

USING SOCIAL THEORY TO DESIGN HIV AND AIDS PREVENTION PROGRAMMES FOR TERTIARY INSTITUTIONS IN LESOTHO

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ABSTRACT

The HIV and AIDS epidemics have ravaged communities all over the world, universities included. For females in the reproductive age, HIV and AIDS remain the leading cause of death. Young women are more vulnerable to HIV infection due to a complex interplay of physiological factors and gender inequality, among others. The myriad of challenges posed by HIV and AIDS to females warrants the design of targeted intervention programmes. This article therefore focused on an HIV and AIDS prevention programme, specifically targeting female learners at higher institutions of learning in Lesotho. The design of intervention programmes is pertinent and should be guided by sociological theories. The aim of this study is to use a social theory to design a small-scale social intervention programme focusing on HIV prevention. The programme was informed by the diffusion innovation theory. Stakeholders were identified and an analysis of the nature of their involvement in the programme was done. Tertiary institutions need to adopt vibrant and pro-active methods in order to combat HIV and AIDS so as to ensure a healthy future generation of professionals.

Key words: *social programmes, tertiary institutions, social theory, HIV and AIDS*

Introduction

HIV and AIDS epidemics have wreaked havoc in numerous communities all over the world. It is undeniable that sub-Saharan Africa has been the most devastated. Lesotho is a country entirely surrounded by South Africa. Lesotho ranks amongst the world's top countries in terms of HIV prevalence levels, having the second highest HIV prevalence after Swaziland, UNAIDS (in Avert, 2015). The Lesotho Times (2016) reports that Swaziland is at the top with 26% prevalence while Lesotho is second at 23%. Lesotho's response to HIV/AIDS pandemic is commendable since in 2003, King Letsie III declared HIV and AIDS a national disaster and also the crafting of the National HIV and AIDS Strategic Plan (NHSP) for 2011/12 to 2015/16, whose implementation is ongoing (Government of Lesotho, 2013).

To a large extent, the role of universities is protecting the health of the students, carrying out research that increases the understanding of the pandemic and the dissemination of findings,

(Gobind. and Ukpere, 2014).The Joint United Nations Programme on HIV/AIDS (UNAIDS) (2010) reports that in Sub-Saharan Africa, where the majority of new HIV infections continue to occur, an estimated 1.8 million people became infected in 2009. This is such an alarming figure and should be abated with urgency. There are a variety of categories of people who are most susceptible to HIV infection. One such category is that of sexually active women and girls. Research has established that every minute a young woman is infected with HIV while young women (15 to 24 years of age) have a 50 per cent higher risk of being infected with HIV compared to their male peers (UNAIDS, 2008). Therefore, it can never be over emphasised that sexually active females are more susceptible to the HIV/AIDS scourge compared to their male counterparts (Centre for Disease Control, 2017). Because some women may be unaware of their male partner's risk factors for HIV (such as injection drug use or having sex with men), they may not use condoms. Technically, the biological make-up of females compounds their relative vulnerability since it entails the deposition of large amounts of bodily fluids into their bodies during sexual encounters.

A research by the Lesotho's Ministry of health and social welfare (2010) also echoes the same disparity by observing that out of the 6, 634 HIV-positive people interviewed, aging between 15 and 49 years, 4,778 (i.e. 72%) of them were women as compared to 1,856 (i.e. 18%) men. The statistics verify the gender inequalities found in HIV issues. Davies and Honu (2011) find the exchanging of sex for money or other gifts as a common experience among girls in many parts of Southern Africa. Lesotho is obviously not an exception to this sad phenomenon. Often, when sex is used for commercial purposes incidents of multiple sexual partnerships take root – the girls and the women tend to be ready to provide sexual services to anyone who can cater to their economic wants. Again, more often than not, females risk infections earlier than males. A study conducted by Emeka-Nwabunnia, Ibeh and Ogbulie (2014) had a sample of 9 709 sexually mature students from 5 institutions of higher education. This study unearthed that female students had a higher rate of infection, multiple sexual partner, risky behaviour, transactional and forced sex and low condom use when compared with their male counterparts.

Unfortunately, the infection of sexually active females by HIV has a serious ripple effect. For instance, once infected by HIV, these females are likely to infect their other sexual partners

and/or husbands. Apart from that, they are also likely to infect their unborn babies since they are still of childbearing age. For female students in tertiary institutions, their academic performance often takes a nosedive once they discover their HIV-positive status. Even though majority still manage to complete their studies, various HIV-related challenges still await them at the workplace and community in general. Participation in class and group discussions is lessened for these females the moment they discover their HIV-positive status. Apart from the fact that their working life is likely to be haunted by health issues, they also often face discrimination and stigmatisation among their peers and community at large.

Since HIV transmission spreads faster in silent environments, tertiary institutions ought to inculcate a culture of openness so that HIV issues will be tabled. Tertiary institutions are home to many sexually active women who are vulnerable to HIV infection. Additionally, they cater to sexually-active young people, and yet enhanced personal freedom coupled with the attractions and pressures of life in tertiary and higher education institutions is a recipe for sexual activity and experimentation (Abebe, 2004). It is the researcher's view that the design of intervention programmes is imminent and should be guided by sociological theories. Tertiary institutions in Southern Africa are making strides in the fight against HIV as evidenced by the hosting of the Southern Africa Regional students and youth conference in July 2017 (Wilford and Magcai, 2017).

Currently, Lesotho boasts of three universities namely, the National University of Lesotho, Limkokwing and Botho. There is also a primary and secondary school teachers' college called Lesotho College of Education. Other national institutions of higher learning include Institute of Extra-Mural Studies (IEMS), Lerotholi Polytechnic, National Health Training Centre, Centre of Accounting, Technical School of Leribe, Lesotho Agricultural College, Thaba-Tseka Skills Training Institute, Institute of Development Management (IDM), There are also a number of nursing schools owned by churches, for instance Roma college of nursing and the Seventh Day Adventist church's Maluti college of nursing, among others.

Theoretical Framework

The diffusion innovation theory

The diffusion innovation theory was coined by Everett Rogers in 1983. Rogers (1995:5) asserts that "diffusion is the process by which an innovation is communicated through certain

channels over time among the members of a social system.” An innovation could be in the form of a new technology, a new product or a new idea. For the purpose of this article, it will be in the form of a new idea, which is the use of clubs to fight HIV and AIDS. In this particular case, the diffusion process entails a unique type of communication concerned with fresh ideas. People should view communication as a two-way process of convergence, rather than as a one-way act in which one individual seeks to relay a message to another (Rogers, 1995). It therefore illustrates that communication is two-directional.

Airhihenbuwa and Obregon (2000) state that the diffusion innovation theory is centred on the communication procedure by which a novel thought or invention becomes recognized and used by people in a particular populace. The theory therefore shows how an idea is disseminated throughout a given society. Rogers (1983) describes the process of how a new idea is spread to a population highlighting that there are four fundamental elements: the innovation, its communication, the social system and time. The exposure to a new idea will have an influence on the speed at which different people assume a new behaviour. The theory posits that people are most likely to adopt new behaviours based on encouraging evaluations of the idea communicated to them by other members whom they value (King (1999). This holds water because most people feel comfortable to follow the footsteps of those they deem with high esteem.

Kelly (in King, 1999) explains that whilst the diffusion theory is applied to HIV risk reduction, normative and risk behavioural changes can be initiated when sufficient key opinion leaders espouse and endorse behavioural changes, sway others to do the same and eventually diffuse the new norm widely, within peer systems. One can add that it is easier for peers to be influenced because they relate to one another. Again, this demonstrates the power of peer influence. Airhihenbuwa and Obregon (2000) clarify that diffusion innovation theory focuses on the communication process by which a new idea or product becomes known and used by people in a given population. It shows that all it needs is a few people welcoming the idea and later the diffusion will continue to transpire. Two relevant principles of innovation widely used in AIDS campaigns are creating awareness of HIV and using opinion leaders to influence attitudes and behaviours (Rogers, 1983). Therefore, the use of opinion leaders in

helping to shape methods that are culturally suitable is fundamental in HIV and AIDS prevention.

It is worth mentioning that a lot goes into the communication process. Rogers (1995) expounds that the innovation-decision process is the progression through which an individual or other decision-making unit, passes from first knowledge of an innovation, to forming feelings toward the innovation. This will lead to people making a decision either to adopt or reject the new idea. This process is composed of five stages. According to Rogers (1995), the first one is termed knowledge where the individual is exposed to the innovation's existence and gains some understanding of how it functions. In this case, the new knowledge could be the introduction of a new form of social network such as Face book. The second stage is called persuasion and it is whereby the individual or other decision-making unit forms a favorable or unfavorable attitude towards the innovation (Rogers, 1995). For instance, one might see Face book as time-consuming and then have a negative attitude towards it. The third stage is referred to as decision in which the individual or other decision-making unit engages in activities that lead to a choice to adopt or reject the innovation (Rogers, 1995). Using the above example, one will decide whether or not to open a Face book account.

Rodgers (1995) further states that the fourth stage is called the implementation stage in which the individual puts an innovation into use. The individual in this case will be found opening a Face book account because he or she will have made a positive decision hence will be implementing the choice. The fifth is called confirmation and this is where the individual seeks reinforcement for an innovation-decision already made (Rogers, 1995). However, he or she may reverse this decision if exposed to contradictory messages about the innovation. The theory holds that those who received the innovation first seem to have more knowledge when compared to those who received afterwards. Rodgers (1995) also adds that the early receivers will be characterized by higher social status, greater exposure to mass media channels of communication and greater social participation. An explanation to this could be that early receivers of the innovation will have invested more time understanding the innovation as compared to later receivers who might even get explanations from others.

A social intervention programme for a tertiary institution

Programme name

HIV and AIDS programme for sexually active female students at tertiary institutions.

Vision

The vision for the HIV and AIDS programme for sexually active female students is to create an enabling environment for sexually active female students to combat HIV and AIDS.

Goal

To prevent new HIV infections among sexually active female students at tertiary institutions

Objectives

- To encourage the female students to test for HIV
- To lessen vulnerability to HIV infection among female students
- To minimise HIV incidences among the female students
- To motivate behaviour change among female students
- To create better awareness of HIV issues among female students

Project scope

The programme covers sexually active female students between the ages of 15 and 49 years of age. It is concerned with prevention of HIV infection. It carries out HIV counselling and testing and provides condoms to reduce vulnerability to HIV infection. It does not extend to the provision of ART. It therefore refers to those who will have tested positive to HIV to medical centres for further assistance.

Programme duration

A full academic year

How the diffusion innovation theory can be used in the design of the programme

The diffusion of innovations theory will inform the HIV and AIDS programme for sexually active tertiary institutions students. The role models stipulated in the theory will be the club leaders or project managers in the programme. The club leaders will be the ones to bring

about the diffusion of the new idea of fighting HIV and AIDS through what people are passionate about in their respective clubs. Rodgers' diffusion of innovations theory will be applicable in all the five phases of the HIV and AIDS programme, namely assessment, design, development, implementation, and evaluation, as explained below.

Assessment

The diffusion of innovations theory will guide the programme coordinator in the assessment of the idea to be communicated and diffused through the targeted population. The International Federation of Red Cross and Red Crescent Societies (IFRCRCS) (2010) term it a problem tree analysis. In this phase, the programme coordinator's key duty is to identify the sources and effects of the problem to be addressed. First, the coordinator has to identify the problem as well as the source. The problem will be the vulnerability to HIV infection of sexually active female students at tertiary institutions. Gaps between the social problem and existing responses will be identified and that will be the focus of the intervention programme and this is done through a situation analysis (UNAIDS, 2008). Thus, the assessment process identifies the gaps between the problem or situation and existing responses. In this particular case, the identified gap is that tertiary institutions have so far not instituted any programme to fight HIV and AIDS using different club-activities. It will be an initiative of its own kind where the sexually active females will be accorded an opportunity to fight HIV and AIDS through something they will be passionate about.

Design

This second stage of the programme is also termed the strategic planning process. The IFRCRCS (2010) explains that the design stage involves clarifying the objectives of the intervention through the definition of precise and measurable statements of the intended results to be achieved at different levels. Such an objective could be: To provide group members with the reinforcement for a decision that has been already made. Such an objective is important because, Rodgers (1995) emphasizes that failure to provide that reinforcement may lead to individuals reversing their decisions if exposed to contradictory messages about the innovation. Hence, among other things, the design phase of the programme will be informed by the theory to include ways of reinforcement. It involves defining expected results. When considering the results, the diffusion of innovations theory comes in handy too

because for each stage of the theory, some results are expected. For example, in stage one the expected result is that individuals in the clubs are supposed to have amassed a lot of knowledge about the notion of fighting HIV and AIDS using their passionate hobbies and ultimately gain some understanding of how it functions. For the second stage, the expected result is that the sexually active females at tertiary institutions are supposed to have been persuaded to make a favorable attitude of their passion.

The design phase also involves determining the sequence of activities, estimating their duration, setting milestones and assigning responsibilities. For instance the procurement officer will be assigned to procure condoms for the academic year. Concerning resource planning, this involves determining the inputs needed and budget on developing a monitoring method for the intervention. Inputs needed in this programme include human personnel, money, posters and condoms, among others. The design phase also involves coming up with a framework for partnership with internal and external stakeholders. This is the strategic planning processes.

Development

This is the third phase of the programme. It entails the accumulation and allotment of all the needed resources. Capacity building is central in this phase. It will be the necessary capacity to allocate the accumulated resources. The capacity here includes the tertiary institutions, role models, the Ministry of higher education, among others. The designed objectives will be further developed into tangible tasks and resources. It is accomplished through proper preparation as well as budgeting. All of this will be geared towards implementing the programme. The diffusion of innovations theory helps by informing the coordinator about the need for role models as part of the capacity required for the programme. With regards to resources, there will be need to check what will be required by the various clubs, for instance, the music club might need a piano, guitars and flutes, among others. The whole idea is to make the clubs as comfortable, entertaining and functional as possible. When the necessary resources are not available, it will be an uphill task to recruit new members. For instance, a football team certainly requires a soccer ball because without it, everything will grind to a halt. These resources have to be budgeted for in this phase. This brings to the fore the fact that the programme coordinator needs to consult the club leaders or role models to get the

lists of the requirements for each club. In turn, need for a group or individual responsible for purchases, such as a procurement officer, also becomes apparent.

Implementation

Implementation is the stage whereby the planned activities are done in order to attain the intended goals and objectives (IFRCRCS, 2010; SAFAIDS, 2011). With reference to this programme, the activities will be, among others, distribution of condoms, engaging in various club activities and recruiting more club members. Heckathorn et al (1999:160) highlight that a social network-based HIV-prevention intervention like this is termed "Peer-Driven Intervention." It should be stressed that implementation has to target a particular intervention, for instance lack of entertainment will be addressed by the joining of clubs. The role models recommended by the diffusion of innovations theory, play a central role in this stage. In this particular case, implementation process involves holding meetings in various clubs to discuss HIV and AIDS challenges and solutions, recruiting new club members, providing opportunities for club members to get tested for HIV and AIDS, and distributing condoms around the entire campus' vantage points. To that end, there must be performance indicators to enable the supervision of the implementation processes. In essence, the coordinator needs to have the specific objectives in mind.

The implementation phase entails the establishment of an implementation monitoring framework. UNAIDS (2008) explains that the framework will involve process monitoring as well as process evaluation. It should be added that the framework must clearly state the performance indicators that will be used to monitor the implementation of the programme. There will also be quality assessments in this phase so as to ensure that the results will be satisfactory. The programme coordinator watches out for indicators such as the number of VCT sites that will have been set up, the number of females that will have tested for HIV and the percentage of females that would have reported to having had sexual intercourse using condoms. However, on this one, the information is controversial in the sense that it cannot be verified. The coordinator has to rely on the information provided by the females interviewed. The overall purpose is to check whether or not the interventions being used are making any significant changes in the target group.

Evaluation

The evaluation phase can be defined as a process of judging value on what the programme has accomplished, particularly in relation to activities planned and overall objectives (Bartler, 2007). The process of evaluation should be done before, during, and after implementation, hence the coordinator and the role models ought to remember that evaluation is a continuous process. The diffusion of innovations theory will assist in the sense that the role models will have to evaluate club members concerning the manner in which they will be diffusing the information about fighting HIV and AIDS using clubs of their choice. It also involves evaluating the methods used to impart the information to people during the recruiting of club members. It involves evaluating different approaches that are required to reach different people while using appropriate means at different stages in the process. Programme outcomes or benefits need to be evaluated too. Their direct benefits will be maintaining an HIV negative status, good academic performance, high productivity in group discussions and also good health. Indirect beneficiaries will be enjoyed by their boyfriends and spouses, their parents and children. The purpose of evaluation is to identify the limitations involved. Envisaged limitations for this programme could be that some students might detest the type of condoms provided and also misuse of the condoms.

Strategies

The programme will utilize unique strategies guided by the diffusion of innovations theory. There has to be new ideas which need to be disseminated to female students in a bid to revitalize their lives and save them from HIV infections in the process. In this programme, the new idea will be fighting HIV and AIDS using that which the females are passionate about. The aim will be to make the combating of HIV and AIDS enjoyable. It will also be part and parcel of their lifestyles and not a once off event. Some people have a tendency of putting trust in the people they admire in life. As a result, the programme will make use of role models in order to attract the attention of the sexually active females. The role models will form clubs and the females will choose the clubs which are run by role models of their choice. In this way, they will most likely enjoy attending the clubs as well as participating in club activities.

Regarding condom distribution, the strategy will be to make sure that all the students' female toilets will be having condoms around the clock. The purpose will be to make condoms accessible to the females as and when they need them. This came after the realisation that some of the females do not have the resources to purchase condoms each time they are in need of them. Apart from that, even those who will be having the money face the challenge that the shops which sell condoms around town and the campus might be closed hence they will end up engaging in unprotected sex. Resultantly, it will heighten their chances of contracting HIV.

Main activities

The main activities involve carrying out HIV and AIDS monthly campaigns with the theme around prevention of HIV infection for the sexually active females. The delivering of motivational speeches by the various role models will be an ongoing exercise throughout the programme. The role models will encourage the females as well as guide them to prevent HIV infection. Apart from that, they will persuade the females to always get tested for HIV in order to ascertain their HIV statuses. Once one test HIV negative, the expectation will be to nurture such an individual so that she will maintain that status forever. For those who test HIV positive, the expectation will be to get them enrolled for ART as soon as possible. Either way the test goes, lives will be prolonged.

In order to encourage the sexually active females to get tested for HIV, the main activity to be done by the drama club for instance will be to stage four short drama sketches. The first two sketches will be meant for those who will test HIV negative. In these two sketches, the first one will show a female student who joins tertiary institutions and gets tested at the beginning and maintain a negative status. Resultantly, she will excel in her studies until completion. The opposite of this drama will be a female student who joins the university being HIV negative but fails to get tested. Resultantly, she will engage in reckless behaviour and contract HIV which will lead to failure to graduate due to poor health. The other two dramas for those already positive will have the first one portraying a female who gets tested early and enrolls for ART and end up graduating. Its opposite will be a drama of a female who gets into the university while being HIV positive but fails to get tested on time which will result in failure

to graduate. Spectators of these dramas will draw beneficial lessons crucial for decision making.

The other activities include the distribution of condoms in all vantage points such as the female toilets for students. Condoms will also be distributed at the female halls of residence. The idea is to make condoms readily accessible to sexually active females so that they will never be tempted to engage in unprotected sexual activities due to unavailability of condoms. Apart from that, there will be debate competitions where the females will be debating about HIV and AIDS related issues. Continuous HIV counselling and testing will be taking place throughout the programme.

Roles and responsibilities

Coordinator

- Designing the programme
- Compiling the budget
- Team and capacity building
- Assigning of tasks to the role players
- Facilitating meetings with stakeholders
- Monitoring the progress of the programme
- Making evaluations during and after the programme
- Making the flow diagrams in order to see which tasks to be done first

Secretary

- Filing of crucial documents
- Organising meetings and venues
- Typing letters and material needed in the programme
- Making appointments for the coordinator and the role players

Events organiser

- Diarising the events so that they will not clash
- Linking with external stakeholders to attend the event
- Inviting motivational speakers to motivate the club members

- Organises the events which will be carried out in the programme

Club leaders

- Assume the position of project managers
- Design the project including all the project phases
- Set up a club committee to run the affairs of the club
- Convene meetings to discuss the going-ons of the club
- Provide motivational speeches to the club to inspire confidence
- Draw up a flow chart indicating the schedules and time-frames
- Ensure consistent and timeous distribution of condoms in the allocated zones

Procurement officer

- Collect the relevant information from club leaders on what to be bought
- Compile a budget taking cognizant of club requirements
- Liaise with the Ministry of health and social welfare prior to buying
- Procure condoms for all the clubs

Internal and external stakeholders and their involvement

The success of any social programme is dependent on the full collaboration of all stakeholders. Teamwork is fundamental when running a programme. Usually there are two categories of stakeholders, namely internal and external stakeholders. The former are those that are part and parcel of the target population together with the community members. The latter are those individuals or organisations that are not part of beneficiaries' community but had a hand in the programme. In this particular case, six stakeholders are identified, namely: 1) Ministry of Gender and Youth, Sports and Recreation 2) Ministry of Health and Social Welfare, 3) role models 4) University Administration, 5) University Student Affairs' Departments, and 6) sexually active female students. The first three are the external stakeholders while the rest are the internal stakeholders. The various stakeholders are vital to the programme for the reasons articulated below.

Ministry of Gender and Youth, Sports and Recreation

Since the programme addresses a gender-related issue this Ministry ought to play a pivotal role regarding the provision of financial resources for the procurement of basic items required by clubs to function (e.g. soccer balls, netball, volleyball, and so forth) and sponsorship of club competitions and campaign efforts. Further, the Ministry will also be responsible for provision of both female and male condoms. The level of involvement of the Ministry can be described as high because without financial resources, it is unlikely that the programme may even kick-start. Skills required to be possessed by the personnel from this Ministry are accounting, events managing and managing of clubs.

Ministry of Health and Social Welfare

This Ministry provides testing and counselling services to the female students. It also provides female and male condoms. The Ministry has a responsibility to ensure confidentiality of the individuals who undergo voluntary HIV counselling and testing. The level of involvement of this Ministry is obviously high since its activities constitute the heart of the programme. Skills required are counselling and testing, nursing and budgeting.

The role models

These are people who are highly respected in their fields for example sports, music, debate drama, and from whom large numbers of people are known to draw inspiration. The individuals must also be known to have a record and passion for charity work and HIV and AIDS issues. They will be assigned the responsibility of being team leaders in their specific clubs. In addition, they will be required to take part in deciding and championing how best to communicate and diffuse the HIV prevention message and techniques using their field of speciality as a vehicle to achieve HIV prevention objectives. Effectively, they facilitate all activities of the club, including condom distribution. They prepare and give motivational speeches to the members, liaison between their group and other stakeholders. Other roles include generation of budget proposals for group activities, account for the resources advanced to the group, and delegate any responsibilities to team members. The level of involvement of these individuals is obviously high since without them there will be no one to initiate and champion the implementation of programme activities. The skills required include communication, counselling, public speaking and leadership.

Institution Administration

This is a key stakeholder as it is, among other things, responsible for creating an enabling environment for all other stakeholders to carry out their activities within their premises; formulation of the University HIV and AIDS policy which is gender sensitive; availing physical space, such as sporting fields and halls for debates and speeches; and factoring-in the activities of other stakeholders, such as testing and counselling events, into their almanac of events to avoid destabilizing clashes. Furthermore, it should ensure that there is no discrimination and stigmatization of any HIV-positive staff and students whose status might become known to the university community in one way or another. The university administration will perform these functions through its Human Resources department. The administration's level involvement may be ranked as moderate though it remains very critical. The skills required to be possessed are managerial, budgeting, communication and leadership.

University's/college's Student Affairs' Department

This department is responsible for coordinating the whole programme. Essentially, it should appoint a co-ordinator for the programme. The coordinator is in turn responsible for drawing up overall budget for the programme, liaising with the sponsors and beneficiaries, and for overall accounting of expended resources. The coordinator would also be expected to be innovative in proposing and championing fund-raising activities to top-up on the financial support from official sponsors. The level of involvement of these individuals is obviously high since without them there will be no one to initiate and champion the implementation of desired programme activities. The skills required are counselling, recording, managerial and coordinating.

Sexually active female students

These are key stakeholders to the programme since they are the implementation instruments. They physically execute the actual activities, such as distribution of condoms, and spreading of campaign messages through drama, poetry, debates and so forth. They also spearhead the fight against stigma and discrimination against HIV infected persons. The level of involvement of this group is obviously high since without them there can be no

implementation of the programme activities. The skills required are working with others harmoniously, communication, dramatizing, poetry, debating, budgeting and sporting.

The Monitoring and Evaluation Framework

A monitoring and evaluation framework for the HIV and AIDS programme or sexually active female students and female employees at tertiary institutions is summarised below.

Table 1: Monitoring and Evaluation Framework

| Strategic Objective | Goals / Key result areas | Targets | Measurement of targets | Time lines | Outcome Indicators |
|--|---|--|---|-------------------------|---------------------------------|
| To recruit role models | Recruitment of role models | Five role models | Number of role models recruited | One month | Number of role models recruited |
| To form clubs | Formation of clubs | Five clubs | Number of clubs formed | The whole academic year | Number of clubs formed |
| To provide HIV counselling and testing | To eliminate sexual transmission of HIV | 500 students and 100 employees per month | Number of females counselled and tested for HIV | The whole academic year | Increased turnout in HTC |
| To distribute condoms | Distribution of condoms | 18000 condoms per month | Number of condoms despatched | The whole academic year | Increased condom use |
| To carry out HIV and AIDS campaigns | Carrying out of HIV and AIDS campaigns | One campaign each month | Number of campaigns carried out | The whole academic year | Increased number of campaigns |

Description of the monitoring and evaluation plan above

The monitoring and evaluation (M & E) framework above is a tool which will be utilized to assess the progress of the programme as well as its overall impact. It is going to be useful throughout the life cycle of the programme and it will be implemented at every level of the programme. It should be pointed out that Tshibangu in UNAIDS (2011) emphasizes that a detailed work plan for the M & E framework includes timing of each activity. In that case, the above M & E is not a detailed, but is a summarised one. For the objective about the recruitment of role models, there will be five role models required; reason being that there will be five clubs running in the programme. It will take a month to recruit them. That will be the first thing to be done before recruiting female students and employees because the role models are the ones who are going to recruit the club members. That is why formation of clubs precedes the recruiting of role models.

The provision of counselling and testing will be done after the clubs have functioned for a while so that on the day of HCT, there will be presentations first which will aid in encouraging the club members to be tested for HIV. Distribution of condoms will be carried out throughout the academic year in order to reduce the chances of vulnerability to HIV infection for the sexually active females. HIV and AIDS campaigns will be carried out monthly. The reason for this was stated by (Abebe, 2004) that tertiary institutions have a responsibility to ensure that all trained graduates have the capacity to deal with HIV and AIDS at their own individual and professional levels. The indicator will be increased turn out for such campaigns. Evaluating HIV/AIDS programmes is important in improving current HIV/AIDS programme interventions. to evaluate the programme and to determine if the programme is yielding the desired outcome (Gobind and Ukpere, 2014).

Conclusion

The article first highlighted the problem confronting sexually active female students at tertiary institutions. The two major factors heightening their chances of contracting HIV are their biological make-up and that condoms are not always accessible to them. It also raised gender issues especially the vulnerability of women to HIV infection. Using the diffusion of innovations theory, a social intervention programme on HIV and AIDS was designed for the sexually active females. The theory holds that a new idea can be diffused or disseminated

easily through the use of role models. In the programme, a new idea was diffused, being the fighting of HIV and AIDS using what the females are passionate about and the people who inspire them. A monitoring and evaluation framework was designed and it indicated the targets and at tertiary institutions time-lines, among others. The designed programme is quite feasible in the sense that it incorporated Government Ministries as stakeholders as well as the tertiary institutions and it is not overambitious as shown by its realistic objectives. The idea of role models is such an inspiring and client-oriented intervention that the females have a high probability of being absorbed by it. Once that happens HIV infection is expected to be reduced drastically. Governments ought to have political will and tertiary institutions need to adopt effervescent and pro-active methods in order to combat HIV and AIDS.

REFERENCES

- Abebe, G. (2004). *African Universities' Responses to HIV/AIDS in the Global AIDS Initiative Countries: A synthesis of country reports*. Accra: Association of African Universities.
- Alrhihenbuwa, C. & Obregon, R. (2000). "A Critical Assessment of Theories/Models Used in Health Communication for HIV/AIDS." *Journal of Health Communication*. 5,5-15.
- Avert. (2015). *HIV and AIDS IN Lesotho*. Retrieved from <http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/lesotho>
- Bartler, J. (2007). *Programme Evaluation*. New York: Oxford University.
- Centre for Disease Control.(2017).HIV among women. Retrieved from <https://www.cdc.gov/hiv/group/gender/women/index.html>
- Davies, S. & Honu, B. (2011). Sexual Behaviour and HIV and AIDS Knowledge and Understanding Amongst National University of Lesotho Students: Preliminary Results. *Lesotho Social Sciences Review*. 15(2): 37-52.
- Emeka-Nwabunnia, I., Ibeh, B. O. and Ogbulie, T. E. (2014). High HIV Sero-prevalence Among Students of Institutions of Higher Education in Southeast Nigeria. *Asian Pacific Journal of Tropical Disease*. 4(2), 159-165.

- Gobind, J. and .Ukperere, W. I. (2014).Evaluating HIV/AIDS Programme within South African Universities.*Mediterranean Journal of Social Sciences*. 5(3): 346-357.
- Government of Lesotho.(2013). *National HIV and AIDS Strategic Plan*. Maseru: Government of Lesotho.
- Heckathorn, D. D, Broadhead, R. Weakliem, D. L & Anthony, D. L.(1999). ‘Aids and Social networks: HIV Prevention Through Network Mobilization.’ *Sociological Focus*3(2): 159-179.
- King, R. (1999). *Sexual Behavioural Change for HIV: Where Have Theories Taken Us?* Geneva: UNAIDS.
- International Federation of Red Cross and Red Crescent Societies. (2010). *Project/Programme Planning*. Geneva: IFRC Publishers.
- Lesotho Times.(2016). *We are a Dying Nation*. Retrieved from <http://lestimes.com/we-are-a-dying-nation/>
- Ministry of health and Social Welfare.(2010). *Lesotho Health Systems Assessment 2010*.Maseru: Government of Lesotho.
- Rogers, E. M.(1983). *Diffusion of Innovations* (2nd ed.). New York: Free Press.
- Rogers, E. M.(1995). *Diffusion of Innovations*(3rd ed.). New York: Free Press.
- UNAIDS.(2008). *Lesotho HIV Prevention Modes of Transmission and Analysis*. Maseru: World Bank.
- UNAIDS.(2010).*UNAIDS Report on the Global AIDS Epidemic*. Switzerland: UNAIDS
- UNAIDS.(2011). *Monitoring and Evaluation of HIV/AIDS Programs*. Retrieved from <http://www.cpc.unc.edu/measure>
- Wilford, J. and Magcai, R. (2017).Building a Business Case a Solid Future: Access to Youth Sexual Rights and Health Services and Commodities. Retrieved from <http://www.sarcyc.org>