmes in place, the effort of universities authorities, however there are still signs of gaps, challenges and weaknesses which ought to be addressed from the perspectives of the respondents.

Universities have established institutional frameworks to respond to the effects of the pandemic (UNESCO, 2007). The aspects in the policies include Rights and responsibilities

of staff and students; Implementation structures (ZOU HIV and AIDS Policy, 2011). If this is the case, the data revealed that there is a difference between written policies and implemented policies as shown by the differences in the ways universities implement HIV and AIDS programmes. This view is adopted by this study, since in this study, it emerged that the planned curriculum is different from the implemented one. It was further revealed that there are a number of factors which affect respondents in their endeavours to be fully committed in the implementation of HIV and AIDS programmes as the researcher has established.

6.7 Challenges of HIV and AIDS prevention programmes

This section discusses findings on Challenges of HIV and AIDS prevention programmes in the Universities investigated. This is in line with the assumption the study makes that there are problems behind the implementation of HIV and AIDS prevention programmes in the institutions. Successes and Challenges are characteristics of any programme which may be in place in a given country and institution. In the background to the study, it has been noted that the capacity of implementers in terms of experience and qualifications to teach HIV and AIDS, has also been a cause for concern (UNESCO, 2006). In Chapter two, it has been reviewed that there are successes and challenges faced by the Zimbabwean education system within the context of prevailing social, political and economic environment. The policy goals and targets were not placed within a reasonable time frame (Kanyongo, 2005). Critics argue that these goals were not tied to the availability of the requisite resources to achieve them (Kanyongo, 2005).

According to the UNDP Report (2003), the country's economic performance went down since 1990 hence poverty has become more acute thereby widening the gap between the rich and the poor. The challenges became acute as donor support dwindled, shortage of learning and teaching materials surfaced. Currently, the Higher Education sector is affected by various challenges (UNDP (2003).

The general expectation of HIV and AIDS stakeholders in Zimbabwe is that the success of programmes is determined by a change in behaviour amongst the 18-24 year old students in universities. This will include a reduction in sexual transmission of HIV, reduced pregnancies and any form of health related risky behaviour.

In this study, the data collected and presented on challenges in chapter 5 is discussed in two parts, that is, this section discusses challenges findings faced in implementation of HIV and AIDS programmes in Zimbabwean universities as revealed by both the qualitative and quantitative data collected for this study from HIV and AIDS NGOs and HI/AC, lecturers and students. The first part discusses the challenges findings as faced by the students at the HIV and AIDS programme venues during delivery of the programmes while the second part discusses the challenges findings as faced by the lecturers and HIV and AIDS programme providers or facilitators as they try to implement HIV and AIDS programmes. Also, in the discussion of the data on challenges, the study was guided by the frameworks suggested by Rogan and Grayson (2003) and School-Based Implementation Conceptual Model proposed by Greenberg et al (2005) cited in literature review section.



6.7.1 Challenges that are faced by the students in the institutions

6.7.2 PART A

This first part discusses the challenges as faced by the students at the HIV and AIDS programme venues during delivery of the programmes. The discussion is based on availability of materials, the capacity of implementers and attitudes of students. This chapter discusses those challenges in conjunction with the objectives, research questions and assumptions of the study:

Negative attitudes of students are a challenge. This problem was expressed to be critical and as a major cause of learner absenteeism as well as limited learner participation in HIV and AIDS activities. Students are reluctant to attend HIV and AIDS programmes for they think they have all the information. There is also reluctance by students (adamant) to change behaviour since they do not take the programmes seriously (negative attitude). Peer education is not effective and there is lack of cooperation from students on campus. Students also bemoan lack of trained professionals to teach them on HIV and AIDS and lack of resources (finance) for implementing HIV and AIDS programmes. Besides that, students feel that provision of condoms is not systematically done with reference to times expected by students.

The study has established inadequate time allocations to HIV and AIDS programmes for realisation of goals and objectives. University authorities should therefore, plan for reasonable number of days for conducting HIV and AIDS programmes to enable all students assimilate the new knowledge and skills for behaviour change. As was observed in this study, adequate time should be planned for to ensure maximum student involvement and thorough coverage of material that the HIV and AIDS intends to cover. Adequate coverage of HIV and AIDS material reduces knowledge gaps and facilitates translation of what was learnt into practice thereby leading to behaviour change.

On resources: “one of the challenges we face is lack of teaching /learning resources” The researcher concluded that although resources may be available in the library, their inadequacy or unavailability at classroom level renders HIV and AIDS programmes ineffective. Through the focus group discussions and interviews, it was revealed that the programme does not create conducive platform for young people to enjoy getting information related to the disease. Again, it was noted that most of the awareness campaigns are done at the clinic yet not many students visit the clinic. Further students argue that meetings are disorganised and lack publicity in form of flyers and posters in the most visible places. The study unveiled that there is lack of effective and proper coordination and organisation of HIV and AIDS programmes in the institutions.

It is expected that at each institution, there should be at least some form of security at the entrance and in halls of residence. However, this research has established that in some institutions, outsiders enter the University freely, implying that security is weak. The study has revealed that delays in processing of funds for students leads to sexual exploitation even outside campus. The major set-back is that “sexual partners are outside the campus and these cannot receive teachings on HIV and AIDS. Measures need to be put in place to ensure that adequate security measures are enforced at the entrance of the main campus and in hostels.

These responses are congruent to what was raised in the quantitative statistics and to the findings of the literature in Chapter 2 whereby Cameron (2009:9) insists that despite the profound implications of HIV and AIDS for virtually every aspect of the university environment, too many programmes continue to operate as though HIV and AIDS does not exist.

As literature has advised, another major concern from the background to study is that Universities programmes focus on knowledge and awareness campaigns but very little change in high risk sexual behaviour has taken place (Kotecha, 2009; UNESCO, 2007;Chitando, 2008). This concern has been confirmed in the current study as captured from Students (focus groups) respondents that all the institutions face the challenge of high sexual risk behaviour yet sources of knowledge and awareness campaigns are to some extent evident. From the focus groups interviews responses, the study also established that, "Peer pressure, multiple sexual partners, lack of interest to participate and to go for HIV testing", were felt to be the main hindrances to positive behaviour change. They reported that students are careless when it comes to sexual intercourse. According to the researcher, it becomes therefore a challenge, bearing in mind that risk behaviour and negative attitudes have a direct bearing on the organisation and implementation of the programmes.

From the array of data presented in chapter 5 the study established that students' concerns are centred on not being involved at the center stage of HIV and AIDS programmes. There is also a challenge of reaching out to all students to effect behaviour change.

According to students responses, "There has not been any form of evaluation conducted at university level which we can recall. These are not monitored at all; only administration of HIV and AIDS programmes is done through teaching and examinations." Similarly, the majority of students could not come up with specific detail on the key indicators that are being monitored. In fact, they indicated that they were uncertain. This lack of regular supervision was acknowledged by students who participated in focus group interviews in this study. The majority of students said they were not involved. The researcher therefore established that monitoring excludes the real beneficiaries of the programme. From the focus group interview qualitative results presented in chapter 5, this study came to the conclusion that there still exists a great need for well monitored and effectively evaluated University-based interventions involving students, lecturers and outside agencies. According to the focus groups, fgrp1, "this move will successfully change beneficiaries' attitudes regarding ownership of HIV and AIDS prevention programmes". The problem is that, under such circumstances, it is not possible to achieve the objectives as anticipated. To conclude on students' responses, it emerged in this study that monitoring of programmes in Universities is not given the attention it deserves by the programme

organisers and facilitators. Also, Implementers are not making follow ups on implementation of the programmes hence a major challenge for students.

6.7.3 Challenges that are faced by HIV and AIDS prevention programmes implementers in the institutions (Lecturers and facilitators (NGOs/HI/AC)

6.7.4 PART B

In the background to the study, it has been noted that the availability of materials and other resources issues are centred on inadequate time allocated by universities to teach HIV and AIDS, while the capacity of implementers in terms of experience and qualifications to teach HIV and AIDS, has also been a cause for concern (UNESCO, 2006). Literature consulted revealed that since 2001, HIV and AIDS material has been on small scale basis since it lacked adequate funding (UNESCO 2006). This conclusive observation was made after a survey research was done in Zimbabwe's tertiary Institutions by UNESCO, though on ad hoc basis. In Chapter two, it has been reviewed that there are challenges faced by the Zimbabwean education system within the context of prevailing social, political and economic environment. As an illustration, the Government policies achieved success in increasing enrolment and increasing the supply of educated manpower and improving the country's literacy rate (MOESC, 2001; Kanyongo, 2005; Rembe, 2006).

The second part discusses highlights of the challenges faced by the lecturers and facilitators as they try to implement HIV and AIDS programmes in Zimbabwe's universities. Several challenges that hinder effective delivery of HIV and AIDS programmes in Universities were identified by the lecturers and facilitators (NGOs/HI/AC) as service providers. The challenges were to do with issues of monitoring and evaluation; Financial, resources and transport constraints; none availability of coordinators, Inadequate staff development; Lack of time; Prioritisation of HIV and AIDS programmes. The discussion on these findings is given below.

As was observed in this study, adequate time should be planned and given to lecturers and other facilitators to ensure thorough coverage of material that the HIV and AIDS curriculum intended to cover. As an illustration, the study has established that the priorities for HIV and AIDS integration into the main curriculum are on the margins with reference to times allocated for teaching and learning HIV and AIDS. The justification for adequate

coverage of material is that it reduces knowledge gaps and facilitates translation of what was learnt at HIV and AIDS training workshops into classroom practice.

In the background to the study, it has been noted that the availability of materials and other resources issues are centred on inadequate time allocated by universities to teach HIV and AIDS, while the capacity of implementers in terms of experience and qualifications to teach HIV and AIDS, has also been a cause for concern (UNESCO, 2006). Literature consulted revealed that since 2001, HIV and AIDS material has been on small scale basis since it lacked adequate funding (UNESCO 2006). From literature reviewed, the researcher deduces that priority and emphasis lie on human resource as a critical factor for an innovation to succeed (Doll,1999). However, with regard to the study findings, the researcher concludes that the present scenario is contrary to such observations. The issue of inadequate staff development and lack of adequate time have emerged as causes for concern. This refers to staffing of relevant qualified and experienced HIV and AIDS human resources compared to other subjects.

To shade more light on prioritisation, data captured from respondents revealed that programme implementation focus mostly on students' population as opposed to the initial Policy objectives that encompass the entirety of the university population. Some academic staff views the implementation as peripheral and selective due to the tendency used by the policy implementers who seem to lack political will. Planers should note that prioritisation of HIV and AIDS programmes is inclusive and not peripheral and selective as was the case.

One of the objectives of the study was to establish the monitoring and support strategies that have been put in place by the Universities to ensure that the programmes are properly implemented. Similarly, as anticipated in the assumptions of the study, the monitoring and support mechanisms for HIV and AIDS programmes that are in place in Zimbabwe universities appear to be weak. The study established that lack of consistency in monitoring and evaluation is a challenge affecting the implementation of HIV and AIDS prevention programmes at the Universities. HIV and AIDS programme stakeholders do not monitor implementation of what they imparted to the institutions (students and lecturers).

This information on monitoring is very vital since effective monitoring of programmes is usually one of the ingredients of good programme performance. It provides means of

accountability, demonstrating transparency to the stakeholders and facilitates organisational learning through documenting lessons learnt in the implementation. From the data presented in chapter 5, the study concluded that lecturers are unaware of their programmes progress bench marks. There is an existing gap between what this study has established and what the reviewed literature recommends. Mc Coy et al, (2005) recommend monitoring as the routine tracking of the key elements of programme, performance, usually inputs, activities and outputs to see if proceeding are according to plan. Unfortunately this is not the case. Monitoring, therefore, is critical because it can answer a basic question, "Does the programme make a difference?" The study recommends that monitoring can also play an important role in improving or modifying interventions by providing the information necessary to adjust delivery strategies or programme objectives.

Monitoring should therefore be carried out throughout the course of the programme implementation and should use different methodological approaches. Curriculum designers need to provide the necessary support for their recommended programmes modifications to facilitate their fast and smooth implementation. There is a need for consistent monitoring of the programmes so as to have full knowledge of what is taking place in universities. Unfortunately, through the quantitative and qualitative data collected from the views of lecturers, NGOs and HI/AC this research has established that monitoring of programmes in Universities is not given the attention it deserves by the programme organisers and facilitators. Although the HIV and AIDS Policy contents for each university, show evidence of recommended consistent monitoring and evaluation practices at the universities, this study has established how the programmes are monitored, i.e. the universities were not carrying out internal audits over the past years. On part of Universities authorities, the NGOs and HIV and AIDS Coordinators, monitoring mechanisms should be put in place to assess progress on HIV and AIDS trainings invested in lecturers as they implement what they learnt from the Seminars, workshops and other forms of staff development programmes. This can also apply to the monitoring of students peer leaders and student population at large on behaviour change. The researcher argues that failure to regularly monitor the programmes means the programmes were at risk of not meeting the objectives.

The common stance from the HI/ACs and NGOs was that Peer evaluation is conducted by HIV and AIDS office. According to them, "programmes are monitored but conducting an

evaluation needs a lot of financial, time and human resources". From these unfolding responses, the researcher concluded that the AIDS implementation in universities was being shaped by the Traditional Model (Top- Down Approach). It reflected that the most emphasis was on the monitoring and needs of the donor as opposed to other stakeholders. Results presented reveal that these implementers at this level have no consistent and direct communication with programme beneficiaries like the lecturers and students. The researcher argues that In case of poor programme implementation, the programme managers of each university would not be in position to detect the problem timely for remedy action. Such results point to significant gaps in the various ways the universities adhere to the dictates of the policy document. Also, their ability to monitor progress of the programmes at hand for accountability leaves a gap to be bridged.

As already alluded to in this study, main expectation of lecturers to attending HIV and AIDS trainings is to improve their professionalism so that they become better lecturers who can effectively deliver in their classrooms and make learners achieve at the end of it all. This study has established that this expectation is not substantially met by almost all the lecturers that participated in this study. A number of reasons were highlighted and given as challenges to the effective implementation of HIV and AIDS programmes in universities. The study has established that inadequate staff development is a challenge for lecturers as they conduct their duties. The study has pointed to some knowledge gaps that facilitators display during programme delivery in that, due to inadequate staff with knowledge and skills on HIV and AIDS for lesson delivery, the use of cascade model of training has become prevalent in Zimbabwean universities. As was noted in chapter 1 of this study, in cascade model of training staff "flow down", would be from experts and specialists through several layers of personnel, and eventually to the lecturers (Engelbrecht Ankiewicz, & de Swardt 2007).

It was learnt in this study that the main challenge during the orientation to the new curriculum is that; a small group of specialists were then entrusted with the task of training larger numbers of middle- level personnel. Lecturers in this study expressed concern that knowledge gaps were passed on through each level of the cascade down to the student in the classroom. This explains why some lecturers were of the opinion that HIV and AIDS Staff Development should target all lecturers and not a few selected ones as is usually the case. The cascade mode of training is widely criticised for its dilution effect that invariably takes place when the training design is passed down the various levels of personnel

(Engelbrecht Ankiewicz, & de Swardt 2007).The researcher also contends that Lecturers' capacity should be strengthened through provision of adequate and relevant pre-service and in-service training. Although technical assistance from development partners (UNICEF and UNESCO), usually a small number can be trained at the same time. Sometimes the Ministry sends some lecturers outside the country for training. In turn, through the cascading method, these are expected to train other lecturers in the universities.

The challenge is that the Cascade mode of training is less effective, hence is causing many problems as far as HIV and AIDS programme implementation is concerned. They also expressed that the cascade model is cost effective but runs the risk of compromising quality of delivery.

It emerged, therefore, from the challenges captured that, out of this list, financial problems and negative attitude of students top the list. Financial resources and transport constraints are the most significant challenges for Lecturers. What this study captured from the cross-tabulation of the presented data from the three Universities is that; the salaries are not very attractive and basically there are very little incentives for lecturers to be fully motivated in the implementation of the programme. Currently, there are poor conditions of service in the profession hence there has been rampant attrition of lecturers to other countries and organisations with well-paying and respectable professions.

The study recommends that conditions of service should improve since one of the factors contributing to low staff morale and high turn-over is finance. The study has established that most institutions do not always offer monetary incentives to lecturers who attend workshops hence are poorly attended. Unfortunately the fund is not enough to buy all the requirements for the universities. It was a cause for concern and was given as a reason why lecturers did not stay on campus after knock off time to participate in some of these activities. From such revelations, the researcher concludes that inadequate financial incentives hinder effective implementation of HIV and AIDS programmes.

Negative attitude of students reversed the effort applied by lecturers since they do not want to abstain or use condoms. Of great concern also is the issue that most students do not attend awareness campaign meetings. NGOs and HIV and AIDS Coordinators for the three universities HI/A C1; HI/A C2; HI/A C3's responses seem to correlate with findings identified by the students and lecturers under this section. The challenges were to do with

issues of: behaviour change; financial challenges, learning materials, human capital; negative attitudes of students and class sizes vis-à-vis lecturer-student

NGOs and HIV and AIDS Coordinators for the three universities confirmed that behaviour change seems to be a milestone away from the intended policy objectives. A gap has to be bridged considering revelations by NGOs and HIV and AIDS Coordinators who noted that, "Changing the sexual risky behaviour of students is not an easy task hence will still remain a challenge for quite some time unless a multi-sectoral approach is adopted".

Similarly, from NGOs and HIV and AIDS Coordinators, the study concludes that funding is essential for resources such as staff salaries, transport, provision of specialist rooms, equipment, machinery, text books and learning materials which were raised as major impediments to successful implementation of HIV and AIDS. According to these sources, "Financial limitations for resources, workshops and stationery inhibit realisation of the intended plans."

Still on the aspect of economic factors, the study established that the ability to fund Anti-Retro-Virus (ARVs) drugs to the infected remains a challenge. In fact, there is shortage of funds to procure drugs for HIV and AIDS patients

Findings reveal that the greatest challenge was to do with financial resources. According to NGOs and HIV and AIDS Coordinators, "Donor funding (Support from outside Agencies) seems to be on the decrease." It should be noted that funding is critical when implementing HIV and AIDS programmes in the Institutions. This study has also established that lack of human capital due to low salaries is a challenge to the universities. The study recommends the need for employing adequate HIV and AIDS qualified personnel.

The study has established that when implementing such programmes, handling of large numbers of students on HIV and AIDS is a challenge since groups are too large to control. The study also established from the same source that, "Sometimes mass lectures on HIV and AIDS are conducted to more than 400 students by one implementer". Under such circumstances, the researcher reasons that, the quality of the programmes is compromised, control is difficult and the one-on-one strategic plan is far from being

realised. What the researcher captures also as a problem is the class size and lecturer-pupil ratio.

In conclusion, students, Lecturers, HI/AC and NGOs, face challenges that are many and indeed very pertinent. It remains a gap to programme designers, hence the need to look into these challenges and plan the way forward on how to tackle them as they have a direct bearing to the success of any HIV and AIDS programme they organise.

6.8 Relevance of theory to the areas of enquiry

6.8.1 The Rogan and Grayson's (2003) theory of implementation

The Rogan and Grayson's (2003) theory of implementation was used because of its relevance to the areas of enquiry. To begin with, it has drawn from extensive literature on educational change, thereby providing a systematic approach, based on clear insight in all relevant factors and conditions for the implementation of an innovation similar to the areas of enquiry namely: implementer capacity, availability of material and other resources, methods used by implementers, monitoring and support strategies, successes and challenges. It has highlighted and attempted to address issues of particular relevance on an innovation (e.g. HIV and AIDS programme implementation) to developing countries of which universities in Zimbabwe fall under. As for this study, the theory could be contextualised to HIV and AIDS programme implementation at university level.

Rogan's theory takes cognisance of current realities that exist in different institutions of learning with special attention to implementation challenges, including continuous monitoring of the process and outcomes. In this study, although universities 1, 2 and 3 are state universities, this study is informed that there is diversity in these various institutions created by different reasons like funding policies and socio-economic conditions that exist in different communities. Just as there is an enormous range in the quality of universities, so there is also an enormous range of differences in the knowledge and skills of the lecturers. (Rogan & Grayson, 2003:1174) advise that "Any theory of implementation will need to take the diversity of schools into account". Hence, it informed this study particularly on how and why the National HIV and AIDS policy dissemination is likely to differ in these universities. It recognises current reality and then building on the strengths of various components of the education system

- **Support from outside agencies**

The theory also takes cognisance of issues such as support given to institutions by outside agencies meant for HIV and ADS prevention programmes. Capacity building-strengthening the capacity of universities to meet the needs of their staff and students is a central goal for technical assistance by outside agencies. They play a very important role to provide support, an increasing emphasis on professional development, monitor the implementation process to ensure quality and to provide material and non-material support. The study sought to answer sub questions on Support by outside agencies under the availability of materials and other resources used by implementers of the programmes in the universities.

The theory considered issues such as: support given to institutions by outside agencies, capacity factors and profile of implementation of HIV and ADS prevention programmes as its core focus. These were the main areas which the study sought to answer.

As the study sought to understand how HIV and AIDS prevention programmes were being implemented at universities in Zimbabwe, the theory guided the researcher on salient tenets to consider. These included: the pace at which implementation was done, whether the implementation was in line with its values and expected outcomes, whether HIV and AIDS prevention programme implementation was an event rather than a process. It focused the discussion on issues pertaining to implementation (the how) a core part which addresses the main enquiry question of this study.

While policy documents themselves contain many visionary and educationally sound ideas, the implementation of these ideas is proving to be much slower and more difficult than anticipated.

6.8.2 School-Based Implementation Conceptual Model (Greenberg et al (2005)

According to the prescriptive portion of programme theory, the discrepancies in the intervention and in the implementation systems must be identified and understood because they may help to explain variation in effects as a result of the way in which the

programme was implemented. This also guided the researcher in the assessment of how HIV and AIDS programmes are implemented in Zimbabwe Universities especially in the design of the programmes. Understanding how programmes work and how they are delivered was advantageous to the researcher in this study on achieving the objectives on challenges implementers face when trying to implement what they learn or how the programme facilitators design or organise their programmes.

According to Greenberg et al (2005), evaluators should measure four dimensions of their planned interventions. The first dimension in the programme model includes the structure, content, timing, dosage, and nature of the intervention.

This first dimension guided the researcher in the assessment of how HIV and AIDS programmes are implemented in Zimbabwe Universities especially in the sub question of the study that sought to address "What is the capacity of the implementers of the programmes?" This dimension gave insight to the researcher on issues of human resource supply and division of tasks ranging from HIV and AIDS steering committee, lecturers to teach the subject and student peer committees.

The timing of the programme is the pace at which the programme should be administered (e.g. three times per week for seven weeks or once per week for twenty- one weeks) and includes both the frequency and the duration of the intervention.

From these dimensions, the researcher notes that Universities authorities need to address these issues. The factors noted by Greenberg et al (2005) were informative to the study since there was need to understand and to be aware that HIV and AIDS programmes have essential elements such as methods of delivery and monitoring, Dosage- the number and lengths of sessions provided on university timetables for formal HIV and AIDS lectures and tutorials, workshops as well as examinations. Greenberg et al (2005) content that understanding how the structure, content, timing, dosage, and nature of the intervention interlink, would be an added advantage to programme implementers in any organisation.

The third dimension, target audience, refers to the population or populations intended to receive the intervention and whether they actually are reached Greenberg et al (2005). In this study, the population intended to receive the HIV and AIDS intervention were university students and the researcher had to assess whether they were actually reached. Understanding how programmes worked and how they were delivered was advantageous

to the researcher in this study on achieving the objective, "What are the students and staff's perceptions regarding HIV and AIDS prevention programmes in the institutions? Further, this understanding was key in assessing how on campus based and distance programmes were implemented in Zimbabwe universities.

The fourth dimension that warrants monitoring is participants' responsiveness or the way in which participants receive the programme Greenberg et al (2005). They contend that programmes that are more acceptable to implementers are also more likely to be implemented.

Greenberg et al (2005) define pre- planning as any preparation made by the school before the implementation of an identified intervention. On this critical aspect of pre-planning proposed by Greenberg et al (2005), the researcher was thus reminded that it would be important to consider a variety of intervening variables if any success in HIV and AIDS prevention programmes was envisaged. These views were used as a foundation and a guide in analysing data as well as in validating the researcher's findings.



A critical point in the aspect of the model is the recognition of resources(material and non-material) as central to, implementation and evaluation of programmes in general (Edgar, Fitzpatrick, & Freimuth, 1992 as cited in Airhihenbuwa, 2000). This aspect of the model gave guidance on this study in that the researcher was interested in finding out the materials and other resources that are used by implementers of the programmes in the universities. It guided the researcher in determining the implications of the model for quality, quantity and role of learning and teaching resources used by implementers.Looking at issues in the implementation e.g. integrating HIV and AIDS issues in formal curriculum, the ideas are most helpful for the study to assess modules/material in place, whether they include a comprehensive scope and sequence of content, provide the rationale for the programme objectives and include detailed and well organised lesson activities.

Understanding how programmes material work and how they are delivered (e.g. for lectures or workshops/seminars) was advantageous to the researcher in this study on achieving the objectives on or how the programme facilitators design or organise their

programmes. The views were solicited through qualitative and quantitative data from students, lecturers, NGOs and HIV and AIDS Coordinators.

From this model, it emerges that a variety of contextual issues such as pre-planning and the quality of material may influence programme implementation. Understanding such dynamics of programme implementation, helped the researcher determine how HIV and AIDS programmes are currently being implemented in Zimbabwe universities and how they should be implemented to reduce the spreading of HIV infections. Hence the main research question as well as other sub-questions, were answered through this understanding

The researcher raises some kind of criticisms on the model for being a prescriptive theory in that the five dimensions under implementation support may not suffice to guarantee quality programme implementation as it purports. The researcher's basis for the doubt is that too much emphasis is placed upon the stages and factors, but not taking into account the role of other actors and levels in the implementation process. Hence to some extent, the model is limited. The researcher notes that the complexity of programme implementation cannot be achieved by use of any one model hence, (Rogan & Grayson, 2003)'s model was also chosen (Theoretical Triangulation).

The authorities of this model further elaborated that the structure of the technical support determines who delivers programme support and how it is delivered to programme implementers (for example, direct training, trainer of trainers model, or video-tape). From another school of thought, this view of trainer of trainers is refuted in the studies conducted elsewhere by Engelbrecht Ankiewicz, & de Swardt (2007). These have criticised the use of the cascade model used in most formal Continuing Professional Development programmes, saying the 'cascading' of information results in the 'watering down' and / or misinterpretation of crucial information hence the messages become diluted and distorted at each level of the cascade model (Dove, 1986; Khulisa, 2001 cited in Engelbrecht Ankiewicz, & de Swardt, 2007). This assertion tallies with the research findings in that the trainers during workshops and especially those involved in the model of training lack confidence, knowledge and understanding to manage the training process.

According to (Greenberg et. al. 2005) quality of technical support includes (a) the quality of delivery during training and supervision, (b) the quality of the working relationship between

the trainers and the implementers, and (c) the characteristics of the trainers who provide the assistance. Trainers need to be adequately prepared and experienced to provide the technical support (Greenberg et. al. 2005). Quality material should be used to implement programmes.

The researcher learns that this model, therefore, recommends that programme developers should provide information about resources needed to implement an intervention. They should provide information about the actual resources (e.g., money, time, and personnel) needed to implement an intervention in practical, familiar formats. This information will not only help communities make the best decision about which Intervention to use but will support the quality of the implementation when the programme is conducted (Greenberg et. al. 2005).

(Greenberg et. al. 2005) propose that implementer readiness should include evidence of adequate skills to carry out the intervention and sufficient knowledge about the theoretical basis of the intervention and are committed to the goals of the institution's programme. (Greenberg et. al. 2005).argue that If a lecturer does not see the value of fostering a specific skill or conducting lessons about particular topics (e.g., sexuality), he or she may be more likely to skip those lessons, even though they may be core parts of the programme. Teacher confidence in the effectiveness of an intervention and in their own knowledge and skills affects the ability to deliver a program successfully (Greenberg et. al. 2005) This study also assessed perceptions of students, lecturers and coordinators of HIV and AIDS programmes to establish the critical aspect of implementer readiness in implementing the programmes. The results revealed that inadequate knowledge and skills on lecturers affects their ability to deliver a program successfully as was also noted by (Greenberg et. al. 2005) it was also of paramount importance in that it guided this study to establish suggestions about ways in which the programme could be improved.

However, this model is not a perfect entity but has its own limitations from the researcher's perspective. There is a significant challenge in the transfer of knowledge between researchers and service providers is that many preventive interventions were developed and evaluated under conditions different from the community settings in which the present and future programmes will be replicated and disseminated. As an illustration, Western context may not capture or suit the African context in terms of programme implementation requirements. Although the highly controlled design of an efficacy trial (e.g., random

assignment) is critical for researchers to determine whether the programme was effective in changing the targeted outcomes, it does not provide all the information that communities need to implement the programme in the field. They need to be aware that there is a large part of the gap between knowledge and practice and between vision and reality

6.9 Criticism of the two models

A problem with both frameworks is that they tend to over-simplify the sheer complexity of implementation. A critical point in the debate of the relevance of the models is the recognition of human resources and goals as central to planning implementation programmes. The researcher is of the opinion that, within the institutional context, other critical issues that may pose serious challenges to implementation, which need to be borne in mind and consistently addressed, have been left out by these models. Campaign planners need a greater understanding of their target audience as well as the circumstances that influence their decisions (Airhihenbuwa, 2000).



6.10 Conclusion

The significance of using these two different lenses (models of Rogan and Grayson (2003) and the School-Based Implementation Conceptual Model -Greenberg, Domitrovich, Graczyk and Zins (2005) through which to examine programmes is that the combined insight that can be gained is much more relevant, significant and important than using any one of these frameworks alone. Theoretical Triangulation is enhanced. To conclude on these models, the study will draw ideas from both sides to discuss the findings. In fact, they are complementary. The researcher maintains that there is a large part of the gap between knowledge and practice and between vision and reality. The current study subscribes to both. Rogan's theory Greenberg et al (2005) School-Based Implementation Conceptual Model since they both address programme implementation issues that exist in different institutions of learning. However findings of this study indicate a gap in knowledge in many HIV and AIDS related issues in this study.

7 SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

Chapter 6 discussed the findings of this study. This section gives an overview or summary of the entire study. It summarises the study by synchronising key ideas that emerged from the study, thereby allowing for conclusions and recommendations to be made based on the findings of the study. Chapter 7 is thus divided into the following 4 sections: a) Main ideas from each of the five preceding chapters; b) Conclusions and Recommendations-which summarises the major findings of the study taking into consideration the research objectives, questions and assumptions of the study thereby making recommendations against each major finding. c) Contribution of the study to new knowledge-whereby the researcher proposes an alternative model for HIV and AIDS implementation for universities in Zimbabwe. d) Areas for future research-Under this section the researcher suggests areas for further research.

This study aimed at examining the implementation of HIV and AIDS prevention programmes at the three Universities in Zimbabwe. The programmes were not yielding positive results in changing students' behaviour. Universities still face challenges such as minimisation of HIV infection. HEAIDS HIV and AIDS Audit (2003-2004:X) confirmed that there was also a weakness in dissemination of the programmes and consequently appeared not to reach the target population for any variety of reasons. There were also indications of unsuccessful programmes where the Universities suffered the cost of student HIV and AIDS programmes but receiving short-term benefit, posing a threat to the region's future human capital. Hence it was assumed that there were problems behind implementation of HIV and AIDS prevention programmes. In consideration of these challenges, especially lack of behaviour change among students, the researcher sought to examine how the HIV and AIDS prevention programmes were implemented. It was against this background that this study sought to examine the implementation of HIV and AIDS prevention programmes at the Three Universities in Zimbabwe.

The study was guided by the following main research question: How are HIV and AIDS prevention programmes implemented at Universities in Zimbabwe?

This main research question was further divided into sub questions as follows:

- (i)What materials and other resources are used by implementers of the programmes in the universities?
- (ii)What is the capacity of the implementers of the programmes?
- (iii)What methods do implementers use in delivering the programmes?
- (iv)What monitoring and support strategies have been put in place by the universities to ensure that the programmes are properly implemented?
- (v)What are the students' perceptions regarding their vulnerability to HIV and AIDS?
- (vi)What can we learn from the findings of the study regarding HIV and AIDS programme implementation models?

7.2 Main ideas from each chapter

The study consists of six chapters as follows:



7.2.1 Chapter One

This chapter presented the introduction that set the scene by contextualising the problem for the study. This chapter discussed the background of the study where concerns and issues on implementation of HIV and AIDS programmes in universities in Zimbabwe were raised. This section further discussed the statement of the research problem, the purpose of the study and significance of the study. It also presents the research questions as well as objectives of the study. The rationale for the study, assumptions, delimitation for the study and definition of concepts were also outlined in this chapter. The study's organisation of the chapters was included in chapter one.

7.2.2 Chapter Two

This chapter reviewed the Literature as well as the theoretical framework. Chapter 2 focused on reviewing related literature on major aspects or issues regarding the implementation of HIV and prevention programmes. The Chapter explored the Global and Zimbabwean literature on HIV and AIDS statistics and prevention programmes, discussed literature on issues such as: implementer capacity, material resources used to deliver the

programmes and monitoring of HIV and AIDS programmes. Furthermore, the Chapter reviewed some literature on the success and challenges of the implementation methods and attempted to identify some gaps which the study sought to fill.

7.2.3 Chapter Three

This chapter focused on reviewing related literature on major aspects or issues regarding the implementation of HIV and prevention programmes. The Chapter explored the Global and Zimbabwean literature on HIV and AIDS statistics and prevention programmes, discussed literature on issues such as: implementer capacity, material resources used to deliver the programmes and monitoring of HIV and AIDS programmes. Furthermore, the Chapter reviewed some literature on the success and challenges of the implementation methods and attempted to identify some gaps which the study sought to fill.

7.2.4 Chapter Four

This Chapter has discussed the different research paradigms that exist in nature and placed this study in the post-positivism paradigm due to its use of mixed methods approach (both quantitative and qualitative are used to collect data) The chapter further examined the different research designs in an effort to locate the study under its suitable context and the methods to be used for data collection and data analysis. After a thorough examination of the designs, the study fitted into the mixed method approach and concurrent triangulation design where both quantitative and qualitative data are collected concurrently. To gain in-depth, rich, detailed data of a qualitative nature from each university on implementation of HIV and AIDS prevention programmes, detailed data collection instruments namely focus group discussions, interviews, documentary analysis, observations and questionnaires were used to collect data. The chapter also went further to look into the population, sample and sampling techniques that were involved in the study, thereby giving insights into the population from which respondents were solicited and defined the actual sample and the techniques that were followed to come up with the sample. In this chapter, it has been stated that the population of the study comprised Universities staff, students and Non-Governmental Organisation officials. The researcher

purposely selected particular respondents while others formed a full census because of the nature of their positions. Data generated was analysed inductively in related themes and also with the aid of a computer. Issues of validity / reliability / trustworthiness; data analysis; ethical considerations were also discussed in this chapter.

7.2.5 Chapter 5

This chapter focused on data analysis and presentation. The data were collected by means of questionnaires, interviews, focus group interviews, observations and document analysis from three state universities. The participants were university students, university academic staff, HIV and AIDS coordinators and NGOs. Quantitative data from the questionnaires was captured and analysed by means of SPSS Package.

Presentation of the data, analysis and interpretation of the findings, was done in line with the main objective of the study which was to assess how HIV and AIDS prevention programmes are implemented in Zimbabwe Universities. The presentation of data was guided by the sub-themes from the specific objectives of the study which have already been outlined. From the Data presented it emerged that universities lack adequately professionally qualified HIV and AIDS lecturers. Results on capacity of implementers in the study revealed that an insignificant number of lecturers have the capacity while the majority; significant number lacked the capacity to implement the programmes. HIV and AIDS prevention is being implemented by unqualified lecturers who lack training and prerequisite skills for the programme.

Furthermore, it emerged that Lecturers do not get the necessary professional and institutional support to implement successfully HIV and AIDS programmes in universities. HIV and AIDS Coordinators and NGOs expressed concern over the inadequacy of learning and teaching support material. It also emerged that Human resource is also a major problem since there is a great staff turnover as specialist lecturers leave the system for better paid opportunities in the private sector.

The dominant methods used to implement HIV and AIDS programmes do not give enough room for group work discussions to effect behaviour change in students. Rather, more emphasis is on factual knowledge for assignments and examination purposes. On monitoring and evaluation of HIV and AIDS programmes, it has emerged that that lecturers

and students are unaware of their programmes progress bench marks. Universities have not been carrying out internal audits over the past years. This implies that the universities are divorced from ministry of HE Policy on monitoring and evaluation. Also, less people are involved in the monitoring process of HIV and AIDS programmes.

7.2.6 Chapter 6

Focused on discussion of the data presented in Chapter 5. The discussion was based on six major themes of the study namely: Implementer capacity, material resources used to deliver the programmes and monitoring of HIV and AIDS programmes, methods used and challenges in the implementation of the programmes.

7.3 Summary of major findings and recommendations

7.3.1 Conclusions and recommendations on the capacity of the implementers of the programmes

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To create an enabling environment for action, universities address a number of cross-cutting issues: University capacity building support may include training activities for lecturers, improving technical and organisational processes and functions. Within the organisation, university works continually to equip staff with the knowledge, skills and tools required to analyse programme, implement and monitor interventions for HIV prevention. Capacity to support innovations includes aspects which hinder or support the implementation of new practices and ideas in the new curriculum. This section is important as it informs the study on lecturer capacity, that is, lecturers' qualifications, area of specialisation, experience and teaching strategies they use in the classroom (Greenberg et al 2005, Rogan & Grayson, 2003). The current study values and prioritises these critical issues that may pose serious challenges to HIV and AIDS implementation within the institutional context and need to be borne in mind and consistently addressed.

7.3.2 Lecturers' professional qualifications

It has been discussed in this study that, lecturer capacity, that is, lecturers' qualifications, area of specialisation, experience and teaching strategies they use in the classroom, is an important factor in the implementation of HIV and AIDS prevention programmes. These characteristics were indeed pertinent concerns worthy addressing in consideration of the recruitment and selection of lecturers for implementation of HIV and AIDS prevention programmes.

However, a different scenario existed in this study. From the research findings, it emerged that universities had inadequate professionally qualified HIV and AIDS lecturers. The findings are congruent to the study results on HIV-AIDS prevention through a life-skills school based programme in Indonesia among High school students (Pohan et al 2011). In fact, Pohan et al (2011:527) posit that, "There are some obstacles that hinder the teachers and school management to take part in HIV and AIDS prevention action".

The researcher recommends that:

1. There is urgent need by the MOHTE to consider the recruitment and selection of adequate professionally qualified HIV and AIDS lecturers for implementation of prevention programmes.

This study sought to establish the professional qualifications of university lecturers (HIV and AIDS programme implementers) as they have an effect on the implementation of HIV and AIDS programmes. It was learnt that there was need for adequate and relevant pre-service and in-service training since lecturers were not thoroughly oriented due to inadequate time allocated for their training or as resource persons.

The researcher recommends that:

2. For a lecturer to be considered as professionally qualified personnel in universities, the Ministry of Higher and Tertiary Education should stipulate possession of a Master's degree or a Doctorate. The reason is that, lecturers should have the capacity to teach curriculum content and supervise students' assignments and projects as they endeavour to attain a higher qualification.

3. Lecturers' capacity should be strengthened through provision of adequate and relevant pre-service and in-service training.

7.3.3 Experience

The study also sought data from respondents on experience in teaching HIV and AIDS. They were also asked to state their experience working with HIV and AIDS programmes. The study inferred that the number of professionally qualified HIV and AIDS lecturers was insignificant. The rest indicated that they had not received HIV and AIDS Training hence, had no certificate qualification in HIV and AIDS, therefore:

4. This situation in universities calls for government to seriously consider producing adequate professionally qualified HIV and AIDS lecturers.

Also, they did not have such experience in working with HIV and AIDS programmes. From such revelations, the researcher maintains that HIV and AIDS programme implementation has inadequate professionally qualified lecturers. However, it should be noted that this study acknowledges that the lecturers have high and acceptable masters and PhD academic qualifications. It is the professional aspect on HIV and AIDS which is a cause for concern.

The researcher argues that lecturer experience in teaching HIV and AIDS has an influence on how receptive the lecturer would be in the acquisition of the prescribed curriculum knowledge and skills to be imparted to students.

7.4 Conclusions and recommendations on how materials and other resources are used by implementers of the programmes in the universities

7.4.1 Availability of Materials and other resources

This section discusses data findings on the availability of materials and other resources- Adequacy of funding, Infra-structure and equipment. In this study, information on materials and other resources was discussed under the resources section as their availability could determine the way HIV and AIDS programmes were being implemented. It has been

highlighted that funding plays an important role in the implementation of any programme as each aspect of the programme is dependent on the availability of finance.

The study sought to establish what resources and other material universities had for implementing HIV and AIDS intervention programmes. The assumption of the study was that resources and other material universities had for implementing HIV and AIDS intervention programmes were inadequate.

It is surprising to learn from the research findings that a reasonable number of students (50%) were uncertain on what resources and other material universities had for implementing HIV and AIDS intervention programmes.

The researcher recommends that:

1. The situation about resources and other material just calls for government and stakeholders in education to tirelessly direct their efforts on ensuring that the recommended HIV and AIDS material is disbursed to universities for the benefit of students as per the policy requirement (MOHTE 2007).

The study learns that the critical factor cited by the majority of respondents who participated in this study is financial resources to buy equipment though others mentioned Human resources and learning materials as resources used in the implementation of HIV and AIDS programmes. Furthermore, the study has also confirmed that there is inadequacy of institutional resources for implementing HIV interventions at these universities though the situation is fairly better at university B. In terms of teaching and learning resources, the study has established that universities do not have trained HIV and AIDS Peer educators. It is a cause for concern since human resources fall under critical resources which contribute to the implementation of HIV and AIDS programmes for behaviour change. The researcher recommends that:

2. Still a lot needs to be done to ensure that each and every university has adequate resources. Currently there is limited learning and teaching resources for implementing the HIV and AIDS curriculum in Higher Education Institutions in Zimbabwe.

3. Universities should have trained HIV and AIDS Peer educators.

4. More support should come from outside agencies, the Ministry of Higher Education, UNICEF, UNAIDS and from NGOs sector.

In Zimbabwe's universities, Universities fall under the Ministry of Higher and Tertiary Education (MOHTE) which is responsible for these institutions. However, it is unfortunate that the implementation process lacks adequate provision of material and non-material support to ensure quality of service delivery.

It was revealed that Human resource is also a major problem since a great staff turnover of specialist lecturers leave the system for better paid opportunities in the private sector and outside the country.

The researcher recommends that:

5. Established and skilled staff in the system be remunerated with better packages.

6. The shortage of professionally qualified lecturers in their respective institutions can be addressed by introduction of favourable economic conditions of service.

7. since universities lack adequate material, introduction of necessary resources which include: (extensive usage of print media) modules, videos, pamphlets, flyers and chalkboards, brochures. Internet, books from the library will be a milestone in the education system.

8. The choice of popular technological media which appeals to the youth has to be introduced as a means of changing students' negative attitude towards HIV and AIDS programmes. However, this should be done with extreme care and consideration since some programmes expose students to risky behaviour.

Following conclusions made from the perspective of NGOs and HIV and AIDS Coordinators on resource shortages,

9. The Zimbabwe universities council should lobby for training Institutions in the country specifically on HIV and AIDS un-attached to medical college.

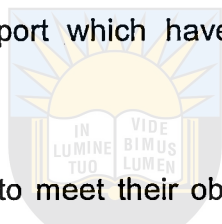
On Infra-structure and equipment, it emerged that there is a shortage of specialist rooms for HIV and AIDS e.g. for individual counselling. The researcher further recommends that:

10. There is need to establish specialist rooms for storage of HIV and AIDS material. Such an environment promotes effective application of teaching and learning practices which is one of the focuses envisaged by HIV and AIDS programme designers.

This study confirmed the seriousness of the economic situation in Zimbabwe's universities. The researcher recommends that:

11. Financial support from outside agents, MOHEC and Donors, be sought to meet high transport costs and shortage of transport which have an impact on staff operations especially distance education.

The move will also enable universities to meet their obligations such as procurement of equipment and other HIV and AIDS curriculum learning materials as well as boosting on lecturers' incentives, thereby raising their motivation and morale levels.



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7.4.2 Conclusions and recommendations on methods implementers use in delivering the programmes

The study sought to establish the methods used by implementers in delivering the HIV and AIDS programmes. Literature reviewed noted that there are different methods used by facilitators to implement the programmes (Mukoma, 2009, Coombe, 2002). As an illustration, curriculum implementation employs lecture, exposition and group discussions methods. Material distribution uses active participatory methods such as door to door distribution of pamphlets, T-Shirts and placement of information on campus structures.

This study learns that universities authorities tend to endorse a curriculum change approach which implies a linear view of curriculum change. In (Rogan & Grayson, 2003)'s notion of a Profile of implementation is the recognition that the curriculum implementation might take place at different levels in any given institution. To simplify this point in practical

terms, a university can teach HIV and AIDS content in different semesters of the academic calendar. What emerged from this section of the study is that the programme was taught throughout the year at all universities. Although some lecturers indicated that they were uncertain, the number is fairly insignificant. Since some implementers were not certain of the performance of a programme entrusted to them, the study concluded that the programmes are not well managed/ coordinated.

It therefore recommends that:

1. Serious attention and energies of policy-makers and other implementers are focused on effectively managed and coordinated HIV and AIDS programmes.

The study also sought to establish whether the HIV and AIDS prevention programme in the curriculum sufficiently addressed the pandemic. This research established that the HIV and AIDS prevention programme in the curriculum did not sufficiently address the pandemic at all Universities investigated. The researcher concluded that the objectives of the programme being implemented were not commonly being shared by the implementers and the consumers. Also, it reflects that a gap of knowledge on the performance of the programme in place exists between the policy implementers and the beneficiaries.

In terms of teaching and learning HIV and AIDS curriculum content, the study was also concerned about the (Mainstreaming) implementation method used by the universities since it is a curriculum issue. Instead of having it as a standalone subject, the study noted that in some institutions, HIV and AIDS was being articulated by other subjects. Overall results show that the programme was being implemented as a standalone at one university (2), while it was being integrated into other subjects in the other two universities. However, by articulating HIV and AIDS, the other main subjects end up obscuring the vital and complex nature of the HIV and AIDS content.

It therefore recommends that:

2. HIV and AIDS deserves the political will, recognition and support from designers just like any other subject.

The researcher further argues that this could be one of the probable reasons why students do not take HIV and AIDS as a subject seriously.

3. Designers should take cognisance of current realities that exist in different institutions of learning with special attention to implementation challenges in order to act timorously.

On methods used by implementers, the general pattern of data reveals that flyers, seminar, workshops and lecture methods are critical. However, it has been captured that the distance education university methods seem to differ from the pattern of methods used by the other two universities, 1 and 2. It uses the module method and group discussions. The study findings have revealed differences on methods used in terms of type of University. This practice is criticised by the current study since the module method is more likely to create a gap between the lecturers and the students. It even complicates the monitoring of behaviour change among the recipients of the programme. Thus, this study reasons that the methods being implemented by the Distance Learning University are not suitable to effect behaviour change because of the absence of the reasons cited above.

With regard to integration or mainstreaming of HIV and AIDS in this study, it emerged that in various universities, Health centres (clinics) usually take the lead in HIV and AIDS issues. From the researcher's perspective, the problem is that, there is limited room in this approach for looking at why people engage in behaviours that are risky or understanding societal risk factors. As a result:

4. There is need to implement a multi-sectoral response, that is not being largely bio medically driven by the health sector.

Literature consulted reveals that methods used by implementers are selective and not inclusive as the case should be. The university community includes students and employees - academic Evidence from the study revealed that programmes focus more on students than on lecturers. Lecturers' focus groups confirmed the existence of such practices, hence:

5. All universities should endeavour to adequately extend all related HIV and AIDS programmes to academic and non- academic staff.

In this regard, the programmes are likely to be ineffective because of the method being used.

From the study findings, the researcher learns that some respondents, cited workshops, seminars and awareness campaigns/posters as methods used by implementers in delivering the programmes. The study established that workshops and awareness campaigns, seminars, counselling and lecture method command a higher percentage at university 3.

The study also learns that tutorials, group discussions and/lecture method are the major methods used to deliver the content. These data confirm what has been cited or noted by the lecturers. Dube (2005)'s findings on methods used, established that institutions employ drama, theatre, music and cinematography to communicate HIV and AIDS information. In this study, these were not being popularly used in universities studied as findings reveal.

The current research maintains that there is a knowledge gap in that there is need for universities to

6. Move beyond the traditional passive methods (lecture and material dissemination) and try also video-assisted education models that increase subject's knowledge significantly.

The study also sought data on the resources and other materials the university has for implementing HIV and AIDS intervention programmes. The resource like the library is not a common factor in the current study's findings, implying that students and lecturers were not using it regularly. To stress on methods and material distribution, the researcher advises that:

7. The library should be used intensively since it improves participants' AIDS knowledge and their attitude towards the programmes.

8. NGOs and HIV and AIDS coordinators, since they offer technical and financial support, should be conversant with the methods used by the lecturers to a larger extent.

In this study, although some methods are used by implementers, findings indicate a gap in knowledge in many HIV and AIDS related learning and teaching methods used by implementers in universities. This study therefore recommends that

9. Varied, interesting and effective methods need to be looked into by programme designers to effect behaviour change.

7.5 Conclusions and recommendations on monitoring and support strategies put in place by the universities to ensure that the programmes are properly implemented

The sub-question for this section was “What monitoring and support strategies have been put in place by the universities to ensure that the programmes are properly implemented?” Although the HIV and AIDS Policy contents show evidence of recommended consistent monitoring and evaluation practices at the universities, this study’s assumption was that; during programme implementation, lack of proper monitoring and evaluation strategies of the prevention programmes would not give a clear picture of how they are performing to programme managers. As a result, it becomes difficult to detect the weaknesses for corrective measures to be undertaken in time.

1. The Ministry of Education, university authorities and other related stakeholders should carryout occasional internal and external monitoring of curriculum implementation in universities.

2. Once some weaknesses are detected, programme organisers should recommend areas for improvement and those which need staff development or in-service programmes.

This study also sought the qualifications of these implementers in the universities concerned and concluded that most of them were unqualified.

The researcher, therefore, recommends that:

3. All stakeholders, including lecturers, should be professionally qualified and experienced for them to carryout monitoring of programmes.

This study sought to determine the opinions of lecturers on the monitoring and support strategies that have been put in place by the universities to ensure that the programmes were properly implemented. This study concluded that lecturers and students are unaware of their programmes progress bench marks. In fact, the study learns from all respondents that there has not been any form of recent evaluation conducted at university level at these institutions. On contrary, all NGOs’ responses indicated that there is a committee for HIV

and AIDS which is expected to monitor the HIV and AIDS programmes. The researcher recommends that:

4. At the University level, the HIV and AIDS Committee and University management have the jurisdiction to monitor and guide the curriculum implementation of HIV and AIDS programmes.

The problem is that failure to come up with a complete, all embracing policy and programme implementation plan, implies failure to adequately address HIV infection on campus. The researcher concluded that since the Higher Education and University management fail to monitor implementation of HIV and AIDS programmes, this has affected the quality as lecturers interpret the syllabus according to their own understanding or even continue using wrong teaching methods.

The researcher further recommends that:

5. National AIDS Council of Zimbabwe (NACZ), HIV/AIDS Coordinators and MOHTE should be sincere on monitoring and supporting the strategies that have been put in place by the university to ensure that the programmes do not have a wider variation from the National Policy Framework.

It emerged from this study that universities vary in their approaches to formal HIV and AIDS programme implementation with specific reference to monitoring and evaluation, hence:

6. The response of the higher education sector to HIV and AIDS should be uniform. It should come up with a complete, all embracing policy and programme implementation plan to adequately address HIV infection on campus.

This study has also established that the adopted Top-Bottom monitoring approach is being used for programmes in place by both the Ministry of Higher Education and the Zimbabwe universities. It emerged that the approach excludes lecturers and other beneficiaries from such an exercise. The researcher concluded that the practice has impacted negatively on the policy implementation. On the other hand, the World Bank (2004) defines participatory monitoring as a model that involves stakeholders such as programme beneficiaries, staff

and donors, and community, in the designing, implementation and monitoring of the programme as opposed to the traditional model. Instead,

7. There still exists a great need for well monitored and effectively evaluated University-based interventions involving students, lecturers and outside agencies.

Since this study established that the majority of universities lecturers did not have the relevant professional qualifications to teach HIV and AIDS programmes, they could not offer minimum support to students committees and their inexperienced colleagues in the institutions. Relevant professional support as well as feedback is essential as propagated by Greenberg et al (2005)'s School-Based Implementation Conceptual Model and (Rogan and Grayson's (2003) theory of implementation Also it emerged from this study that universities had inadequate experienced implementers hence effective monitoring and support was being compromised.

The study further learns that inadequate transport to carry out supervisory duties by HIV and AIDS implementers was cited as one of the major challenges affecting Universities.

It is recommended that:

8. Policy implementers should provide universities with adequate transport, financial, time and human resources to carry out supervisory (monitoring) duties by HIV and AIDS implementers.

7.5.1 Conclusions and recommendations on the students' perceptions on their vulnerability regarding HIV and AIDS

The study sought to find out what perceptions Lecturers, other implementers and students have towards the implementation of HIV and AIDS prevention programmes in these universities. The purpose of this section was to determine whether the intervention programmes implemented in the universities sufficiently addressed this aspect and whether it had an impact that lead to behaviour change after the realisation of what made people vulnerable to HIV and AIDS.

Findings on students, staff and coordinators perceptions have been deemed essential in this study since HIV and AIDS intervention is not only about knowledge and information. It is about the kind of understanding their perceptions that can change decisions and behaviour. The effectiveness of any programme implemented, it may be argued, should be judged from the viewpoint of the end user, in this case, the staff and students of the universities concerned.

On a positive note, the study has established that the majority of the students realise that HIV is preventable if programmes are increased. These students also revealed that programmes are necessary and should be made compulsory for them to be helpful. The study established that although students were clear that the course increased their knowledge about HIV and AIDS, however, it did not significantly decrease their risky sexual behaviour. This study also confirms that these are indeed constraints that the learners bring to the learning situation in the universities.

It emerged that students are not being fully involved on campus activities due to time factor and focus on examinations. The students hinted that they prioritise examinations to get a certificate in the end. This study also unveiled that students perceive that the programmes do not create conducive platform for young people to enjoy getting information related to the disease. It is notable, given that HIV prevalence is higher in both staff and students, that most HIV and AIDS programmes were directed towards students, to the near exclusion of staff. The majority of lecturers were concerned that programmes did not target the needs of staff in HIV and AIDS initiative.

It is clear from the above presented comments that the students, lecturers and HIV and AIDS Coordinators acknowledge that programme implementation is not being conducted in a manner which is perceived right for effective behaviour change by the general majority of programme beneficiaries. Although to a lesser extent these acknowledge the role of the programmes in place, the effort of universities authorities, however, there are still signs of gaps, challenges and weaknesses which ought to be addressed from the perspectives of the respondents.

The issue of understanding the students' perceptions that can change decisions and behaviour should be considered seriously.

The study recommends that:

1. Students are capacitated to perceive the risky environment sincerely and this will harness the rate of infections

The use of inadequate professionally qualified HIV and AIDS lecturers must be avoided if HIV and AIDS has to bring about its desired effects.

2. The university management should facilitate the conducting of regular workshops for lecturers and students as a way of improving their capacity in handling HIV and AIDS programmes.

On financial factors, literature reviewed has shown that in the community worldwide and in almost any organisation, there is increasing demand for better salaries. Educational employees have increased their expectations on higher wages and the perception of employees is that they prioritise incentives in form of monetary benefits for them to be actively involved in achieving organisational goals. The researcher further sought to establish the feelings of lecturers on adequacy of resources. The majority of lecturers revealed that financial resources were a problem.

This therefore suggests that lecturers had low esteem on organising workshops, taking extra-curricular activities even after normal working hours, since incentives are low. In this case, it explains why lecturers may find it difficult to deal with students who sometimes might also be having negative attitudes towards the subject HIV and AIDS. Lecturers need some kind of external reward in form of competitive salaries and better working conditions. This study recommends that:

3. The Ministry of Higher and Tertiary Education should improve conditions of service and remunerations for lecturers and other HIV and AIDS staff to avert high rate of internal and external staff turnover in Universities.

On funding and availability of resources; this study recommends that:

4. The government should increase the level of funding of HIV and AIDS programmes if Universities are to achieve the intended objectives of averting HIV infections and behaviour change among the staff and students.

Since monitoring of programmes is lacking, HIV and AIDS key programme stakeholders should put in place support and monitoring mechanisms for coordination and mutual accountability.

5. There should be systematic and periodically documented review progress provided to stakeholders in universities.

Since the universities have not been carrying out internal audits over the past years, 6. it is therefore of great necessity that the Ministry of Education, university authorities and other related stakeholders carry out occasional internal and external monitoring of Programme implementation in universities.

7. There should be collaboration among University management, lecturers and students during programme development, implementation and monitoring to improve their attachment and sense of ownership of these programmes.

8. Programme managers/implementers need proper feedback from programme consumers in order to make informed decisions.

9. Conducting advocacy and sharing information with key stakeholders, emphasising the importance of the workplace policy to address the impact of HIV and AIDS is also recommended.

This study concluded that the programmes do not create a conducive platform for young people to enjoy getting information related to the diseases.

It is recommended that:

10. HIV and AIDS curriculum topics should be offered to the students using participatory learning methods to enhance students' skills in self-management as well as increasing their knowledge, develop positive attitudes and behaviour related to HIV prevention. If possible, the salaries of HIV and AIDS implementers should be in line with those of their counterparts in the region and in private sector.

Based on the findings in this study, the researcher is tempted to recommend the following:

11. HIV and AIDS programme designers or organisers need to encourage lecturers to attend planned formal after school site based trainings with students.

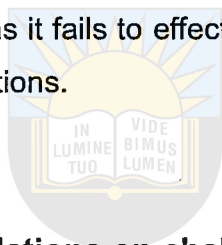
The study noted that there is much emphasis in use of the cascade mode of training university lecturers. They bemoaned that this method is ineffective in empowering the lecturers

12. University based HIV and AIDS learning opportunities organised by the lecturers themselves at cluster levels should be encouraged. This would enhance more and sustained professional growth and development for the lecturers.

13. Lecturer motivation factors such as reasonable allowances as well as their general welfare during workshops and seminar trainings should be addressed to motivate the lecturers to participate fully in the trainings.

14. There should be in-service training courses for those lecturers who trained in or rather intend teaching HIV and AIDS to develop their instructional skills in line with the HIV and AIDS Curriculum and global trends.

In conclusion, the study reveals that many gaps still exist in the implementation of HIV and AIDS prevention programmes as it fails to effect positive behaviour change so as to reduce the rate of HIV and AIDS infections.



7.5.2 Conclusions and recommendations on challenges faced in the implementation of HIV and AIDS prevention programmes in the institutions

Chapter 6 discussed findings on Challenges of HIV and AIDS prevention programmes in the Universities investigated. This was in line with the assumption the study made that there are problems behind the implementation of HIV and AIDS prevention programmes in the institutions.

The discussion was based on availability of materials, the capacity of implementers and attitudes of students and in conjunction with the objectives, research questions and assumptions of the study. In this study, the data on challenges was discussed in two parts, i.e. the first part discussed the challenges findings as faced by the students at the HIV and AIDS programme venues during delivery of the programmes while the second part discussed the challenges findings as faced by the lecturers and HIV and AIDS programme providers or facilitators as they tried to implement HIV and AIDS programmes.

Significant challenges raised included: Negative attitudes of students, being adamant to change behaviour, lack of trained professionals to teach them on HIV and AIDS and lack of resources (finance) for implementing HIV and AIDS programmes, inadequate time allocations, lack of effective and proper coordination and organisation, lack of monitoring

and no empowerment of students during programme implementation. The conclusions and recommendations made in the preceding sections are therefore based on the findings from Students related challenges.

Under negative attitudes of students as a challenge, this study unveiled that the problem was critical and was a major cause of learner absenteeism as well as limited learner participation in HIV and AIDS activities. It also noted that Students were reluctant to attend HIV and AIDS programmes for they thought they had all the information. There was also reluctance by students (adamant) to change behaviour since they did not take the programmes seriously (negative attitude). Furthermore, there was lack of cooperation from students on campus.

Considering that the general expectation of HIV and AIDS stakeholders in Zimbabwe is that the success of programmes is determined by a change in behaviour amongst the university students including a reduction in sexual transmission of HIV, reduced pregnancies and any form of health related risky behaviour, the following recommendations on negative attitudes and resources related challenges that students face as they try to implement HIV and AIDS programmes are suggested as follows:

1. Students should be empowered by getting involved at the centre stage of HIV and AIDS programmes in the universities.
2. For students to take the programmes seriously (positive attitude), all universities should have compulsory examinable HIV and AIDS courses in their curricula. The MOHTE can institute such a policy for all universities in the country.
3. Vice Chancellors of Distance Education Institutions should be fully committed to work tirelessly as they make sure that all necessary activity and support is reaching out to all students to effect behaviour change. Inclusive and compulsory attendances of seminars at regional level would be ideal.
4. Participation in HIV and AIDS activities should have meaningful incentives especially during training workshops. NGOs and HIV and AIDS coordinators and the Ministry of Health should take a leading role in sourcing funds for such purposes.

On resources, the challenges highlighted include: lack of teaching /learning resources such as time allocations, finance for implementing HIV and AIDS programmes, lack of trained professionals to teach them on HIV and AIDS, provision of condoms is unsystematically done. The researcher concluded that although resources may be to some extent, available in the institutions, their inadequacy or unavailability at classroom level renders HIV and AIDS programmes ineffective, hence:

5. The supplies of condoms by the health centres and private organisations should be systematically done on campus premises and in halls of residence.

6. In the universities curriculum, adequate time should be planned for to ensure maximum student involvement and thorough coverage of material that the HIV and AIDS intends to cover. University authorities should therefore, plan for reasonable number of days for conducting HIV and AIDS programmes to enable all students assimilate the new knowledge and skills for behaviour change.

7. The government should seriously commit itself in deploying adequate and qualified HIV and AIDS lecturers to alleviate the problem of shortage of lecturers in universities. The unqualified and inexperienced lecturers in universities currently teaching HIV and AIDS programmes should be trained, certificated and staff developed.

8. Measures need to be put in place by universities authorities to ensure that adequate security measures are enforced at the entrance of the main campus and in hostels. Outsiders who enter the University freely should not be entertained in halls of residence as security is tightened.

9. The study advises that delays in processing of funds for students leads to sexual exploitation inside and outside campus. It therefore, recommends that universities authorities and the government disburse adequate funds for students and timeously.

10. Programmes in Universities should be well monitored and effectively evaluated by the programme organisers and facilitators. Also, the majority of students should be involved in such university-based interventions as the real beneficiaries of the programme. This move will successfully change beneficiaries' attitudes regarding ownership of HIV and AIDS prevention

The second part discussed the challenges findings as faced by the lecturers and HIV and AIDS programme providers or facilitators as they tried to implement HIV and AIDS programmes. It emerged in this study that lecturers and HIV and AIDS Coordinators and NGOs as programme providers or facilitators faced the following challenges as they tried to implement HIV and AIDS programmes: The challenges were to do with issues of monitoring and evaluation; Financial, resources and transport constraints; none availability of coordinators, Inadequate staff development; Lack of time; Prioritisation of HIV and AIDS programmes. The recommendations are given below.

As was observed in this study, adequate time was lacking in universities. As an illustration, the study has established that the priorities for HIV and AIDS integration into the main curriculum are on the margins with reference to times allocated for teaching and learning HIV and AIDS. The justification for adequate coverage of material is that it reduces knowledge gaps and facilitates translation of what was learnt at HIV and AIDS training workshops into classroom practice. The study recommends that:

1. Adequate time should be planned and given to lecturers and other facilitators to ensure thorough coverage of material that the HIV and AIDS curriculum intended to cover.

In the background to the study, it has been noted that the availability of materials and other resources issues are centred also on inadequate time allocated by universities to teach HIV and AIDS, while the capacity of implementers in terms of experience and qualifications to teach HIV and AIDS, has also been a cause for concern (UNESCO, 2006). Literature consulted found that since 2001, HIV and AIDS material has been on small scale basis since it lacked adequate funding (UNESCO 2006).

However, with regard to the study findings, the researcher concludes that the issue of inadequate staff development and lack of adequate time have emerged as causes for concern. The study recommends that:

2. The MOHTE should provide adequate staffing of relevant qualified and experienced HIV and AIDS human resources compared to other subjects.

Data captured from study findings revealed that programme implementation focus mostly on students' population as opposed to the initial Policy objectives that encompass the entirety of the university population. Some academic staff views the implementation as peripheral and selective due to the tendency used by the policy implementers who seem to lack political will. In light of this,

3. Planers should note that prioritisation of HIV and AIDS programmes is inclusive and not peripheral and selective as was the case.

As already alluded to in this study, main expectation of lecturers to attending HIV and AIDS trainings is to improve their professionalism so that they become better lecturers who can effectively deliver in their classrooms and make learners achieve at the end of it all. This study has established that this expectation is not substantially met by almost all the lecturers that participated in this study. The study has established that inadequate staff development is a challenge for lecturers as they conduct their duties. The study has pointed to some knowledge gaps that facilitators display during programme delivery in that, due to inadequate staff with knowledge and skills on HIV and AIDS for lesson delivery, the use of cascade model of training has become prevalent in Zimbabwean universities.

It is recommended that:

4. HIV and AIDS Staff Development should target all lecturers and not a few selected ones as is usually the case.

5. Lecturers' capacity should be strengthened through provision of adequate and relevant pre-service and in-service training. Although technical assistance from development partners (UNICEF and UNESCO), usually a small number can be trained at the same time.

The challenge is that the Cascade mode of training is less effective, hence is causing many problems as far as HIV and AIDS programme implementation is concerned. They also expressed that the cascade model is cost effective but runs the risk of compromising quality of delivery.

It emerged, therefore, from the challenges captured that, out of this list, financial problems and negative attitude of students top the list. It is therefore recommended that:

6. The salaries should be very attractive and basically there should be more incentives for lecturers to be fully motivated in the implementation of the programme. Currently, there are poor conditions of service in the profession hence there has been rampant attrition of lecturers to other countries and organisations with well-paying and respectable professions.

Negative attitude of students reversed the effort applied by lecturers since they do not want to abstain or use condoms. NGOs and HIV and AIDS Coordinators for the three universities confirmed that behaviour change seems to be a milestone away from the intended policy objectives. A gap has to be bridged considering revelations by NGOs and HIV and AIDS

7. A multi-sectoral approach should be adopted involving policy makers, university authorities and NGOs.

8. From NGOs and HIV and AIDS Coordinators, the study concludes that funding is essential for resources such as staff salaries, transport, provision of specialist rooms, equipment, machinery, text books and learning materials which were raised as major impediments to successful implementation of HIV and AIDS.

The study has established that when implementing such programmes, handling of large numbers of students on HIV and AIDS is a challenge since groups are too large to control. The study suggests that:

9. The class size and lecturer- pupil ratio in all universities be revised by policy implementers

The next section is on the study's contribution to new knowledge.

7.6 The study's contribution to new knowledge

The study assessed the implementation of HIV and AIDS prevention programmes in Zimbabwe Universities. The main objective was to establish how HIV and AIDS prevention programmes were implemented at Universities in Zimbabwe. Although universities in Zimbabwe have put in place different programmes to address HIV and AIDS epidemic, the

study has identified weaknesses in the way HIV and AIDS prevention programmes were being implemented at Universities in Zimbabwe. What puzzles the researcher is the fact that, despite the efforts of the universities management in trying to prevent people from HIV and AIDS, there seems to be very little or no change in risky sexual behaviour on campuses. The weaknesses in implementation have led to several problems such as lack of minimisation of HIV infection, the increase in HIV cases, pregnancies and STIs are failing to satisfactorily meet even the expectations of the lecturers and the Ministry of Higher and Tertiary Education. Despite the profound implications of HIV and AIDS for virtually every aspect of the university environment, too many programmes continue to operate as though HIV and AIDS do not exist.

The researcher stresses that this study is unique from any study's findings that distinguishes it from other such or related studies/findings.

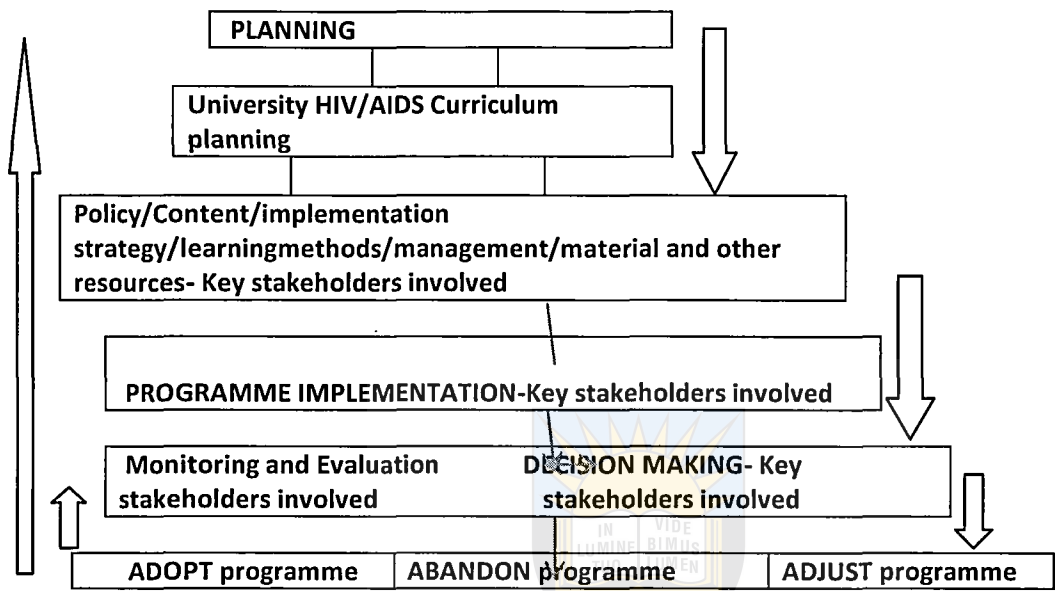
[i]The study essentially established that research-oriented and value-driven strategies are more impactful with sustainable evidences on the attitudinal behavioural changes of the people of Zimbabwe with a concomitant effect on the reduction of HIV and AIDS prevalence.

[ii] It also identified the effective application of triangulation research method for understanding and monitoring the effectiveness of the implementation of adequate strategies in the reduction of high HIV and AIDS prevalence using three designated Universities in Zimbabwe.

There is need for an alternative approach. The researcher hence proposes an alternative model for HIV and AIDS implementation for universities in Zimbabwe as shown in Figure 7-1 below.

Figure 7-1: Alternative model for HIV and AIDS programme implementation

HIGHER EDUCATION INSTITUTIONS BASED- CURRICULUM IMPLEMENTATION PROGRAMME MODEL



The suggested plan in this study uses an evidence-based programme approach. It combines research and programme implementation, which builds on internal commitment, shared ownership, control and implementation. The developed model is comprehensive and integrates HIV-prevention programme. Its objective is to reduce HIV-related risk behaviour through prevention programmes. To establish comprehensive and evidence based prevention HIV and AIDS programme. To establish capacity in order to scale-up and sustain activities.

From this model, the researcher in this study contends that the aspects of HIV and AIDS implementation as alluded to by the researcher and presented in Figure 7.1 can render HIV and AIDS implementation effective, it should be noted that there are other intervening circumstances that this study has unveiled that need to be addressed. These factors include main themes that formed the bench marks of the study namely Capacity, Institutional Support and Resources, Methods used by implementers in delivering the programmes; the monitoring and Support put in place in the implementation of HIV and AIDS prevention programmes and students, staff and coordinators perceptions towards the programmes and challenges of HIV and AIDS prevention programmes in the institutions. The study noted problems of inadequacy of institutional resources, negative

attitudes of students, inadequate financial resources, lack of trained professionals, and lack of monitoring of programmes among other problems. These problems need to be looked into and indeed addressed without which implementation of HIV and AIDS will continue to make programmes ineffective. These critical issues that pose serious challenges to HIV and AIDS implementation within the institutional context need to be borne in mind and consistently addressed.

7.7 Areas for future research

It emerged therefore, from the findings of this study that some areas requiring further study have emerged. This study has, therefore, proposed the following as areas for future study in the area of HIV and AIDS programme implementation in Zimbabwean universities:

a) This study targeted only three State Universities that implement HIV and AIDS prevention programmes and in particular, the Faculty of Education at each university. Hence the results are generalisable to faculties of education for lecturers, students, HIV and AIDS Coordinators and NGOs in three Zimbabwean State universities. There is need for a national study that will target lecturers, students, HIV and AIDS Coordinators and NGOs in all the universities, teachers' colleges and technical colleges that implement HIV and AIDS prevention programmes in the country. Such a study would give a convincing holistic picture of how HIV and AIDS programmes for Higher education institutions are implemented in Zimbabwe. Such a holistic picture can easily influence policy in the area of HIV and AIDS implementation in universities, teachers' colleges and technical colleges.

b) Based on the findings of this study, the researcher has suggested an alternative model to HIV and AIDS implementation in universities. In fact, the study can initially be on a pilot basis and be adopted later. There is need for another study, using the same methodology as used in this study to be conducted, targeting universities, teachers' colleges and technical colleges. The researcher contents that such a study would help complete the picture for HIV and AIDS prevention programmes implementation in Zimbabwe's universities.

REFERENCES

- Airhihenbuwa, C.O. et al. (2000). *Communication frameworks for HIV and AIDS*. Thousand Oaks, CA: Sage.
- Ashley, D. & Orenstein, D.M. (1990). *Sociological theory (2nd Ed)* Indiana. Boston: Allyn & Bacon..
- AAU, (2007). The HIV and AIDS Challenge in African Higher Education Institutions: Responding to HIV and AIDS in African Higher Education Institutions. UNAIDS, 2006 Report on Global Aids Epidemic.
- Babbie, E.R. (1998). *Survey research methods*. Belmont, California: Wadsworth Publishing Co.
- Babbie, E and Mouton, J. (2001). *The practice of social research*: Cape Town, Oxford University, Press.
- Babbie, E and Mouton, J. (2005). *The practice of social research*, South African Edition: Oxford University Press.
- Babbie, E. R. and Rubin, A. (2008). *Research methods for social work*. Brooks: Cole Publishing Company.
- Bardach, E. (1997). *Implementing a paternalist welfare-to-work programme. The new paternalism: Supervisory approaches to poverty*. Washington DC: Brookings Institution.
- Barnet, T., Whiteside, A. (2002). *AIDS in the twenty-first century, University of Kwazulu Natal*. Durban: HEARD.
- Barnet, T and Whiteside, A. (2006) *AIDS in the twenty-first century. Disease and globalisation*. 2nd Ed. Pelgrave, New York: Macmillan.
- Beeby, C. E. (1966). *The quality of education in developing countries*. Cambridge: Harvard University Press.

Bergmann, J.H. (2008). Quality of education and the demand for education: Evidence from developing countries. *International review of Education*.42(6):581-604.

Berman, P and McLaughlin, M. (1997). Federal Programs Supporting Educational Change, Vol. VII: *Factors Affecting Implementation and Continuation*. Washington, DC: US Office of Education, Dpt. Of Health, Education and Welfare.

Birdsall, K. and Kelly, K. (Cadre).(2007). *Pioneers, partners, providers. The dynamics of civil society-AIDS funding in Southern Africa*-South Africa, Braamfontein: OSISA.

Boller, J and Acher, E (2009). *Second Wits HIV and AIDS in the workplace research symposium (2nd Ed)*. Johannesburg

Borg, W.R., Gall, G. and Gall, J. P. (2003). *Educational research: An introduction*. New York: Longman.

Brandon-Jones, Alistair. (2008). *Quantitative analysis in operations management*, New York: Financial Times Prentice Hall.

Brief, A.P. (1998). *Attitudes in and around organizations for organizational science*, Thousand Oaks: Sage.

Bryman, A. (2012). *Social research methods*. 4th Edition, USA, New York. Oxford University Press.

Buchanan, D. and Bryman, A. (Eds.). (2009). *The SAGE handbook of organizational research methods*. London: Sage Publications Limited.

Burrell, G and Morgan, G. (1979) *Sociological paradigms and organisational analysis*. London: Lawrence and Wishart Sage Publications.

Cameron, E. (2009). HEAIDS keynote address report on *HIV and AIDS symposium*, East London.

Carter, S. M., and Little, M. (2007). Justifying Knowledge, Justifying Method, Taking Action: Epistemologies, Methodologies, and Methods in Qualitative Research. *Qualitative Health Research*, 17(10), 1316-1328.

Central Statistical Office (2003), *Income, consumption and expenditure survey (ICES) 2001 (Provisional)*, Harare, Zimbabwe.

Centre For Distance Education (1995). *Curriculum Implementation, Change and Innovation*- Module EA3AD303.

Chabaya, O. (2007). Gender and educational management, *PhD Thesis*, UFH, South Africa.

Chandiwana, B. (2009). *Situational analysis of orphaned and vulnerable children in eight Zimbabwean districts*. Cape Town: HSRC Press.

Chevo, T., and Bhatasara, S. (2012). HIV and AIDS Programmes in Zimbabwe: Implications for the Health System. *ISRN Immunology*, 2012.

Chitando, E. (2008). *Mainstreaming HIV and AIDS in theological education: Experiences and explorations*. Switzerland: WCC Publications,

CI A (2004). World Factbook. Retrieved from www.cia.gov/cia/publications/factbook.

Cohen, L., Manion, L. and Morrison, K. (2000). *Research methods in education*. (5th Ed). New York: Routledge Falmer.

Cohen, L., Manion, L., and Morrison, K., (2007). *Research methods in education*. Padstow: Cornwall.

Coleman, M., Graham-Folly, M and Middlewood, D. (2003). *Managing the curriculum in South African schools*, London: Commonwealth Secretariat.

Coombe, C. (2000). Keeping the Education System Healthy: Managing the Impact of HIV and AIDS on the Education in South Africa. *Current Issues in Comparative Education*, 3(1) December 2000. Retrieved from <http://hiv/aidsclearinghouse.unesco.org/ev-en.Php>.

Coombe, C. (2002). *Keeping the education system healthy: Managing the impact of HIV and AIDS on education in South Africa*, Department of Education.

Creswell, J.W. (2002). *Research design.quantitative and qualitative approaches*, Thousand Oaks: Sage Publications.

Creswell, J.W. (2003). *Research design, quantitative, and mixed methods approaches*. London: Sage Publications.

Cristani, M., and Cuel, R. (2005). A Survey on Ontology Creation Methodologies. *International Journal on Semantic Web and Information Systems (IJSWIS)*, 1(2), 49-69.

Dash,N.K. (2005). *Selection of the research paradigm and methodology*. New Delhi: School of Education.

Dale, R. (2005). Globalisation, Knowledge Economy and Comparative Education., 41(2), 117-149.*Journal of international and comparative education*.

De Feiter, L.P., Vonk, J. H. C., and Van Den Akker, J. J. H. (1995). *Towards more effective teacher development in Southern Africa*. Amsterdam: VU University Press.

Doll, C. (1999) *Curriculum improvement: Decision making process*. 7th Ed. Toronto, USA: Allyn and Bacon Publishers.

Du Plooy, G, M. et al (2003). *Communication research techniques, methods and applications*. Lansdowne: Juta.

Dube, I. (2005). *Insights into the diffusion of HIV and AIDS information in Higher Education Institutions in South Africa*, October, 37, 315-327. Pretoria, Elsevier Ltd

Dube, L. (2005). *The Management and Diffusion of HIV and AIDS Information in Institutions of Higher Learning in South Africa*(Doctoral dissertation).

Dube, L., and Ocholla, D. N. (2005).Insight into the Management and Diffusion Strategies of HIV and AIDS Information in Institutions of Higher Education in South Africa.*South African Journal of Library and Information Science*, 71(2), 187.

Education and Employment Division, Population and Human Resources Department, *PHREE background paper series No PHREE/90/31*. Washington: The World Bank

Eastern Cape Department of Education, Manual for school management, 2010

EFA (2000).Assessment; Thematic Study on School Health and Nutrition.report commissioned by the WHO.

Engelbrecht, W; Ankiewicz, P; and de Swardt, E.(2007). An Industry – Sponsored, School-Focused Model for Continuing Professional Development of Technology Teachers. *South African Journal of Education*, 27, 579 – 595.

Evans, R. N. (1993). *Career education and vocational education: Similarities and contrast*. Boston: Fieldman.

Everard, B., Morris, G. and Wilson, I. (2004).*Effective school management*. London: Paul Chapman Publishing.

Evian.C. (2006).*Primary AIDS Care*, 2nd Ed. Jamaica: Houghton.

Fetterman, (1994).*Empowerment evaluation*. Texas: Stanford University.

Fisher, J et al (2000). Information-Motivation-Behaviour Skills Model-Based HIV Risk Behaviour Change Intervention for Inner City High School (*Journal of Health*)Youth 2002 Vol. 21, No 2, 177-186.

Fullan, M.G. (1991). *The new meaning of educational change*, 2nd Ed. New York: Teachers College Press.

Gao, M ,Yan Cheng, Chao-Hua Lou, Lisa , M, Mueller, et al (2008) Effectiveness of a School-Based AIDS Education Programme Among Rural Students In HIV High Epidemic Area Of China. *Journal of Adolescent Health* 42 (2008) 184-191 Shanghai, China.

Gatawa, B. S. M. (1990). *The politics of the school curriculum: An introduction*. Harare: College Press.

Gibbons, T. and Sanderson, G. (2002). "Contemporary Themes In The Research Enterprise". *International Educational Journal* 3(4). Retrieved on 12/06/11 from <http://www.flinders.edu.au/education/iei/>.

Gorski, P. (2005). "The poverty of deductivism: A constructive realist model of sociological explanation in sociological methodology". Online <http://www.yale.edu/sociology/faculty/pages/gorski/vitaPhilipG...>

Graczyk, P. A., Lovejoy, M. C., O'Hare, E., and Neuman, G. (2000). Maternal Depression and Parenting Behavior: A Meta-Analytic Review. *Clinical psychology review*, 20(5), 561-592.

Greenberg, M. T., Domitrovich, C. E., Graczyk, P. A., and Zins, J. E. (2005). The study of implementation in school-based preventive interventions: Theory, research, and practice. *Promotion of mental health and prevention of mental and behavioral disorders* 2005 series v3.

Gregson, S, Garnett, G and Nyamukapa, C.A. (2002). *Sexual mixing patterns and sex differentials in teenage exposure to HIV infection in rural Zimbabwe*. *Lancet* 2002; 359;1896-1903.

Griffiths, J. (2005). HIV and AIDS Intervention Programmes for Youth in Africa: The Role of Grassroot Soccer. *Monograph in partial fulfilment of the requirements for M. Ed degree*. International School of Education Stanford University.

Guba, E. G., and Lincoln, Y. S. (1985). *Competing paradigms in qualitative research*. In N. K. Denzin and Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). Thousand Oaks, CA: Sage.

Guba, E. G. and Lincoln, Y. S. (2005). *Paradigmatic controversies, contradictions, and emerging confluence*. In N.K. Denzin and Y. S. Lincoln (Eds.). *The Sage handbook of qualitative research* (3rd ed., pp191-215). Thousand Oaks: Sage.

Gruber, T. (2009). *A translation Approach to portable ontology specifications*. Essex: Longman.

Guni, (2006). *The social commitment of universities-higher education, New challenges and emerging roles for human and social development*, Great Britain .Palgrave: Macmillan.

Guskey, T. R. and Sparks, D. (2002). *Linking Professional Development to Improvements in Student Learning*. Paper presented at the American Educational Research Association, New Orleans, LA.

Gwarinda, T. C. (2006). *A Critical Evaluation of Assessment Procedures in the Context of Quality Assurance in Distance Education; a Case Study of the Zimbabwe Open University* (Doctoral dissertation, University of Fort Hare).



Hall, G. E., and Loucks, S. F. (1981). Program Definition and Adaptation: Implications for In-service. *Journal of Research and Development in Education*, 14(2), 46-58.

Haralambos, M. and Holborn, M. (2008) *Sociology themes and perspectives*. London: Harper Collins.

Hargreaves, A and Hopkins, N. (1991). The Emotional Practice of Teaching: Teaching and Teacher Education. *International Journal of Research and studies*. 14(2):23-37. London: Routledge.

Hawes, H. (1979). *Curriculum and reality in African primary school*. Essex: Longman.

HEAIDS (2003-2004). *HIV and AIDS Audit: Interventions in South African Higher Education*. South Africa: Department of Education.

- HEAIDS (2010). *HIV and AIDS Prevention. Good practice: strategies for public higher education institutions (HEIs) in South Africa*. Pretoria: Higher Education South Africa.
- Henning, E., Gravett, S., and Van Rensburg, W. (2005). *Finding your way in academic writing*. Pretoria: Van Schaik.
- Higher and Tertiary Education Sector Response to HIV and AIDS in Zimbabwe-Report 2008 Harare.
- Hills, M., and Mullett, J. (2000). *Community-Based Research: Creating evidence-based practice for health and social change*. Thousand Oaks. Sage.
- Hopkins, D. Ainscow, M and West, M. (1994). *School Improvement in an Era of Change. School Development Series*. London: Capsules.
- Huber, J. (1993). *Dictionary of AIDS related terminology*. London: Neal-Schuman Publishers Inc.
- IBE-UNESCO. 2006 Widening the field of inquiry, *A cross country study of higher education Institutions' responses to HIV and AIDS*.
- Ingersol, R. M. (2003). *Turnover among mathematics and science teachers in USA*. Philadelphia: Sage.
- International Labour Review 1995.
- Ivankova, N. V., Creswell, J. W. and Clark, V. L. P, (2007). Foundations and approaches to mixed methods research (Eds) in K. Maree (2007). *First steps in research*. Pretoria: Van Schaik Publishers.
- Johnson, B. and Turner, L. A. (2003). Data collection strategies in mixed methods research. In A. Tashakkori and C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioural research* (pp.297-319). Thousand Oaks: CA: Sage.

- Johnson, S. et al. (2000). The Teacher Development and Change in South Africa. A Critique of Northern/Western Practice. *South African Journal of Education*. 20 (2). 36 – 49.
- Joubert, M., Back, J., De Geest, E., Hirst, C., and Sutherland, R. (2010). Professional development for teachers of mathematics: opportunities and change, *Journal of research in Mathematics Education*.
- Jupp, (2006). *The Sage Dictionary of Social Research Methods*, 2nd ed. Bristol: Sage Publications.
- Kanyongo, G. X. (2005). "Zimbabwe Public Education System Reforms: Success and Challenges". *International Education Journal*, 6(1): 65-74.
- Karsten, S., Voncken, E. and Voorthuis, M. (2000). *Dutch primary schools and the concept of the learning Organization*. *Learning Organization*, 7(3), 145-156.
- Kelly, M.J. (2001). Challenging the Challenger. Understanding and Expanding the Resources of Universities in Africa to HIV and AIDS: A synthesis Report for the WGHE, ADEA, Working Group on Higher Education. Washington DC: World Bank
- Kelly, M.J (2002). *Crafting the response of a university to HIV and AIDS*. Presentation to the university of the West Indies and the association of Carribean Universities and Research Institutes. Retrieved from http://www.uwicentre.edu.jm/lecture/pdfs/crafting_the_response.pdf.
- Kelly, K., et al. (2007). *Models for funding and coordinating community-level responses to HIV and AIDS*. Thousands Oaks: Sage Publications.
- Kim, Y., Rhatigan, J., Jain, S.H and Porter, M. E. (2008). 'Delivering Global Health'. *Student British Medical Journal*.
- Kinghorn, A. and Kelly, M. (2005). The Impact of the AIDS Epidemic. Articles by Paul Bennell: *Journal of Development Studies*, 41, 489-499.

Kirkhart, K.E. (2000). Reconceptualising evaluation use: An integrated theory. *American Journal of Evaluation* (Volume 88,pp 5-24) San Francisco: Jossey-Bass.

Kirumira, E.K and Katahoire, A.R (2008). *The Impact of HIV and Aids on Higher Education Institutes in Uganda*: Paris: International Institute for Educational Planning.

Kotecha, P. (2008). *HIV and AIDS: An action guide for higher education institutions in the SADC region*, Johannesburg: SARUA Publishers.

Kothari, C.R. (2004). *Research Methodology*.(2nd Ed). New Delhi: New Sage International (P) Limited Publishers.

Krauss, S. E. (2005). Research Paradigms and Meaning Making: A primer. *The Qualitative Report*, 10(4), 758-770. Retrieved 1st April 2010, from <http://www.nova.edu/ssss/QR/QR10-4/krauss.pdf>

Krueger, R.A. and Casey, M.A. (2009). *Focus Groups: A Practical guide for applied research* 4th Ed. Thousands Oaks: Sage Publications.

Lawton, D. (1973). *Class, culture, and the curriculum*. London: Routledge and Kegan Paul.

Leviton, L. (2003) Evaluation Use: Advances, Challenges and Applications. *American Journal of Evaluation*, December 1;24(4) 525-535. Thousands Oaks: Sage Publications.

Linn, M. C. (2000). Designing the Knowledge Integration Environment. *International Journal of Science Education*, 22(8), 781-796.

Lipsky, M. (1980). *Street- Level Bureaucracy: Dilemmas of the individual in public services*. Russell: Sage Foundation.

MacGregor, K. (2001). Universities Fight South Africa AIDS Crisis. *Times Higher Education Supplement*, April 12.

Maree ,K. (2007). Surveys and the use of Questionnaires (155-171) (Ed). *First steps in Research*. Pretoria: Van Schaik Publishers.

Mark, R. (1996). *Research Made Simple: Handbook for social works*. California: Sage Publications.

MassResources, (2011) AIDS Info, 2011 Copyright, *Community resource information.inc* Massachusetts , USA.

McCoy L, Ngari P and Krumpe, E. (2005): *Building monitoring, evaluations and reporting systems for HIV and AIDS programmes*. Washington DC. USAID.

McGinty, S and Mundy, K. (2009). *Teaching and Teacher Education-HIV/AIDS Educators: The challenges and issues for Namibian Bachelor of education students*, 25(2009) 141-148 July, Toronto, Elsevier, Ltd.

Merriam, S.B. (1998). *Research methods; Qualitative research and case study applications in education*. San Francisco: Jossey- Bass.

Miedema, E. (2006). *A curriculum response to HIV and Aids*. (IBE UNESCO 2006).

Mika, P. (2005). Flink: Semantic Web Technology for the Extraction and Analysis of Social Networks. *Web Semantics: Science, Services and Agents on the World Wide Web*, 3(2), 211-223.

Ministry Of Education, Sport And Culture (MOESC), (2001). *Secretary's Circular Minute No.2 of 2001*. Harare: Government Printers.

Ministry Of Health and Child Welfare 2004

Mogobe, K, D. et al (2007) HIV and AIDS Education, Prevention and Control Course (BNS101): The way forward. *Journal of the association of nurses in AIDS Care*, Botswana, Gaborone, Volume 18 No.6 November/December 2007, 22-31.

Morgan, G. (1997). *Focus Groups in Qualitative Research*, 2nd Ed. London. Sage.

Moyles, J. (2002). *Observation as a research tool* London: Paul Chapman Publishing.

Mugo, F.W. (2002). Sampling in Research *Educational Tutorial Paper*, 9 June, 2002.

Mohammed, A.M. (2006). Creating opportunities for Continuing Professional Development of teachers: The National Teachers' Institute experience. *Lead Paper presented at the 1st National Conference of the Faculty of Education, University of Abuja held from 17th – 21st October 2006: Nigeria.*

Mukoma, W, Flisher, J, Ahmed, N, Jansen, S, Mathews, C, Klepp, K and Schaalma, H. (2009). Process evaluation of a school-based HIV and AIDS interventions in South Africa, June 2009, pp37-47, London: SAGE Publications.

Mupawaenda, A and Murimba, S. et al (2002) *Zimbabwe Human Development Report*, Harare: Education Sector-University of Zimbabwe.

Murray. C and Dickinson. D. (2006). Wits University's response to HIV and AIDS: flagship programme or 'tramp steamer'? *African Journal of AIDS Research* 2006, 5(2): 159–166 Johannesburg, South Africa.

University of Fort Hare
Together in Excellence

Musegedi, F. (2007). Findings from the Situation Analysis Report on the Higher and Tertiary Education Sector's Response to HIV and AIDS. Unpublished.

Murphy, J. (1992). Methodological, Measurement, Conceptual Problems in the Study of Instructional Leadership. *Educational Evaluation and Policy Analysis*, 10(2), 117-139.

Muzinda, M. (2006) Monitoring and Evaluation Practices and Challenges of Gaborone Based Local NGOs, Implementing HIV and AIDS Projects in Botswana. *MED Dissertation in Project Management.*

Nasibi M. W. (2007). *Integrating of HIV and AIDS into university curriculum.* Nairobi, Kenyatta University.

Nieuwenhuis, J. (2007). Analyzing qualitative data (99-120) In Maree K. (Ed) *First steps in Research.* Pretoria: Van Schaik Publishers.

- Nieuwenhuis, J. (2007). Introducing qualitative research (47-69) In K. Maree, (Ed). *First steps in Research*. Pretoria: Van Schaik Publishers.
- Nieuwenhuis, J. (2007). Qualitative research designs and gathering techniques (70- 98) In K. Maree, (Ed) *First steps in Research*. Pretoria: Van Schaik Publishers.
- Nkomo, M.G. (1995). *Curriculum Implementation Change and Innovation. Module EA3AD303*. Harare: The Centre for Distance Education University of Zimbabwe.
- Ornstein. C.A. and Hunkins, P.F.(2004). *Curriculum: Foundations, principles and issues*. (4thed) Boston: Pearson Education Inc.
- Owino, O.P. (2007). *HIV and AIDS capacity building and curriculum integration for tertiary institutions, Lusaka Zambia*.
- Parsons, W. (1995). *Public policy: An introduction to the theory and practice of policy analysis*. Cheltenham: Edward Elgar Publishing Ltd.
- Patton, M. A. (1997) *Qualitative research and evaluation methods*. 3rd Edition. London: Sage.
- Pellert, A. (2007). Human Resource Management at Universities. and Development in Central, Southern and Eastern Europe, 104.
- Penuel, W. R., Fishman, B.J., Yamaguchi, R. and Gallagher, L.P. (2007). What Makes Professional Development Effective? Strategies that Foster Curriculum Implementation. *American Educational Research Journal*, 4 (4), 921-958.
- Phillips, C., Palfrey, C. and Thomas, P. (1994). *Evaluating health and social care*. London: Macmillan Press.
- Pohan, M. N, Hinduan, Z. R et al (2011). HIV-AIDS Prevention through a Life-Skills School Based Programme. *WCES –Procedia Social and Behavioural Sciences*, 15(2011) 526-530, 1872-0428 published by Elsevier Ltd.

Reidar, O. (2000). *Monitoring, Evaluation practices and challenges of Gaborone*. Retrieved from www.2.aau.org/./mmuzinda.pdf.

Rembe, S, (2006). An Assessment of the Policies and Programmes of Zimbabwe in Addressing the HIV and AIDS Epidemic in the Education Sector.

Remenyl et al (1998). *Ontology, Epistemology and methodology*. Retrieved from www.ukessays.com>ukessays.essays>Psychology.

Richie,S.M. And Rigano, D.C. (2001). *Evaluation Positivism against Interpretivism: Post Positivist Approaches to Research*. Retrieved from www.ukessays.com>ukessays>essays>sociology.Qualitative Social Research. www.qualitative-research.net/..414.

Rindermann, H and Meisenberg, G . (2009). Relevance of education and intelligence at the national level for health: *The case of HIV and AIDS*.Vol 37(3) 383-395 . Pretoria: Elsevier inc.

Ritchie, S. M. and Rigano, D. L. (2001).Researcher–Participant Positioning in Classroom Research.*International Journal of Qualitative Studies in Education*, 14(6), 741-756.

Rogan, J. M. and Grayson, D. J. (2003).Towards a Theory of Curriculum Implementation with Particular Reference to Science Education in Developing Countries.*International Journal of Curriculum Studies (In Press)*.Retrieved from URL.<http://dx.dorf.org/10.1080/0950069010145819>.

Ryan, A. B. (2006). Post-positivist Approaches to research. In researching and writing your thesis: A guide to postgraduate studies. MACE: Maynooth *Adult and Community Education*, (pp. 12-26).

SAfAIDS (2010).*Workplace HIV Programmes; Implementation Guide*, ILO. SAfAIDS.Retieved from www.saf aids.net/content/workplace.

Schwandt, T. A. (2001). *Dictionary of qualitative inquiry*. Thousand Oaks: Sage Publications, Incorporated.

Setswe,K.G. (2009). *HIV Prevention: Where is the evidence of intervention?*www.slideshare.net/Nicopaul/01-sets.

Sarantakos,S. (2005). *Social research*, Basingstoke, Palgrave: Macmillan,

Shisana et al. (2005). *The Health of our Educators-A Focus on HIV and AIDS in South African Public Schools ,2004/5 survey- Elrc -Human Sciences Research Council*.

Squire, C. (2007).*HIV South Africa*. London: Routledge.

Stenhouse, L. (1975). *An Introduction to Curriculum Research and Development*.London: Heinemann.

Stern, B.S. and Kysilka,M.C. (2008). *Contemporary readings in curriculum*. London: Heinemann Educational Books.

Talbot, M. (2010).Language and gender.Policy.*Journal of Sociolinguistics*, 2010 -
Together in Excellence

Tashakkori, A. and Teddlie, C. (2003).*Handbook of mixed methods in social and behavioural research*. London: Cassell.

Terre Blanche, M and Durrhein, K. (1999).*Research in practice, applied methods for the social sciences*, Cape Town: UCT Press.

Terry, P. E. et al (2006). An Examination of Knowledge, Attitudes and Practices Related to HIV and AIDS Prevention in Zimbabwean University Students.Comparing Intervention Programme Participants and Non- Participants. South Africa. Durban-*International Journal of Infectious Diseases* (2006) 10, 38-46 Elsevier Ltd.

The Zimbabwean Herald, 13 August 2006.

Thorleif, L (2012). Combining Qualitative and Quantitative Approaches: Some Arguments for Mixed Methods Research.*Scandinavian Journal of Educational Research*, 56(2), 155-165.

Tomlinson, M, Rohleder. P, Swartz, L, Drimie, S and Kagee, A (2010). *Broadening Psychology's Contribution to Addressing Issues of HIV/AIDS, Poverty and Nutrition; Structural Issues as Constraints and Opportunities*. 14 July 2010 :15:972, Vol 15(7) 972-981 London: SAGE publications.

Trochim, W. M. K. (2006). *The research methods knowledge base*. www.socialresearchmethods.net/kb/contents.php.

Tuckman, B.W. (1978). *Conducting educational research*. 2nd Ed. New York: Harcourt Brace, Jovanoch Publishers.

UNAIDS (1997). *Prisons and AIDS* pp2-3.

UNAIDS (2002). *The Private sector responds to the epidemic: Debswana- a global benchmark*. www.unaids.org.

UNAIDS. (2004). *Clearing the common ground for the "Three Ones": Report of a consultative meeting*. Washington: UNAIDS.

UNAIDS (2005). *The Three Ones in Action: Where we are and Where we go from here*. UNAIDS. Geneva.

UNAIDS (2006). *Report on the Global AIDS Epidemic*. New York: UNAIDS.

UNAIDS (2007). *UNAIDS Expert Consultation on Behaviour Change in Prevention of Sexual Transmission of HIV: highlights and recommendations*. International Conference in Geneva, Switzerland.

UNAIDS (2008) *AIDS Epidemic Update*. UNAIDS. Retrieved from www.unaids.org. (accessed 2011).

UNAIDS (2009). *AIDS Updates*.

Retrieved from www.unaids.org>Home>Data&analysis>knowyourepidemic.

- UNAIDS (2011). *Global, H.I.V and AIDS response: epidemic update and health sector progress towards universal access: progress report 2011*. Geneva, UNAIDS.
- UNDP (2003). *Human Development Report 2003: Millenium Development Goals: A compact among nations to end human poverty*. New York: Oxford University Press.
- UNESCO (2005) *Literacy for Life.Education for all.Global monitoring Report 2005*. Paris: UNESCO.
- UNESCO (1995). *Review of Higher Education*, UNESCO.
- UNESCO. (2006). *Widening the field of inquiry; A cross country study of Higher Education Institutions' responses to HIV and AIDS*, UNESCO.
- UNESCO (2007). *EFA Global Monitoring Report 2008: Education for All by 2015. Will we make it?* Paris: UNESCO Publishing.
- UNESCO. (2008). *Higher and tertiary education sector responses to HIV and AIDS in Zimbabwe*, DFID, Harare: Zimbabwe, UNESCO.
- UNICEF (2003). *Situational Assessment and Analysis of Children in Zimbabwe,2002 Update Hope Never Dries Up: Facing the Challenges*.
- UNICEF (2007). *Caring for Children affected by HIV and AIDS*. Florence, UNICEF.
- UNICEF.(2007). *Caring for Children affected by HIV and AIDS*. Florence, UNICEF.
- UNICEF. (2011). *"UNICEF Humanitarian Action for Children, 2011: Building Resilience."*
- UNICEF. (2012). *The State Of The World's children*. www.unicef.org/sowc2012/
- United Nations Development Programme (UNDP). 2005.
- UNDP (2005). *Human Development Report*. New York, UNDP.

- UNFPA, (2002). *HIV and AIDS prevention guidance for reproductive health professionals in developing-country settings*. New York: Population Council.
- University of Fort Hare (2008). Post Graduate Qualifications: Policies and Procedures. *MED by dissertation and PhD. School of Post Graduate Studies, Faculty of Education, UFH. South Africa.*
- University of Zimbabwe *HIV and AIDS Policy* 2011.
- Van Dalen, D. (1978). *Understanding Educational Research: An Introduction* Black Dot.Inc. (ECU).
- Van Rensburg, J. (2001). *An Orientation to Research*. Rhodes University Environmental education Unit: Research methods short course. *Research*. Cape Town: Oxford University Press.
- Van Vuuren, L. S. J. (2004). Adolescent substance abuse and HIV and AIDS education and prevention (*Doctoral dissertation, Rand Afrikaans University*).
- Verspoor, A. and Wu, K,B (1990). Textbooks and Educational Development. Education and Employment Division, Population and Human Resources Department, *PHREE background paper series No PHREE/90/31*. Washington: The World Bank.
- Visser-Valfrey, M. and Sass, J. (2009). *A strategic approach: HIV and AIDS*. Pretoria: Van Schaik.
- Wadesango, N. (2008). An Assessment of Teacher Participation in Decision Making: A Case Study of Gweru District Secondary Schools in Zimbabwe (*Doctoral dissertation, University of Fort Hare*).
- Walklin, L. (2002). *Teaching and learning in further and adult education*. Nelson :Thornes.
- Walliman, N. (2006). *Social Research Methods*. London: Sage publications.

- Water-Adams, S. (2006). *Action Research in Education*. Faculty of Education: University of Plymouth.
- WHO. (2006) Report on Global AIDS epidemic. Geneva: WHO.
- Wiebe, N. (2010). *Saving deprived Africans in a neoliberal age: Critically examining mainstream approaches to HIV and AIDS* ,Vol 26(3):355-385. London: SAGE Publications.
- Wilson, H. S. (1993). *Introducing research in nursing*. 2nd Ed. California: Addison Wesley Nursing.
- Wisker, G., and Robinson, G. (2009). Encouraging Postgraduate Students of Literature and Art to Cross Conceptual Thresholds. *Innovations in Education and Teaching International*, 46(3), 317-330.
- Wood, (2011). *A Guide to HIV and AIDS Mainstreaming*. Retrieved from www.ilo.org/./wcms.
- World Bank (2004). *Education and HIV and AIDS: A source book of HIV and AIDS Prevention Programmes*. Washington DC: The World Bank.
- World Bank (2005). *WDI Data Query*. World Bank Group. Retrieved from <http://devdata.worldbank.org/dataquery>.
- The World Bank Economic Review, (2008) *on HIV pandemic, medical brain drain, and economic development in Sub-Saharan Africa*. Washington DC.
- Yan Cheng, Chao-Hua Lou, Lisa , M, Mueller, Gao, M et al (2008) Effectiveness of a school-Based AIDS Education Programme among Rural Students in HIV High Epidemic Area of China. *Journal of Adolescent Health* 42 (2008) 184-191 Shanghai, China.
- Yin, R. (2003). *Case Study: Research design and Methods*. California: Sage.
- Zimbabwe Curriculum Development Unit Teacher's book (1996:13).

Zimbabwe Human Development Report (2003). *Re-Directing our Responses to HIV and AIDS*-Institute of Development Studies-University of Zimbabwe-Harare:GCZ

Zimbabwe National HIV and AIDS Estimates (2008). *A preliminary report*. Government of Zimbabwe (2009) Harare: Ministry of Health and Child Welfare.

Zimbabwe National HIV and AIDS Estimates (2009). *A preliminary report*. Government of Zimbabwe (2010) Harare: Ministry of Health and Child Welfare.

Zimbabwe Open University *HIV and AIDS Policy*, 2011.

Zimbabwe Open University *Information Brochure*, 2011.

Zimbabwe Open University *Information Brochure*, 2012.



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APPENDICES

Appendix1. Consent form

INFORMED CONSENT FORM FOR PARTICIPANTS

Dear Participant

I am Denias Muzenda, a PhD candidate at the University of Fort Hare- South Africa, School for Post Graduate Studies. As a part of my academic programme, am conducting research on: The implementation of HIV and AIDS prevention programmes in three universities in Zimbabwe. As part of this process, I am inviting you to participate in an Interview survey. Please answer all questions honestly and truthfully by providing what you think are relevant responses.

Should you consent, I wish to guarantee you that any information that you may provide will be treated confidentially and used for academic purposes only. At no time your identity will be divulged or made available to anybody other than the researcher. Thank you.

Researcher’s signature.....Date.....

I.....hereby give consent to participating in the study on : An assessment of the implementation of HIV and AIDS prevention programmes at the Universities in Zimbabwe. I understand that I am participating freely without being forced in any way. I also understand that I can stop participating in this study and my decision to do so will not affect me negatively.

Participant’s signature.....Date.....

APPENDIX 2. Permission letter from University of Forthare

Faculty of Education

School of Postgraduate Studies

Cnr Fleet & Cambridge Street
East London & Stuart Hall, Alice

Phone: East London: 043704 7219| Fax: 043-7047228
Alice: 0406022103
nsibeko@ufh.ac.za/abovu@ufh.ac.za



University of Fort Hare
Together in Excellence

06 May 2011

To whom it may Concern

Dear Sir,

Re: Permission to Collect Data – Mr. Denias Muzenda

This is to confirm that Mr Denias Muzenda is a PhD candidate at the University of Fort Hare. His student number is 200903301. His research title is “An Assessment of the Implementation of HIV and AIDS Prevention Programmes in three Universities in Zimbabwe”. He is supposed to collect data from the Faculty of Education in your University. Kindly grant him permission. I would also be grateful if you could kindly provide him with documents that may assist with information regarding the area of his study.

I would like to assure you that any information that will be collected will remain confidential and no name of the institution or person will be disclosed. The student will ensure that he does not disrupt ongoing activities during the period he will be collecting data.

Sincerely


Professor G. Moyo

Director, School of Postgraduate Studies
Faculty of Education

UNIVERSITY OF FORT HARE Faculty of Education
06 MAY 2011
Signature _____

APPENDIX 3. Focus group discussion guide with students

The implementation of HIV and AIDS prevention programmes in three universities in Zimbabwe.

Materials and Other Resources

1. What materials and other resources are used by implementers of the programmes in the university?
2. Do you believe that this university has the necessary resources to deliver an effective HIV and AIDS response programme? Please discuss the materials used in the programmes.
3. Does your university have adequate qualified personnel for HIV and AIDS education to put up meaningful prevention programmes?
4. Please explain whether you are aware of the University's HIV and AIDS policy?

What are the objectives of the policy?

5. What are the components of the policy?
6. Which HIV and AIDS prevention programmes (Awareness programmes) are implemented at this University for students?

Capacity of the implementers of the programmes

- 7.a) What is the capacity of the implementers of the programmes?
- b) Please explain who is responsible for implementing the programmes? Please discuss each one separately.
8. Does this University have an HIV and AIDS Peer group committee in place? Please state its role.

INTEGRATION OF HIV and AIDS IN THE FORMAL CURRICULUM

9. Are your programmes integrated in the formal curriculum? Please outline the programmes
10. Please explain how they are being implemented?

11. Please discuss the number of times they are being offered, that is the timetable of the programmes;

12. Please discuss who is offering them

Please discuss the methods/strategies used to offer or deliver them

Monitoring and support strategies put in place by the universities

13. What monitoring and support strategies have been put in place by the university to ensure that the programmes are properly implemented?

14. Please explain whether students are involved or consulted in the planning and implementation of the programmes?

Methods used by implementers

15. What methods do implementers use in delivering the programmes?

16. What means is used by this University to protect students from HIV infection?

17. What role do you play in the institution in responding to HIV and AIDS?



Students' perceptions regarding HIV and AIDS prevention programmes in the institutions.

18. What are the students' and staff perceptions regarding HIV and AIDS prevention programmes in the institutions?

19. What could be the real situation on the claims that AIDS and HIV remain a major public health threat at this institution?

20. Would you confirm that sexual intercourse is common practice at this university?

21. Would you confirm that awareness levels amongst students are high enough to effect behaviour change and capable of reducing the number of new infections on campus?

22. What are the students' perceptions regarding HIV and AIDS prevention (awareness programmes) in the institution? Please specify what you think the students have gained from the implementation of the programmes.

Challenges in the implementation of HIV and AIDS Prevention Programme

23. Are there any challenges affecting you as students in your efforts to be involved fully in on campus Awareness HIV and AIDS prevention programmes? Please explain.

Thank You

APPENDIX 4. Interview guide for lectures

The implementation of HIV and AIDS prevention programmes in three universities in Zimbabwe.

Materials and Other Resources

1. What materials and other resources are used by implementers of the programmes in the university?
2. Do you believe that this university has the necessary resources to deliver an effective HIV and AIDS response programme? Please discuss the materials used in the programmes.
3. Does your university have adequate qualified personnel for HIV and AIDS education to put up meaningful prevention programmes?
4. Please explain whether you are aware of the University's HIV and AIDS policy?
What are the objectives of the policy?
5. What are the components of the policy?
6. Which HIV and AIDS prevention programmes (Awareness programmes) are implemented at this University for students?

Capacity of the implementers of the programmes

- 7.a) What is the capacity of the implementers of the programmes?
- b) Please explain who is responsible for implementing the programmes? Please discuss each one separately.
8. Does this University have an HIV and AIDS Peer group committee in place? Please state its role.

INTEGRATION OF HIV and AIDS IN THE FORMAL CURRICULUM

9. Are your programmes integrated in the formal curriculum? Please outline the programmes

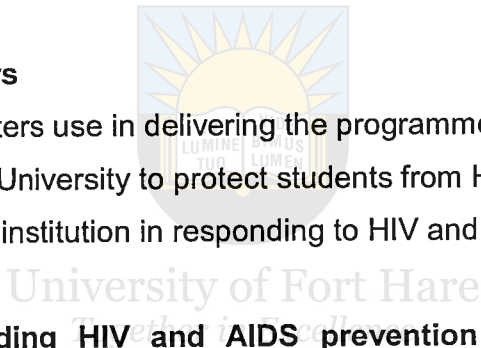
- 10. Please explain how they are being implemented?
 - 11. Please discuss the number of times they are being offered, that is the timetable of the programmes;
 - 12. Please discuss who is offering them
- Please discuss the methods/strategies used to offer or deliver them

Monitoring and support strategies put in place by the universities

- 13. What monitoring and support strategies have been put in place by the university to ensure that the programmes are properly implemented?
- 14. Please explain whether students are involved or consulted in the planning and implementation of the programmes?

Methods used by implementers

- 15. What methods do implementers use in delivering the programmes?
- 16. What means is used by this University to protect students from HIV infection?
- 17. What role do you play in the institution in responding to HIV and AIDS?



Students' perceptions regarding HIV and AIDS prevention programmes in the institutions.

- 18. What are the students' and staff perceptions regarding HIV and AIDS prevention programmes in the institutions?
- 19. What could be the real situation on the claims that AIDS and HIV remain a major public health threat at this institution?
- 20. Would you confirm that sexual intercourse is common practice at this university?
- 21. Would you confirm that awareness levels amongst students are high enough to effect behaviour change and capable of reducing the number of new infections on campus?
- 22. What are the students' perceptions regarding HIV and AIDS prevention (awareness programmes) in the institution? Please specify what you think the students have gained from the implementation of the programmes.

Challenges in the implementation of HIV and AIDS Prevention Programme

- 23. Are there any challenges affecting you as lecturers in your efforts to be involved fully in on campus Awareness HIV and AIDS prevention programmes? Please explain.

Thank You

APPENDIX 5.LECTURERS' QUESTIONNAIRE

You are kindly requested to select a suitable response from the choices provided by the researcher. Place a tick [] in the appropriate box. Where detail is needed, please fill in the required information in spaces provided.

SECTION A BIOGRAPHICAL INFORMATION

1. Gender ☐ Male ☐ Female

2. Age 24 31 38 45

3. Name of University

4. What is your academic position

5. Qualifications and Training

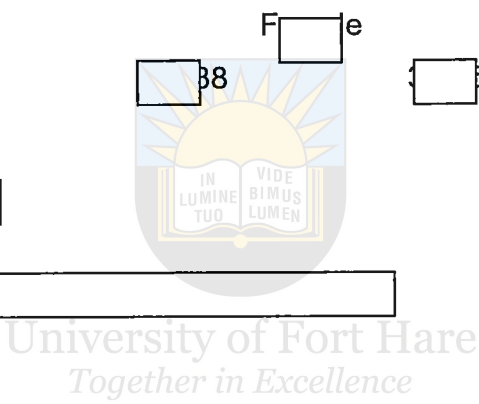
6.1 Academic.....

6.2 Professional.....

6.3 HIV and AIDS training.....

7 a) Experience in teaching..... years.

b) Experience working with HIV and AIDS programmes.....years



SECTION B HIV and AIDS prevention programmes (awareness programmes for staff and students)

8. Does the University have an HIV and AIDS policy?

Yes	No	Uncertain
-----	----	-----------

9. Do you know the objectives and components of the HIV and AIDS policy?

.....

.....

10. Do learners and staff members interact with the policy?

s		No	Uncertain	
---	--	----	-----------	--

11. What is the capacity of the implementers of the programmes?

.....

12. What measures have been taken to strengthen the capacity of the implementation of HIV and AIDS prevention programmes?

.....

.....

13. Have you received HIV and AIDS training?

s		No	Uncertain	
---	--	----	-----------	--

14. Who conducts the training of lecturers to equip them with the necessary knowledge and skills on HIV and AIDS?

staff		External facilitator		NGOs		Other(specify)
-------	--	----------------------	--	------	--	----------------

15. I have received follow up training?

s		No	Uncertain	
---	--	----	-----------	--

16. Do you feel adequately trained to deliver HIV and AIDS programmes?

s		No	Uncertain	
---	--	----	-----------	--

17. Are there refresher courses to prepare lecturers to deal with HIV and AIDS?

s		No	Uncertain	
---	--	----	-----------	--

18. What type of training do you think a lecturer should receive in order to successfully implement HIV and AIDS programmes?

SECTION C Mainstreaming of HIV and AIDS

19. Does the HIV and AIDS intervention programme form part of the formal curriculum and or the co-curricular programmes?.....

20. Is the HIV and AIDS programme taught once a year or spread across the year?

.....

21. Does the HIV and AIDS prevention programme in the curriculum sufficiently address the pandemic?

s		No	Uncertain	
---	--	----	-----------	--

22. a). Describe how HIV and AIDS has been integrated into the university e.g. as part of other subjects, mainstreamed, as standalone

23.What methods do implementers use in delivering the programmes?

24. When implementing these programmes what support do you get from

a) University management.....

b) NGOs.....

25. What resources and other material does the university have for implementing HIV intervention programmes?.....

26. Would you confirm that there is an adequacy of institutional resources for implementing HIV intervention programmes at this university?

es		No	Uncertain	
----	--	----	-----------	--

27. Does the university have trained HIV and AIDS peer educators?

es		No	Uncertain	
----	--	----	-----------	--

28. Who trained them?.....

29. Please explain strategies that have been used to train lecturers to integrate HIV and AIDS in the programmes.....

30.There are orientation programmes for lecturers at the university on life Skills.

Yes No

31. What measures have been taken to increase knowledge about HIV and AIDS among staff and students in order to reduce high risk sexual behaviour?

32.a) What method of teaching HIV and AIDS prevention do you use in this university?

b) Explain the problems encountered to achieve the task above.....

33. Does the faculty of Education have an HIV and AIDS Committee in place?



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s		No	Uncertain	
---	--	----	-----------	--

34. What is the composition of the committee?

.....

35. How often does it meet?

.....

36. What problems has the committee experienced?

.....

.....

37. What monitoring and support strategies have been put in place by the universities to ensure that the programmes are properly implemented? Please elaborate

.....

.....

38. a) When does the monitoring and evaluation of these programmes take place?

.....

b) What are the key indicators that are being monitored?

.....

39. What are the key critical challenges that hinder the implementation of HIV and AIDS programmes in this University?

.....

.....

Part B

Data on service recording

1. Have you attended workshops on behavioural change as staff at this university?

.....

.....

2. Do you recall the number of workshops on HIV Prevention that you have attended as a staff at this university?

.....

3. If you attended, to what extent did you find it worthwhile or not worthwhile to attend the workshop/s?

.....

4. How do you evaluate the standard of the following service delivery at this institution, give the responses using the following choices. Place a tick [] in the appropriate box.

Excellent; Good; Uncertain; Poor; extremely poor

	Excellent	Good	Uncertain	Poor	Extremely poor
m distribution					
ution of flyers/posters					
ncy of workshops					
ampaigns on campus					

5. How often are staff approached and encouraged to get tested for HIV?

.....

6. Do the awareness programmes on campus also cater for academic staff?

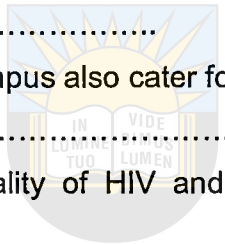
.....

7. How would you rate the overall quality of HIV and AIDS services offered by this Institution?

.....

.....

Thank you for completing this questionnaire



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APPENDIX 6. Interview guide for NGOs

SECTION A:

Knowledge and Programme implementation

You are informed that the interview guide focuses on both types of prevention programmes namely awareness programmes and mainstreaming of HIV and AIDS in the University Curriculum. Hence, your responses need to focus on both types of prevention programmes. The programmes, especially the awareness programmes, focus on students and staff (academic and non-academic in the Faculty of Education).

1. What materials and other resources are used by implementers of the programmes in the universities?
2. Are there any programmes on HIV and AIDS in the universities that you are funding?
Please confirm whether you have offered yourselves or send resource persons to the universities?
3. Please discuss how well the programmes have been implemented
4. Are you aware of the universities policies and strategic framework on HIV and AIDS?
5. Please briefly outline the objectives of both of them.
6. What are the components of the university HIV and AIDS prevention policies and strategic frameworks?
7. What is the capacity of the implementers of the programmes? Please explain the measures you have taken to strengthen the capacity of the implementation of HIV and AIDS?
8. Please outline your role in implementing the policy. Specify any other technical support you offer to university staff and students.
9. What type of training do you offer to university staff and students on prevention programmes? What is the main focus of the training? (Please elaborate)
10. Which methods are used in the training of students and staff? (e.g. drama, workshop, class teaching etc.)
11. Please explain or discuss the methods used by implementers to deliver the programmes?
12. What monitoring and support strategies have been put in place by the university to ensure that the programmes are properly implemented? Please explain how the implementation of the programme is monitored?
13. Please explain the successes and the key critical challenges that hinder the implementation of HIV and AIDS programmes in this University?

Thank you

APPENDIX 7. Interview guide for HIV and AIDS Coordinators

SECTION A:

Background information/ Biographical Details

1. Gender

Male

2. Age range

4

1

8

9++

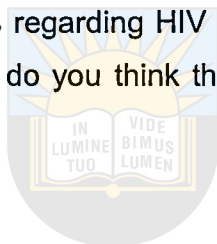
3. Name of University

SECTION B: Knowledge and Programme implementation

4. What materials and other resources do you use as implementers of the programmes in the university? Please discuss these.
5. Which HIV and AIDS prevention programmes (Awareness programmes) are implemented at this University for students?
6. Please explain who is responsible for implementing the programmes? Please discuss each one separately.
7. Please explain whether students are involved or consulted in the planning and implementation of the programmes?
- 8.a) Are there any programmes on HIV and AIDS in the university that you are supporting/ funding? Please discuss how well the programmes have been implemented.
- 8.b) Outline the programmes you cited in 8(a) above.
- 9a) Please explain whether you are aware of the University's HIV and AIDS policy? What are the objectives of the policy?
- b) What are the components of the policy?
10. What measures have you taken to strengthen the capacity of the implementation of HIV and AIDS in this university?
11. Please outline your role in implementing the policy. Specify any other technical support you offer to university staff and students.
12. What type of training do you offer to the university? Please specify the main focus of the training (e.g. behaviour, Theory and knowledge, awareness etc.)
13. Please discuss the methods that are used in the training.

INTEGRATION OF HIV and AIDS IN THE FORMAL CURRICULUM.

14. Are your programmes integrated in the formal curriculum? Please discuss who is offering them
15. Do they show that they are conversant with HIV and AIDS issues they are discussing in the programme?
16. Please discuss the number of times they are being offered, that is the timetable of the programmes.
17. Please discuss the methods/strategies used to offer or deliver them.
18. a) What are their strengths ? b). what are their weaknesses?
19. Please outline any achievements and limitations which you have accomplished in addressing the problems of the HIV and AIDS.
20. What monitoring and support strategies have you put in place at the university to ensure that the programmes are properly implemented?
- 21.a) What are the students' perceptions regarding HIV and AIDS prevention (awareness programmes) in the institution? b) What do you think the students have gained from the implementation of the programmes?



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APPENDIX 8. HIV and AIDS Programmes implementation observation guide

Table 5.1 Check List Data University 1/2/3

Area of Observation	Yes	No
Evidence of record keeping on workshops conducted		
Evidence of posters in halls of residence		
Evidence of posters around lecture rooms		
Evidence of awareness information around public premises		
Evidence of HIV Peer Groups Committees		
Evidence of condom packs in halls of residence		
Evidence of condom packs in lecture rooms		
Evidence of condom packs in toilets		
Evidence of T-Shirts around the campus		
Evidence of HIV Policy Document		
Evidence of HIV/AIDS offices.		

APPENDIX 9. Permission letter from the University of Zimbabwe

PO Box MP 167
Mount Pleasant
HARARE, Zimbabwe
Telephone: 303211 Ext 11105
303284
Fax (263) 308941
Telex: 26580 UNIVZ W
E-mail: officeoftheregistrar.uz.ac.zw

From the Registrar
Sergeant Chevo



UNIVERSITY OF ZIMBABWE

19 April 2011

TO WHOM IT MAY CONCERN

I would like to inform you that the Vice-Chancellor, University of Zimbabwe has approved that Mr Denias Muzenda carries out research for his PhD studies at the University of Zimbabwe.

Mr D Muzenda is a registered PhD in the School of Post-Graduate Studies, Faculty of Education at the University of Fort Hare. He is carrying out research on "An assessment of the Implementation of HIV and AIDS Prevention Programmes in three Universities in Zimbabwe."

I should be grateful if you could assist him in his research and allow him access to the relevant documents. However, I wish to point out that the University of Zimbabwe has the right to withdraw this privilege should there be breach of confidentiality or unethical conduct on the part of the researcher.

Yours sincerely


S.M. CHEVO
Registrar
REGISTRAR
UNIVERSITY OF ZIMBABWE
P.O. BOX MP 167
MT. PLEASANT
HARARE, ZIMBABWE

/tm

APPENDIX 10. Permission letter from the University of Bindura

REGISTRY DEPARTMENT



P Bag 1020
BINDURA, Zimbabwe

Tel: 0271 – 7531-6, 7621-4
Fax: 263 – 0271 – 7534

BINDURA UNIVERSITY OF SCIENCE EDUCATION

HUMAN RESOURCES

17 June 2011

Mr DENIAS MUZENDA
University of Fort Hare
School of Post Graduate Studies
Alice Campus
East London Stuart Hall, Alice
SOUTH AFRICA

Dear Mr. D Muzenda

RE: APPLICATION FOR PERMISSION TO CARRY OUT EDUCATIONAL
RESEARCH IN THE FACULTY OF EDUCATION

Permission to carry out Research on:

An Assessment of the Implementation of HIV and AIDS Prevention Programmes in Three
Universities in Zimbabwe

Bindura University of Science Education has granted you the permission on the following
conditions:

- a) That in carrying out this research you do not disturb the programmes of the Faculty.
- b) That you avail to the University a copy of your research findings.
- c) That the permission can be withdrawn at any time by the Registrar or by any higher officer.

I wish you success in your research work and in your University College studies.

Yours faithfully

TF Rumhuma (Mrs)
REGISTRAR

APPENDIX 11. Permission letter from Zimbabwe Open University



ZIMBABWE OPEN UNIVERSITY

'Empowerment Through Open Learning'

6

REF: 14/1

01 July 2011

The Director
School of Postgraduate Studies
Faculty of Education
University of Fort Hare
Cnr. Fleet & Cambridge Street
East London & Stuart Hall
Alice
SOUTH AFRICA

Attn: Prof. G. Moyo

RE: PERMISSION TO COLLECT DATA: MR. DENIAS MUZENDA

Reference

'A' Your unreferenced letter dated 06 May 2011.

We acknowledge with much appreciation receipt of reference 'A' above.

Permission is hereby granted to Mr. Muzenda to carry out his research with the University. We assure him of our maximum support during the period of the research study.

Thank you


D. NDUDZO
REGISTRAR

Distribution
Internal
Information
Vice Chancellor

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Stanley House, J. Moyo/1st Street, HARARE
Tel/Fax: 263 (4) 793009
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