



Baseline/Situational Study

Towards understanding HIV and
AIDS teaching and learning at
TVET Colleges

July 2015



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& training

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Foreword



It gives me immense pleasure to release this important study – the first ever conducted in the Technical and Vocational Education and Training (TVET) colleges sub-sector.

This study was commissioned by the Higher Education and Training HIV/AIDS Programme (HEAIDS) as part of its broader mandate that seeks to mitigate the impact of HIV and its related issues.

As Government, we affirm the central role of education and training in combating HIV and AIDS and in South Africa's long-term development. The vision for education in the National Development Plan: Vision for 2030, is one in which education is seen as empowering people,

*"to define their identity, take control of their lives, raise healthy families, take part confidently in developing a just society, and play an effective role in the politics and governance of their communities"*ⁱ

While the White Paper for Post-school Education and Training, states that TVET colleges should,

*"constantly strive to be seen by their communities as providers of skills that offer a route out of poverty and that promote personal and collective advancement ... and that can assist communities in meeting some of their cultural and social needs"*ⁱⁱ

Both these guiding documents contextualise South Africa's ongoing development challenges as being broader than just economic, and recognise the interrelationship between economic and social challenges and solutions. It is indeed the mandate of our post-school education and training institutions to find effective ways to address these challenges, including that of HIV and AIDS which has been identified as one of the transformation priorities of the Department of Higher Education and Training (DHET) and as such needs to be embedded in all programmes of the Department.

Hence the opportunity provided by the DHET National Skills Fund (NSF) Grant awarded to HEAIDS to explore how curriculum and the teaching and learning space may be harnessed to develop the personal and professional competencies of our students is a welcome initiative.

Currently only the students registered on the National Certificates (Vocational) programmes have some exposure to HIV and AIDS education in Life Orientation. The majority of college students, namely those studying on the NATED/Report 191 Nprogrammes are not exposed to any HIV and AIDS-related curriculum content.

ⁱ The National Development Plan: Vision for 2030 National Planning Commission 2011 (p261)

ⁱⁱ White Paper for Post-school Education and Training, Department of Higher Education and Training 2012 (p11) (p11)

At the same time, the Human Sciences Research Council (HSRC) research shows that HIV prevalence has increased in South Africa from 10.6% in 2008 to 12.2% in 2012ⁱⁱⁱ (an increase of 1.2 million more infections). The HSRC Household Survey and the HEAIDS KAB study^{iv} undertaken at the TVET colleges highlights that many young people engage in risky sexual behaviours and lack the fundamental competencies required to live a healthy and positive personal, social and professional life. Taken together, these facts provide a compelling rationale to focus on HIV and AIDS education and curriculum offerings in the TVET context.

It is against the evidence provided by this Baseline Study that government strongly welcomes this next phase of the HEAIDS Post-school Programme in the universities and TVET colleges with its specific focus on HIV and AIDS curriculum integration.

This Baseline Study provides evidence of the nature and scope of the success and challenges related to HIV and AIDS education in the TVET colleges, thus providing a firm basis on which to design and implement relevant curriculum-based interventions aimed at enhancing current HIV and AIDS educational provisions in colleges.

It will be key to focus the interventions on the following priorities:

- Developing the skill and competencies that young college graduates need to competently and confidently engage with peers, their own families, and the community at large; and
- Producing graduates who possess competencies, work habits and values that provide a foundation for meaningful employment and engaged citizenship.

By so doing, we would also promote the twin purposes of education and training in TVET colleges namely, to empower all students to take control of their own lives and to prepare them for the world of work.

I urge all college stakeholders to engage vigorously with this very worthwhile report. Familiarise yourself with its findings and recommendations, engage critically with these and add your contribution to the transformative agenda that is so important for the positive development of young people in South Africa.



Mr Mduduzi Manana, MP
Deputy Minister: Higher Education and Training

ⁱⁱⁱ Shisana, O, Rehle, T, Simbayi LC, Zuma, K, Jooste, S, Zungu N, Labadarios, D, Onoya, D et al. (2014) South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town, HSRC Press

^{iv} Mbelle N, Setswe G, Sifunda S, Mabaso M, Maduna V, (2014). HIV and AIDS related knowledge, attitudes and behaviours of students and staff at South Africa's technical and vocational education and training and vocational education and training colleges, 2014.

Message from the SACPO Chair



The South African College Principals Organisation (SACPO) welcomes this HEAIDS Study on HIV and AIDS-related teaching and learning in TVET colleges. It has helped to provide a clearer picture of what currently works and what does not work in our college HIV and AIDS education. It also provides information on the daily challenges of HIV and AIDS education implementation, gaps in the existing curriculum and recommendations for strengthening the curriculum and its delivery.

As TVET colleges we believe, it is an initial but important step on the path towards addressing more explicitly the complex range of inter-related issues that negatively impact our students, including: health and wellness, sex education, substance abuse, and gender-based violence. These factors often have costly outcomes that reduce individual and community well-being and consequently impose a high financial burden on institutions, in particular, and society at large.

TVET colleges are well-placed to address these issues because of their location and the central role they play in social and youth development. While the colleges are primary sites in which many of these initial concerns emerge, they at the same time also hold the potential to remediate these challenges.

It is therefore our belief that the findings and recommendations of this study are important for opening up discussion on the type of skills and competencies we would like our graduates to have and also to help us focus our thinking on possible ways of achieving these aims.

With the support of the HEAIDS HIV and AIDS curriculum integration and capacity building programme, the leadership of SACPO feels confident that TVET colleges will be able to engage in a more relevant way with a range of personal, social and professional competencies required by college graduates to successfully negotiate the world of work locally and globally.

A handwritten signature in black ink, appearing to read "Hellen Ntlatleng".

Mrs Hellen Ntlatleng
SACPO: Chairperson

Message from HEAIDS Director



HEAIDS is excited at the release of the study on teaching and learning in relation to HIV/AIDS at TVET colleges across the country.

Historically, a lot has been done to equip young people to protect their health and prevent or manage HIV infections within the post-schooling environment. The study will help to show us the way forward for better health programmes in TVET colleges.

Through a dedicated curriculum development programme and multifaceted capacity building and support, academics will be more empowered and confident to engage their students on HIV/AIDS-related issues that they can expect to face one day in the workplace. Students in turn will graduate more equipped to deal with issues related to HIV within their professional and personal environments.

The post-schooling sector attracts considerable government investment – and rightfully, a significant portion of funding is devoted to TVET colleges. It is against this background that our aim as HEAIDS is to have healthy students who will contribute to the growth of the economy of their own families, our sector and the country in general. In that way both the students and the government will get the value for the effort and funds invested.

HEAIDS believes it is critical to focus our attention on strengthening teaching and learning at TVET colleges. Many are located in communities that have limited resources including health services. Ensuring that TVET colleges are better equipped with health knowledge and services helps us not only to provide these services to students but also to penetrate the societies where they reside. It is our wish to see the students go into their communities and educate families and peers about HIV/AIDS and social factors that contribute to the epidemic.

To be impactful, teaching HIV awareness and responses should include conversations about gender roles, sexuality, racism, power and oppression – which is why we would like teachers, tutors and other academics to be able to create safe spaces for students to talk about and come up with solutions to these difficult topics.

As individuals and members of society, to play a meaningful role in a comprehensive response to HIV and related conditions means we should interrogate our own ways of being male or female, and consider – and if necessary challenge – stereotypical images that are socially constructed in order to be part of building fresh and positive alternatives that benefit our nation.

Different components of the HEAIDS Programme will all profit from deeper engagement with the content and manner of teaching and academic scrutiny in relation to HIV/AIDS and related factors. I invite all our partners at TVETs and in the post-schooling sector to utilise the findings of this research to help us achieve our joint goals.

A handwritten signature in black ink, appearing to read "Ramneek Ahluwalia".

Dr Ramneek Ahluwalia
Director: HEAIDS

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
BER	Bureau for Economic Research
CATHSSETA	Culture, Arts, Tourism, Hospitality and Sport SETA
CHIETA	Chemical Industries Education and Training Authority
CMT	College Management Team
COP	Community of Practice
DBE	Department of Basic Education
DHET	Department of Higher Education and Training
DoE	Department of Education (before the separation in 2009)
DoH	Department of Health
EMIS	Education Management Information System
ETDP SETA	Education, Training and Development Practices SETA
EWSETA	Energy and Water Services SETA
FET	Further Education and Training (Colleges)
FIETA	Forestry Industries Education and Training Authority
FPD	Foundation for Professional Development
HCT	HIV Counselling and Testing
HE	Higher Education
HEAIDS	Higher Education and Training HIV/AIDS Programme
HEIs	Higher Education Institutions
HESA	Higher Education South Africa
HIV	Human Immunodeficiency Virus
HR	Human Resource
HRD-SA	Human Resource Development Strategy for South Africa
HSRC	Human Sciences Research Council
ICT	Information and Communication Technology
IT	Information Technology
KAB	Knowledge, Attitudes and Behaviour (Study)
LO	Life Orientation
LSS	Learner Support System
LTSM	Learning and Teaching Support Materials
MERSETA	Manufacturing, Engineering and Related Services SETA
MICT SETA	Media and Information Technology SETA

N1-N6	National Certificate Programmes (levels 1-6), also referred to as NATED/ Report 191
NCV	National Certificate Vocational
NDP	National Development Plan: Vision for 2030
NEET	Not in employment, education or training
NGO	Non-Governmental Organisation
NLRD	National Learner Records Database
NPC	National Planning Commission
NRF	National Research Foundation
NSF	National Skills Fund
NSP	National Strategic Plan on HIV, STIs and TB (2012-2016)
NWU	North-West University
PGCE	Postgraduate Certificate in Education
PLWHAs	Persons Living With HIV and AIDS
QCTO	Quality Council for Trades and Occupations
REds	Resilient Educators
SABCOHA	South African Business Coalition for Health and AIDS
SACPO	South African College Principals Organisation
Saide	South African Institute for Distance Education
SAIVCET	South African Institute for Vocational and Continuing Education and Training
SANAC	South African National AIDS Council
SANCA	South African Council on Alcoholism and Drug Dependence
SETA	Sector Education and Training Authority
SLO	Student Liaison Officer
SPSS	Statistical Package for the Social Sciences
SRC	Student Representative Council
SSS	Student Support Services
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TETA	Transport Education and Training Authority
TVET	Technical and Vocational Education and Training (Colleges)
USA	United States of America
US	Unit Standard
VCET	Vocational and Continuing Education
VCT	Voluntary Counselling and Testing
W&R SETA	Wholesale and Retail SETA
WHO	World Health Organization

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Executive Summary

Background

The Higher Education and Training HIV/AIDS (HEAIDS) Programme, has secured a discretionary grant from the National Skills Fund (NSF) to be applied over a three year period to develop the capacity of academic staff at the 25 public Higher Education Institutions (HEIs) and the 50 Technical and Vocational Education and Training (TVET) Colleges to integrate HIV and AIDS into their curricula.

The purpose of this study is to determine gaps and challenges as well as possible good practice in the current implementation of HIV and AIDS education in TVET Colleges. The baseline/situational analysis is intended to provide insight into barriers, and enabling mechanisms, that serve to either inhibit or promote the integration of HIV and AIDS content into the curriculum, so that HIV and AIDS education in TVET Colleges can generally be strengthened.

Rationale for TVET sector HIV and AIDS curriculum integration

Several key national planning and strategy documents, such as the *Human Resource Development Strategy for South Africa: 2010-2015* (DHET 2009), and the *National Development Plan: Vision for 2030* (National Planning Commission 2011), contextualise South Africa's ongoing development challenges as being broader than just economic, and recognise the interrelationship between economic and social challenges and solutions. They acknowledge the impact of HIV and AIDS in terms of life expectancy, the country's Human Development Index and the population structure. It is also noted that the impact of the pandemic is greatest on the adult and economically active age groups.

Overall, the HIV incidence rate remains a concern. The proportion of South Africans infected with HIV increased from 10.6% in 2008 to 12.2% in 2012 (Shisana *et al.* 2014). The total number of infected South Africans stood at 6.4 million; 1.2 million more than in 2008.

Both the *National Strategic Plan on HIV, STIs and TB 2012–2016* (NSP) (SANAC 2011) and the *National Development Plan Vision for 2030* (NDP) (National Planning Commission 2011) refer to the centrality of education as a protective factor against HIV risk and this is well documented. Currently only the students registered on National Curriculum Vocational (NCV) programmes have some exposure to HIV and AIDS education. The majority of college students are not exposed to any HIV and AIDS-related curriculum content as part of their college programmes. These facts, together with the HIV prevalence findings set out above, provide a compelling reason to focus on HIV and AIDS education and curriculum offerings in the TVET context.

Method

A mixed methods approach was used for this study, making use of both quantitative (numeric data related to students and lecturers) and qualitative methodologies (providing a rich understanding of the context and views of selected stakeholder groupings). A final sample set of 25 colleges, spread across all nine provinces, was selected and agreed upon in collaboration with the Department of Higher Education and Training (DHET). At a meeting with the Director: Research, Monitoring and Evaluation at the DHET, the research approach was presented. Protocols for obtaining permission to conduct research at the colleges were discussed and permission to conduct the research in the selected colleges was granted by the Director General: DHET in September 2014.

Findings

Currently the only provision of HIV and AIDS education is in the NCV Life Orientation (LO) curriculum. However, enrolment on the NCV programmes accounts for only about 40% of TVET College students. Students participating on the NATED/Report 191 (2001/08) N1-N6 programmes make up 60% of college enrolment. These programmes do not include HIV and AIDS education content. The Sector Education and Training Authority (SETA) programmes fall outside of the DHET's ambit and only offer HIV and AIDS modules as electives. The study showed little or no evidence to suggest that there is any positive up-take of these modules.

Within the limited provision of HIV and AIDS education, numerous challenges were highlighted: only 36% of lecturers who teach LO have the relevant qualifications to do so; college lecturer capacity building interventions are limited to only a few days per year; and typically, topics covered tend to have a narrow focus on support of personal health and wellbeing. Some attention was paid to issues related to gender, sexuality and race, however, there was no evidence of a professional or work-based orientation to lecturer training. Additionally, lecturers identified a lack of both subject content and pedagogic knowledge as key challenges.

Time allocated to HIV and AIDS education is constrained. The weighting of explicit HIV and AIDS content in the curriculum is very limited. It is embedded in the topic *Health and Wellness* and is allocated very few teaching hours per year.

Further implementation challenges identified by lecturers included: a lack of ring fenced budget for the implementation of HIV and AIDS education; and a lack of relevant, up-to-date, quality teaching and learning resources.

However, there was consensus among all college-based respondent groups on the fact that HIV and AIDS should be viewed as a key graduate competence and that the TVET HIV and AIDS Curriculum needs strengthening. The majority of college-based respondents supported the proposal that HIV and AIDS education delivery should be enhanced by being integrated across the whole curriculum.

The DHET Curriculum Development Directorate representative and the Deputy Director General: Vocational and Continuing Education and Training (VCET) were of the view that HIV and AIDS content needs to be integrated across all DHET programmes, including the revised NATED/Report 191 N1-N6 programmes, through the introduction of LO as a compulsory and examinable subject. Furthermore, a stand-alone, compulsory HIV and AIDS course/module needs to be added to all future Quality Council for Trades and Occupations (QCTO) accredited programmes (previous SETA programmes) that are offered in the colleges. The South African Business Coalition for Health and AIDS (SABCOHA) representative regarded education in HIV and AIDS as an important graduate competency, arguing that people should not be trained today without the inclusion of health and wellness, including HIV and tuberculosis (TB), prior to entering the workplace.

In summary, the majority of respondents were in support of enhancing current HIV and AIDS education provision and expanding such provision to all college students. To achieve this, careful consideration needs to be given to the simplest way of integrating HIV and AIDS content into the curriculum; building lecturer capacity; securing dedicated funding for HIV and AIDS education implementation; and procuring up-to-date, quality teaching and learning resources. The recommendations below provide an outline of how this vision may be achieved.

Recommendations

The findings of the baseline/situational analysis study are intended to assist HEAIDS and the DHET to make informed decisions about possible approaches and strategies to strengthen HIV and AIDS curriculum integration and enhance the provision of HIV and AIDS education in the college sub-sector.

This must be seen against the background of the 1 April 2015 ‘function shift’, which transferred responsibility for curriculum implementation from the provincial education departments to the DHET, thus underscoring a significantly larger role for the DHET, particularly regarding curriculum development and implementation. At the same time, the DHET’s own capacity constraints are well documented.

The recommendations provide some practical suggestions for short-term HIV and AIDS education interventions which, it is believed, may promote some quick gains in strengthening curriculum integration (in particular, recommendation 5 and 6a). However, it is important to note that the context of the whole sub-sector is such that certain recommendations are necessarily at the systemic level. Without an enabling policy and implementation environment, for example, certain college-level implementation interventions may not succeed.

Short term

- **Finding 1: The current HIV and AIDS policy for TVET Colleges requires updating**

Recommendation 1: Prepare an updated HIV and AIDS Education Policy for TVET Colleges
To cement HIV and AIDS education firmly in the TVET College Curriculum, it is important to create an enabling policy environment. The first step is to review the *National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions* (DoE 1999). It is recommended that the existing policy be aligned with the *Draft Social Inclusion Policy Framework for Public Post-school Education and Training Institutions* (DHET 2014). Additionally, in line with current practice, a more transformational approach to HIV and AIDS education is promoted.

- **Finding 2: The current TVET College HIV and AIDS Curriculum needs to be strengthened**

Recommendation 2: DHET to oversee the development of a strengthened HIV and AIDS Education Curriculum

This study has identified various gaps and omissions in the curriculum content that need to be addressed. In particular these relate to the competences that college graduates should have at personal, social and professional levels. The recommendation points to the need for a broader transformative approach to HIV and AIDS education that integrates with a greater range of related social and professional issues.

- **Finding 3: At present no plan or guidelines exist that relate to the implementation of HIV and AIDS education in TVET Colleges**

Recommendation 3: Prepare a national HIV and AIDS implementation framework and guidelines for TVET Colleges

It is recommended that DHET oversees and facilitates the preparation of a guide to implementing HIV and AIDS education in the TVET colleges.

- **Finding 4: Since 1 April 2015, the DHET has been responsible for both policy and curriculum implementation in TVET Colleges**

Recommendation 4: DHET to monitor and support implementation of HIV and AIDS education curriculum in annual college operational plans.

The inclusion of HIV and AIDS education objectives and activities, budget, HR and resource allocation in all college annual operational plans needs to be monitored by the DHET.

- **Finding 5: TVET Academic Managers HIV and AIDS Education Community of Practice (COP) launched in March 2014 by HEAIDS and DHET**

Recommendation 5: Strengthen Academic Managers HIV and AIDS Education COP

Buy-in and support for HIV and AIDS education provision by Academic Managers is crucial. Building on the existing COP, it is recommended that more frequent engagement be facilitated and possibly regional COPs be convened in addition to the current annual meeting.

- **Finding 6: Quality learning and teaching curriculum support materials were identified as key promoters of quality HIV and AIDS education provision**

Recommendation 6: DHET/HEAIDS to oversee the development of relevant, quality learning and teaching support materials

It is recommended that HIV and AIDS-related educational content is developed through the medium of interactive video presentations (developing a set of videos problematising a range of HIV and AIDS-related issues – personal, socio-cultural and professional – over time).

The video teaching content can be disseminated using the DHET Learner Support System (LSS) currently being rolled out to colleges, thereby making use of existing, cost effective infrastructure. Once the videos have been made, they can be copied and stored on a memory stick. Each college requires only one laptop and a data projector to present the videos.

The LSS can also be used to disseminate other relevant Learning and Teaching Support Materials (LTSM).

- **Finding 7a: Lecturer capacity regarding subject content, knowledge and method was identified as a key promoter of quality HIV and AIDS education provision**

Recommendation 7a: Colleges need support to put in place strategies to increase capacity through the recruitment of sufficient lecturers and through appropriate professional development training

This study found that the majority of LO lecturers were not appropriately qualified (only 36% of LO lecturers have qualifications that are relevant to teaching in this subject area).

A two-pronged approach, in which both appropriate recruitment and ongoing professional development are emphasised, is advocated:

- College management must ensure that annual college operations plans make provision for the appointment of appropriately qualified staff; and
- Lecturer capacity must be addressed to develop an appropriate understanding of HIV and AIDS-related content and teaching methods in order to improve relevance and quality of delivery.

It is hoped that sensitive and skilled pedagogic strategies will go some way to addressing student 'HIV fatigue', which has been highlighted by lecturers as a barrier to effective teaching of the topic.

As a short-term measure, it is recommended that the online video presentations, recommended in point 6 above, are used simultaneously as a teaching resource for students and as a training resource for lecturers. Selected college LO staff should be trained to facilitate student discussion and activities related to video presentations per campus. The videos will provide lecturers with quality content and will model an activity-based teaching approach.

The establishment of regionally operated lecturer COPs, to engage with a range of classroom-based HIV and AIDS-related content and pedagogic issues on a regular (quarterly) basis, is recommended as a capacity building strategy. It is believed that the sharing of content and teaching methods in a safe, collegial space can provide an ideal professional growth opportunity when properly facilitated.

Medium term

- **Finding 7b: Lecturer capacity regarding both subject content knowledge and method, has been identified as a key promoter of quality HIV and AIDS education provision**

Recommendation 7b: Adapt existing HEAIDS HIV and AIDS initial teacher training module to support implementation of basic lecturer training in HIV and AIDS education

HEAIDS, in Phase 2 of its work, commissioned the research and development of an HIV and AIDS initial teacher training module, *Being a Teacher in the Context of the HIV and AIDS Pandemic* (HEAIDS 2008). This resource is freely available (as an open educational resource) and can be revised and updated to meet the in-service professional development needs of TVET lecturers and facilitate the development of new (initial) TVET lecturer qualifications.

Long term

In response to questions about the value of strengthening the College HIV and AIDS Curriculum and enhancing provision through integration, the majority of college respondents reflected that they:

- i. Positively valued the notion of HIV and AIDS-related graduate competences;
- ii. Supported the idea of integrating HIV and AIDS content across the curriculum;
- iii. Supported the idea that all lecturers should be capacitated to teach HIV and AIDS content; and
- iv. Supported the idea of strengthening the HIV and AIDS content in the TVET curriculum.

The achievement of these four key objectives requires a long-term view with proper planning and resource allocation. This study shows little evidence of successful integration of HIV and AIDS education across the curriculum. This means that there is no suitable foundation to build on, and any new curriculum initiative will need to start from scratch.

- **Finding 8: There is no HIV and AIDS education component in the current delivery of the NATED/Report 191 (N1-N6) programmes, and the elective modules for Sector Education and Training Authority (SETA) programmes will soon be discontinued, leaving a curriculum gap in these programmes**

Recommendation 8: Review, revise and expand the HIV and AIDS curriculum content in the current NCV LO compulsory subject area, and expand provision to NATED/Report 191 and SETA programmes

This will serve three purposes:

- i. To strengthen to enhance provision of the NCV programmes;
- ii. The same curriculum content can be included in the reviewed NATED/Report 191 Programmes¹;
and
- iii. Be designed as a compulsory, stand- alone module for the QCTO reviewed occupational programmes.

¹ However, this will need DHET intervention with the QCTO, as the QCTO is currently responsible for the review of NATED programmes.

1. Background

1.1 Background to the baseline study

The Higher Education and Training HIV and AIDS (HEAIDS) Programme is a national programme designed to develop and support HIV/TB/STI mitigation and general health and wellness initiatives at South Africa's public Higher Education Institutions (HEIs) and Technical and Vocational Education and Training (TVET) Colleges.

It is a programme of the Department of Higher Education and Training (DHET) that is undertaken by Higher Education South Africa (HESA), the representative body of South Africa's 26² public Higher Education Institutions (universities) in partnership with the South African College Principals Organisation (SACPO), the representative body of South Africa's 50 public Technical and Vocational Education and Training (TVET) Colleges.

The programme is rooted in the responsibility of HEIs to address the HIV and AIDS pandemic and its drivers on a human rights basis on the following fronts:

- Developing HIV prevention programmes for students and staff;
- Capacitating facilities to provide treatment, care and support for students and staff living with HIV;
- Providing support for a comprehensive workplace HIV and AIDS programme that caters to the needs of staff;
- Educating and equipping students through formal teaching and learning programmes to make a contribution to the national HIV and AIDS response in their future career fields;
- Conducting research that will strengthen society's ability to resist and ultimately overcome the pandemic; and
- Providing HIV and AIDS services to related communities through outreach projects and practical training programmes.

A further vision of the HEAIDS Programme, as articulated in Objective 2 of its *Policy and Strategy Framework*, is to harness the core mandate of higher education, namely teaching and learning and research innovation, to contribute to the knowledge economy in relation to the country's HIV and AIDS response and to further contribute to the personal and professional competencies of graduates to manage HIV and AIDS as it impacts on their lives, homes, communities and places of work.

HEAIDS undertook several pieces of research to further understand how HIV and AIDS would fit into the academic space at its institutions. One of the key findings of this work included the request from academics to be supported with resources and capacitated to achieve HIV and AIDS integration that is both discipline-specific, and enables potential graduates to achieve adequate levels of both professional and personal competence in relation to HIV and AIDS.

It is in the context of this work that the HEAIDS Programme secured a discretionary grant from the NSF, to be applied over a three year period, to develop the capacity of academic staff at the 26 public HEIs and the 50 TVET Colleges to integrate HIV and AIDS into their curricula.

² Includes Sol Plaatje University, University of Mpumalanga and Sefako Makgatho Health Sciences University.

The purpose of this study is thus to determine gaps and challenges, as well as possible good practice, in the current implementation of HIV and AIDS education in TVET Colleges. The baseline/situational analysis is intended to provide insight into barriers, as well as enabling mechanisms, that serve to either inhibit or promote the integration of HIV and AIDS content into the curriculum, so that HIV and AIDS education in TVET Colleges can generally be strengthened.

In particular, the baseline study sought to investigate methods of HIV and AIDS curriculum integration across disciplines and programmes, which will contribute to ensuring that TVET graduates have a broad range of HIV and AIDS-related competencies – both personal (health and wellness) and appropriate to their professional environment and general social and relational contexts. Additionally, the study sought to provide an understanding of which lecturers are responsible for HIV and AIDS education; collect lecturer profile data, including qualifications and experience; and understand the professional development and resource needs necessary to enhance the provision of HIV and AIDS education in the TVET Colleges.

With respect to the TVET Colleges and their curriculum environment, it should be noted that the colleges are not autonomous (as is the case with universities) but rather, they are centrally co-ordinated and funded through Conditional Grants under the direct control of the Department of Higher Education and Training (DHET). TVET programmes are mandated in terms of ministerial priorities; college curricula are centrally designed; and implementation is centrally supported and monitored. Hence the mechanism for the delivery of the intended HEAIDS Programme to the TVET sector will need to be developed and undertaken in close collaboration with the TVET Curriculum and Support Directorate, based at the DHET.

1.2 Rationale for TVET sector HIV and AIDS curriculum integration

A number of macro- and meso-level policy frameworks and issues need to be considered in order to understand the importance of HIV and AIDS curriculum integration in the TVET College subsector. The macro-level frameworks are at the level of national human resource and development approaches and frameworks, while the meso-level frameworks relate to the post-school education and training system, which has its own frameworks and policies. The complexity of the HIV and AIDS pandemic in South Africa necessitates an understanding of all sectoral initiatives and interventions (no matter how large or small) in terms of the complex interrelationships between personal, community/social and economic dimensions.

1.2.1 National human resource and development planning

Several key national planning and strategy documents, such as the *Human Resource Development Strategy for South Africa (HRD-SA) 2010-2015* (DHET 2009), and the *National Development Plan: Vision for 2030* (NDP) (National Planning Commission 2011), contextualise South Africa's ongoing development challenges as being broader than just economic, recognising the interrelationship between economic and social challenges and solutions. In this regard, for example, “[t]he primary goal of the HRD-SA is to contribute to human development. The strategic priorities and interventions that make up the strategy are explicitly designed to respond to economic, social and wider development imperatives.” According to the HRD-SA (DHET 2009), key challenges that continue to face South Africa, post-apartheid, include:

- Poverty;
- Income inequality;
- Threats to social cohesion;
- Ongoing demographic (race, gender, age, class and geographic) inequities; and
- The impact of globalisation.

The NDP also recognises these challenges, and in particular highlights two challenges that are “critical and interdependent: too few people work and ... the education available to the majority is poor” (NPC 2011). In looking for solutions and the way out of the current challenges, the NDP argues for a different approach in which there is a move from a “passive citizenry” to one where “people are active champions of their own development and where government works effectively to develop people’s capabilities to lead the lives they desire” (NPC 2011: 1, 2).

Both the HRD-SA and the NDP acknowledge the impact of HIV and AIDS in terms of life expectancy, the country’s Human Development Index, and the population structure, noting that the impact of the pandemic is greatest on the adult and economically active age groups. The NDP (2011: 36) sets as a target for 2030 that the under-20 generation should be largely HIV-free.

Both documents recognise the challenges of a failing education and training system and its critical importance in contributing to achieving South Africa’s broad development goals. In particular, the NDP sets an ambitious target³ for the expansion of the TVET subsector to about 1 250 000 students by 2030 – meaning a 25% participation rate. Quality needs to improve so that the graduation rate can increase to 75%; and the college system needs to be better integrated with skills planning and production (NDP 2011: 18, 34, 35).

In addition, the NDP notes the effects of gender on poverty and inequality and that it is treated as “an integrated issue that runs throughout the plan” (NPC 2011: 6).

As can be seen from the above-mentioned national human resource development and planning frameworks, a number of critical issues are addressed that have implications for understanding and addressing the HIV and AIDS pandemic.

While there are some positive signs in South Africa’s response to HIV and AIDS, a turning point has not yet been reached where the country can safely say that it is rolling back the epidemic. Overall the HIV incidence rate remains a concern. The proportion of South Africans infected with HIV increased from 10.6% in 2008 to 12.2% in 2012, according to the Human Sciences Research Council’s (HSRC) *South African National HIV Prevalence, Incidence and Behaviour Survey 2012*, which was released in April 2014 (Shisana *et al.* 2014). The total number of infected South Africans now stands at 6.4 million; 1.2 million more than in 2008.

The 2012 national prevalence study shows that the prevalence rate for the age group 15–24 (which is by and large the age range of the student body at TVET Colleges) is 7.1% (Shisana *et al.* 2014: 40). This indicates that the decline in prevalence in this age group has continued from the previous two studies (down from 10.3% in 2005 to 8.6% in 2008) (Shisana *et al.* 2010). However, the 2012 survey shows concerning trends that are masked by the aggregated percentages. For example:

- Among the teenage population (15–19), the prevalence rate for girls is 5.6% and 0.7% for boys, which means that the difference between the HIV prevalence between girls and boys is very high – girls have eight times the infection rate of their male counterparts; and
- In the 20–24 age group, prevalence rates for young women and men rise to 17.4% and 5.1% respectively, with the differential between the prevalence rates in women and men reducing to 3.4%.

³ Section 2 of this report sets out the current state of the public TVET sector, indicating why the NDP expansion target is ambitious.

It is useful to compare the figures for the age group 15–19 from 2008 (as this is the current 20–24 group). The prevalence rate for girls was 6.7% and for boys 2.5%, with prevalence rates being 2.7 times higher for girls (Shisana *et al.* 2010: 31).

Other key findings of the 2012 study which are of specific relevance to this study include (Malan 2014):

- One tenth (10.7%) of respondents aged 14–24 reported having sex for the first time before their 15th birthday. Significant differences were found by sex and race, with higher percentages of males (16.7%) and black Africans (11.1%) reporting they had done so in comparison with their counterparts;
- 12.6% of respondents aged 15 years and older reported that they had more than one sexual partner in the last 12 months, with five times more males (20.1%) than females having had multiple partners;
- Most respondents aged 15 and older (76.5%) believed they were at a low risk of getting infected with HIV. Yet about one in 10 who believed they were at low risk for acquiring HIV infection was already infected with HIV but did not know it;
- Knowledge of how HIV is transmitted and prevented declined from 30.3% in 2008 to 26.8% in 2012; and
- Attitudes towards people with HIV have improved considerably since 2008. This could be the result of the wider availability of antiretroviral treatment (ART), as well as the fact that many people have been tested and know their HIV status.

Finally, in relation to prevalence rates in the age group 25–49, the 2012 rates indicate that this stands at 25.2% (Shisana *et al.* 2014: xxvii). This is the age group into which most college staff fall (see sub-section 5.2.2 of this report). When considering the disaggregated figures, an even more disturbing trend emerges; both the 30–34 and 35–39 age groups have prevalence rates of just over 30% (30.7% and 30.2% respectively) (Shisana *et al.* 2014: 37).

It is in the context of the national HIV and AIDS prevalence and incidence trends that the *National Strategic Plan on HIV, STIs and TB [NSP]* (2012–2016), prepared by the South African National AIDS Council (SANAC 2011) must also be considered. This is the overarching national strategy for managing HIV and AIDS in South Africa and the third iteration of the NSP, the first covering the years 2000–2005 and the second, 2007–2011.

Whereas previous national strategic plans, especially the second one, emphasised the biomedical and behavioural aspects of HIV and AIDS prevention and management, the current NSP highlights the need to locate the HIV response within the broader development agenda of government, thus ensuring that the response is sustainable and comprehensive (SANAC 2011: 62).

The strategic objectives, in particular Strategic Objective 1: “Addressing social and structural drivers of HIV and TB prevention, care and impact”, speak to the potentially positive role that education and training can play in mitigating the impact of HIV and AIDS. Sub-objective 1.5, “Reducing the vulnerability of young people to HIV infection by retaining them in schools, as well as providing post-school education and work opportunities”, which highlights the importance of post-school opportunities for education and training (*ibid.*: 36), is of relevance to this study.

Both the NSP and the NDP refer to the centrality of education as a protective factor against HIV risk, which is well documented. Taken together, the policy documents and HIV prevalence findings set out above provide a compelling reason for focusing on HIV and AIDS education and curriculum offerings in the TVET context. Unlike the higher education sector, the TVET sector has had very little HIV and AIDS focus until recently, apart from limited exposure in the *Life Orientation* (LO)

subject. For this reason, the strengthened commitment by HESA/HEAIDS and the DHET to ongoing HIV curriculum integration interventions in the post-school education and training sub-sector are extremely important. This report seeks to shed light on the current situation regarding HIV and AIDS-related education provision within the TVET College sub-sector and to recommend possible ways of enhancing the present offering.

1.2.2 Post-schooling HIV and AIDS policy and implementation context

Within the broader, national development context outlined above, various relevant national framework and policy documents are also considered, which guide issues relating to HIV and AIDS in the post-schooling sector, especially those in the college system.

White Paper on Post-school Education and Training (DHET 2013)

While the *White Paper* is silent on the matter of HIV and AIDS per se, the subject has been taken up by the DHET in its current *Annual Performance Plan*, as can be seen below.

The DHET Annual Performance Plan (2014–2015)

Until recently the HEAIDS Programme focused mainly on its initial mandate – that of university or higher education (HE). However, in alignment with the new institutional arrangements, set out in the *White Paper on Post-school Education and Training* (DHET 2013), HEAIDS expanded its mandate to include the TVET Colleges. The expanded reach of HEAIDS' interventions is exemplified in the DHET Annual Performance Plan 2014–2015 which makes it clear that HESA, through its HEAIDS Programme, has been mandated to address HIV and AIDS, TB and the prevalence of STIs throughout the post-schooling sector (i.e. in universities and in colleges).

Policy and Strategic Framework for HIV and AIDS for Higher Education (HEAIDS 2012)

The Policy and Strategic Framework for HIV and AIDS for Higher Education (HEAIDS 2012) provides for HEAIDS' engagement with universities as seen in Objective 1, which is:

To ensure the comprehensive and appropriate use of the Higher Education mandate of teaching and learning, research, innovation and knowledge generation; and community engagement, to effectively respond to the epidemic drivers of the pandemic (HEAIDS 2012: 24).

However, while this Framework⁴ was conceptualised with a focus on universities, its application has been expanded to meet the needs of the restructured public, post-schooling landscape which, as stated above, includes colleges.

HEAIDS' first activity in the college sphere was the initiation of the *Knowledge, Attitudes and Behaviour* (KAB) TVET Study, in partnership with the Global Fund/USA Government and the Human Sciences Research Council (HSRC).

Currently, several HEAIDS' projects are being implemented in public TVET Colleges. These include the *First-Things-First Campaign* which seeks to educate the institutional population on the benefits of knowing their HIV status and screening for TB, as well as other primary health care matters including medical male circumcision.

⁴ *It is intended that the HEAIDS Policy and Strategic Framework for HIV and AIDS document will in due course be revised to formally include a focus on TVET Colleges and HEAIDS' engagement with these institutions.*

National Policy on HIV and AIDS for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions⁵ (DoE 1999)

This policy was issued by the then Department of Education (DoE) in 1999, ten years prior to its separation into two departments, namely the Department of Basic Education (DBE) and the Department of Higher Education and Training (DHET). With this division, the TVET Colleges fall under the auspices of the DHET. Initially, this policy addressed both the schooling and the Further Education and Training (FET) College (now TVET) sub-sectors. However, the DBE released the *Draft National Policy on HIV, STIs and TB* for public comment (on 5 May 2015). This draft policy is intended to replace the 1999 policy. The draft policy articulates the DBE's approach to HIV, STIs and TB including the provision of sexual and reproductive health education within the schooling sub-sector.

To date, however, the 1999 *National Policy on HIV and AIDS* has not been revised for TVET Colleges, nor has it been repealed. It therefore currently remains applicable to the TVET College sub-sector.

Sections 2 and 9 of the policy provide a number of important directives for colleges. These include:

1. **Public funds should be made available** to ensure the application of universal precautions and the supply of adequate information and education on HIV transmission...;
2. HIV and AIDS education should not be presented as isolated learning content, but **should be integrated in the whole curriculum**;
3. Because of the sensitive nature of the learning content, the educators selected to offer this education should be specifically trained;
4. **All educators** should be trained to give guidance on HIV and AIDS;
5. ...the Council of a Further Education and Training Institution should give operational effect to the national policy by developing and adopting an HIV and AIDS implementation plan...;
6. A continuing life-skills and HIV and AIDS education programme must be **implemented at all institutions for all [learners] and students**, educators and other staff members; and
7. ...emphasising the role of drugs, sexual abuse, violence... teaching students how to behave towards persons infected or affected by HIV and AIDS, raising awareness of prejudice and stereotypes around HIV and AIDS... **and cultivating an enabling environment and a culture of non-discrimination** towards persons with HIV and AIDS. (Researchers' emphasis bold)

Draft Social Inclusion Policy Framework for Public Post-school Education and Training Institutions (DHET 2014)

Section 7 sets out the key aim of this *Social Inclusion Policy Framework* which is to ensure that all post-school education and training institutions have social inclusion and equity policies that are “Guided by principles of substantive equality that aim to remove all barriers that perpetuate and create inequalities in society.”

It highlights HIV and AIDS as one such barrier and as a national priority and stresses the critical role that both colleges and universities should play in relation to the delivery of HIV and AIDS education programmes.

⁵ *It should be noted that towards the end of 2014, the use of the term “Further Education and Training” was officially replaced by the term “Technical and Vocational Education and Training”. In some instances in this report, FET is used when referring to policies that predate 2014.*

Section 7.15 (p. 17) is of particular relevance to this study:

HIV and AIDS continue to be a medical and social challenge in society and affect the most vulnerable groups, namely the poor and women. Colleges and universities must use the curricula as a vehicle to promote awareness on HIV and AIDS.... ...The DHET and its entities must ensure at all times that persons living with HIV and AIDS are not victims of stigmatisation and discrimination. There must be HIV and AIDS policies for all TVET Colleges and universities and the Department must ensure that they are in line with national policies. (Researchers' emphasis bold)

The Policy Framework also indicates that the DHET will “monitor and evaluate training programmes and the application of institutional regulations. Transformation offices must develop annual reports that include race, class, gender, disability, and **HIV and AIDS** as categories” (p. 15) (Researchers' emphasis bold).

Additionally, it is stated that:

Colleges and universities must develop clear regulations to handle all cases of gender-based violence. Staff members employed by public TVET Colleges and universities must receive training in the handling of gender-based violence cases. This must form part of the institutional plans and programmes (p. 17) (Researchers' emphasis bold).

FET College Student Support Services Framework and Manual (DoE 2008 and 2009)

The current TVET College approach to student academic support is framed by the *Student Support Services (SSS) Framework for Further Education and Training Colleges* (DoE 2008). The implementation of this framework is elaborated in the *Student Support Services Manual for Further Education and Training Colleges* (DoE 2009).

The *SSS Framework* document acknowledges that if TVET Colleges are to widen access to a significantly larger and more diverse student population, and if they are to become more effective and efficient institutions, they must place greater responsibility on Student Support Services. Student Support Services at FET (TVET) Colleges are conceptualised as “A comprehensive service that responds to the overall needs of students. Student support should be modelled in a manner that aims at developing a holistic person. Where colleges are unable to offer a particular service, referral systems must be in place”. The range of services envisaged includes programme counselling and career guidance, academic development, psycho-social counselling, as well as health and welfare support services.

The *SSS Framework* states that “Life Skills must be provided to **all** students”. There is, however, no further elaboration as to what this should entail. It should also be noted that the *SSS Framework* was published in 2008, just shortly after the introduction of the new National Certificate Vocational (NCV) Curriculum, which included the compulsory subject, *Life Orientation*⁶.

The only mention of HIV and AIDS in the *SSS Framework* is in relation to “...providing referral services related to health and welfare, in particular for vulnerable groups such as single-headed households, women, and people living with HIV and AIDS” (*SSS Framework*, DoE 2008: 8).

⁶ At the time it was assumed that the majority of students would enrol for the NCV programmes and that the old NATED Report 191 N1–N6 programmes would be phased out. However, about four or five years into offering the NCV, it was decided to reinstitute many of the old N4–N6 programmes which do not include a Life Skills/Life Orientation component.

There is no reference in the *SSS Framework* to integration of HIV and AIDS content into the curriculum in general. There is also no reference to the role of SSS or any lecturing staff in delivering HIV and AIDS-related content. The only reference to HIV and AIDS (above) is to the role of SSS staff in being able to refer students for counselling or support outside of the TVET College.

Effectively this means that a significant disjuncture exists between the requirements of the 1999 *National Policy on HIV and AIDS* directives and the *SSS Framework* (2008) and *Manual* (2009), which were developed approximately ten years later. The *SSS Framework* focuses only on personal health and wellbeing, with scant reference to ‘Life Skills’, but provides no guidance whatsoever on how to integrate HIV and AIDS content into the TVET Curriculum.

With regard to the *SSS Manual*, there is very little explicit reference to HIV and AIDS education, which is not surprising as it follows the framework which has the same limitation. However, it does provide guidance on the range of college-level policies that should be in place and states that as “part of a well-developed college quality management system to guide health and well-being, the following set of policies need to be developed”:

- Counselling policy;
- Referral policy (for psycho-social support);
- HIV and AIDS policy;
- Substance use policy; and
- Policy related to student pregnancies.

1.2.3 HIV and AIDS and the workplace

This report does not provide an extensive review of international and local policy and research into HIV and AIDS and the workplace⁷, however a few salient points are highlighted to provide the context for this work. Firstly, there are international, regional and local codes of good practice and frameworks in place for managing and/or regulating HIV and AIDS in the workplace.

Secondly, there are international, regional and local business responses to HIV and AIDS. For example, SABCOHA⁸ has worked for more than 10 years on co-ordinating the private sector response to HIV and AIDS.

Thirdly, research into the status and impact of HIV and AIDS on economic sectors and workplaces (when read in conjunction with the HIV prevalence rates in South Africa’s adult and economically active population) is illuminating and makes a strong case for a broad-based approach to HIV and AIDS education in, *inter alia*, post-schooling institutions from which many students move into employment in some form. In 2005, SABCOHA commissioned the Bureau for Economic Research (BER) to undertake a survey of workplaces across the mining, manufacturing, retail, wholesale, motor trade, building and construction, financial services and transport and storage sectors. The following summarises a few key findings of the research:

The survey results suggest that the mining sector, followed by the manufacturing and transport and storage sectors, are the worst affected among the sectors surveyed. Responses also differ significantly between companies of varying sizes and skills levels and between companies from different provinces. Compared to medium and large companies, a considerably lower percentage of small companies (with less than 100 employees) has noted HIV and AIDS-related

⁷ Some of the relevant information is contained in the HEAIDS’ 2010 report An investigation of graduate competency for managing HIV/AIDS in the workplace.

⁸ Originally the “H” in SABCOHA stood for “HIV”.

impacts. Similarly, companies that employ predominantly semi- and unskilled workers have been much harder hit by the epidemic than companies that employ mainly highly skilled workers. Companies based in the Western Cape have experienced a significantly smaller impact compared to companies located in KwaZulu-Natal and Gauteng, two provinces with some of the highest HIV prevalence rates. (BER 2005: i)

A key finding of the study, *An investigation of graduate competency for managing HIV and AIDS in the workplace* (HEAIDS 2010), is that notwithstanding the fact that all universities offer *some* HIV and AIDS-related services and curriculum integration, recent graduates are generally not well equipped to manage, or deal with, HIV and AIDS in their workplaces. This finding resonates with the TVET College context.

From the workplace perspective, there can be no guarantee of appropriate workplace training in HIV and AIDS. Therefore it is vital that TVET Colleges should at the very least provide foundational knowledge, skills and competencies related to both the personal as well as the social and professional spheres of life. The workplace would then be positioned to provide ongoing, context-specific training.

1.3 Conclusion

The acknowledgment of the ongoing HIV and AIDS management challenges nationally, coupled with the expanded HEAIDS mandate to provide programmatic support to the TVET sub-sector, prompted the DHET and HEAIDS to undertake a baseline study in this sub-sector. This baseline study is intended to provide an understanding of the current TVET College context as well as insight into college teaching and learning and curriculum delivery practices. The study is also intended to identify barriers and possible enabling mechanisms that will assist in promoting the integration of HIV and AIDS content into the curriculum, and generally strengthen HIV and AIDS education in the TVET Colleges. The end goal is to promote the development of TVET graduates that are both personally and professionally competent to deal with the challenges of HIV and AIDS.

An examination of current policy related to HIV and AIDS education in the TVET College context has shown that a broad, suitable framework already exists for integration of HIV and AIDS curriculum content, although there are some limitations in the policy framework, pointing to the need for some level of policy review. The policy review highlights the absence of a considered approach to the inclusion of HIV and AIDS content integration across a range of TVET programmes.

The review of the *Student Support Services Framework* (DHET 2008) shows that its main focus is on extra curricula HIV and AIDS support and not on curriculum integration. *Life Orientation* as a subject is identified as a key vehicle for delivery of HIV and AIDS education; however, there is no guidance on how this should be implemented.

The HEAIDS *Graduate competency for managing HIV and AIDS in the workplace* investigation highlights the need for systemic integration across the formal curriculum (as well as within extra-curricular activities).

The remainder of this report focuses on activities and issues relevant to the baseline study, providing a more detailed account of the current context of the TVET College sector (Section 2), a brief overview of relevant literature relating to HIV curriculum integration (Section 3), the research design and methodology of the baseline study (Section 4), the research findings and analysis (Sections 5 and 6 respectively) and recommendations setting out a possible project approach to implementing HIV curriculum integration in the TVET College sector (Section 7).

2. Contextual Overview of the TVET Sub-sector

2.1 The TVET College sub-sector

2.1.1 Size and shape

The current challenges facing the colleges include an overwhelming level of change in the sub-sector since 1994. Firstly, in the early 2000s, the 152 colleges were merged into 50 multi-campus institutions with 265⁹ campuses. Secondly, at a programme level, the National Certificate Vocational (NCV) was introduced in 2007, with the intention being to phase out the NATED/Report 191 (N) programmes. This phasing out started, but was halted at the end of 2010, with N4–N6 programmes being reinstated. Thirdly, with the split of the Department of Education into the Department of Basic Education and the Department of Higher Education and Training in 2009, the colleges fell within the ambit of the DHET which has a national function. The impact of this is that the colleges have inhabited an awkward space since 2009, with most of the provincial oversight functions remaining in place. From 1 April 2015 all TVET Colleges are officially administered by the DHET and no longer by the provincial education departments. The DHET is now responsible not only for curriculum policy, but for all aspects of implementation, resourcing, staffing and monitoring of the colleges.

2.1.2 Shift in post-schooling landscape

An important development was Cabinet's approval of the *White Paper on Post-school Education and Training* in 2013, which provides the vision of an expanded, effective and integrated post-school system, and aims to create better planning, linkages and articulation across and between the different post-schooling sub-sectors. Within the post-schooling system, the public TVET Colleges are intended to play an increasingly important role by:

- Providing expanded access to improved quality and increased diversity of education and training provision; and
- Promoting a post-school education and training system that is responsive to the needs of individual citizens and employers in both the public and private sectors, as well as supporting the attainment of broader societal and developmental objectives.

Student participation in the TVET subsector in 2013 was estimated to be 650 000. Given the national anxiety that exists with regard to the reported 3.4 million youth between the ages of 15 and 24 who are not in employment or education or training (NEETs), the *White Paper* reflects the need to significantly expand participation in TVET Colleges. It has set a target of 2.5 million youth in TVET Colleges by 2030 (DHET, 2013: p13)¹⁰. This imperative is understandable, but remains a very ambitious target, particularly in the TVET sub-sector which has a number of well documented challenges. Research undertaken by the DoE in the FET Colleges in 2006, to inform the development of the *Student Support Services (SSS) Framework for Further Education and Training Colleges* (DoE 2008) identified a number of key areas requiring improvement.

⁹ Various documents provide differing numbers of campuses. The figure of 265 was provided by L Phala of the DHET on 15 May 2015. It was also noted that 19 new campuses are currently under construction, thus bringing this figure up to 284 in the near future.

¹⁰ Note that this is a more ambitious target than that set in the National Development Plan (2011) referred to in sub-section 1.2.1 of this report.

2.1.3 Sub-sector challenges

The key areas requiring improvement include:

- Teaching and learning in an environment of personnel capacity constraints (research shows that 52% of TVET lecturers are not appropriately qualified for the subjects that they teach). Additionally, many colleges simply do not have sufficient staff. Many posts have been frozen due to budget constraints;
- The majority of students entering the college system are academically underprepared, with their poor schooling resulting in ongoing poor college-level achievement;
- Poor student success and throughput rates, with certification rates hovering around the 30% mark;
- Inadequate student support services including:
 - pre-course assistance with programme and course selection and career guidance
 - on-course academic support and psycho-socio counselling
 - exit support including job placement;
- Poor cross-campus co-ordination and information flow between campuses resulting in uneven and fragmented implementation of both curriculum and student support services;
- Student referral system for students who require specialised psycho-social support, especially in rural and peri-urban areas;
- Infrastructure and resources – overall, Information and Communication Technology (ICT) infrastructure is limited; and a lack of equipment, study resources and facilities such as resource and study centres is prevalent;
- Weak Education Management Information Systems (EMIS), including weak data collection, processing and management in a context where there is no college tradition of using data for planning and monitoring; and
- Planning and budgeting for student support is inadequate.

Findings of research conducted as part of the *FET College Improvement Strategy* (DHET 2012) in Limpopo and Eastern Cape FET Colleges during 2011/2012, reflect very similar, on-going challenges in many of the colleges.

From the above, it is clear that the TVET sub-sector faces large challenges. On the one hand, there is the requirement that the sub-sector must expand significantly to meet the participation targets set out in the *White Paper*, while on the other hand, it is challenged by a number of systemic problems related to its capacity to deliver quality curriculum programmes and student support.

Given the TVET College student target group, namely youth aged 15–24, the HEAIDS Programme of action in relation to HIV curriculum integration is of critical importance. However, against the background highlighted above, the introduction of any new or additional HIV and AIDS curriculum-based interventions will need careful consideration and support to ensure a chance of success.

2.2 Overview of HIV and AIDS inclusion in formal TVET College programmes

TVET College programmes/qualifications fall into three categories:

1. The NATED/Report 191 (N) programmes;
2. The National Certificate Vocational (NCV), introduced in 2007, as a vocational equivalent to the more academically-oriented National Senior Certificate; and
3. Occupationally directed programmes which are accredited and quality assured by the relevant Sector Education and Training Authority (SETA).

The design, implementation and assessment of the first two programme types, i.e. the N and NCV programmes, is the responsibility of the DHET. The occupationally directed programmes are administered by the SETAs and quality assured by QCTO. All programme categories were reviewed to understand whether and to what degree HIV and AIDS may form part of a subject, or be a subject in its own right, within these programmes.

2.2.1 NATED/Report 191 Programmes

The NATED/Report 191 programmes do not contain any HIV and AIDS-related courses or modules, not even as electives. These programmes have a student enrolment of 60% (DHET 2014).

2.2.2 NCV Programmes

The DHET offers 19 NCV programmes. These programmes have a student enrolment of 40%. As part of the initial data collection activities, a scan of the various NCV qualifications was done in order to identify those which may include a focus on HIV and AIDS, and those where there may be scope to incorporate HIV and AIDS into the curriculum.

The 19 NCV qualifications were scanned for specific mention of HIV and AIDS. The NCV is a 130-credit qualification at each of Levels 2, 3 and 4 on the NQF. Life Orientation is included in the fundamental learning component of the qualifications and contributes 10 credits at each level. Of the three fundamental learning subjects (Language and Mathematics/Maths Literacy being the other two) that are included in all NCV qualifications, Life Orientation is the only one containing a focus on HIV and AIDS.

The Life Orientation subject

The curriculum content for Life Orientation as a NCV subject was reviewed and revised by the DHET in 2013.

Health and Wellbeing is one of nine topics covered in Life Orientation at each of the three levels of the NCV, with the others being Personal and Career Development, Learning Skills, Citizenship, and five topics dealing with Information and Communication Technology (ICT). At each level, the Health and Wellbeing topic covers four ‘subject outcomes’, of which only one addresses issues related to HIV and AIDS, the others being as follows:

- A balanced lifestyle, taking into consideration the workplace context and stress management;
- Substance abuse, avoiding risk behaviour and dealing with depression; and
- Fire safety, water safety and road safety.

Within the Health and Wellbeing topic, the HIV and AIDS-related subject outcomes are dealt with developmentally across the NCV levels, starting with a description of human sexuality within relationships at Level 2, including physiological differences, gender roles and identification of situations likely to lead to risky sexual encounters, with the indicated range including HIV. At Level 3, the focus is on sexually transmitted infections (STIs) and specifically HIV and AIDS as well as opportunistic infections, specifically tuberculosis (TB); dealing with modes of transmission, infection prevention and control; the effects of the diseases on the immune system; and health related support services. Level 4 addresses issues related to living with HIV and AIDS including ARVs, nutrition, supportive environments, stigma and discrimination, as well as stigma and discrimination related to TB, and how to prevent and cure TB.

The Subject Guidelines for Life Orientation provide the relative weightings for different topics at each Level, and correspondingly the number of teaching hours that should be devoted to the topic. At Level 2, Health and Wellbeing constitutes 20% of the subject weighting, warranting 22 teaching hours. At Level 3 it constitutes 10%, with 11 teaching hours, and at Level 4 it constitutes 16%, with 18 teaching hours.

The table below summarises the HIV and AIDS-related content in the Life Orientation subject over the three year programme.

Table 1: List of learning outcomes covered in the NCV Life Orientation subject area over the three year programme

NCV Level	Topic	Hours allocated to health and well-being topic as a whole	Subject outcome	Learning outcomes (Specific content covered in the curriculum)
Level 2	Health and wellbeing	22 hours per year	Describe human sexuality within relationships	<ul style="list-style-type: none"> Identify situations which are likely to lead to risky sexual encounters and behaviour Range: Date rape, unwanted pregnancies and STIs, including HIV Explain how to avoid these situations and make informed and responsible decisions in terms of sexuality and relationships
Level 3	Health and wellbeing	11 hours per year	Know and understand HIV and AIDS, STIs and opportunistic infections	<ul style="list-style-type: none"> Explain the modes of transmission for HIV and STIs Identify opportunistic infections and how they occur, with special reference to TB Explain how HIV and AIDS and opportunistic diseases can be prevented Identify available health-related support services and how they can be accessed
Level 4	Health and wellbeing	18 hours per year	Advocate helpful ways to deal and live with HIV and AIDS and opportunistic infections	<ul style="list-style-type: none"> Explain what ARVs are and when they should be used Identify an appropriate nutritional plan for people living with HIV and AIDS Explain how a supportive environment can be created for people living with HIV and AIDS, with specific reference to the workplace Identify instances of discrimination and stigma regarding STIs such as HIV, and human rights violations against people living with HIV and AIDS, with specific reference to the workplace Explain measures to counter stigma, discrimination and human rights violations related to HIV and TB, with specific reference to the workplace

Although explicit reference to HIV and AIDS is limited in the NCV Life Orientation Curriculum, there is scope for the possible integration of HIV and AIDS-related content into the teaching of various other aspects/topics of the Life Orientation Curriculum.

For example, at Level 2, HIV and AIDS content could be integrated into teaching about:

- Self-image, self-motivation, goal setting, resisting peer pressure;
- Balanced lifestyle, healthy nutrition, fitness;
- Substance abuse; and
- The Level 2 Life Orientation Curriculum requires students to engage in a volunteer (service) practical project which also has the potential to be linked to an HIV and AIDS-related project.

At Level 3, HIV and AIDS content could be integrated into the following Life Orientation Curriculum topics:

- Sexual harassment, workplace bullying, gender discrimination and assertiveness skills;
- Designing an employee wellness programme (practical assignment);
- Explain how to avoid risk behaviour in terms of peer pressure with, for example, the use of assertiveness and refusal skills;
- Date rape drugs; and
- The Level 3 curriculum requires that students undertake a practical community project or design a national campaign – this could be linked to an HIV and AIDS theme.

The ICT literacy component of Life Orientation e.g. email, Word and Excel programmes, could be taught using Life Orientation content across all three levels of Life Orientation.

HIV and AIDS consideration in NCV qualifications other than in the Life Orientation subject

A scan was conducted of all NCV qualifications and their constituent subjects, to ascertain the extent of inclusion of HIV and AIDS content in NCV programmes other than in Life Orientation. The findings of the scan are summarised in the table below, arranged in order of the most to the least substantial mention of HIV and AIDS content:

Table 2: HIV and AIDS in NCV programmes in addition to Life Orientation

Programme/qualification	Level	HIV and AIDS as part of the topic/content
Primary Health	2	Infectious Diseases: The topic focuses on the means of infection, signs and symptoms, treatment and care, and perceptions.
	3	N/A
	4	Community Oriented Primary Care: Focuses on four health epidemics including infectious diseases (HIV/TB), with the others being chronic, non-communicable diseases (cardiovascular, diabetes, kidney diseases and cancer); violence and trauma (interpersonal domestic violence and road accidents); and mental illness (depression).

Programme/ qualification	Level	HIV and AIDS as part of the topic/content
Early Childhood Development	2	<p>Early Childhood Development:</p> <ul style="list-style-type: none"> Children on ARVs are mentioned as an example of those with special needs for inclusion on the basis of medical fragility. HIV and AIDS is discussed as one of a number of factors affecting early childhood development and early learning, to be taken into account in the practice of including diversity.
	3	<p>Early Childhood Development: Students are required to:</p> <ul style="list-style-type: none"> Analyse situations of poverty and HIV and AIDS as factors that complicate care-giving practices; Investigate infant death rates in the context of malnutrition and AIDS; and Compile information on state organisations that provide support for HIV and AIDS. <p>Human and Social Development: The effects of HIV and AIDS on people living with the virus are explained in terms of Maslow's Hierarchy of Needs, within a topic focusing on the critical elements of human development.</p>
	4	N/A
<p>Hospitality: No explicit mention is made of HIV and AIDS, but clear opportunity for reference is to be found in Topic 3 (Personal Health and Hygiene), and Topic 5 (Handle and dispose of waste) in the subject Hospitality Generics.</p> <p>Safety in Society: No mention; not even in the topic Physical Wellbeing, which is covered in the subject Policing.</p>		

No other NCV programmes/qualifications scanned made mention of HIV and AIDS content whatsoever. These included all the Engineering-based programmes, all the Business Study programmes, Agriculture, Tourism and Transport Logistics.

2.2.3 Occupational Programmes offered by TVET Colleges

A scan of available SETA websites indicates that a range of different SETA programmes is offered by the colleges, including CATHSSETA, CHIETA, EWSETA, FIETA, MICT SETA, TETA, W&R SETA, ETDP SETA and MERSETA¹¹ programmes, with the last two having the greatest number of programmes in the TVET Colleges. Scrutiny of the qualifications concerned reveals that there is no apparent consistency with regard to whether these qualifications include HIV and AIDS unit standards, and whether those that are included are Fundamental, Core or Elective components of the qualifications. While these qualifications at NQF Levels 1 and 2 appear more likely to include an HIV and AIDS unit standard than those at Levels 3, 4 or 5, there is no obvious rationale in this regard.

In addition to some of the colleges having SETA accreditation for various programmes, the available SETA websites indicate that certain colleges are also accredited to offer individual unit standards dealing with HIV and AIDS, including False Bay, South Cape and West Coast according to the survey sample. Unit standards listed in this regard include the following:

¹¹ Please see Acronym Table on pages 4 and 5 for full names of the various SETAs.

Table 3: SETA/HIV-related unit standards delivered by colleges

Level	SAQA ID	Name of qualification	Level
ETDP SETA	14656	Demonstrate an understanding of sexuality and sexually transmitted infections including HIV/AIDS	1
ETDP SETA	8494	Demonstrate an understanding of HIV/AIDS and its implications	2
ETDP SETA	244259	Support children and adults living with HIV and AIDS	3

Of the 28 registered unit standards dealing with HIV and AIDS on the National Learner Records Database (NLRD), all (with the exception of unit standard 14656 – see above) are focused on technical aspects of living with the disease, related testing and personal/social impact. However, there is no evidence that any of these unit standards address workplace-related HIV and AIDS issues.

The qualifications and unit standards identified in this scan of SETA qualifications are tabulated in Appendix A.

2.3 Conclusion

The review of HIV and AIDS-related policies, particularly in the post-schooling sector (sub-section 1.2.2), reveals the existence of a broad policy framework for HIV and AIDS education; however, there is little evidence of implementation. Rather, the review indicates that the various policies do not consider how to systematically approach the inclusion of HIV and AIDS at various levels and across a range of TVET programmes. The review of the *Student Support Services Framework* (DHET 2008) shows that its main focus is on extra curricula HIV and AIDS support. Although Life Orientation as a subject is cited as a key vehicle for delivery of HIV and AIDS education, there is no guidance on how this should be implemented.

At the same time, the TVET Colleges generally find themselves in a highly challenging situation, with lack of financial and human resources, lack of relevantly qualified lecturers, underprepared students and poor pass rates (section 2.1.3 above).

The review of current DHET curriculum offerings shows that the majority of students (60%) are enrolled in NATED/Report 191 programmes which do not have any HIV and AIDS content at all. The remaining 40% of students are enrolled on the NCV programmes. Life Orientation is a compulsory subject, forming part of all NCV Programmes, however the formal HIV and AIDS content in Life Orientation is limited to a few hours per year (Table 1 above). Thus, while the potential exists for greater integration of HIV and AIDS content into a range of topics covered in the Life Orientation Curriculum, this will require the engagement of highly skilled and sensitive lecturers.

Apart from the subject Life Orientation, HIV and AIDS content is included in only two of the nineteen NCV programmes – Primary Health and Education and Development.

The ongoing challenges in the TVET Colleges, the lack of implementation guidelines for HIV and AIDS education and the scale of the task of integrating HIV and AIDS content meaningfully into the TVET curriculum, will all need careful consideration when planning a possible HIV and AIDS curriculum intervention.

3. Literature Review: HIV and AIDS Curriculum Integration in the TVET Sector

In an attempt to establish what progress was being made generally towards integrating HIV and AIDS into TVET curricula at large, an internet search was conducted using the key words *HIV AIDS in TVET curriculum*, and identified documents were scanned for relevance. The arguments and debates encountered in the documents identified are summarised below (the more comprehensive literature review on which this summary is based is contained in Appendix B).

3.1 A transformative agenda for education in Africa

At a high level, recommendations for a transformative agenda based on social and community issues are to be found in the *African Union Second Decade of Education for Africa (2006-2015) Draft Plan of Action* (June 2006), and in the *Framework for Action in TVET* (UNESCO-BREDA 2009) published in support of this draft plan by the UNESCO Regional Bureau for Education in Africa. Seven areas of focus are identified in the *AU Draft Plan of Action*, among them being gender and culture; teacher development, education and training; and technical and vocational education and training. One of these areas is quality management, where the impact that ‘quality education’ may have on poverty and HIV and AIDS is noted, among other factors. The learning and teaching process is observed to be at the centre of quality of education, and the plan of action bases its address of quality, among other things, on “cross-cutting issues of gender and culture, including language and identity, poverty and HIV/AIDS”.

The *Action Plan* is formulated as a matrix of activities addressing each of the seven focus areas. With regard to gender, objectives are to reduce disparities in access, retention and performance, and an action of identifying “mechanisms for using education to transform society into equitable and just environments where women and men are empowered” seems to link directly to a transformative approach to HIV and AIDS education.

The focus area ‘Curriculum, and teaching and learning materials’, prioritises the theme of Life and Employment Skills, and includes health education, with specific mention of HIV and AIDS. The action proposed to meet this objective is to introduce, integrate and strengthen “the theme of life skills and entrepreneurship education in the curriculum at all levels of the education system”.

The emergent theme from these documents is thus one of a transformative agenda with gender as a strong basis. To this end, curricular strategies to integrate cross-cutting principles and subjects, such as life skills, entrepreneurship and sustainability, including HIV and AIDS, are advocated.

3.2 Attitudes to inclusion of HIV and AIDS in TVET curricula

Various studies have looked at whether sexuality and HIV and AIDS issues should be included in education programmes at all (Mturi and Hennink [2005]; Preston-Whyte and Zondi [1991]; literature review in HEAIDS 2010b). The studies mostly pertained specifically to schools, but the argument is equally valid for colleges. Support for programmes of this nature outweighs objections, which tend to be that discussion and exposure to this type of information would lead to sexual experimentation. Analysis of the impact of sexuality education programmes revealed however that on the contrary, none of the programmes was found to have hastened the initiation of sexual intercourse, while more than a third resulted in increased condom use and more than half in reduced sexual risk-taking.

The HEAIDS *Roles of Educators* study (2010b) reported strong support from TVET College respondents for the inclusion of HIV and AIDS and sexuality issues in their curricula. More than 80% of respondents indicated that HIV and AIDS education should be integrated into all college curricula, and more than 70% agreed on the inclusion of a compulsory stand-alone HIV and AIDS module at colleges, with 60% indicating that this should be an elective.

Similarly, one finding from the HEAIDS study, *An Investigation of Graduate Competency for Managing HIV/AIDS in the Workplace*, was that almost all students and new graduates who participated in the study “argued that higher education institutions should provide compulsory HIV/AIDS courses, both within and outside of the formal curriculum in structured, systematic and innovative ways”. (HEAIDS 2010c: ix).

3.3 Transformative programmes in TVET curricula

In general, two aspects of programmatic interventions are identified, one pertaining to information provision and the second focused on behaviour change. Pastoral caring responsibilities straddle both aspects, with lecturers needed to encourage HIV testing and provide support for management of medication regimes; identify students in need of additional support and make referrals for special services; and help students to deal with deaths in the family. Strictly speaking, the pastoral role is not a curricular programme type, although aspects such as testing and medication regimes can be subsumed into the information provision perspective.

A key difficulty identified in regard to information provision programmes is that of lecturers keeping pace with developments made in understanding the disease and its treatment, in parallel with their normal busy teaching schedules and pastoral responsibilities. The most significant development noted is that positive testing for HIV has changed from a virtual death sentence to a treatable condition. This difficulty aside, a significant criticism is that information-based approaches are not effective in bringing about the behaviour change necessary to prevent HIV infection (HEAIDS 2010b: 34). Researchers argue that in the long run this approach induces ‘AIDS fatigue’, or apathy about HIV and AIDS, in the same way that a moralistic approach to behaviour change, arguing for abstinence, would do. In these approaches, “the lecturer elevates himself or herself (either as ‘moraliser’ or expert) in relation to students, and fails to engage with their concerns and experiences”. (HEAIDS 2010b: 34).

The recommended programmatic approach, coinciding with the transformative agenda promoted in the *AU Draft Plan of Action*, is a focus on behaviour change in which lecturers facilitate students’ reflection on “their own lives and actions as well as their views, attitudes and identities”. In this approach, the lecturer is not the provider of knowledge and the knower of correct answers. Rather lecturers encourage “student participation and the acquisition of life skills such as self-reflection, argumentation and assertiveness” (De Lange *et al.* 2006; Mitchell and Weber 1999; Mitchell *et al.* 2005; cited in HEAIDS 2010b: 35).

Gender considerations are an important perspective in this process. In addition to changes in the HIV and AIDS field, the global HIV epidemic has contributed reciprocally to recent dramatic changes in the understanding of human sexuality and sexual behaviour (UNESCO 2009). Since HIV is largely sexually transmitted, in order to address the disease effectively, a better understanding of gender and sexuality is necessary. Sexual development is a physical, emotional and psychological process that is inextricably linked to individual identity unfolding within specific socio-economic and cultural contexts. Socialisation includes inter-generational transmission of cultural values, including those related to gender and sexuality.

The HEAIDS *Roles of Educators* report (HEAIDS 2010b: 37) notes that the traditionally polarised nature of gender roles and identities has potential for increasing susceptibility to HIV through concomitant sexual harassment, violence and unsafe sex with multiple partners. The argument is made for a gender sensitive approach in HIV and AIDS education, focusing on gender as a relational identity, constructed and positioned in relation to each other and in relation to other males and females. The education sector has an important role to play in helping young people interpret the often contradictory values with which they are presented, and developing their own values based on equity and good health.

An example of a programme that facilitates critical thinking about one's behaviours, with particular focus on interrogating gender based behaviours of boys and young men, is *Programme H* of the Instituto Promundo in Brazil (Ricardo, C. et al. 2010; Barker G. with Nascimento, M. et al. 2014). The aim of the programme is to help young men to reflect critically upon and question the traditional norms of what defines 'manhood'. *Programme M* is correspondingly targeted at young women with the aim of empowering them to feel a sense of agency and control over their lives. The curricula address youth and have also been used to train education professionals on the incorporation of a gender perspective in their work with youth.

Programmes H and M have been delivered in diverse contexts including South America, sub-Saharan Africa and Asia. A case study of the inclusion of HIV prevention education into Vietnamese TVET curricula, through the development and piloting of a programme based on *Programme H*, was presented at a first consultation meeting hosted in June 2011 by UNESCO-UNEVOC in partnership with UNESCO Hanoi and the Vietnam Ministry of Education and Training (UNESCO-UNEVOC 2011). *Programme H* had been identified as appropriate for Vietnam where predominant cultural attitudes and conceptions about masculinity and sexuality are based on men demonstrating sexual prowess and having a range of sexual partners. Reported outcomes of the programme pilot included increases in knowledge of HIV, gender equitable attitudes, and confidence to resist risky behaviour, and increased condom use. Students who had been shy in talking about sexual health-related issues felt more confident talking to their peers and partners about HIV and other sexual health issues.

3.4 Integration methodologies

Most of the documents accessed for review for this report mention processes of 'mainstreaming', 'integrating' and 'including' issues of gender and HIV and AIDS into curricula, without going into the detail of the mechanisms that would achieve this or exactly what is intended.

Teaching staff and students are said to tend to overlook 'subjects' for which there is no timetable allocation, no materials and no recognised examination. This perspective on the NCV Life Orientation subject was also reported in the *Roles of Educators* study, where lecturers at one college reported that students thought the subject unimportant because it did not 'count' in terms of marks; at another, its lesser importance was observed in terms of time allocated in the timetable (HEAIDS 2010b: 126). College lecturers nevertheless asserted that ways must be found to link the subject to what students do and integrate it into their lives. There is opportunity for teaching life skills via other existing subjects, such as Language. The argument is extended further to the need for parallel reinforcement from outside formal lessons, as well as community development, if attitudes are to change in accordance with increased knowledge.

The *Graduate Competency* report (HEAIDS 2010c) does, however, provide a cautionary note about integration. One of the findings of the research was that while many university programmes do incorporate HIV and AIDS content into subjects and modules, students and new graduates

found this approach to be fragmented and *ad hoc* (and sometimes too much about ‘facts and figures’ or a medicalised approach), indicating that this approach did not provide them with a coherent overview or understanding of the complex dimensions of the pandemic, and therefore was not able to provide concrete guidance in how to deal with certain issues or situations.

Thus no ‘best practice’ recommendations were found in this regard.

3.5 Competencies for dealing with and managing HIV and AIDS in the workplace

Very little work has been done in this area, and the *Graduate Competency study* (HEAIDS 2010) can provide some insight. The following generic workplace competencies were identified as key from the research:

- General knowledge and understanding of HIV and AIDS, including being able to respond to questions about HIV/AIDS;
 - Knowledge and understanding about the impacts of HIV and AIDS on individuals and families;
 - Knowledge and understanding regarding condom use and prevention;
 - Knowledge and understanding of ethical and legal issues, and values relating to ethical conduct;
 - Knowledge and understanding regarding social context and gender issues;
 - Respect for confidentiality;
 - Empathy towards persons living with HIV and AIDS (PLWHAs);
 - Interpersonal skills; and
 - Ability to manage performance issues, negative co-worker reactions and absenteeism.
- (HEAIDS 2010c: x)

In reviewing this list, it is clear that most of the competencies are generic across different contexts, with only the last being applicable only to workplaces.

Another issue that emerged from the *Graduate Competency study*, which is of relevance to TVET Colleges, is perhaps an obvious one, but one that needs to be explicitly pointed out – universities (and colleges) are themselves workplaces, with the added complexity that staff need to not only manage HIV and AIDS as a workplace/staffing issue, but also deal with and educate students in relation to HIV and AIDS. Too often, the focus of staff in institutions is on students – their lack of knowledge and risky behaviour – with little or no awareness of their own knowledge, behaviours, and possible biases.

3.6 Teacher effectiveness and professional development

Any discussion on strengthening programmes which addresses HIV and AIDS and gender, and tackling a transformative agenda in this regard, must take into consideration the capacities of the teachers and lecturers delivering the programmes, whether these are in schools or TVET Colleges. Teachers and lecturers are in a position either to entrench gender bias or to encourage more equitable and less polarised gender relations between students. If they are to achieve the latter, teachers/lecturers need to be sensitive to the gender dynamics of the class. The roles played by the teachers/lecturers themselves need to model more equitable perceptions of gender for students.

Woods (2014: 10) argues that HE responsibility extends beyond the need to protect students from infection to the production of a graduate cohort capable of “creat[ing] knowledge and promulgat[ing] discourse conducive to the eradication of the factors that drive the pandemic”.

Yet the HEAIDS *Roles of Educators* study (2010b) found that educators often found it difficult to talk about sexuality with their students, and frequently fell back on the position of advocating sexual abstinence.

The question of lecturer capacity building can also be considered from a quantitative perspective. The underpinning argument that “by integrating HIV and AIDS education across disciplines, more teachers will be able to assist specialist teachers through being multi-skilled” (HEAIDS 2010a: 64) would equally support integration of HIV and AIDS education in the TVET Curriculum. The integration into disciplines is seen as a supplement to, and extension of, teaching and learning related to HIV and AIDS, and not as a replacement of the function of HIV and AIDS education in the Life Orientation subject.

The *Policy on Professional Qualifications for Lecturers in Technical and Vocational Education and Training* (DHET 2013) establishes a set of qualifications for the professional and post-professional development of TVET lecturers, providing a basis for the construction of core curricula that must be used for these qualifications. The policy argues that programmes should be based on the notion of integrated and applied knowledge, and associated with a number of different types of learning, namely disciplinary, pedagogical, practical, situational and fundamental. In the elaboration of these different types of learning, ‘situational learning’ is said to refer to knowledge of the “varied learning situations, context and environments of education as well as prevailing policy, political and organisational contexts”. Examples are listed of issues that will need to be engaged in this regard, and these include HIV and AIDS, and diversity including gender issues, as well as economic growth, poverty and the lingering effects of apartheid, promoting inclusivity, and environmental sustainability. Credit allocations for the different types of learning are specified.

3.7 Conclusion

The primacy of education in addressing issues underpinning the HIV and AIDS pandemic is thus endorsed at all levels, and the transformative potential of approaching these issues from a contextual, and particularly gender perspective, is emphasised. Strategically, gender equality and HIV and AIDS are explicit areas of focus for the African Union *Second Decade of Education for Africa (2006-2015) Draft Plan of Action* (June 2006) and the *Millennium Development Goals* (UNDP). The inclusion of sexuality and HIV and AIDS among other Life Skills considerations for TVET is generally accepted as a benefit, particularly when programmes of this nature extend beyond mere information provision, although no specific recommendations are made for structuring the inclusion. In order to broach their transformative potential, programmes must facilitate students’ reflection on their own lives and actions, as well as their views, attitudes and identities.

Lecturers in the TVET context are in a position to play a critical role in the delivery of these programmes. Gender stereotypes can be negatively reinforced if inappropriately approached, or their bias can be progressively undermined if sensitively tackled. Suitable capacity building for lecturers has the potential to significantly improve the quality of programme provision, as well as its quantity, if appropriate understanding and communication skills are developed in a wider spread of lecturers instead of only narrowly in subject specialists.

4. Research Methodology and Design

4.1 Purpose and aim of the research

The baseline study and situational analysis of the TVET teaching and learning environment was undertaken in order to better understand the college context and HIV and AIDS curricular responses and strategies, with a view to identifying gaps as well as the opportunities available to address HIV and AIDS through the curriculum, as part of the grant provided by the National Skills Fund (NSF). Additionally, the study sought to provide an understanding of which lecturers are responsible for HIV and AIDS education; collect lecturer profile data including qualifications and experience; and understand the professional development and resource needs that are necessary to enhance the provision of HIV and AIDS education in the TVET Colleges.

Unlike the university sub-sector, very little is known about HIV and AIDS-related curriculum interventions and extra-curricular activities in colleges, other than that which is covered in the NCV Life Orientation Curriculum. In the longer term, the study is intended to provide strategic direction to an approach to curriculum integration in the TVET College subsector, which in turn should inform the design of an initial implementation project.

4.2 Research questions

The key questions that the baseline study attempted to answer are the following:

- What is the current status quo regarding HIV and AIDS-related curriculum content integration beyond the minimum requirements set out for NCV programmes?
- What is the profile of the lecturers that are responsible for teaching HIV and AIDS curriculum content? (Age, gender, qualifications, years of experience and nature of capacity building and training undertaken by lecturers)
- How is the HIV and AIDS programme currently structured and delivered in each college?
- What gaps exist in HIV programme delivery that inhibit the design and implementation of a comprehensive HIV and AIDS prevention programme within colleges?
- What are the challenges that colleges encounter when trying to deliver HIV and AIDS content as part of the curriculum, and in providing student support (including resource allocation)?
- What opportunities exist for strengthening the delivery of HIV and AIDS information as part of the curriculum?
- How can programmes better prepare students to manage and mitigate the impact of HIV and AIDS in the workplace?
- Do colleges have any partnerships with other organisations or institutions to support the implementation of the HIV and AIDS programmes?
- What HIV and AIDS interventions or initiatives are already in place which could be further maximised by NSF programmatic support?

4.3 Methodological approach and research design

4.3.1 Inception phase

A mixed methods approach was used for this study, making use of both quantitative and qualitative methodologies. Details of the approach and research process are as follows:

- A review of relevant international literature, South African policies and a review of the TVET College curriculum was conducted to provide an initial framework within which to undertake the baseline/situational analysis.
- A meeting was held between HEAIDS, the Director Research, Monitoring and Evaluation at the DHET and the research team, at which the baseline methodology and approach was presented and protocols and processes for obtaining permission to conduct research in the sampled colleges was discussed. An application to the DHET to conduct the research in the 26 selected colleges was prepared. The DHET provided approval for the baseline study on 26 September 2014. (See Appendix C for a copy of the DHET's permission letter)
- A purposive selection of 26 TVET Colleges across all nine provinces – assuring a rural and urban spread – was made. The proposed sample was submitted to the Acting Director: Curriculum, DHET for approval.
- All colleges in the sample were contacted and a contact person was identified at each college for liaison purposes. The contact person assisted in the identification of the lecturers and students who were to participate in the study.
- One college in the Northern Cape did not participate in the study, citing that it did not have the time available to do so. The final sample of 25 colleges is presented below.

Table 4: List of TVET Colleges participating in Baseline Study

Province	College	Location of central campus	No. of campuses
Eastern Cape	East Cape Midlands TVET College	Uitenhage	8
	Ikhala TVET College	Queenstown	7
	Lovedale TVET College	King Williams Town	3
Free State	Flavius Mareka TVET College	Sasolburg	3
	Goldfields TVET College	Welkom	2
	Motheo TVET College	Bloemfontein	3
Gauteng	Central Johannesburg TVET College	Johannesburg	6
	Ekurhuleni East TVET College	Springs/TwaTema	6
	Western TVET College (Westcol)	Randfontein	4
KwaZulu-Natal	Elangeni TVET College	Pinetown	8
	Mthashana TVET College	Vryheid	7
	Manambithi TVET College	Ladysmith	5
Limpopo	Capricorn TVET College	Polokwane	3
	Waterberg TVET College	Mokopane	4
	Vhembe TVET College	Sibasa	4
Mpumalanga	16. Ehlanzeni TVET College	Nelspruit	6
	17. Gert Sibande TVET College	Standerton	5
	18. Nkangala TVET College	Witbank	5

Province	College	Location of central campus	No. of campuses
Northern Cape	19. Northern Cape Rural TVET College	Kimberley	2
North West	20. Orbit TVET College	Rustenburg	3
	21. Taletso TVET College	Mmabatho	3
	22. Vuselela TVET College	Klerksdorp	5
Western Cape	23. Falsebay TVET College	Westlake/ Muizenberg	5
	24. South Cape TVET College	George	6
	25. West Coast TVET College	Vredenburg	5
9 Provinces	25 Colleges (50% sample)		118

4.3.2 Approach to data collection and selection of respondents

Quantitative data was collected in order to provide information on the percentage of students receiving HIV and AIDS education and the number of programmes that included HIV and AIDS-related content, as well as to get a better understanding of the profile of the lecturers who were involved or who could potentially be involved in the implementation of HIV and AIDS education.

Numeric data was collected per institution as part of the evaluation process. Such information included details of total enrolment and enrolment breakdown per programme (the split between NCV, NATED/Report 191 programmes and SETA learnerships). Data on gender, age and race was also collected to provide an overall profile of students.

Data on lecturers, including the total number of lecturers (broken down by programme and subject), the college staffing situation and the age bands for lecturers, was collected.

Data on staff qualifications and years of experience as well as academic development programmes and the nature of these, whether formal or non-formal, was also gathered.

To obtain a rich understanding of the context into which any future HIV and AIDS curriculum integration interventions would be introduced, a qualitative line of enquiry was also followed. Individual questionnaires were administered to the following five college-based respondent groups:

1. *Deputy Principals: Academic* – identified as a key respondent category because of their overall academic leadership and management role and function in the TVET Colleges.
2. *Managers: Student Services Support (SSS) Unit* – information from SSS Managers was intended to shed light on the degree (if any) of formal involvement that staff of this unit had in formal curriculum delivery. The study also sought to better understand the precise nature and focus of HIV and AIDS engagement by the SSS Units as compared with the HIV and AIDS focus of lecturers within the formal curriculum i.e. the degree, if any, of complementarity that exists between formal and extra-curricular engagement around HIV and AIDS within colleges.

3. *NCV Life Orientation (LO) Lecturers* – HIV and AIDS content is embedded in the LO Curriculum which, as a fundamental component of all NCV programmes, is the only instance of formal HIV and AIDS educational content provision within the DHET College Curriculum. For this reason, it was important to engage thoroughly with the views of this target group, to gain an in-depth understanding of their professional profile as well as the context in which they work, their view of gaps in the HIV and AIDS curriculum, challenges in teaching about HIV and AIDS, examples of good practice and their views on curricula integration of HIV and AIDS content.
4. *Selected other lecturers* – these are lecturers other than LO lecturers, who were purposively selected to represent a cross-section of all three college programme types (NCV, N and the SETA occupational programmes). The focus, with this group of respondents, was to understand the degree, if any, of HIV and AIDS educational content integration into curriculum delivery across a range of subject areas other than LO, and their capacity and willingness to engage with HIV and AIDS-related issues. Their views on gaps related to the current HIV and AIDS content in the curriculum, teaching challenges and views on cross-curricula integration of HIV and AIDS content were also elicited.
5. *Student Representative Council (SRC) members/selected students* – collection of data from students focused on student perceptions of the importance, if any, of the provision of HIV and AIDS education; the fitness for purpose of current provision; their views on HIV and AIDS curriculum content gaps; and possible cross-curricula integration of HIV and AIDS content.

Additional one-on-one interviews were conducted with purposively selected key informants drawn from relevant stakeholder groupings (see Appendix D for a comprehensive list of the key informants). These included the DHET, a SETA and Business:

- Acting Director: TVET College Curriculum Directorate, DHET
- Acting Deputy Director General: VCET Branch, DHET
- Acting Chief Director: Teaching and Learning Development, DHET
- Chief Operating Officer: SABCOHA
- Manager: Special Projects at MERSETA¹²

The key informant interviews were conducted after the college data had been collected. These key informants were chosen on the basis of their centrality in areas relevant to important emerging themes and issues, such as workplace/business perspectives on HIV and AIDS, including an understanding of how business understands graduate professional competency relating to HIV and AIDS. Interviews with DHET representatives focused on a range of matters including the development of an overarching policy framework for HIV and AIDS education in TVET Colleges; funding for HIV and AIDS education; TVET College Curriculum revision; and lecturer development, amongst others. The interview with the MERSETA Manager probed the SETA view of the importance of HIV and AIDS education; understanding the current status of HIV and AIDS education in SETA occupation programmes; their view on graduate professional competency relating to HIV and AIDS; and understanding any future plans for the revision of occupationally directed qualifications.

¹² During the qualifications scan of SETA-funded programmes delivered at colleges, three SETAs were identified as having some HIV unit standards as part of those qualifications (mainly as electives). All three SETAs were approached for interviews, but only one responded positively. One SETA indicated that since it had not been part of the development of its qualifications it was not in a position to discuss the issue, and suggested that the researchers approach the relevant Standards Generating Body. The 3rd SETA did not respond to the request for an interview.

In terms of the relevant quality councils, Umalusi declined the request for an interview, indicating that the organisation did not have an official position on the research questions asked. An initial meeting was held with the CEO of the QCTO who indicated that their focus in developing occupational qualifications was on technical skills as required by business, and HIV and AIDS issues did not form a core part of these qualifications.

The *White Paper on Post-school Education and Training* (DHET 2013) highlights the importance of the establishment of the South African Institute for Vocational and Continuing Education and Training (SAIVCET). The *White Paper* identifies a key role for SAIVCET in curriculum and materials development for the TVET (and the Community College) sub-sectors, as well as a role in TVET (and Adult Education and Training) lecturer development.

The plan was to conduct a key informant interview with representatives of SAIVCET; however, to date there have been no steps taken by the DHET to establish this institution and it has become apparent that its establishment is not imminent.¹³

4.3.3 Instrument development, piloting and fieldwork training

During September 2014, eight draft instruments were developed. These were tested at the central campus of the Flavius Mareka TVET College in Sasolburg, Free State. Feedback from the testing was used to refine the instruments.

In order to familiarise the provincial co-ordinators with the study and the instruments, a training workshop was convened. The workshop included a presentation on the background to the HEAIDS Programme and the baseline study, as well as a detailed discussion of the data collection process and of the three instruments that the provincial co-ordinators would be required to administer at each college.

The fieldwork training took place over three days from 29 September to 1 October 2014 in Johannesburg. Day two of the training entailed the piloting of the instruments and fieldwork approach in three Gauteng colleges: Johannesburg Central, Ekurhuleni East and Western TVET Colleges. The data collection was supervised by three of the research team members. Feedback from the piloting was used to both finalise the set of instruments as well as refine the Fieldwork Manual.

¹³ In March 2015, the South African Institute for Distance Education (Saide) conducted an interview with National Treasury as part of the DHET evaluation of the Draft Policy on Community Colleges. Of concern is the fact that the representative of Treasury confirmed that it is opposed to the establishment of SAIVCET as this was not discussed with Treasury prior to legislation establishing the entity, and because Treasury believes that curriculum, materials and professional development functions should be located within the DHET. As it stands currently, there is therefore no planning and no resourcing for the establishment of this important institution. The seriousness of the situation is underscored by the fact that with only one senior management staff member in the DHET Curriculum Directorate (the Acting Director: TVET College Curriculum Directorate) there is no capacity at the DHET to develop TVET College programmes.

The research instruments used, together with the respondent groups, are tabulated below (all research instruments are contained in Appendix E).

Table 5: College-based qualitative instruments and respondent group size

Instrument type	Methodology	Respondent/group
Online survey using Google Forms	Quantitative data including numeric data	Deputy Principal: Academic One per college
Telephonic interviews	Qualitative data	Deputy Principal: Academic
Email questionnaire	Mixed methods approach – quantitative and qualitative including open-ended questions	Student Support Services Manager One per college
Paper-based questionnaire, administered by Global Fund provincial co-ordinators	Mixed methods approach – quantitative and qualitative including open-ended questions	Four Life Orientation Lecturers as well as four other lecturers purposively selected per college
Paper-based questionnaire, administered by Global Fund provincial co-ordinators	Qualitative, open-ended questionnaire	Four Student Representative Council (SRC) members per college

4.4 Data collection

Three college-based data collection processes were implemented in parallel:

1. The administration of the qualitative paper-based questionnaire per college;
2. The administration of the electronic survey for Deputy Principals: Academic and the email questionnaire for SSS Managers; and
3. The collection of quantitative data and documents from colleges.

This selection of a range of college informants allowed triangulation between policy documents, college management, lecturing staff and student representation.

4.4.1 Administration of qualitative paper-based questionnaires in colleges

Appointments were made at all the colleges in the sample set for the provincial co-ordinators to undertake site visits for document collection and to administer the paper-based questionnaires. The field work was completed between 14 and 28 October 2014.

Three qualitative, paper-based questionnaires were administered face-to-face and completed by Life Orientation, other lecturers and students at each of the colleges. These questionnaires were administered by the HEAIDS' Global Fund provincial co-ordinators. One of the benefits of using HEAIDS' provincial co-ordinators to conduct fieldwork is their familiarity with the colleges in their provinces (and also that they are known to college staff and students, thereby facilitating access).

4.4.2 Administration of qualitative electronic questionnaires

Given the pressure of time on senior college management, it was decided to administer the questionnaires for Academic Deputy Principals and SSS Managers electronically as this was deemed to be more time efficient for the respondents. These questionnaires were administered in parallel with the fieldwork and were concluded on 1 December 2014.

Academic Deputy Principals were asked to complete an on-line questionnaire. In a few cases these were followed up with telephonic interviews to clarify responses as necessary. SSS Managers were sent an email questionnaire to complete.

The questionnaires distributed to Academic Deputy Principals requested information pertaining to integration of HIV and AIDS into NCV and NATED/Report 191 programmes; numbers of staff trained in HIV and AIDS and the nature of such training; participation in capacity-building and nature of capacity-building activities; and extra-curricular activities in place and the nature of such activities.

The questionnaire sent to SSS Managers by email requested information such as, but not limited to, the existence and content of the SSS Policy; participation in HIV and AIDS-related capacity-building activities; opinions as to whether HIV and AIDS should be integrated into the curriculum; and any other ways that HIV and AIDS activities could be strengthened at the college.

4.4.3 Collection of quantitative data and documents

The collection of quantitative data and key documents from colleges was the third process implemented. The following documents were requested from each college: The college HIV and AIDS Policy; the college Teaching and Learning Policy; data from the Human Resources (HR) Department on lecturer training/professional development; and data from the college Education Management Information Service (EMIS) Department on student and lecturer numbers and programme enrolments.

4.5 Data management and analysis

Responses to the five questionnaires were captured electronically into five separate datasets, using Excel spreadsheets.

Each dataset was then converted to a Statistical Package for the Social Sciences (SPSS) .sav file for ease of analysis of the quantitative data. The standard procedures for descriptive analysis were applied. Many items in the set of questions posed to each group were identical and the analytical approach taken was to compare the responses of each group. Thus, the text that follows in Section 5 indicates comparative responses (where applicable) from students, LO and other lecturers, academic Deputy Principals and SSS Managers to each question that they were asked in their respective questionnaires. The responses are presented in tabulations, bar charts and/or pie charts, indicating the percentages of sub-categories that gave each response.

Qualitative data obtained from the survey responses were captured into the datasets but were analysed separately by the researchers, as were the key informant interviews. Qualitative data were also collected through telephonic interviews and analysed and categorised as a means of identifying innovative approaches to implementing HIV and AIDS projects and activities as part of the college curricula. Due to the initial poor response rate, follow-up telephonic interviews were conducted in order to clarify responses and obtain additional information as necessary. The period for submission of telephonic interview data and completion of paper-based questionnaires was extended so as to improve the response rate. The consequence of this is that follow-up interviews took place late in the year, and respondents were often not available.

4.6 Limitations of the study

The main limitation of this study was the inability to undertake the planned good practice case studies.

The research design of the TVET baseline/situational analysis initially made provision to undertake three case studies relating to emerging good practice. However, the data collected for the 25 colleges indicated that there was no substantive HIV and AIDS curriculum integration taking place in the colleges, outside of prescribed HIV and AIDS content in LO within the set NCV curriculum. There was therefore no purpose in pursuing a case study approach.

While not a limitation of the study per se, the decision to administer two of the questionnaires electronically proved to be surprisingly challenging.

The use of an online survey questionnaire to obtain information from the Academic Deputy Principals and email questionnaires for the Student Support Services Managers proved to be much less efficient than had initially been envisaged. It was found that both these respondent groups were slow to complete the electronic questionnaires. As a result, intensive telephonic prompting was required to get the respondents to complete and return the instruments.

5. Findings

This section of the report presents the main findings of all the data collected through the research process, from college-level policy documents, to responses by the different categories of respondent to the survey questionnaires, as well as the key informant interviews.

5.1 College environment: Review of College Policies

As part of the baseline study, colleges were requested to submit copies of their HIV and AIDS, and Teaching and Learning Policies. In this section, the HIV and AIDS Policies are reviewed with two main purposes: to check alignment with national education policy requirements, and to provide a framework against which to assess gaps in current implementation of HIV and AIDS education in the colleges.

The study included a review of college Teaching and Learning Policies as a basis for understanding how courses/programmes are currently organised within colleges, so as to establish possible opportunities for the integration of HIV and AIDS into such programmes. The review included an analysis of how such policies were aligned with or responded to the obligations of education institutions to address HIV and AIDS.

5.1.1 College HIV and AIDS policies

The imperative for public TVET Colleges to develop HIV and AIDS policies is informed by the *National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions* (1999) which draws on the *National Education Policy Act, 1996* (Act No.27 of 1996). While these two policies had a strong focus on the need to respond to the crisis of HIV and AIDS, there is an emerging sentiment that these policies need to be reviewed with a view to becoming more relevant to the current social environment. This view was endorsed by the DHET Curriculum Development Directorate representative, who confirmed that the 1999 *National Policy on HIV and AIDS* needed to be “scrutinised and reviewed to be brought into alignment with the *White Paper on Post-school Education and Training*”.

As stated in Section 1.2.2 above, the DBE has recently prepared a new HIV and AIDS Policy for the schooling sub-sector, which is in draft form and currently gazetted for public comment. Given the focus of the *National Policy on HIV and AIDS* (1999) on biomedical and personal competences and lack of focus on a more transformative, social agenda, a review of the policy for the TVET sub-sector would be timely.

The *National Policy on HIV and AIDS* (1999) encourages college councils to develop and adopt an HIV and AIDS implementation plan that reflects the needs, ethos and values of a specific school or institution and its community within the framework of the national policy. In order to probe this aspect of practice, TVET College Academic Deputy Principals were requested to provide examples of the college HIV and AIDS Policies where these existed. Of the 25 colleges in the sample set, twelve responded to the request, one of which indicated that they had no such policy, and another did not send a document, explaining that the policy was still in draft form.

The review showed that the majority of college-level policies do not consider the human resources required to address the issues related to HIV and AIDS on campus or as part of any of the NCV Programmes.

In general the submissions consisted of a set of prescriptions rather than an adaptive framework that will meet changing needs. Six of the documents included considerations for implementation. The submitted policies were congruent with the general content and spirit of the *National Policy on HIV and AIDS* (1999) and generally showed a broad alignment with its prescriptions with regard to non-discrimination and equality regarding students and educators with HIV and AIDS; HIV and AIDS testing in relation to student admission and educator employment; disclosure and confidentiality regarding HIV and AIDS; and universal practices for a safe environment.

Specific guidance and content in the college policies typically related to SSS functions, advocacy, support and counselling, rather than to curriculum. In fact, where such policies are in place, these are typically located within the SSS Unit and focus on SSS issues and not on the curriculum.

Questionnaires completed by lecturers demonstrate that there is very little knowledge as to whether the college has any kind of HIV and AIDS Policy, and if such is in place, what it comprises (see sub-section 5.2.3 below).

5.1.2 College teaching and learning policies

As Teaching and Learning Policies typically form part of the policy framework in HEIs, it was decided to probe as to whether the college sub-sector had a similar requirement. The TVET College Deputy Principals: Academic were requested to provide examples of their college Teaching and Learning Policy so as to begin to identify opportunities for integration of HIV and AIDS content into the curriculum.

Of the 25 colleges in the sample, 14 provided copies of their Teaching and Learning Policy. Overall, the review of these policies show that:

- Teaching and Learning Policies are not commonly found in the college sub-sector;
- The four policy documents on Vocational Programmes that were submitted, were generic in nature and did not make mention of HIV and AIDS education across the curriculum;
- The one Student Support Services Policy document submitted had Student Counselling, Advice and Health and Wellness Services as its main focus, with HIV and AIDS education and support highlighted;
- One policy (Assessment and Moderation) had no relevance to this study; and
- Two policies were incomplete.

5.2 Findings from questionnaires and interviews

The perspectives of two categories of respondents are reflected in this section: firstly, college-based respondents who reflected the views of management, lecturers and students; and secondly, the views and perspectives of 'key informants', i.e. official representatives from the DHET and other relevant stakeholders¹⁴.

¹⁴ Refer to sub-section 4.4 for a detailed outline of respondent categories.

5.2.1 College response rates

The response rates were generally very good with 84% of Deputy Principals: Academic, and 88% of SSS Managers responding to the electronic survey questionnaires. All (100%) Life Orientation and non-Life Orientation lecturers and students completed paper-based survey questionnaires administered on site.

5.2.2 College respondent demographics

The table below provides a summary of the demographics of those participating in the study:

Table 6: Age and gender distribution of lecturers, SSS Managers and students in sample

		Non-LO Lecturers		LO Lecturers		SSS Managers				Students	
Gender & proportion		M (48.2%)	F (51.8%)	M (21.8%)	F (78.2%)	M (50%)	F (50%)	Gender & proportion	M (52.4%)	F (47.6%)	
Age Category	25-29	21.4%	23.1%	18.9%	22.0%	0.0%	0.0%	Age Category	16-18	5.6%	8.2%
	30-34	17.9%	23.1%	18.9%	19.5%	0.0%	8.3%		19-21	22.2%	34.7%
	35-39	14.3%	23.1%	11.3%	4.9%	8.3%	25.0%		22-24	38.9%	38.8%
	40-44	10.7%	15.4%	22.6%	24.4%	25.0%	41.7%		25-27	18.5%	6.1%
	45-49	10.7%	3.8%	7.5%	9.8%	41.7%	16.7%		28-30	9.3%	6.1%
	50-54	7.1%	0.0%	11.3%	7.3%	16.7%	0.0%		>30	5.6%	6.1%
	55-59	10.7%	7.7%	7.5%	9.8%	8.3%	8.3%				
	60-64	7.1%	3.8%	1.9%	2.4%	0.0%	0.0%				
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%

The median age of student respondents

The median age for students (22-24) is noteworthy, given that post-schooling policy typically targets students in the age range of 15 years to 24 years.

LO lecturers: Years of teaching experience

The mean number of teaching years for LO lecturers is 10.2 years (female 9.5 years; male 12.7 years).

Non-LO lecturers: Years of teaching experience

The mean number of teaching years for non-LO lectures is 10.4 years, somewhat longer for females (12.4 years) than for males (8.2 years).

5.2.3 College respondents' awareness of HIV and AIDS policy

Table 7: College respondents' awareness of HIV and AIDS policy

	Reports that college does have HIV and AIDS Policy	Reports that college does not have HIV and AIDS Policy	Does not know if college has HIV and AIDS Policy
LO Lecturers	31%	20%	31%
Lecturers	37%	7%	33%
SSS Managers	68%	-	-

The table above shows that a greater percentage of lecturers did not know whether a policy to address HIV and AIDS existed, and that this proportion was considerably higher than those who said that there was no policy. This lack of knowledge suggests that the policy is not well known, is likely to be poorly implemented and may not have relevance to the issues related to HIV and AIDS facing the colleges.

Just over one third (36%) of the SSS Managers said that there were aspects of their college HIV and AIDS Policies that they thought needed changing. Important items mentioned were that the role of the various bodies on campus should be made explicit; partnerships should be outlined; and discrimination addressed.

The table below provides a range of direct quotes by SSS Managers regarding gaps identified in current college HIV and AIDS Policies.

Table 8: Aspects of college HIV and AIDS Policy needing change (SSS Managers' views)

A basic update and review to align with the current trends in light of stakeholder involvement
It has been submitted to college council but not yet approved
Must include the role of SRC, should be explicit on campus roles and activities, should be explicit on roles of College Management Team (CMT) and Student Liaison Officers (SLO)
Our policy is silent on roles and responsibilities, since it does not have full-time staff members to implement the policy effectively
Partnerships, the role of the DHET/HESA/HEAIDS, treatment on site, follow up on students who are found positive
The college HIV Policy is part of the Student Support Policy and it is not detailed. It only has two procedures and two notes e.g. it only says students will be encouraged to take part in a voluntary counselling and testing (VCT) process and at least two HIV and AIDS awareness days, to be organised on campus during an academic year
The issue of the awareness programme to be done throughout the year. When there are SSS activities like ballgames, academic support programmes, induction programmes the officials to always have peer helpers and Foundation for Professional Development (FPD) or non-governmental organisations (NGOs) to talk about the awareness programmes, HIV and AIDS, TB awareness, drug awareness etc.
The policy is generic, it is not specific to students or staff
The whole policy will require review as it is not clear about the correct support of individuals. Procedures around addressing discrimination within the college. It is not inclusive of latest developments within HIV and AIDS policies

5.2.4 Budget for college HIV and AIDS educational interventions

Twelve, or just more than half (52%), of SSS Managers indicated that their colleges did not have ring-fenced budgets dedicated to the provision of HIV and AIDS activities and programmes. More than three-quarters (76%) said that their SSS Units did not have sufficient teaching and learning resources to support the work in the HIV and AIDS field. Additional resources needed were dedicated professional staff (35%); posters (30%); DVDs, CDs, videos, software (30%); literature (books, magazines) (25%); pamphlets (25%); equipment for training and demonstration (condoms, ribbons, candles) (20%); and funding in general (5%).

In response to the question: “Does your college have a ring-fenced budget for roll-out of HIV and AIDS programmes?” the three Deputy Principals: Academic, interviewed telephonically in the follow-up interviews, all answered “No”.

Data collected on the question of whether a ring-fenced budget for the delivery of college HIV and AIDS programmes was available in any of the colleges, reveals that the lack of budget continues to be a severe stumbling block. Lack of funding clearly is an important contributor to the human and other resource constraints that are documented later in this report and which are also cited in this research as a significant impediment to the successful implementation of HIV and AIDS education programmes.

The DHET College Curriculum Development Directorate representative reported that until now, the DHET had not provided ring-fenced funding for the delivery of HIV and AIDS programmes in colleges. Individual colleges were required, as part of their operational plans, to budget for HIV and AIDS education delivery. However, the current partnership with the HEAIDS curriculum integration programme is regarded by the DHET as a significant start to funding (through the NSF Grant) and strengthening of HIV and AIDS curriculum integration in the TVET Colleges. The DHET representative also reported that the partnership/collaboration was being entrenched by the appointment of a DHET staff member to the HEAIDS Board, and similarly a call for nominations of a TVET College principal to this Board.

5.2.5 College HIV and AIDS strategy

In response to the question: “Has the college put in place any specific strategies to address the effect of HIV and AIDS among students?”, eleven Deputy Principals: Academic (79%) answered “Yes” and three answered “No” (21%). The table below provides a range of direct quotes by the Deputy Principals: Academic regarding their college strategies related to managing HIV and AIDS.

Table 9: College-specific strategies for addressing HIV and AIDS (views of Deputy Principals: Academic)

Addressed by the programmes in Student Support Services
Strategies like awareness, information and testing are part of the planning in the Student Support Services unit and are done on a regular basis.
During awareness campaigns
Awareness campaigns. HCT (HIV Counselling and Testing)
We have a number of partnerships with external organisations who assist us with awareness programmes and HIV testing amongst students
Have programme in HCT and participate in HEAIDS Programme
There are activities during the AIDS week
Students has access to HIV and AIDS testing twice a year; Blood donation four times a year
Testing and Counselling
Peer Counsellors are appointed and trained to educate and campaign for the HIV Aids education

The table below provides a range of direct quotes by the SSS Managers regarding their college strategies related to managing HIV and AIDS.

Table 10: College-specific strategies for addressing HIV and AIDS (SSS Manager's Views)

To make use of the peer educators at centres in order to address the issues of HIV/AIDS amongst their peers
Healthy living campaigns – MMC, peer educator counselling, HCT quarterly testing
We will have an action plan from 2015. Awareness, testing, advocacy, peer training and testing will be included into this programme
Wellness peer mentor programme, mobile clinic services, referral system
The strategy is entailed on the SSS programmes on how to assist the students that are infected and affected. Also the issue of making sure that the students that are infected are supported and sent to the NGO that will assist them
Budget for the programme, conduct quarterly awareness campaigns
HCTs are conducted in all three campuses with various service providers
HEAIDS intervention programme – provincial weigh cut
A standardised programme for all six campuses for 2015 on HIV/AIDS will be implemented. Part of this standardised programme will be the HEAIDS Programme
Through the activities (implemented by the SSS unit) we are able to intervene by referring students to relevant provider for further assistance
During awareness campaign focus is on impact of HIV/AIDS (impacts that lead to HIV/AIDS)
Through the assistance of non-governmental institutions, counselling and referring systems have been set up
A partnership has been established with our local clinics for student referrals

5.2.6 Provision of Life Orientation and HIV and AIDS education: Coverage in programmes offered at colleges

The study shows that all formal provision of HIV and AIDS education within the TVET Colleges is embedded in the NCV compulsory subject Life Orientation (LO).

The mean number of hours allocated to LO teaching and learning amounted to 5.1 hours per week. This translates basically into one lesson per day. However, time spent on HIV and AIDS content is only a fraction of this. HIV and AIDS-related content is embedded in the LO Topic, Health and wellbeing, and the following time is allocated for this topic:

- At Level 2: 22 hours per year;
- At Level 3: 11 hours per year; and
- At Level 4: 18 hours per year.

Of this time, a fraction is allocated to HIV and AIDS-related curriculum content per year.

The DHET College Curriculum Development Directorate representative reported that, within the DHET, the responsibility for HIV and AIDS education in the colleges lies jointly with the TVET and the Youth Directorates, but that implementation is constrained by the fact that neither of these Directorates currently has a Director to lead the process. However, going forward, it was reported that the intention is that the college HIV and AIDS programme implementation strategy will be greatly strengthened by the DHET partnership with HEAIDS, with the College Curriculum Development Directorate functioning in an advisory capacity.

In the SETA programmes, HIV and AIDS models are offered only as an elective. During the course of this study no evidence was found of HIV and AIDS education being integrated into SETA programmes. The SETA representative interviewed confirmed that it has never been a compulsory requirement to include an HIV and AIDS component in SETA programmes and therefore there had been very little or no uptake of the HIV and AIDS electives that are available.

Regarding HIV and AIDS education in SETA programmes, the SETA representative reported that there was currently a hiatus in the development and implementation of SETA programmes as all current SETA programmes will be discontinued as of the end of 2017. Thereafter the QCTO will be responsible for the design and registration of occupational qualifications. At present it is not clear as to whether the QCTO will integrate an HIV and AIDS educational component into their new qualifications. An initial meeting by members of this research team with the QCTO CEO, to probe possible options for collaboration in the field of HIV and AIDS curriculum development, suggested that there were no plans to do so.

As stated previously in this report, there is no HIV and AIDS education provision in the NATED/ Report 191 programmes. These programmes now also fall within the QCTO's ambit, and a review of the NATED curriculum is currently being undertaken, in a phased process to be completed by 2017. Indications are that HIV and AIDS will not be considered as part of the revised NATED programmes by the QCTO. The QCTO CEO put forward the view that business wants qualifications to focus on technical skills required to do the job.

According to the key informant interviewed, SABCOHA¹⁵ regards education in HIV and AIDS as an important graduate competency for all young people coming into the workplace. The SABCOHA respondent did not think that HIV education should necessarily be a core part of qualifications, but nevertheless argued that people should not be trained today without the inclusion of health and wellness, including HIV and TB, in programmes prior to entering the workplace.

5.2.7 Provision of Life Orientation and HIV and AIDS education: Lecturer qualifications, who teaches what, and capacity development

Number of staff involved in the delivery of the HIV and AIDS content for NCV

The number of staff involved in the delivery of the HIV and AIDS content for NCV ranges from 8 to 50 in the colleges surveyed, with a mean of 19.8 staff members.

LO Lecturer qualifications to teach LO and HIV and AIDS-related topics

Data collected on qualifications of LO lecturers shows that only 36.4% of lectures have a relevant LO/HIV and AIDS qualification (degree with a psychology major or LO major).

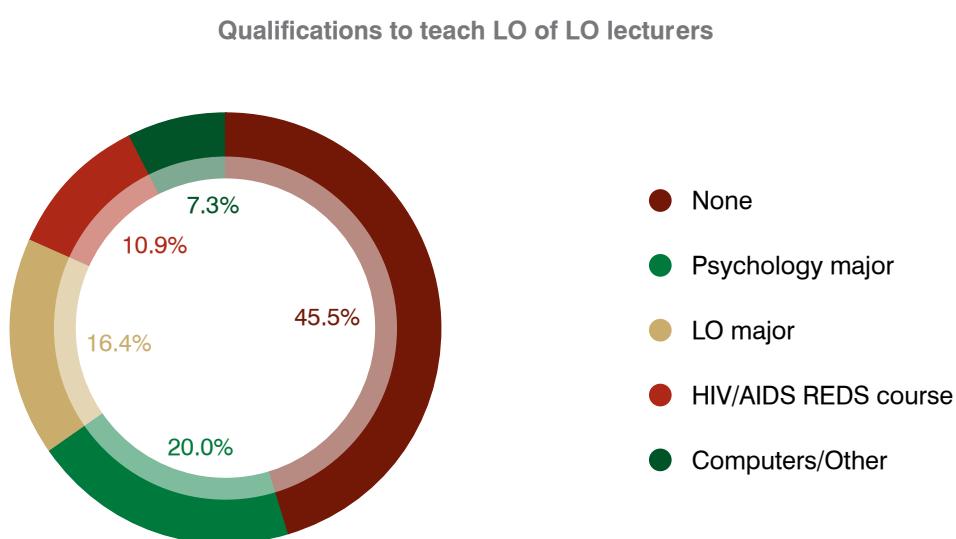


Figure 1: Life Orientation qualifications of LO Lecturers

¹⁵ The SABCOHA representative interviewed indicated that SABCOHA was started as a result of business concerns around HIV and the need for education in that regard; considerations of how HIV issues affect workers and productivity; to manage and co-ordinate the response to HIV for business; as well as to lobby with government and other stakeholders. The respondent quoted a recent Ernst & Young study in which health and wellness ranked approximately fourth among ten key risk factors affecting the mining industry in South Africa, underscoring the importance of addressing HIV and AIDS in the workplace.

Figure 1 reflects that 10.9% of lecturers teaching LO reported that they had participated in the Resilient Educators (REds) Programme. REds is a support programme for educators who are affected by HIV and Aids, and is aimed at enhancing their resilience. The programme is offered by the Vaal Campus of the North-West University (NWU) and is supported financially by the National Research Foundation (NRF) of South Africa, and the World Health Organization (WHO)¹⁶. It is however not clear what the nature of the training is and what content it entails. It is therefore not possible to determine its relevance.

The ICT component of LO accounts for 40% of the weighting of the subject and time allocation; 7.3% of the lectures teaching LO reported having ICT-related qualifications which are relevant to the teaching of that component, but not to the teaching of the other 60% of the LO subject content. Forty-five percent of lectures teaching LO did not have any relevant qualifications.

Qualifications of non-LO lecturers

Non-LO lecturers were selected as a respondent group in this study to provide information on current and possible practice in respect of cross-curriculum integration of HIV and AIDS educational content.

The highest educational qualification of the lecturers of 'other' subjects (non-LO subjects) are mainly Bachelor's degrees (45%) or Diplomas (34%). Smaller proportions have achieved a postgraduate degree (16%), or the maximum of a trade test (5%). Figure 2 below illustrates this data.

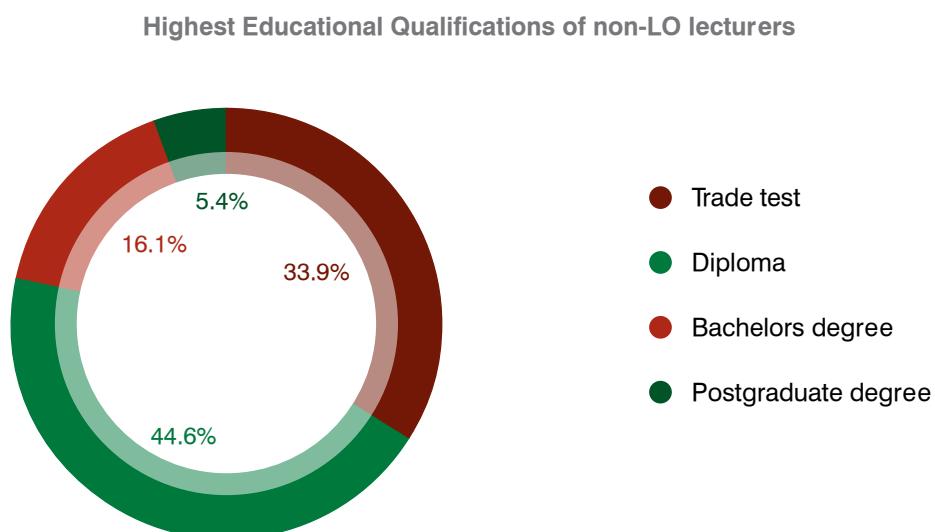


Figure 2: Highest educational qualifications on non-LO Lecturers

¹⁶ Reference to the REds programme accessed at http://www.nwu.ac.za/v-fh/community_involvement. However no further detail is provided on the website.

Just over two-thirds have a teaching qualification in the form of an education diploma (30%); postgraduate teaching certificate (23%); education degree (11%) or postgraduate education degree (4%), while 32% do not have a teaching qualification.

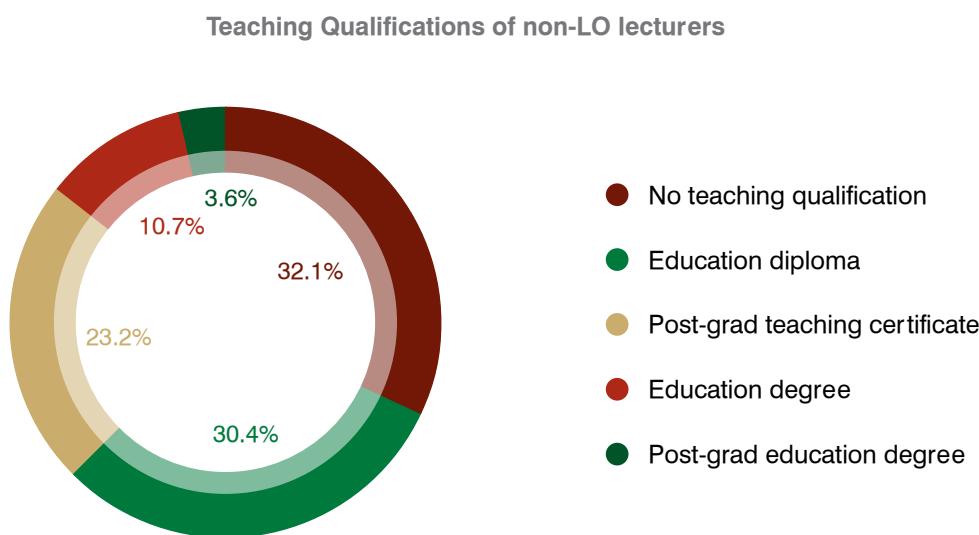


Figure 3: Teaching qualifications of non-LO Lecturers

One in eight (12.5%) of the non-LO lecturers has a trade certificate (ranging from hair care to boilermaker or electrician), and 9% have a diploma in another discipline (accounting, policing, management, etc.).

Programmes and subjects taught by non-LO lecturers

More than three-quarters (77%) of these lecturers offered subjects for NCV and almost half (46%) for N4 to N6. Smaller proportions offered subjects for N1 to N3 (13%), or occupationally-directed programmes (7%) or other (7%). More than a quarter (29%) of these lecturers offered subjects at more than one level. A large number of lecturers taught both the NCV and the N4 to N6 programmes. This explains why the percentage of lecturers teaching N4-N6 programmes is as high as it is (46%) as they are doubling up. They teach the NCV programmes in the morning and the N4-N6 programmes in the afternoon.

Programmes taught by non-LO lecturers

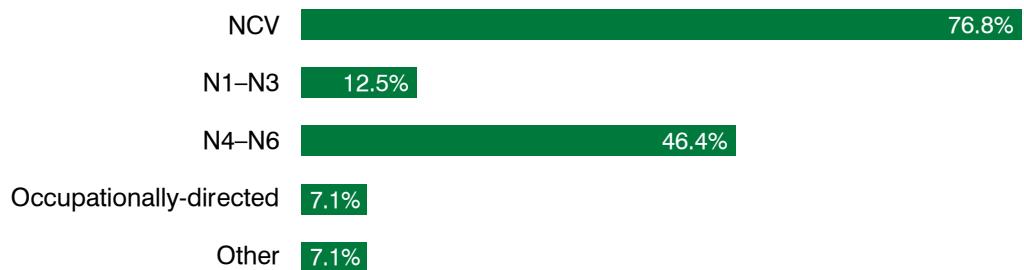


Figure 4: Programmes taught by non-LO lecturers

The largest proportions of lecturers offered either business and financial subjects (28%) or English and Communication (19%). The others offered a wide range of additional subjects.

Subjects offered

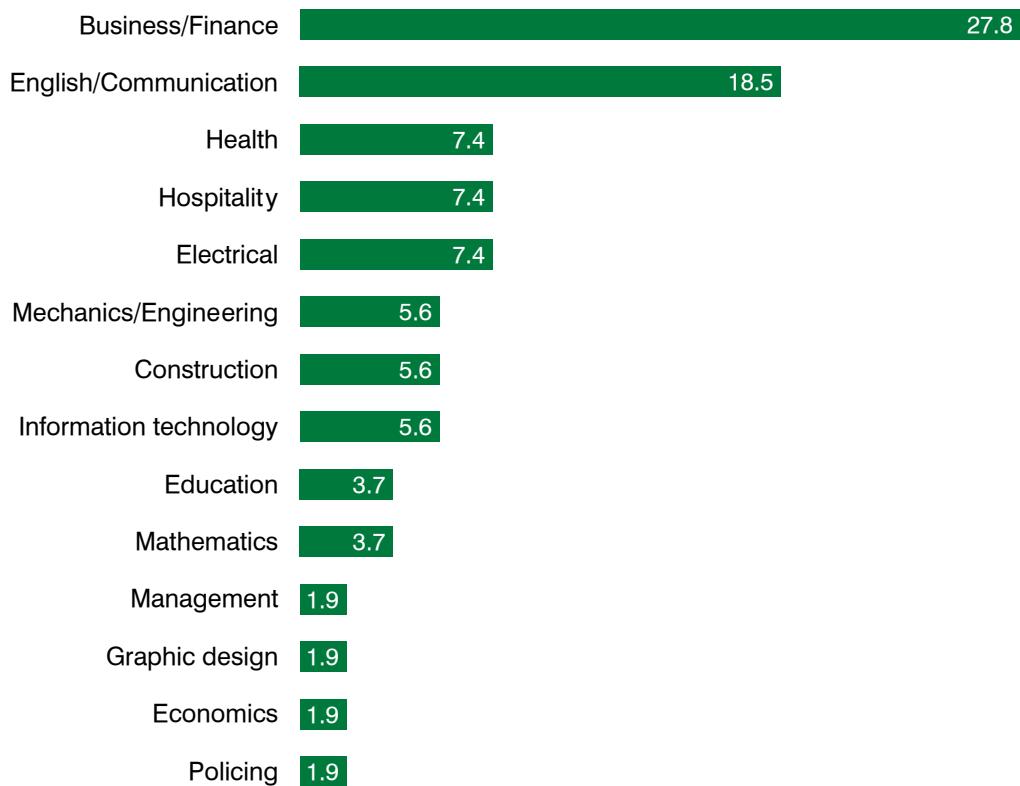


Figure 5: Spread of subjects offered by non-LO lecturers

Quantity of lecturer HIV and AIDS education-related capacity building

In total 18.2% of LO lecturers reported that they had participated in some form of capacity building programme during the past 12 months. Triangulation with HR data suggested that none of the training had been more than five days in duration (see Appendix F). A larger proportion (26.8%) of non-LO lecturers indicated that they had participated in an HIV and AIDS-related capacity-building programme in the past 12 months.

Nature of HIV and AIDS education capacity building

The data in Figure 6 below reflects the nature of content and topics covered in LO lecturer capacity building courses.

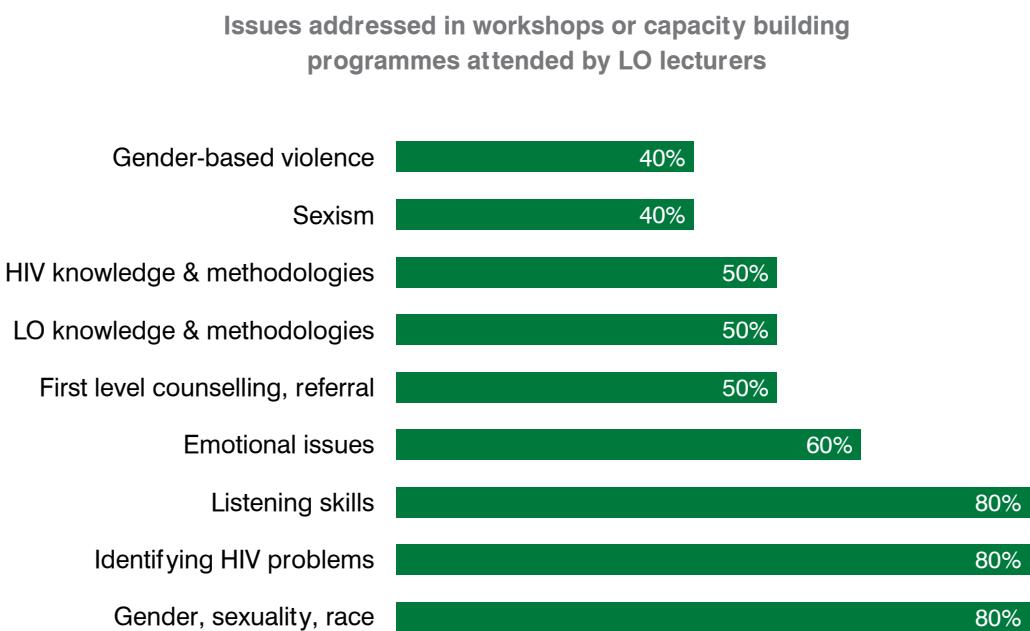


Figure 6: Issues addressed in workshops or capacity building programmes attended by LO lecturers

As can be seen in Figure 6, the most common topics addressed during capacity-building courses for LO lecturers were: emotional issues; listening skills; gender, sexuality and race issues; and the identification of HIV problems. Least addressed were sexism and HIV knowledge and methodologies. Non-LO lecturers participating in capacity building training clearly must have attended the same training (see Figure 7), as topics covered in non-LO lecturer training, mirrored those covered in LO training. (See Appendix F for a complete list of topics covered in capacity building activities).

Issues addressed in capacity building programmes attended by non-LO lecturers

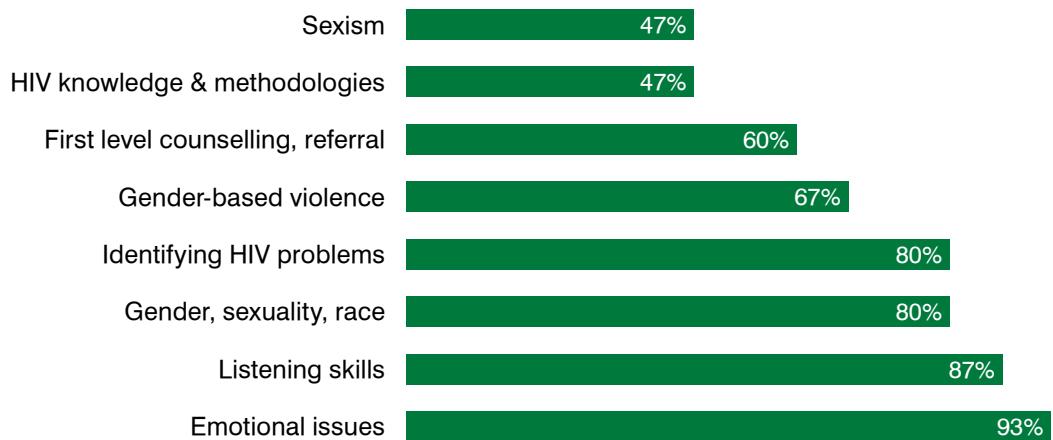


Figure 7: Issues addressed in capacity building programmes attended by non-LO lecturers

Numeric data from college HR departments on lecturer capacity building

As part of this study, the college HR departments were requested to provide data on lecturer capacity building related to HIV and AIDS education provision. Of the 25 colleges only seven were able to provide data. Another ten colleges reported that they did not keep data on capacity building and the remaining eight did not respond.

The data received confirmed that capacity building interventions are all of a short duration (workshop-type). However, lecturer reports on the nature of content covered in training differ¹⁷ from content reflected in the summary table of the HR data (see Appendix C). Much of the training reflects a more generic health and wellness approach, rather than being HIV and AIDS education specific, with a greater focus on peer-educator training.

Professional development of college lecturers

The informant from the Teaching and Learning Development Branch of the DHET explained that the *Policy on Professional Qualifications for Lecturers in TVET* (DHET 2013), as indicated in Section 3.5 above, requires that programmes for lecturers that lead to qualifications which accord professional status are required to straddle a range of knowledge areas. Concomitantly, credits must be allocated across these different knowledge areas. Within the policy, situational knowledge explicitly includes a focus on HIV and AIDS. It is therefore important that the lecturers' understanding of HIV and AIDS-related issues and their ability to address these in the college context are developed. The policy does not prescribe content, but rather signals key areas, as is the case with HIV and AIDS. The universities have the mandate to develop curriculum and corresponding content against the qualifications identified in the policy. As yet, however, no

¹⁷ The discrepancy between lecturer and HR data could be explained by the low response rate of HR departments.

qualifications have been submitted for accreditation to the Council on Higher Education (CHE). It is therefore not clear when the first TVET lecturer programme qualifications will be offered.

The respondent from the DHET Teaching and Learning Development Branch explained that the DHET has chosen not to define curriculum nationally by legislating knowledge and practice standards. Instead, it is of the view that it is more valuable for the universities to engage in a collaborative process that will lead to the development of a common understanding of the competencies that are necessary.

The DHET respondent did however indicate that there is currently a strong emphasis from the DHET on the need for inclusive education and to focus on barriers to learning such as HIV and AIDS. Accordingly, all teachers and TVET lecturers need to develop the ability to adapt their teaching to be responsive within their subject specialisations. In addition, there is a need for specialist teachers and lecturers in this regard, for example LO lecturers.

The DHET has also initiated a process for developing a Postgraduate Certificate in Education (PGCE)-type TVET qualification for which a curriculum framework is to be developed collaboratively between 18 universities.

5.2.8 Capacity gaps and challenges related to provision of HIV and AIDS education identified by lecturers

LO lecturer capacity gaps

The LO lecturers identified several further training or development opportunities that they might need to equip themselves to better deal with HIV and AIDS issues in their colleges. Most important amongst these were up-to-date HIV and AID content knowledge (43.6%); knowledge of counselling for students regarding HIV and AIDS (21.8%); and practical skills for dealing with HIV and AIDS issues (20%).

Teaching challenges – LO lecturers' views

In an open-ended question permitting multiple responses, LO lecturers identified the challenges associated with teaching the HIV and AIDS component of LO. (Figure 8).

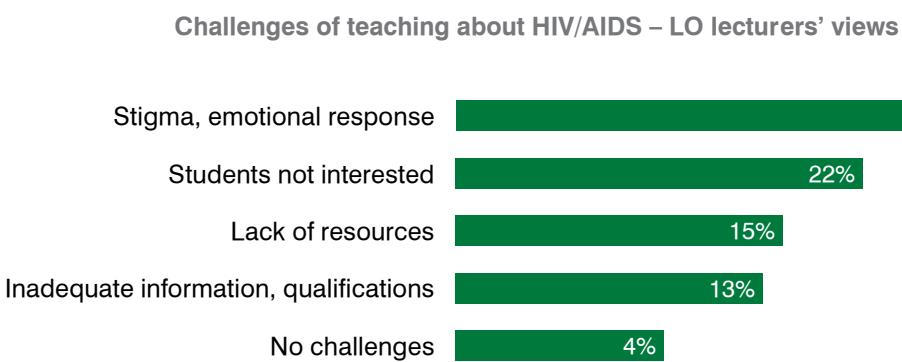


Figure 8: Challenges of teaching about HIV & AIDS – LO lecturers' views

LO lecturers reported that actual and perceived stigma relating to HIV and AIDS made this a challenging topic on which to engage with students. Student reluctance (shyness) to engage with issues around HIV and AIDS was cited by 58% of male LO lecturers and 33% of female LO lecturers as a key challenge.

Comments from LO lecturers substantiating this claim included:

- “the students are shy and not comfortable when [I am] teaching the module;
- “some of the learners get offended because they are living with people infected, so for them it is not easy to take part [in] the lesson”;
- “not much interaction from the ladies during discussions or debates”; and
- “... they even cry when you start talking about the topic”.

Another common challenge mentioned by the LO lecturers was the lack of interest shown by students in the topic (22%). Examples of comments in this regard were:

- “[They] prefer to believe what they have been told about HIV and AIDS”;
- “Students think they know everything about AIDS, [for] example that it can be cured. Students find [the] HIV topic boring because they have to do it over and over”; and
- “Because there is no cure for the disease, some may think it is a waste of time”.

Other LO lecturers indicated that there was a lack of resources for teaching the topic (15%), or that they were personally not sufficiently qualified to deal with the topic (13%).

Only 4% indicated that there were no challenges, in one case a lecturer said “my lessons were very interactive with the students”.

Suggestions for strengthening delivery of HIV and AIDS content – LO lecturers’ views

Almost half (45.5%) of the LO lecturers expressed the view that the HIV and AIDS component of LO should be taught differently. The primary methods suggested for the achievement of this goal were a greater variety of materials and subject content, especially visual and video content (35%); invitations to experts, counsellors and nurses (23%); field visits to clinics and hospitals where HIV and AIDS patients are being treated (19%); interactive sessions with students in groups or one-to-one (12%); more training for the teachers (8%) and greater time allocation to the subject (4%). Some lecturers commented that guidelines on practical assignments and exercises related to HIV and AIDS would be helpful to support an activity-based approach to the delivery of HIV and AIDS content.

Suggestions for strengthening delivery of HIV and AIDS content – Non-LO Lecturers’ views

A very high proportion (82.1%) of non-LO lecturers also made suggestions on how the delivery of HIV and AIDS content, as part of formal curriculum, could be strengthened. Their comments included the need for additional training for lecturers; student visits to hospices, hospitals and clinics; the appointment of specialist teachers; the commissioning of organisations like loveLife to make inputs; trained counsellors on campus; more workshops, campaigns, activities and posters; and requiring that HIV and AIDS information be “taught at least a few minutes in each lesson”.

5.2.9 Gaps in HIV and AIDS NCV Life Orientation curriculum content

The table below reflects that on the whole, college management and lecturers agreed that the HIV and AIDS curriculum content needs strengthening. Specific curriculum gaps were also identified.

Table 11: HIV and AIDS Curriculum content gaps identified by college person

Respondent group	Strengthening of HIV and AIDS Curriculum and identification of specific content gaps	%
Deputy Principals: Academic	Deputy Principals felt that the HIV and AIDS component in the LO Curriculum should be strengthened, and identified content gaps including: <ul style="list-style-type: none">• Lack of up-to-date information on developments in combating HIV and AIDS; and• Lack of focus on discrimination, gender equality, socio-economic circumstances, exploitation and transactional sex.	47.8%
Life Orientation Lecturers	Overall view that the HIV and AIDS Curriculum should be strengthened	58.2%
	Overall view regarding specific gaps related to HIV and AIDS content in the LO curriculum. The following gaps were identified: <ul style="list-style-type: none">• Information on how to manage “disclosure”; more information on treatment, medication, care and support and rights.• More detail on preventive lifestyle, including health issues, diet and abstention or contraception.• Content on dealing with the issues related to living with HIV and AIDS, inclusive of how it should be treated, what support is available and how a community should best respond.• The need for a practical curriculum component promoting exposure of students to hospitals or clinics, and explanations pertaining to male and female condoms.• Up-to-date information, data and research on HIV and AIDS.• Technical explanation of the virological process and impact of the disease on an individual.• Curriculum content to support teaching and discussion on values and morals.	65.5%
Non-LO Lecturers	Overall view regarding the need to strengthen the HIV and AIDS component in the LO curriculum: <ul style="list-style-type: none">• “Most vocational subjects do not address this issue and those that do, do so in a very limited manner”;• “I think it should be more prevalent, students should see what happens to people who prefer not to condomise, abstain or have safe sex”;• “If the content was enough or adequate, we would not have such a high HIV rate on campus”;• “... the students are just doing four content subjects which don't integrate HIV and AIDS and the time is limited for us to integrate or talk about [it] because we [are] always in a hurry to finish up the curriculum”.	57.1%

5.2.10 Challenges related to accessing relevant teaching and learning resources

Figure 8 above reflects that 15% of LO lecturers cited the lack of relevant resources as a key challenge to teaching about HIV and AIDS. However, when asked specifically about materials and resources, the supply gap emerged as being much higher than 15%. More than half (60%) of the LO lecturers indicated that they did not have sufficient learning and teaching support materials and other resources to successfully provide lessons on HIV and AIDS-related issues.

Amongst those who did have sufficient materials and resources, the most common resources mentioned were those provided by *Learnscapes*, an e-learning programme to which some colleges subscribe (www.learnscapes.co.za). Some lecturers indicated that they were able to source teaching materials from internet sites such as YouTube (www.youtube.com) and Google (www.google.com). Others mentioned books, study guides, pamphlets and condoms.

Amongst those who said they had insufficient resources for the task, it appears that access to computers and the internet is limited. Some mentioned a lack of video material or projectors. Others indicated that they had to search for pamphlets or look through textbooks for information, which appeared to be somewhat of a chore to them. Typical comments included:

- “we only have textbooks and pamphlets to use in the classroom, I think that is not sufficient enough to teach”;
- “the only material we are seeing is condoms”;
- “there is a need for more resources like projectors and computers to explain the intricate terminologies and technical concepts in the subject”; and
- “we only have textbooks and pamphlets”.

Asked for examples of the types of additional teaching and learning materials that LO lecturers would like to have, the most frequently mentioned were the items reflected in Table 12 below:

Table 12: List of additional resources highlighted by LO lecturers

Type of resource	Percentage of LO lecturers highlighting the need
DVDs, videos or CDs	25%
Posters or charts	24%
Pamphlets, flyers or other reading materials	20%
Condoms (male and female)	13%
Data projectors	13%
Games and activity packs related to HIV/AIDS education	7%

5.2.11 The need for graduate competences relating to HIV and AIDS

The majority of college-based respondents across all categories agreed that college graduates need to have HIV and AIDS-related competences orientated to their personal and professional spheres when they leave the college.

Table 13: College respondents' views on the need for HIV and AIDS-related personal and professional competencies at graduation

Respondent group	Percentage reflecting agreement on need for HIV and AIDS-related competences
Life Orientation Lecturers	72.7%
Non-LO Lecturers	75%
SSS Managers	72%
SRC/Students	73.1%

Only 7.3% of LO lecturers did not agree that HIV and AIDS-related graduate competences are important.

The LO lecturers' views on the value of graduate competences in HIV and AIDS matters can broadly be categorised into five aspects as follows:

1. Student awareness is critical (28%);
2. Competence in workplace and social environments is needed (25%);
3. Society could benefit from their knowledge (25%);
4. Students need to be empowered to deal with HIV and AIDS in the world at large (12%); and
5. It is a means of increasing personal protection and reducing exposure to HIV and AIDS (10%).

Responses from SSS Managers and non-LO lecturers were similar, as exemplified by the following comments:

- “Even engineers need to know how to handle HIV and AIDS in the work situation” (SSS manager);
- “Graduates should know the risky behaviour that causes the spread of HIV and AIDS... [and] where to seek assistance.... [and] be in a position to help peers in the community with the right information” (SSS manager);
- “So that they can add value to the organisation they will be working for” (SSS manager);
- “They need to know policies in the workplace, learn confidentiality and also the impact it can have on themselves if they do not make healthy choices” (non-LO lecturer); and
- “Because they would know how to deal with issues regarding and related to HIV and AIDS at their different workplaces after completing their studies. If one knows about HIV and AIDS and its stigmatisation, he/she would somehow be able to deal better with matters relating to HIV and AIDS at his/her respective workplace” (non-LO lecturer).

Student views on the need for such competences were encapsulated in comments such as:

- “HIV and AIDS is everywhere. Leaving one place [for] another, we meet different people. Our environments change and mostly everything in our lives change, so we need to be educated about HIV and AIDS, even when we leave the college”;
- “As a graduate, we need to give back as much as possible in ways that we can. My knowledge might help the next person”;
- “Because it can help you personally and professionally when you leave the college”; and
- “HIV and AIDS does not discriminate whether you have a diploma or degree, young or old. It affects every human being, so yes....”.

The SABCOHA respondent suggested that the recent HSRC work, showing a resurgence in infection rates, is seen by SABCOHA as an indication of the failure to provide adequate education and information programmes. In this context, new entrants into the workplace need to be equipped

with adequate prior education and information for their own personal protection; to enable them to work professionally with other people; and for the purpose of being an ambassador for remaining HIV negative. Specifically, people who have studied and are about to enter the formal workplace are placed at an advantage if they already have HIV-relevant information. The SABCOHA respondent referred specifically to the gender dimensions in workplace/professional relationships that need to be dealt with as part of the competencies relating to HIV and AIDS.

5.2.12 Partnerships

Less than half (41.8%) of LO lecturers indicated that their colleges had partnerships with other organisations or institutions that support the delivery of the HIV and AIDS component of LO. The most frequently mentioned partner was the Department of Health (29%). These partnerships entail roadshows, testing of students and the distribution of condoms. The next most frequent partnerships mentioned were with DHET (6%) and HEAIDS (6%), involving student support and awareness programmes. A range of other organisations were also mentioned.

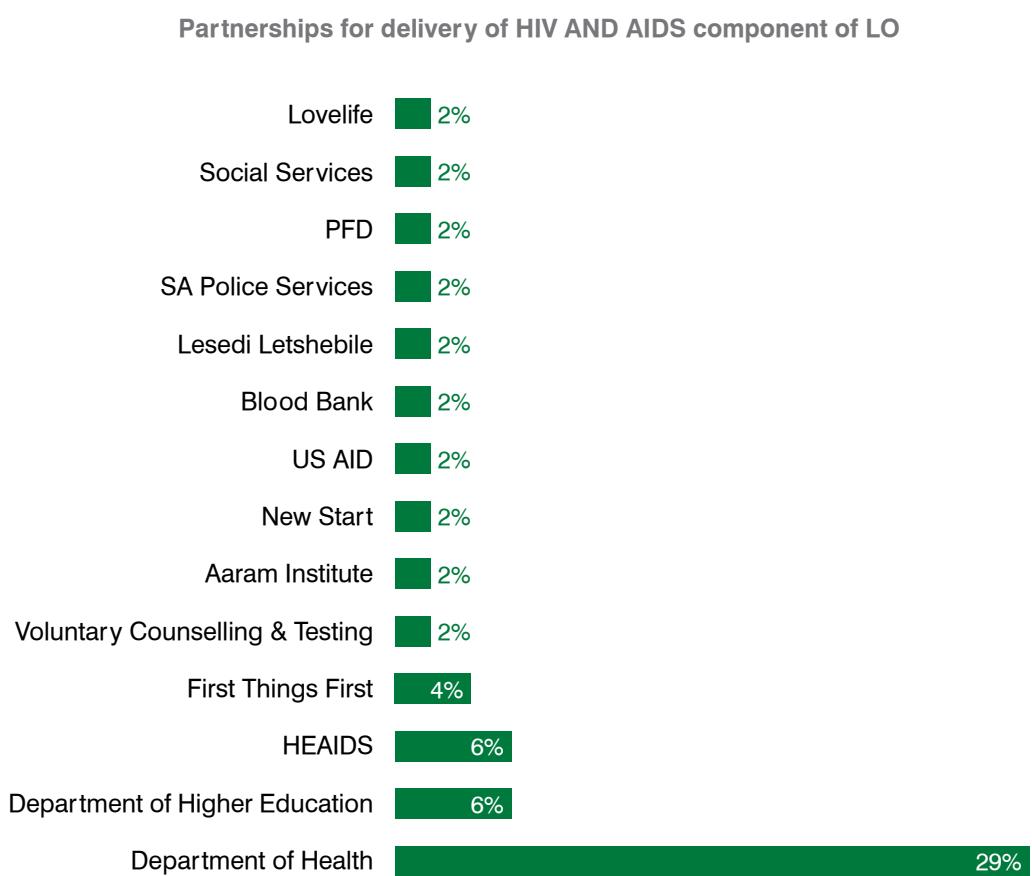


Figure 9: Partnerships for delivery of the HIV and AIDS component of LO (LO lecturers' views)

The majority of SSS Managers (96%) indicated that their colleges had partnerships with other organisations or institutions to support the implementation of HIV and AIDS programmes. The most common partnerships mentioned were with the Department of Health (DoH) (32%); local

clinics (20%); HEAIDS (16%); loveLife (15%); New Start (10%); Right to Care (10%) and the South African Council on Alcoholism and Drug Dependence (SANCA) (10%). The services and programmes included counselling, testing, awareness creation, training peer educators and the provision of mobile clinics. (For a detailed table of Partnerships and Services, see Appendix G).

5.2.13 Current status of HIV and AIDS content integration across the curriculum

Perspectives of Deputy Principals: Academic

Most of the Deputy Principals: Academic were of the view that HIV and AIDS content is integrated into the NCV programmes (82.6%). Some (34.8%) reported HIV and AIDS integration into SETA programmes and 17.4% reported integration into “other” programmes.

Students' perspectives

The majority (80.8%) of students who completed questionnaires said that they had received HIV and AIDS-related information as part of their formal studies at their colleges. Amongst those who had received such information, it had most commonly been received in their LO courses (58.3%). A further 7.1% said that the information came up in their courses, such as Hospital Sanitation and Safety, Primary Health Care, Office Administration, and Financial Management.

The student respondents reported that the most frequently covered topics were prevention, treatment and transmission of the virus. Fewer students mentioned that they had found out about how to recognise HIV and its symptoms; STIs and STDs; and dealing with people living with HIV and AIDS in the workplace and elsewhere. The least covered topics had been assertiveness, circumcision, and testing one's HIV status.

Information received by SRC members on HIV & AIDS in course curriculum

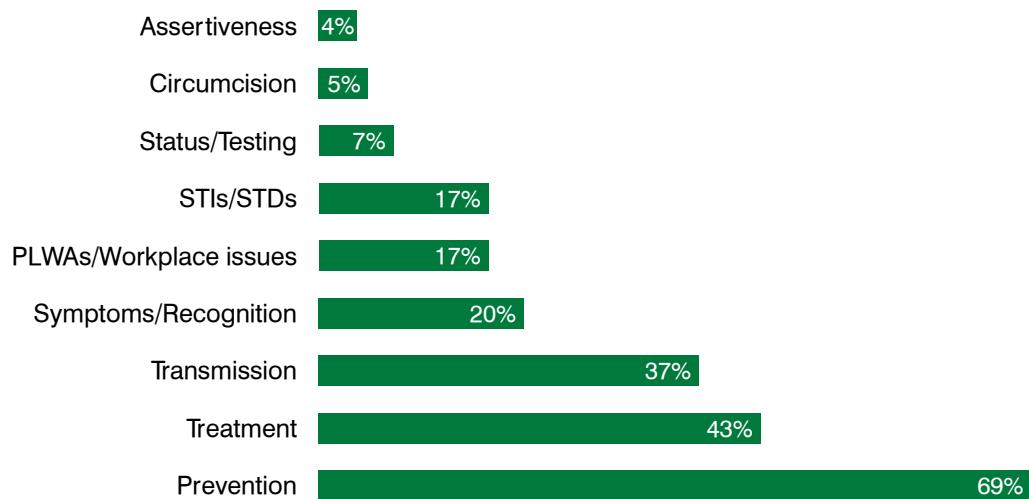


Figure 10: Information received by students about HIV and AIDS in courses

Life Orientation lecturers' perspectives

One-fifth (20%) of LO lecturers indicated that the teaching of HIV and AIDS content was linked to, or integrated into, the teaching of other subjects. Almost a third (30.9%) said that this was not the case, and 49.1% did not know. Most (70.6%) of those who said that this was not the case, indicated that it should be done because of the importance of students being aware and informed. According to LO lecturers, the subjects into which this content was integrated are English, Hospitality, Electrical Courses, Tourism, Occupational Health and Safety (each of which were mentioned twice or three times). Lecturers also reported that other courses that integrate HIV and AIDS content include Business, Management, Sustainable Sciences, New Venture Creation, subjects taught in laboratories, Information Technology, Mechatronics, Finance, Transport and Logistics, Marketing, and Administration. Those responsible for teaching these courses were the specific subject lecturers.

Non-Life Orientation lecturers' perspectives

More than half (62.3%) of the non-LO lecturers said that they integrated HIV and AIDS content, information or related activities into their teaching of the subject/s for which they were responsible at the college. All (100%) of the lectures interviewed in the following subject areas reported integrating HIV and AIDS content into their courses: Policing, Economics, Mathematics, Health, Education and Management. A percentage of lecturers in the following subject areas also reported integrating HIV and AIDS content into their courses: Information Technology (IT), Electrical Engineering, Mechanical Engineering, Hospitality, English/Communication and Business/Finance. Figure 11 below provides further detail in this regard.

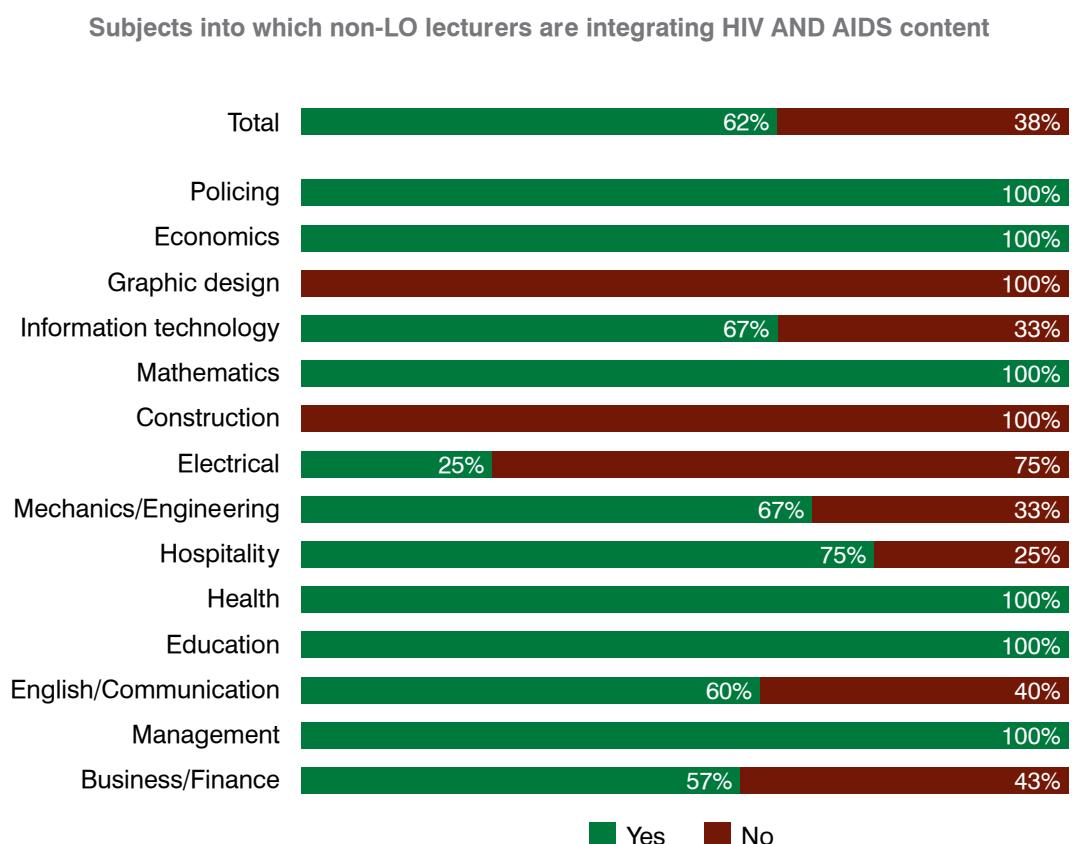


Figure 11: Subjects into which non-LO lecturers are integrating HIV and AIDS content

Ways in which non-LO lecturers reported integrating HIV and AIDS content into their courses

Non-LO lecturers mentioned a variety of ways in which they integrated HIV and AIDS content into their courses. Table 14, reflects the lecturer's own accounts of integration. These vary from deliberate references to students' social lives and sexual behaviour, to issues directly related to course content such as working with HIV positive children; exercising care in the preparation of food; or the impact of HIV and AIDS on the economy, labour force and within industrial environments. Challenges experienced in this integration were mentioned by about one-fifth of non-LO lecturers who tried to do so. Their observations included: "in Mathematics... there's no way you can integrate"; "not easy to make practical examples"; "some learners do not show much interest in such topics, because they do not engage themselves in safe sex"; "the HIV situation is a taboo subject"; "students generally feel the topic [is] boring and exhausting"; and "we have limited material to use".

Table 14: Quotes by non-LO lecturers exemplifying how they integrate HIV and AIDS content into the courses they teach

Subject/course	%	Approach to HIV and AIDS integration
Policing	100%	"It's part of topics in the policing subject L2–L4"
Economics	100%	"There is a module that looks into social environment factors in both N2 and N4 economics courses. It is possible to use HIV to demonstrate its effects on productivity and profitability of the labour force"
Maths	100%	"The syllabus for L2 and L3 talks about HIV and AIDS"
Health	100%	<ul style="list-style-type: none"> • "COPC deals with health issues in the community, HIV and AIDS being one of them. We deal with the impact HIV and AIDS has on communities" • "HIV and AIDS is integrated under infectious diseases under public health subject, we look at what is HIV and AIDS how is it distributed/transmitted, prevention, intervention, methods available in combating HIV and AIDS" • "In human and social development and early childhood development it is part of the curriculum in education and development" • "There is a unit of HIV and AIDS"
Education	100%	<ul style="list-style-type: none"> • "Education and development L2–L4, teachers working with children that are HIV positive, policies that must be implemented, first aid, office practice L2–L4" • "With regards to labour relations, it is possible to integrate HIV and AIDS content by explaining how it impacts the work place with educational psychology, looking at factors that might hinder development of the child"
Management	100%	"In management practice there's a chapter that deals with health and safety in the work place as well as how absenteeism affects productivity due to illness"

Subject/course	%	Approach to HIV and AIDS integration
Hospitality	75%	<ul style="list-style-type: none"> “Customer care services cleaning of rooms, danger of needles, razors etc. Basic first aid for L4 and food preparation e.g. cuts and wounds” “For hospitality generics we briefly touch on contagious diseases and micro-organisms which can be infections” “In the subject/topic of cleaning bedrooms and bathrooms, students are made aware of how to protect themselves in order to be safe from contracting HIV and AIDS in the form of contact with guests’ blood, semen, razor blades, sanitary towels etc.”
IT	67%	<ul style="list-style-type: none"> “HIV is incorporated in the curriculum; we deal with it every day” “It is possible to engage with any student on how to take care of themselves physically and sexually through how to use protection during intercourse”
Mechanical Engineering	67%	<ul style="list-style-type: none"> “Health and safety includes HIV and AIDS. Most modules enforce health and safety” “Generally we speak about health and safety with students, talking about e.g. coughing, open cuts”
English/ Communication	60%	<ul style="list-style-type: none"> “Comprehension articles and summaries.” “HIV is ripe in our students, it is evident by the number of pregnancies we have that learners are not being cautious. As a form teacher general discussions, role plays, mass lectures, testing. I refer to AIDS and other diseases on a regular basis but do not go into detail” “Some comprehensions given to students focuses on the issues concerning HIV and AIDS because that is the pandemic we are facing in our country and students should be at alert of all the information”
Business/ Finance	57%	<ul style="list-style-type: none"> “HIV Policy in Management Practice (LRA)” “How HIV and AIDS affect the marketing programme of the company. Health and fitness of sales people. The impact of poor health to the sales staff” “I go out of my way especially doing the induction process of the subject to my learners to educate and explain to them the importance of being in school and keeping them busy not to indulge in sexual activities” “In Economic Environment HIV and AIDS is slightly covered under the social environment” “Our programme has integrated HIV and AIDS in the wholesale and retail sector to bridge the gap of informing the learners about HIV and AIDS in the work place as it affects them”
Electrical Engineering	25%	“The integration of HIV and AIDS content is on a smaller scale in the workshop. I have a safety kit with rubber gloves so that if anyone get injured we can handle the situation”

Lecturers' views on the advantage of integrating HIV and AIDS content across the curriculum

Asked to list and explain the advantages of integrating HIV and AIDS content across the curriculum, several issues emerged. The most common was that it would enhance the knowledge and awareness of students about the topic. This was mentioned in different ways by 67% of LO lecturers. Some of the comments were:

- “.... it brings about a broader picture with regards [to] awareness”;
- “It will assist students to gain more knowledge on HIV and AIDS and to apply that knowledge in their everyday life”; and
- “It will bring real life situations into the classroom, e.g. food preparation (hygiene, diet food portions etc.) as this is necessary to ensure that the patients stay healthy”.

About one-fifth (18%) of LO lecturers mentioned challenges of integrating HIV and AIDS content across the curriculum. The issues mentioned included “information overload” or boredom for students; lack of time during other courses; and lack of knowledge of lecturers. One lecturer said that some lecturers “feel that it might be very insulting for them to address sexual content”.

Most (78.2%) LO lecturers were of the view that there is a need for staff, other than LO lecturers, to be capacitated to integrate HIV and AIDS-related content into their programmes. The rationale given was that the disease affects everybody and that all lecturers should therefore be involved. Some mentioned the need for a unified approach, or that any lecturer might be approached by a student with HIV and AIDS issues that need to be addressed. Comments included:

- “All lecturers will be empowered to educate students about HIV and AIDS and students will not only associate HIV and AIDS training with LO”;
- “If we want to win the fight against this disease, we need to fight it as a group because united we stand”.

Amongst the one-fifth (21.8%) of LO lecturers who did not think their non-LO colleagues require capacitation, the reasons given were the lack of alignment between HIV and AIDS and other subjects; and the need for specialised, formal LO qualifications to do the job properly. One lecturer said, “To be honest, I think learners are already bombarded with a lot of information regarding HIV and AIDS. If they get more of it, it will just make them uninterested in the rest of the subjects”.

Most (69.6%) of non-LO lecturers would be happy to integrate HIV and AIDS-related issues into their subject area if provided with appropriate learning and teaching support materials. Comments in this respect included:

- “examples and activities will be great”;
- “HIV and AIDS information is important if a platform is given, I will use it to spread the knowledge”;
- “students will feel obligated to learn about HIV and AIDS if they are exposed to it in the classroom rather than just from support staff in HIV and AIDS education, because that is optional”;
- “students need visual aids”;
- “most students believe that they know more about HIV and AIDS so I believe that I need something to make them willing to know more”;
- “it makes the topic of AIDS less of a taboo subject and more of an everyday issue with solutions through discussion”; and
- “I believe any student must be exposed to relevant and actual content”.

Just over a quarter (29.2%) of SSS Managers and/or their staff occasionally participated in delivery of classroom-based HIV and AIDS activities, while only 8.3% did so on a regular basis. (A further 37.5% said they never did, but 25% failed to respond to this question).

Key informants' views on the advantage of integrating of HIV and AIDS content across the curriculum

All key informants interviewed supported the need to address HIV and AIDS issues in TVET College programmes. The argument from the DHET is that young people need an orientation to personal health and wellbeing issues as well as to the work environment. A DHET representative's view was that students needed an awareness and understanding of the social and professional context in which they will be employed:

Technical subjects prepare one for exercising technical expertise within a social context, a context in which interpersonal relationships need to be managed. The idea is to develop holistic human beings rather than outright technicians with no social awareness or health awareness. (Acting Deputy Director General: VCET Branch, DHET).

A criticism of the value of the current implementation was voiced from within the DHET, observing that the NCV component is not of sufficient depth in regard to HIV and AIDS. Student support was also regarded as insufficient, particularly since the SSS staff are not specialists and thus not able to deal with the HIV and AIDS issue in sufficient depth. The LO programme as implemented in many colleges was reported to be:

... only superficial in its awareness and presentation of HIV and AIDS-related issues. Rather than just offering 'propaganda' regarding HIV and AIDS prevention, the programme is intended to change the lives and behaviour of people and the way people think, and as such should deal with various aspects in depth, year by year, for as long as students are at the college. (Acting Deputy Director General: VCET Branch, DHET).

5.2.14 Role of Student Support Services in formal curriculum delivery

Colleges have between zero¹⁸ and 27 full-time SSS staff members (average 11.2 per college) and between zero and 14 part-time SSS staff members (average 7.6), in addition to between 1 and 2 volunteers (average 1.6) who provide assistance. Assistance takes the form of peer education helpers or student ambassadors, and in some cases full-time lecturers acting as Student Liaison Officers. Some colleges appoint 10 students to be trained in HIV counselling and testing each year.

Only 20.8% of SSS Managers said that they or their staff facilitated or taught any HIV and AIDS-related content in the formal curriculum. This took place when SSS staff requested time with students for awareness creation; during LO lectures; or in one case, through a Student Support Liaison Officer (SLO) "who happens to teach LO and has experience as [a] Unisa counsellor, and incorporates that in her teaching". This involvement was corroborated by about one-fifth (21.7%) of Deputy Principals: Academic, who indicated that SSS staff participated in the delivery of HIV and AIDS courses in the formal curriculum. The involvement takes various forms as elucidated by the following comments:

¹⁸ Only one SSS manager indicated that there are no full-time or part-time SSS staff members at the college, and only two student volunteers. The questionnaire was not completed fully, making it impossible to identify the particular college.

- “Have collaboration with relevant bodies like loveLife and other community-based organisations”;
- “Staff from the Student Support Services were doing HIV and AIDS Awareness, information and testing on their own as part of their programme throughout the year. In 2015 their initiatives will be integrated with the LO curriculum and they will be working together with lecturers on a formal basis. An Integrated Plan is currently being finalised to be implemented in 2015”;
- “The SSS officers train LO lecturers”;
- “The student support liaison officer at each campus is overseeing the delivery of HIV and AIDS topics in the LO curriculum which are delivered by peer tutors in collaboration with the lecturer who is offering the LO life skills component. Lecturers do address the topics of HIV and AIDS and healthy living in subjects like English and Communication where they base a comprehensive test and oral speeches (even speech contests) on these topics”; and
- “They are involved in the sense that they have formal programmes in their formal year programme, but not in the delivery of NCV or occupational programmes”.

One of the Academic Deputy Principals, who said that SSS did not participate in the delivery of courses, explained that “SSS … is office-based, not in the formal curriculum. His/her duties [are] to make awareness campaign on HIV and AIDS matters to be conducted at campuses”.

5.2.15 SRC/Student role

Between one-third and just more than half of the students believed that the SRC at their college participated in the organisation and/or the delivery of the HIV and AIDS programme of the college. This participation was perceived to be highest (53.8%) in respect of peer-education activities, and advocacy and awareness activities (50%). It was less so in respect of support activities such as a buddy system (44.2%) and teaching and learning about HIV and AIDS as part of the formal curriculum (38.5%).

5.2.16 Extra-curricular HIV and AIDS activities and service provision

Perspectives of Deputy Principals: Academic

More than three-quarters (78.3%) of Academic Deputy Principals indicated that their colleges had specific strategies to address the effect of HIV and AIDS among students. They specifically mentioned awareness events (39.1%), voluntary testing of students' HIV status (39.1%) and counselling (26.1%) activities.

The majority (87% or more) of Academic Deputy Principals specifically indicated that HIV and AIDS-related support was available at their colleges in the form of referrals, testing and counselling. Peer-to-peer education, the buddy system and other services were less available.

LO Lecturers' Perspectives

Just over half (54.5%) of LO lecturers said that apart from the HIV and AIDS content in the formal curriculum offerings (e.g. LO, Education and Development and Primary Health), their colleges had put in place specific strategies to address the effect of HIV and AIDS on students. About one in seven (14.5%) said that nothing had been done in this respect, and almost a third (30.9%) did not know. The activities most mentioned were specific campaigns which took place on campus during the year (60%). These take the form of Voluntary Counselling and Testing; protection, awareness presentation; and talks on gender violence, teenage pregnancy or drug abuse. Others mentioned invitations to specialists or service providers to visit the campus (37%);

or the location of specialists on campus to deal with HIV and AIDS issues (23%). Almost half (47.3%) of LO lecturers said that these activities addressed the social aspects of HIV and AIDS. Some of the explanations given were:

- “They tell students all about HIV and AIDS and also bring along those people who are living with the virus to the campus so that they [can] explain to the students what really happens to them”;
- “Women all over the campus support each other and lecturers are involved in motivating and counselling students on a regular basis”;
- “Participation in local AIDS councils and inter-governmental relations addresses socio-economic issues, discrimination, exploitation of young people, etc.”;
- “Students are aware that hanging [around] with sugar daddies can lead to an infection and people are discriminated against because of their status”; and
- “... do address discrimination, circumstances and peer pressure”.

Less than a third (30.9%) of LO lecturers said that these strategies addressed the issue of gender equality or sexism. Comments to substantiate this view included:

- “We also tend to give them projects to check if people are being discriminated against due to their gender”;
- “It teaches both males and females on how best to behave regardless of their gender”; and
- “I believe they do because of the counselling they do”.

Students’ Perspectives

A high percentage of students (69.2%) viewed the extra-curricular HIV and AIDS information and support provided by the SSS Unit positively. In general, they reported that the services provided by the SSS Unit matched their needs. However, 27.9% did not agree, indicating that they believed that SSS services need to be improved.

- “we have counselling sessions in the office of SSS, it also provides strength to students who are affected by situations like HIV and AIDS”;
- “they [are] doing a good job because whenever the students are faced with problems, they come up with solution”;
- “they are able to inspire students who have HIV by supporting them and loving them”; and
- “there are students who need help but they are afraid to speak out; this SSS will help”.

About one in seven (13.9%) of those who saw the SSS positively, mentioned that events and campaigns and workshops were organised to inform students, e.g. “they organise health workshops for peer educators and awareness campaigns to help students with receiving life information”. A similar percentage (11.1%) said that the SSS organised VCT sessions in order to provide opportunities for students to establish their HIV status, as reflected in the comment: “...because we sometimes here at school get visitors e.g. New Start, to educate us about HIV and AIDS, and we also get testing services from New Start”.

Almost half of those who viewed the SSS services as inadequate pointed to a lack of HIV and AIDS information or awareness creation originating from the SSS. Others believed that the SSS focused on student bursaries at the expense of support in other ways. One of the comments was “the student support service at our college is poor; it’s either they don’t know anything about HIV and AIDS, or they don’t know their job”.

5.2.17 Enhancing college HIV and AIDS programmes

College-based respondents' perspectives

College-based respondent groups were required to answer a question regarding the most effective ways of implementing a more comprehensive HIV and AIDS programme in their colleges. The following five options were provided:

Should HIV and AIDS be:

1. Integrated into all learning programmes at the college (e.g. NCV, the N1–3 and N4–6 programmes and the SETA programmes)?
2. Taught as part of Life Orientation?
3. Taught as a compulsory separate subject?
4. The responsibility of the SSS Unit and not be part of the college curriculum?
5. Any other approach?

Table 15 below provides an overview of all responses.

Table 15: Views about how HIV and AIDS-related content should be taught in colleges

	SSS Managers	LO Lecturers	Non-LO Lecturers	Students
1. Integrated into all learning programmes at the college (e.g. NCV, the N1–3 and N4–6 programmes and the SETA programmes)	76.0%	43.6%	53.6%	47.1%
2. Taught as part of the Life Orientation Programme only	28.0%	12.7%	19.6%	20.2%
3. Taught as a compulsory separate subject	12.0%	21.9%	19.6%	20.2%
4. It should be the responsibility of the Student Support Services Unit and should not be part of the college curriculum	12.0%	18.2%	7.1%	6.7%
5. Other responses included: The status quo should remain – that sufficient information was already available/that the college curriculum timetable was already too full to accommodate more time on HIV and AIDS.	0.0%	3.6%	0.0%	5.8%
Total		100.0%	100.0%	100.0%

College respondents' reasons for options selected

Option 1: Integration

In support of cross-curricular integration LO lecturers responded as follows:

- The disease “affects us all” and “the more we are made aware about it, the more awareness will be achieved”;
- “to eliminate discrimination of people infected with HIV and AIDS in the workplace”;
- “if taken seriously and strengthened, students will also look at it with a different perspective”;
- “once HIV and AIDS content forms part of their curriculum, they will be aware of its importance and dangers”.

Option 2: Taught as part of strengthened HIV and AIDS component of LO

One LO lecturer who made this choice commented:

- “I don’t think a whole subject on its own or integration into other subjects will work as well as incorporating it into the current LO curriculum. Students expect it in LO”.

Others said that current HIV and AIDS content in LO did warrant strengthening.

Option 3: Taught as separate, compulsory course

Reasons for this option provided by LO lecturers included the opportunity to focus exclusively on the topic and to devote more time to dealing with all aspects. One respondent said: “this will help deal with the limited time issue [and] provide [for] workshops held by professionally qualified people”.

Another opined that: “each student will focus on that course and it won’t ... confuse them [as it would] when it is integrated across all college curricula”.

Option 4: The responsibility of the SSS Unit and not part of the college curriculum

LO lecturers making this choice explained that the messages related to HIV and AIDS would be better received from student or external sources than from lecturers. Two of the comments encapsulated this sentiment:

- “in class we have little time to talk about HIV and AIDS in depth, so the triple S (Student Support Services) might/must conduct compulsory classes [for] every student”; and
- “students are familiar with SSS, they already go to SSS with general and personal problems, they see SSS as a support mechanism. Lecturers are formal and exam and assessment-orientated”.

Option 5: Other

A small number of LO lecturers (3.6%) felt that sufficient information was already available or that the college curriculum timetable was already too congested to accommodate HIV and AIDS content.

Of the student respondents to this option (5.8%), other suggestions included peer education and:

- “a separate class for people who have an interest in the programme ... [rather] than doing it in [a] classroom while others have no interest”; and
- “it should be combined with community... because some of us as students (we) are coming from different places (and are) not aware of the community [where] we are renting [that might have a] ... high rate of HIV and AIDS”.

Key informant’s perspectives

The DHET College Curriculum Development Directorate representative’s view regarding the N1-N6 programmes, which were scheduled to be reviewed by the QCTO, was that LO with an HIV and AIDS component should be integrated into all these programmes and that it should be both compulsory and examined.

With regard to the occupationally-directed SETA programmes (which are to be quality assured by the QCTO from 2018) the DHET representative's view was that HIV and AIDS issues should become a compulsory component of college offerings that are outside the actual qualification programme, i.e. an additional component that is compulsory. This would cater to workplace demand for the HIV and AIDS component to be offered by colleges, and would be driven by the DHET. As the implementer of the minimum frameworks for qualifications developed by the QCTO, it was reported that the DHET has the authority to enforce these additional requirements for study in colleges.

5.2.18 Promoters and inhibitors of a more comprehensive HIV and AIDS programme

Promoters

In the view of LO lecturers and SSS Managers, there are several major factors which contribute positively to the promotion, design and implementation of a more comprehensive HIV and AIDS programme at their colleges:

- Just over 30% of LO lecturers and SSS Managers highlighted funding and resources as key promoters or enablers. Regarding resource provision, the need for posters, IT equipment and video material were cited;
- The importance of having lecturers that are specifically trained to teach HIV and AIDS-related topics was emphasised by 18.2% of SSS Managers and 10% of LO lectures;
- Having a positive attitude towards the topic was mentioned by 16.4% of lecturers, and 14.5 % of respondents in this group said that a broad commitment amongst all staff at the college to offering the topic seriously and comprehensively was important; and
- In addition, 35% of SSS Managers indicated that integrating HIV and AIDS into the curriculum would promote a more comprehensive HIV and AIDS programme at the colleges.

Inhibitors

Conversely, LO lecturers and SSS Managers identified several factors that inhibit the design and implementation of a more comprehensive HIV and AIDS programme at their colleges. These include:

- A lack of skills and knowledge about HIV and AIDS amongst lecturers was considered to be an important inhibitor by 23.6% of LO lecturers and 17.4 % of SS Managers;
- A lack of interest and boredom or shyness amongst students when the topic is presented was put forward by 16.4% of LO lectures and 17.4% of SSS Managers as an inhibitor;
- LO lecturers (10.9%) stated that a low level of commitment amongst college staff to the promotion of HIV and AIDS awareness and the importance of teaching about this topic was an inhibitor;
- A lack of time within existing curricula to do justice to the topic was cited by 9.1% of LO lecturers and 21.7% of SSS Managers; and
- A number of SSS Managers (13%) also indicated that lack of teamwork and integration was an inhibiting factor.

Subjects into which non-LO lecturers are integrating HIV AND AIDS content

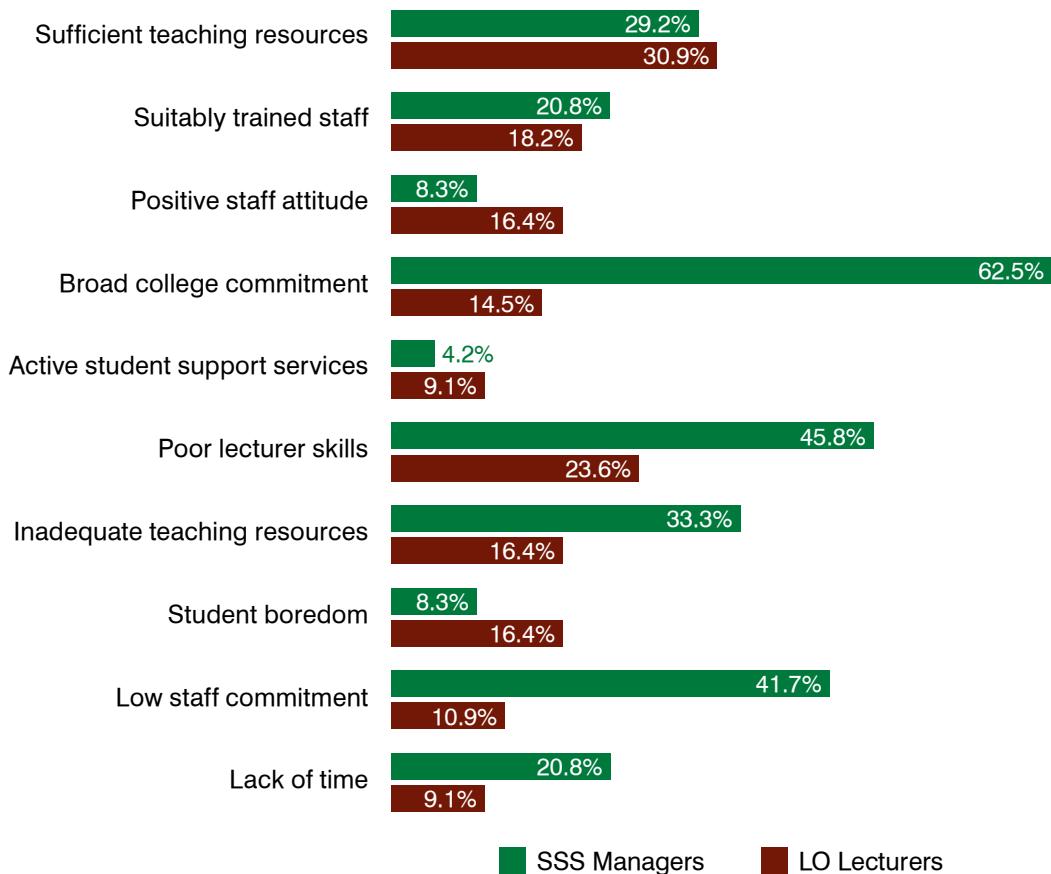


Figure 12: LO lecturers' views on the key promoters and inhibitors of the design and implementation of a more comprehensive HIV and AIDS programme

Asked for any additional comments, several themes emerged amongst the LO lecturers. The most recurrent were recommendations for more workshops or training sessions for both lecturers and students (12.7%) in order to enhance awareness, knowledge and skills. One lecturer said, “I believe even lecturers who are not LO-based should be trained for this curriculum”; and another, “The workshops should include all students and staff members, not only a certain group of people in the college community”.

Other insightful comments included a range of issues, articulated as follows:

- “I will encourage them to talk about their status, knowing that AIDS is not killing”;
- “Demonstrate female condoms. Most of our learners I discovered that they don't know how to use it”;
- “There should be awareness of other diseases and physical impairments also”;
- “Relationships, values, attitudes, respect for opposite gender, self-esteem play in my view a very big role”;
- “Most of the students in class said they are not condomising, that is why there is a high rate of pregnancy in our campus”;
- “People must be informed in advance if there is any activity”;
- “I think we should also get more advice from other countries who are winning on this, so that we [can] be motivated [and] encouraged”;

- “I think values should be taught by parents at a young age, and in the African culture, children are not allowed to talk freely about sex and the values related to it”;
- “I think it would help a lot if there is a programme implemented within the college that will help students to be more open to one another”; and
- “Booklets that have basic information should be distributed in our college”.

Additional comments from non-LO lecturers included several statements either in favour of or opposed to the integration of HIV and AIDS into all subjects rather than presented as a separate subject, including:

- “First Aid is necessary in every job and workplace; be trained how to deal with an HIV person if injured, and how to handle HIV positive employees/employers”;
- “Function of Student Support is to support students academically and also socially”;
- “Knowledge should be made available for learners from primary school; an incentive like what the king of Swaziland is giving to females, i.e. to abstain until they are paid a monthly subsidy”; and
- “Lecturers should be given intensive training regarding this pandemic because we deal with the students on a daily basis as opposed to SSS, therefore we should know how to handle the students in order to offer them guidance and moral support”.

5.3 Conclusion

Currently the only provision of HIV and AIDS education is through the NCV LO curriculum. However, only about 40% of TVET College students are enrolled on the NCV programmes. Students participating on the N1–N6 programmes make up 60% of college enrolment and these programmes do not include any HIV and AIDS education content. The SETA programmes, which currently fall outside of the DHET’s ambit, only offer HIV and AIDS modules as electives and there is little or no evidence to suggest that there is any positive uptake of these modules.

Numerous challenges in the implementation of HIV and AIDS education are detailed in this section, including the fact that the majority of lecturers responsible for HIV and AIDS education in the LO subject are underqualified. Only 36% of lecturers who teach LO have the relevant qualifications to do so. At the same time, college lecturer capacity building interventions are limited. Typically, capacity building workshops are two or three days in duration, with a narrow focus on support for personal health and wellbeing. There is very little evidence of a socio-professional focus on lecturer training. Additionally, lecturers identify a lack of both subject content and pedagogic knowledge as key challenges.

Time allocated to HIV and AIDS education is very constrained. The weighting of explicit HIV and AIDS content in the curriculum is limited. It is embedded in the topic Health and Wellness and is allocated very few teaching hours per year.

Further implementation challenges identified by lecturers included a lack of ring fenced budget for the implementation of HIV and AIDS education; a lack of relevant, up-to-date, quality teaching and learning resources; and a lack of time to offer HIV and AIDS education meaningfully.

Overall, there was consensus from all college-based respondent groups on the fact that HIV and AIDS should be viewed as a key graduate competence and that the TVET HIV and AIDS curriculum needed strengthening. The majority of college-based respondents supported the proposal that HIV and AIDS education delivery should be enhanced by being integrated across the whole curriculum.

The DHET Curriculum Development Directorate representative was of the view that HIV and AIDS content needs to be integrated into the revised N1–N6 programmes through the introduction of LO, which must be a compulsory and examinable subject and that a stand-alone, compulsory HIV and AIDS course/module also needs to be added to all future QCTO accredited programmes.

6. Analysis of Findings

6.1 Policy issues

An examination of current policy relating to HIV and AIDS education in the TVET College context has shown that a policy framework already exists for implementing HIV and AIDS curriculum content integration. However, the ongoing HIV and AIDS management challenges nationally, highlight the fact that there is still a significant gap between policy and implementation.

Additionally, an interrogation of existing HIV and AIDS policy for TVET Colleges reveals the need to review and update, in particular, the *National Policy on HIV and AIDS for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions* (DoE 1999) (Researchers' emphasis underlined) which has been reviewed by the DBE (2013)¹⁹ for the schooling sub-sector, but has not been reviewed by the DHET for the TVET sub-sector.

Findings from the literature review reveal significant shifts in thinking on approaches to management of HIV and AIDS, which have occurred since 1999. Most notably, a shift from a narrow focus on personal health and wellness, to a broader and more transformative approach, which engages with social, cultural and economic issues, is promoted.

For these reasons, the National Policy on HIV and AIDS for TVET Colleges needs reconsideration to ensure that it is more responsive to the current HIV and AIDS environment in South Africa. While principles of non-discrimination, equity and addressing social stigma remain important, creating a workforce that can cope with HIV and AIDS in the workplace is becoming increasingly important.

Finally, the contradictory responses from SSS Managers, LO lecturers and non-LO lecturers regarding whether their college had an HIV and AIDS Policy or not, and/or knowledge of the 1999 *National HIV and AIDS Policy*, suggests an urgent need for clarification of HIV and AIDS policy issues on college campuses.

6.2 The college context

As seen in the section dealing with the college context, many TVET Colleges find themselves in a highly challenging situation, with lack of financial and human resources, lack of relevantly qualified lectures, underprepared students and poor pass rates.

To enable HIV and AIDS education to take hold and flourish in this context, careful consideration needs to be given to creating an enabling environment. A number of system- and institutional-level interventions are necessary as articulated below.

¹⁹ A few points should be noted regarding the draft DBE HIV and TB policy: Firstly, this draft Policy appears to be a stand-alone policy and does not make any reference to the DoE 1999 National HIV Policy for Schools and FET Colleges. Secondly, a few issues that this research team considers crucial and which were addressed in the 1999 policy are not addressed in the 2013 draft policy: for example, ring-fenced funding for HIV and AIDS education, cross-curriculum integration and the fact that ALL lectures should be orientated in HIV issues, and the importance of proper training for lecturers – recognising that HIV is a very sensitive issue and needs highly skilled pedagogy. Finally, the 2013 Draft Policy was gazetted for public comment in July 2013, but has seemingly not been finalised as it does not appear on the DBE's website as a policy. In fact, neither does the 1999 policy.

6.2.1 National implementation plan and guidelines

There appears to be insufficient knowledge and understanding of national level policies and guidelines among most college staff, and indeed many staff members are not in touch with their own institutional policies.

It is therefore a key activity to meld a common conceptualisation of the policy requirements and implications for implementing HIV and AIDS education at college-level. This indicates the need for a national implementation plan and guidelines to support a co-ordinated approach within the TVET sub-sector.

6.2.2 Integration of HIV and AIDS education into all TVET programme offerings

This study confirmed that currently HIV and AIDS content is formally integrated into the NCV LO Curriculum. LO is compulsory for all NCV students. The HIV and AIDS content is embedded in the topic Health and wellness. However, it was also found that the time allocated to the HIV and AIDS content in the curriculum is very limited, adding up to only a few hours per year.

While the potential exists for greater exploration of issues within the LO curriculum such as gender discrimination, gender-based violence, stigma, human rights and creating a supportive professional environment and linking these to HIV and AIDS, the current NCV Subject Guidelines do not make these options explicit. The paucity of capacity among the majority of LO lecturers prevents the more comprehensive and meaningful delivery of HIV and AIDS education in terms of the LO curriculum, as does the constrained time allocation for LO and HIV in the curriculum, which is a severe limitation.

Other than in the subject Life Orientation, HIV and AIDS content is included in only two of the 19 NCV programmes – Primary Health, and Education and Development. However, the 60% of TVET students who are enrolled in the NATED/Report 191 N1–N 6 programmes do not have any HIV and AIDS education component. The SETA funded programmes only offer HIV and AIDS modules as an elective, and there is little or no evidence to suggest that such programmes are selected by students.

Currently therefore, only a small segment of TVET students is being exposed to any formal HIV and AIDS education.

None of the strategies for addressing HIV and AIDS that were reported on by the College Academic Deputy Principals were related to curriculum delivery. Rather, they centred on awareness campaigns, testing and a range of *ad hoc* activities, located within the Student Support Services Unit. It was also found that the majority of interventions relate to personal competencies only and do not address the broader range of social and professional issues.

6.2.3 HIV and AIDS education implementation challenges

The data on capacity and teaching challenges presented in Section 5 provides a stark picture of the problems faced in the TVET Colleges in respect of HIV and AIDS education in the formal curriculum:

- *Lack of LO lecturer capacity:* It was noted that a significant number (more than 60%) of LO lecturers do not have the relevant qualifications or skills set to teach LO subject content.

- *Capacity building:* The above suggests that, overall, the LO lecturers need significant capacity building. This is supported by the fact that the data on short-term capacity development activities in which LO lecturers have participated is limited. Only 18.2% of LO lecturers participated in capacity building workshops during the last 12 months, which means that just over 80% of LO lecturers have not had any recent capacity building opportunities. A larger proportion (26.8%) of non-LO lecturers reported participating in capacity building training in the last 12 months.
- *Nature of capacity building:* These workshops were all of a short duration, typically from 2–5 days. The data provided by both LO lecturers and non-LO lectures shows that the content covered in capacity building workshops was almost identical. Both groups reported coverage of topics such as listening skills, identification of students with HIV and AIDS problems and having engaged with issues related to gender, sexuality and race. Only about 50% of LO lecturers reported engaging explicitly with content knowledge pertaining to HIV and AIDS and related teaching methodology. For non-LO lecturers this figure was slightly less at 47%. Fewer LO lecturers (40%) reported participating in training related to gender violence as opposed to non-LO lectures, where 67% reported participating in such training. The reports of some increase in the breadth of content covered in training (i.e. going beyond bio-medical aspects of HIV and AIDS and including engagement with issues such as gender, sexuality and race), is a positive development. However, this should be treated with some caution when considering the low rate of participation in capacity development activities, as coverage and coherence in these workshops is likely to be *ad hoc* and fragmented (especially considering the teaching gaps identified by lecturers below).
- *College-based data on training:* Systems for the collection, storage and analysis of data on lecturer capacity building at colleges appear to be very weak. Of the 17 colleges in the sample that provided a response to the request for such data, only seven colleges were able to provide the details requested. The remaining 10 colleges reported that they did not keep data on capacity building/professional development.
- *Teaching challenges identified by LO lecturers include:*
 - Many LO lecturers (43.6%) reported capacity gaps, stating that they lacked up-to-date information on HIV and AIDS content knowledge.
 - 45% of LO lecturers thought that HIV and AIDS should be differently taught, but admitted that they lacked the necessary know-how and teaching strategies to do so.
 - 38% of LO lecturers reported that perceived or actual stigma and sometimes the emotional or secretive responses of students posed a significant challenge. Of interest is the fact that the response to this question reflects a significant gender-based difference in response. This issue was raised by 33% of the female LO lecturers and 58% of the male LO lecturers, suggesting that the challenge is greater for male lecturers.
- *Lack of teaching and learning resources:* More than half (60%) of the LO lecturers indicated that they did not have sufficient learning and teaching support materials and other resources to successfully provide lessons on HIV and AIDS-related issues. In particular, lack of access to ICT and various online resources and multimedia resources were highlighted.
- *Need to strengthen the HIV and AIDS curriculum:* Overall there was significant consensus on the need to strengthen the HIV and AIDS curriculum. This view was supported by all college respondent groups.

- *Nature of gaps in HIV and AIDS curriculum:* The majority of college-based respondents felt that first and foremost there was a need for up-to-date information on HIV and AIDS. This included information on prevention, positive lifestyle, and on living with HIV and AIDS. Many respondents also felt that there was a lack of focus on teaching about discrimination, gender equality, socio-economic circumstances, exploitation and transactional sex.

Almost all the data collected relates to what is currently happening in colleges and therefore focuses on the qualifications of current staff and implementation gaps. The interview with a DHET official that focused on both pre- and in-service training, points to the need to consider formal qualifications that may include HIV and AIDS issues. The DHET was clear in stating that it is not prescriptive in terms of specifying content in university programmes. This may, therefore, be an area for advocacy and engagement by HEAIDS through HESA's formal structures, such as the Education Deans' Forum.

6.2.4 Reported HIV and AIDS curriculum integration

Apart from the compulsory HIV and AIDS component embedded in the LO subject area in all NCV programmes, a significant number of NCV lecturers in the sample set reported that they integrated HIV and AIDS content into their programme delivery. For example, 100% of Economics, Mathematics, Education and Health lecturers made this assertion. For Hospitality courses it was 75%; 57% for Business/Finance and Accounting and English/Communication courses; and 25% for Electrical courses.

However, when asked to illustrate the type of HIV and AIDS content that was being integrated across the curriculum, it became apparent that these claims were inflated. For example, in English language, reference was made to the use of newspaper articles dealing with HIV for comprehension tests. In Business Studies, the HIV Policy in Management Practice was discussed, in Mechanical Engineering, the issue of HIV came up in relation to Health and Safety regulations, i.e. the universal precautions taken when dealing with blood; the same applied to Electrical Engineering.

The limited integration is *ad hoc* and means, in fact, that there is not much to build on.

6.2.5 Partnerships

This study has found that partnerships between TVET Colleges and other organisations occur mainly with a small range of external service providers, the most significant players being government health departments and local clinics, followed by HEAIDS and a few key non-governmental organisations (NGOs): LoveLife; New Start; Right to Care and SANCA. The partnerships are, however, typically located in the SSS Units, and services and programmes offered relate to counselling, testing, awareness creation, training peer educators and the provision of mobile clinics. They do not have a direct connection with the implementation of HIV and AIDS curriculum content and also remain at the level of personal knowledge and competencies.

6.2.6 SSS Unit support for formal curriculum delivery

The role of SSS in supporting delivery of HIV and AIDS content in the formal curriculum was found to be very limited. Only 20.8% of SSS Managers said that they or their staff facilitated or taught any HIV and AIDS-related content in the formal curriculum. It appears that the role of SSS was never conceptualised to provide support or feed into formal curriculum delivery processes; however, given the college capacity limitations, there may be room to explore the possibility of greater collaboration between SSS staff and lecturers as a mechanism to facilitate greater integration of HIV and AIDS content into the curriculum.

6.3 Enhancing HIV and AIDS educational provision

6.3.1 Curriculum integration approach

Overall, there was consensus from all college respondent groups on the fact that:

- HIV and AIDS should be viewed as a key graduate competence;
- The HIV and AIDS curriculum needed strengthening;
- HIV and AIDS-related content should be integrated into the TVET curriculum; and
- All lecturers should be capacitated to be involved in the delivery of HIV and AIDS education.

The data emanating from the options provided is interesting in that consistently across SSS Managers, both categories of lecturers, and students (ranging from 43.6% to 76%), the preferred option is to integrate HIV issues across the curriculum. Having it as a separate course was nowhere near as well supported, with the rating of this option by LO lecturers being highest of the 4 categories of respondents at just 21.9%.

The high positive response rate to the question of graduate competence is encouraging, especially as the notion of HIV and AIDS in graduate competence is not a commonly discussed topic. However, despite the value attached to the importance of graduate competence, it is also clear that currently there is little or no basis for thinking about graduate competences in the TVET College context. A well-planned approach to this is needed to ensure that students leaving the college are in fact prepared for dealing with HIV and AIDS-related issues in the workplace and in their social lives as a whole.

HIV and AIDS curriculum integration, including the content selection and the approach to integration and lecturer capacity development, will require further investigation as this is not a simple matter, especially given the challenges and capacity constraints of the TVET context flagged above.

6.3.2 Promoters and inhibitors

In response to questions about the conditions necessary for the promotion of quality HIV and AIDS education provision, ‘resources’ and ‘funds’ were cited as being most important. These were followed by the ‘lecturers’ skills and training in the field of HIV and AIDS’. Equally, the lecturers’ lack of skills and training was cited as an inhibitor. The lecturers’ ‘positive attitude/commitment’ to engage with HIV and AIDS was cited as a promoter while low commitment to such engagement was cited as an inhibitor. Student ‘boredom’ (also termed HIV and AIDS fatigue) and ‘time constraints’ were cited as key inhibitors.

6.4 Conclusion

To create an enabling environment, a national policy process and implementation guidelines are necessary. Furthermore, careful consideration needs to be given particularly to the simplest way of integrating the HIV and AIDS content; building lecturer capacity; securing dedicated funding for HIV and AIDS education implementation and procuring current, up-to-date, quality teaching and learning resources.

7. Recommendations

The findings of the baseline/situational analysis study are intended to assist HEAIDS and the DHET to make an informed decision about a possible approach to designing an HIV and AIDS curriculum intervention project for the college sector. The context of the sector is such that certain recommendations are necessarily at the systemic level. Without an enabling policy and implementation environment, certain college-level implementation interventions may not succeed. These recommendations therefore imply that HEAIDS will need to engage at a strategic level with senior DHET officials as well as the Ministry of Higher Education and Training.

A number of findings and recommendations in this section thus refer to a range of systemic matters related to policy, planning and implementation. Well-functioning systems, however, also need appropriate management, support and monitoring. The DHET's external, and the colleges' internal, capacity to provide oversight and management is therefore key.

The 1 April 2015 'function shift', which transferred the responsibility for curriculum implementation from provincial education departments to the DHET, underscores a significantly larger role for the DHET, particularly regarding curriculum development and implementation. At the same time, the DHET's own capacity constraints are well documented. The recommendations below therefore seek to provide practical suggestions for short-term HIV and AIDS education interventions which, it is believed, may serve to promote quick gains in strengthening curriculum integration (in particular, recommendations 5 and 6a).

7.1 Short term

- **Finding 1: The current HIV and AIDS Policy for TVET Colleges requires updating**

Recommendation 1: Prepare an updated HIV and AIDS Education Policy for TVET Colleges
To cement HIV and AIDS education firmly in the TVET College Curriculum, it is important to create an enabling policy environment. The first step is to review the *National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions* (DoE 1999). It is recommended that the existing policy be aligned with the Draft Social Inclusion Policy Framework for Public Post-school Education and Training Institutions (DHET 2014). Additionally, in line with current practice, a more transformational approach to HIV and AIDS education is promoted.

As the DBE has reviewed the *National Policy on HIV and AIDS* (DoE 1999) and prepared a new policy for the schooling sub-sector, the *Draft National Policy on HIV and TB* (DBE May 2013), issued for public comment in May 2015, it is recommended that the DHET make use of this policy as a basis for the revision of the *National Policy on HIV and AIDS* (DoE 1999), rather than starting the revision process from scratch.

The policy should explicitly articulate a clear position regarding teaching and learning. Key aspects requiring attention include the need for a conceptual shift from a narrow educational focus on biomedical information and personal development (an approach that is now considered outdated) to a broader transformative approach that engages with a greater range of social and professional issues.

Matters relating to appropriate lecturer qualifications; ongoing professional development related to both HIV and AIDS content knowledge and pedagogy; appropriate budgeting for HIV and AIDS education implementation; and appropriate provision of learning and teaching resources also need to be addressed in policy.

- **Finding 2: The current TVET College HIV and AIDS Curriculum needs to be strengthened**

Recommendation 2: DHET to oversee the development of a strengthened HIV and AIDS Education Curriculum

This study has identified various gaps and omissions in the curriculum content that need to be addressed. In particular these relate to the competences that college graduates should have at personal, social and professional levels. The recommendation points to the need for a broader transformative approach to HIV and AIDS education that integrates with a greater range of related social and professional issues.

- **Finding 3: At present no plan or guidelines exist that relate to the implementation of HIV and AIDS education in TVET Colleges**

Recommendation 3: Prepare a national HIV and AIDS implementation framework and guidelines for TVET Colleges.

Currently there are no national guidelines for implementation of HIV and AIDS education in TVET Colleges. It is recommended that the DHET oversees and facilitates the preparation of a guide to implementing HIV and AIDS education in the TVET Colleges.

As a follow-up step, it is recommended that the DHET oversee the delivery of a support programme to colleges that assists them with the preparation of their own HIV and AIDS implementation plans. Such plans need to be supported by DHET regulations pertaining to appropriate timetabling and time allocation for the provision of HIV and AIDS curriculum content integration.

- **Finding 4: Since 1 April 2015, the DHET has been responsible for both policy and curriculum implementation in TVET Colleges**

Recommendation 4: DHET to monitor and support implementation of HIV and AIDS education curriculum in annual college operational plans.

The inclusion of HIV and AIDS education objectives and activities, budget, HR and resource allocation in all college annual operational plans needs to be monitored by the DHET.

- **Finding 5: TVET Academic Managers HIV and AIDS Education Community of Practice (COP) launched in March 2014 by HEAIDS and the DHET**

Recommendation 5: Strengthen Academic Managers HIV and AIDS Education COP

The buy-in and support for HIV and AIDS education provision by Academic Managers is crucial. Building on the existing COP, it is recommended that more frequent engagement be facilitated and possibly regional COPs be convened in addition to the current annual meeting.

- **Finding 6: Quality learning and teaching curriculum support materials were identified as the key promoters of quality HIV and AIDS education provision**

Recommendation 6: DHET/HEAIDS to oversee the development of relevant, quality learning and teaching support materials

As reflected in this study (p 42) the establishment of the South African Institute for Vocational and Continuing Education and Training (SAIVCET), which has been allocated the responsibility for both TVET curriculum and learning materials development and lecturer professional development (DHET 2013), is not imminent. It is therefore necessary to identify an alternative mechanism or agency, at least in the short term, to design new HIV and AIDS curriculum support materials.

Lecturers participating in this study identified teaching and learning resources as the key promoter of quality HIV and AIDS education provision. It is recommended that the HIV and AIDS-related educational content is developed through the medium of interactive video presentations (a set of videos problematising a range of HIV and AIDS-related issues – personal, socio-cultural and professional, developed over time).

As referred to in the literature (p 33) in order for students to really be empowered to transform their own lives, educational programmes must facilitate reflection by students on their own lives and actions, as well as their views, attitudes and identities. Quality learning and teaching support materials (LTSMS) are required to enable this kind of approach to teaching and learning. LTSMS that address issues such as those listed below are needed:

- General knowledge and understanding of HIV and AIDS, including being able to respond to questions about HIV and AIDS;
- Knowledge and understanding about the impacts of HIV and AIDS on individuals and families;
- Knowledge and understanding of ethical and legal issues, and values relating to ethical conduct;
- Knowledge and understanding regarding social context and gender issues, including gender violence;
- Respect for confidentiality;
- Empathy towards persons living with HIV and AIDS (PLWHAs); and
- Interpersonal skills.

The video teaching content can be disseminated using the DHET Learner Support System (LSS) currently being rolled out to colleges, thereby making use of existing, cost effective infrastructure. Once the videos have been made, they can be copied and stored on a memory stick. Each college only requires one laptop and a data projector to show the videos.

- **Finding 7a: Lecturer capacity regarding both subject content knowledge and method, has been identified as a key promoter of quality HIV and AIDS education provision**

Recommendation 7a: Colleges need support to put in place strategies for recruitment of sufficient lecturers and appropriate in-service training

This study found that the majority of LO lecturers were not appropriately qualified (only 36% had qualifications relevant to teaching in this subject area).

A two-pronged approach, in which both appropriate recruitment and ongoing professional development are emphasised, is advocated:

- College management must ensure that annual college operations plans make provision for the appointment of appropriately qualified staff; and
- Lecturer capacity must be addressed to develop an appropriate understanding of HIV and AIDS-related content and teaching methods in order to improve relevance and quality of delivery.

Suitable capacity building for lecturers has the potential to significantly improve the quality of programme provision. Pertinent to this is the development of an appropriate understanding of HIV and AIDS-related content, including the ability to reflect on personal bias. Honing of listening and communication skills are also key. It is anticipated that sensitive and skilled pedagogic strategies will go some way to addressing student ‘HIV fatigue’ which has been highlighted by lecturers as a barrier to effective teaching on the issue.

Current capacity building practices have been found to be insufficient (the study shows that capacity building workshops are typically of a limited duration of 2–3 days [p 76] and topics covered focus narrowly on biomedical matters rather than on a range of socio-professional competences).

Colleges therefore need to be supported to put in place a strategy and implementation plan for:

- Recruitment and appointment of appropriately qualified Life Orientation Lecturers;
- HIV and AIDS education-specific training/capacity building for lectures;
- Training for all lecturers to enable them to provide broad guidance on HIV and AIDS to students;
- A comprehensive professional development system for lecturers in colleges, including college capacity to manage the EMIS system related to data collection and analysis to inform capacity building and professional development of lecturers. As seen above, page 57, only seven of the 25 sample colleges in this study collected data on lecturer capacity/professional development).

The Policy on Professional Qualifications for Lecturers in Technical and Vocational Education and Training (DHEC 2013) elaborates on different types of learning; ‘situational learning’ is one such type. In this policy it is said to refer to knowledge of the “varied learning situations, context and environments of education as well as prevailing policy, political and organisational contexts”. Examples are listed of issues that will need to be addressed in this regard, and these include HIV and AIDS, and diversity including gender issues, as well as economic growth, poverty and the lingering effects of apartheid, promoting inclusivity, and environmental sustainability.

As a short-term measure, it is recommended that the online video presentations discussed in Finding 6 above are used simultaneously as a teaching resource for students and as a training resource for lecturers. Selected college LO staff will be trained to facilitate student discussion and activities related to video presentations per campus. The videos will provide lecturers with quality content and will also model an activity-based teaching approach.

The establishment of regionally operated lecturer COPs to engage with a range of classroom-based HIV and AIDS-related content and pedagogic issues on a regular (quarterly) basis, is also recommended as a capacity building strategy. It is believed that the sharing of content and teaching methods in a safe, collegial space can provide an ideal professional growth opportunity when properly facilitated.

7.2 Medium term

- **Finding 7b: Lecturer capacity regarding both subject content knowledge and method, has been identified as a key promoter of quality HIV and AIDS education provision**

Recommendation 7b: Adapt existing HEAIDS HIV and AIDS initial teacher training module to support implementation of basic lecturer training in HIV and AIDS education.

As part of the first intervention programme in South African universities, HEAIDS in Phase 2 of its work (funded by the European Union) commissioned the research and development of an HIV and AIDS initial teacher training module *Being a Teacher in the Context of the HIV and AIDS Pandemic* (HEAIDS 2008).

Given that this resource is freely available (and licensed as an open educational resource) it is recommended that it is revised and updated to meet the professional development needs of TVET lecturers. The revision process should be undertaken with a suitable service provider who will be able to provide the necessary training, based on the module content.

It is also noted that the University of the Western Cape (UWC) is updating this module as part of the current HEAIDS National Skills Fund grant project. It may therefore be possible to negotiate with UWC around the use of this resource for TVET College lecturer training.

Additionally, as part of the partnership/collaborative arrangement between HEAIDS, DHET and the Education Deans' Forum, the adapted and updated module could be used to integrate HIV and AIDS issues into the development of new (initial) TVET lecturer qualifications.

7.3 Long term

The main purpose of the study was to identify the best ways of enhancing HIV and AIDS education provision in TVET Colleges. The literature review revealed the positive value of integrating HIV and AIDS into the curriculum to promote personal, professional and social transformation.

In response to questions about the value of strengthening the College HIV and AIDS Curriculum and enhancing provision through integration, the majority of college respondents reflected that they:

1. Positively value the notion of HIV and AIDS-related graduate competences;
2. Support the idea of integrating HIV and AIDS content across the curriculum;
3. Support the idea that all lecturers should be capacitated to teach HIV and AIDS content; and
4. Support the idea of strengthening the HIV and AIDS content in the TVET Curriculum.

The achievement of these four key objectives requires a long-term view. The ground work needs to be done first. As seen above, this includes the implementation of the short-term systemic recommendations related to policy and implementation guidelines. Thereafter, appropriate strategies for the medium- to long-term recommendations can be considered and proper planning undertaken.

The *White Paper on Post-school Education and Training* (DHET 2013) provides for the establishment of the South African Institute for Vocational and Continuing Education and Training (SAIVCET). Its main functions are the development of curriculum and teaching and learning materials for TVET programmes as well as the professional development of TVET lecturers. The indefinite delay in its establishment²⁰ is a significant barrier to the proposed strengthening and integration of the HIV and AIDS Curriculum for the colleges.

It should also be noted that the findings of this study show little evidence of successful integration of HIV and AIDS education across the curriculum. This means that there is no suitable foundation to build on, and any new curriculum initiative will need to start from scratch.

- **Finding 8: There is no HIV and AIDS education component in the current delivery of the NATED/Report 1919 (N1-N6) programmes and current elective modules for Sector Education and Training Authority (SETA) programmes will soon be discontinued, leaving a curriculum gap in these programmes**

Recommendation 8: Review, revise and expand the HIV and AIDS curriculum content in the current NCV LO compulsory subject area, and expand provision to NATED/Report 191 and SETA programmes

This will serve three purposes:

1. To strengthen to enhance provision of the NCV programmes;
2. The same curriculum content can be included in the reviewed NATED/Report 191 Programmes²¹; and
3. Be designed as a compulsory, stand-alone module for the QCTO reviewed occupational programmes.

²⁰ Currently SAIVCET does not exist and there does not appear to be a timeline for its establishment.

²¹ However, this will need a DHET intervention with the QCTO, as the QCTO is currently responsible for the review of NATED programmes.

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