

## **FRAMEWORK FOR ODL PROGRAMME TO COMBAT HIV/AIDS**

### **VISION**

Our vision is of a country in which we will have reduced the infection rate of HIV/AIDS to below 10% by empowering the citizens through the delivery of open and distance learning programmes that will enable them to take control of their own lives.

## **THE SCOPE AND NATURE OF THE PROGRAMME**

### ***THE RATIONALE***

The rate of the HIV/AIDS infection throughout the country since the early 90's when it was first detected is very high. Present statistics indicate the infection rate at approximately 25% and still rising steadily. It is predicted that, if no additional and different interventions occur, then the figure will rise above 30% in the next ten years.

Further analysis of these figures indicate that 65% of the reported cases are in the age group 15 – 35 years; 25% are in the 35 – 60 years age group, and 10% in the 0 – 14 age group. Such a situation poses a serious threat to the continued development of the country, since the highest infection rate occurs amongst those people who are the most productive in the economy, and who are also young parents. Hence, a high percentage of young orphans will be created.

The high rate of the HIV/AIDS pandemic is a result of a number of factors, including promiscuous sexual behaviour, poverty, unsafe sexual practices, decay of the moral fabric of society and a disregard for accepted norms and values. Malnutrition and lack of primary health care are further contributing factors.

It is therefore important that we establish intervention measures this pandemic. Such interventions have so far included advocacy and awareness campaigns, but, while these have served a certain purpose, the time has now come to embark on an aggressive programme of delivering key competencies (knowledge, skills and attitudes) to important target groups in all walks of life to empower them to combat the pandemic.

Present urgency of situation.

Infection rate

All-pervasive – most economically active group most affected

Present strategy not having the desired effect.

Most affected group of the impact – victims most vulnerable (babies, poorest, etc.)

### ***THE TARGET GROUPS***

The target groups of this programme will include:

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- Young people, who are at risk of infection. Functional literacy will be the only required prior learning.
- Carers of victims which will include health care staff, family, parents, the aged and so forth. No required prior learning.
- Parents of schoolgoing children of all ages to participate in counseling and support structures. An ability to read and write and a helping attitude will be required.
- Employees of private and public sectors. No prior learning required.
- Corporate and informal business world. A helping attitude required.
- Traditional leaders, healers and other local community leaders. No prior learning required.
- Health care practitioners such as medical officers and nurses. Professional qualifications required.

## **AIM/GOAL/OBJECTIVE**

The equipment of people with empowering knowledge and skills to combat the effect of HIV/AIDS on all fronts – healthcare, economical, educational, social, cultural, political, psychological.

## **ASSUMPTIONS**

(These are factors beyond our control that may hinder/help the programme development and implementation).

1. The existing strategies, such as awareness campaigns have succeeded in raising awareness, but have not necessarily succeeded in changing people's sexual behaviour
2. All citizens wish to combat AIDS.
3. Most people will (not) voluntarily participate in the program. (They will expect payment for their contributions).
4. The political will is (not) present and the national budget will (not) provide funding.
5. Providers of existing programmes will(not necessarily) wish to collaborate in this venture.
6. The traditional communities are in place and will cooperate, although leaders may try to influence the programme to their own benefit or may fear that it will lead to an erosion of their powers.
7. Employers may be reluctant to allocate resources such as time for employees to participate.

## **INDICATORS OF SUCCESS**

The following will be the indicators of success:

1. Reduction of the numbers of infected people.

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2. Meaningful change in sexual behaviour of people to more responsible and safe sex.
3. An increased number of people reporting on the HIV/AIDS status.
4. Number of people trained.
5. An increase in the number of people being tested.
6. Increased participation of employers and employees in the battle against HIV/AIDS.
7. More policies, programmes developed by civil organizations and in the workplace to directly have a positive impact on the pandemic.
8. Increase in community-based carers for victims.

## PROGRAMME OUTLINE

### **KEY OUTCOMES:**

1. To equip health professionals with the necessary competencies (knowledge, skills and attitudes) to accurately diagnose the condition using a set of rigorous clinical standards.
2. To equip caregivers with the necessary competencies to care for the health, psychological and nutritional needs in a variety of settings – health facilities, home, urban, rural, etc.
3. To enable young people, families, teachers and other members of the community to acquire the necessary competencies to provide counseling (peer and otherwise) and to lead and participate in support groups.
4. To assist organizations (government, business and non-government) to establish effective programmes for prevention of infection and for dealing with HIV positive workers in a caring manner.
5. To assist traditional leaders and other community leaders to acquire the necessary competencies to disseminate knowledge in their communities and to establish a support structure for people at risk in their communities.

## TEACHING/LEARNING STRATEGIES

### **KEY OUTCOME 1:**

- Face-to-face classes
- On-line learning and assessment.
- Practical learning.

### **KEY OUTCOME 2:**

- Face-to-face classes (Workshops)
- Practical learning.
- Distance education using materials, audio, video and broadcasting.

## LEARNER SUPPORT STRATEGIES

### **KEY OUTCOME 1:**

- Provision of materials
- Peer support
- On-line tutorial support
- Discussion groups
- Time with facilitators/trainers
- Learning centres

### **KEY OUTCOME 2:**

- Tutorial
- Materials
- Peer support
- Discussion groups
- Learning centres

## ASSESSMENT STRATEGIES

### **KEY OUTCOME 1:**

- Observation of diagnoses.
- Examination of products – reports of past diagnoses
- Variety of knowledge tests – self assessment and peer-assessed.
- Case studies

### **KEY OUTCOME 2:**

- Observation of performance of caregiving
- Variety of knowledge tests, including verbal questioning.
- Case studies

Assessment must fit the context, learner profile and purpose and must be linked to the outcomes.

Be conscious of constraints associated with certain methods and contexts.

## DELIVERY MECHANISMS

### **KEY OUTCOME 1:**

- Health department
- Universities and other Higher education institutions

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- Mobile units

### **KEY OUTCOME 2:**

- Mobile units
- Schools
- Local community organizations
- Health department
- Existing HIV/AIDS bodies at local and national level.

### **RESOURCE IMPLICATIONS**

Human resources: - course developers  
Trainers/facilitators  
Mentors  
Assessors  
Monitors  
Administrators  
Information workers

Staff time for development and participation

Facilities: - computer hardware and software  
Audiovisual  
Equipment (office, teaching aids)

Material: - course material  
Audio/video cassettes  
Paper  
Stationery  
Diskettes, software

Infrastructure: buildings  
plant