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**Social Work Training and Deployment in Selected
Southern and Eastern African Countries with
Regard to HIV/AIDS**

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ASOs	AIDS Service Organisations
CBOs	Community Based Organisations
CEDCs	Children in Exceptionally Difficult Circumstances
CIGPs	Community Income Generating Projects
HIV	Human Immunodeficiency Virus
IFSW	International Federation of Social Workers
NAPs	National AIDS Programmes
NGOs	Non Governmental Organisations
PWAs	People living with AIDS
STDs	Sexually Transmitted Diseases

Executive Summary

Professional social work training is potentially of considerable value for HIV prevention and care with respect to families and children affected by HIV/AIDS. However little concrete research has been carried out in this area. The main objective of this study was to find answers to the following questions: to what extent is current training in selected African countries preparing social workers to cope with the epidemic; how are departments of social welfare responding to HIV/AIDS, and what recommendations can be made for more effective training and welfare department responses? The survey was also intended as the first stage of developing advocacy for the more effective deployment of social workers through enhanced training and strengthened welfare department responses.

A review was undertaken in 1999 of selected social work training institutions and government welfare departments in southern and eastern Africa. Visits took place to five countries: Botswana, Namibia, South Africa, Zambia and Zimbabwe, while three others (Lesotho, Swaziland and Uganda) were contacted by mail and phone. Social work training institutions were identified and interviews conducted with – or questionnaires administered to – heads of university or school departments of social work, university librarians and heads of government departments of social welfare. Relevant training course material and government documents were reviewed where available. In addition interviews were held with personnel from national associations of social workers in some of the countries where this was possible.

The results indicated that although HIV/AIDS is a part of the training social work students receive, it is not integral to their training and remains to some extent superficial. There are exceptions to this, and examples of useful social work training in this area are outlined. The university libraries need to source more literature that is HIV/AIDS specific and that relates to children and orphans, and more resources are required to purchase material.

Ministries and departments of welfare are at different stages in their responses, with some having developed a national strategic framework on HIV/AIDS, while others are in the process of building strategy and allocating resources to deal with the epidemic. The scale of the response required demonstrates the need for the departments to build strong links with the community, and to assist families and communities to cope in particular with the orphan care crisis. There also needs to be a stronger link with the universities and national associations of social workers, where these are available, in order to develop practical training in HIV/AIDS for social workers and social welfare workers.

1. Background

The social welfare sector will face unparalleled challenges in this new millennium from HIV/AIDS. At the start of the 21st century, some 23.3 million Africans south of the Sahara are estimated by UNAIDS/WHO to have HIV infection or AIDS, with women at the forefront with 12.2 million infected. This is almost 70% of the world's total in a region that is home to just 10% of the world's population.

In the worst affected cities in sub-Saharan Africa, antenatal clinic HIV seroprevalence is over one-third. These women have a 25-40% risk of transmitting HIV to their babies. High risk environments for men and women include border towns, major cities, growth points and trade routes; also at increased risk are those in occupations such as the military and police, migrant work including trucking, sex work, commercial farm work and in the informal sector. Certain development projects such as road construction have been clearly associated with increased rates of HIV infection, showing the direct link between some aspects of development and HIV risk.

There are several key factors that the social welfare sector needs to take into account in dealing with the epidemic in Africa. In addition to the major underlying factors of poverty, gender inequity, social insecurity and mobility must be added concerns such as limited health care access, particularly for treating sexually transmitted diseases; limited condom use; multiple sexual partnerships; and insufficient awareness and prevention programmes. All these factors have contributed to the magnitude of the problem. Critically, AIDS has not been a top political issue in the region, nor a core development concern for many development agencies outside the health sector. It remains stigmatised and often hidden, even within families, impeding both prevention and effective care, let alone long-term mitigation efforts.

At the community level, and as the HIV/AIDS epidemic deepens, the socio-economic impacts widen, resulting in an adverse long-term effect on community structure and function. Community problems that arise, apart from the serious effects on health and spiralling poverty, include the need to support greater numbers of orphans. By the end of the year 2000, it is projected that a global cumulative total of 13 million children will have lost their mother or both parents to AIDS, and 10.4 million of them will still be under the age of 15. It is expected that the number of orphaned children will grow rapidly until 2010, and that it will not level off until 2030.

This research follows on from a preliminary report commissioned by UNICEF in early 1999 on the capacity of social welfare ministries in southern and eastern Africa to address the effects of the HIV/AIDS pandemic on children. The preliminary report suggested that the social welfare capacity of most countries in the region is extremely constrained and will need urgent restructuring if it is to cope. This social work training and deployment study was then commissioned by UNAIDS in order to assess the capability of countries in the region to make use of social work resources and to consider recommendations on improving the quality of training offered to social workers working in the area of HIV/AIDS.

Table 1 below indicates the serious situation relating to the generation of orphans as a result of the epidemic in selected countries in southern and eastern Africa which were the subject of this research:

Table 1: HIV/AIDS epidemiology in selected countries in southern and eastern Africa

Country	Ante-Natal Clinic Rate			Adult rate 1997 (%) estimates	Orphans cumulative 1997 estimates	Orphans current living 1997 estimates
	Date	Major urban area	Outside major urban areas			
Botswana	1997	38.5	33.7	25.10	28000	25000
Lesotho	1994	31.3	8.9	8.35	9500	8500
Namibia	1996	16	17.4	19.94	7800	7300
South Africa	1997	14.85	18.1	12.91	200000	180000
Swaziland	1996	26	26.5	18.50	8000	7200
Uganda	1997	14.7	8.75	9.51	1700000	1100000
Zambia	1994	26.55	13.8	19.07	470000	360000
Zimbabwe	1995/6	31	46.7	25.84	450000	360000

Source: UNAIDS/WHO Epidemiological Fact Sheet (June 1998)

High adult HIV prevalence rates, based on ante-natal care surveillance data, results in premature death and a corresponding increase in the numbers of orphans (defined as children who have lost their mother or both parents to AIDS, while under the age of 15). The eight countries, which were the focus of this research, on average demonstrate an adult prevalence rate of 17.4% and "current living orphans" of nearly 256,000, which is obviously a heavy burden, both for the families concerned and the welfare departments in the respective countries.

2. Objectives

The objectives of the research are to

- To what extent are social workers in southern and eastern Africa coping with the epidemic?
- How are departments of social welfare responding to HIV/AIDS, and what recommendations can be made for more effective deployment of social workers and more effective welfare department responses?
- How can associations of social workers provide a supportive service to the profession and help to reinforce social work in the field of HIV/AIDS, assisted by the International Federation of Social Workers?

to the following questions:

and eastern Africa preparing social workers to

3. Anticipated Outcomes

The anticipated outcomes relate to increased AIDS preparedness in the welfare sector through the following:

- Better understanding of the present AIDS preparedness of social work training institutions and of government welfare departments.
- Enhanced understanding within social work training institutions of the roles social workers can play in relation to HIV/AIDS, families, children and orphans, with a view to developing greater commitment to addressing the necessary training requirements.
- Enhanced understanding within government welfare departments of the need for AIDS preparedness and the role they could play, with a view to promoting their commitment to addressing the issues effectively.
- A clearer understanding of the role of national associations and the IFSW in supporting social work practice in the context of HIV/AIDS.

This study is intended as the first stage of developing advocacy through enhanced training and strengthened welfare department responses. The results and recommendations will be disseminated to the training institutions and welfare departments, which took part in the survey. In addition an advocacy document on the role of the social welfare sector in strengthening the capacities of vulnerable children and families has also been prepared following the completion of this survey, which will be endorsed by the International Federation of Social Workers and UNAIDS.

4. Methodology

The methodology involved both country visits with interviews and administration of questionnaires, and a mailed survey, to selected southern and eastern African countries as follows:

1. Social work training institutions and government welfare departments were visited in five countries, **Botswana, Namibia, South Africa, Zambia and Zimbabwe**, and questionnaires administered to heads of university or school departments of social work, university librarians and heads of government departments of social welfare.
2. Questionnaires were mailed and faxed to several other countries, and these were followed up by phone.
3. Relevant training course material and government documents were reviewed where available.
4. Interviews were held with personnel from national associations of social workers in some of the countries where this was possible.

5. Limitations to the Study

There are several limitations to the study, which need to be taken into account in considering the value of this research:

- (1) The research initially was confined to southern African countries, but later Uganda and Kenya were included as both countries offer social work training and have their own national associations of social workers. Unfortunately, despite repeated attempts to include Kenya, due to communication and other difficulties no replies to the questionnaires were forthcoming. Uganda therefore remains the only east African country in the survey, which limits its applicability to this region.
- (2) It was difficult gaining reliable and comparable data from ministries of welfare, so no attempt has been made to compare budgetary allocations to welfare services, or to child/family welfare. Some responses were very detailed from certain ministries, while others provided very scant information. This does make comparability difficult. However ministries' own estimates of the staff required are included.
- (3) It was unclear from the ministry responses whether social workers employed by the ministries/departments were professionally qualified, or the exact nature of their duties. It is therefore difficult to make suppositions on the trained staff needed for orphan care programmes.

6. Role of Social Workers in Africa

Social workers work with a variety of people and are trained to provide assistance to their clients, many of whom may be in extremely difficult circumstances. The International Federation of Social Workers defines the profession in the following way:

"The social work profession promotes problem-solving in social situations, social change, the empowerment of people, and the enhancement of society. Anchored in human rights and principles of social justice, social work intervenes at the points where people interact with their environments and is based on theories of human behaviour and social systems." (IFSW, 2000).

In the context of Africa, social work is a relatively young profession, which can be traced back to the early 1960s in many countries where the profession developed as a way of dealing with the urban social problems of crime, deviancy and destitution and in the charitable and philanthropic efforts of missionaries and voluntary welfare organisations. As the profession developed, social work courses started in several countries and social workers became involved with a wide range of client groups, activities and issues, including working with children, the aged, mentally and physically disabled, community development and social policy concerns, among others. In recent years social workers have become much more involved in the HIV/AIDS epidemic, as this has impacted substantially on all areas of their work.

Generally within Africa, as in many other "Third World" countries, the demands of development have tended to provide a "social development" thrust to the profession, which means that training courses have tended to focus on macro social and economic issues and how social workers can ameliorate these for the benefit of their clients, eg the reduction of poverty and the amelioration of the inequitable status of women in society. While this is appropriate, particularly with regard to HIV/AIDS, which is partially driven by socio-economic circumstances, social workers will still work with individuals, families and communities and require "people skills" which will include interviewing, counselling and therapeutic skills.

In the context of the HIV/AIDS epidemic, social workers have also been confronted with a vast range of new problems, from the psychosocial effects of infection and transmission of the virus to the generation of large numbers of orphans requiring care. In their training and work experience social workers develop the knowledge, skills and values needed to support people as they cope with stresses, changes and crises, including those triggered by illness, marginalisation and discrimination. Many other professions and individuals are involved with psychosocial care and emotional support, including nurses, psychologists, doctors, community activists, volunteers and family members. However social work is a profession known for its commitment to understanding and responding to the needs of vulnerable populations, to helping people gain more control over their lives, and to addressing the political, social and economic issues that affect their lives. In dealing with HIV/AIDS, the social work profession must:

- be knowledgeable about the disease and its effect on social work areas of practice
- work in partnership with people infected and affected by the disease
- bring people together to talk to one another, whether in supportive groups, in committees or workshops that involve both professionals and PWAs
- work in partnership with PWAs and advocate for supportive social policy (CASW, 1996).

Importance of the Role of Social Worker in the Context of AIDS

"I would like to emphasise the importance of the role of a professionally trained social worker in the care and treatment of AIDS patients. Such a professional has a meaningful role in education, prevention and care and deals with those aspects of a patient's life that the medical team is too busy to handle. Her knowledge of the community and of specific families provides vital information when decisions have to be taken... A social worker becomes indispensable in dealing with the family's feelings about death and dying, their attitude towards the patient and in helping them to prepare for his absence when he finally dies."

Dr Esther Chinkanda, Research Specialist and Head, Centre for Welfare and Social Work Research, Human Sciences Research Council, Pretoria, Maatskaplikewerk-Praktyk (Social Work Practice), Volume 2, 1990, p14).

7. Social Work Training

Social work training in Africa has generally followed trends elsewhere in the world, whereby qualified social workers are expected to have achieved a minimum of 12 years basic education or the equivalent time required for entrance into university or other professional social work training institute. This should be followed by at least two years of specialised academic training at higher education or university level, in an approved school of social work or similar institution according to the social service system in the country, with at least one year of supervised fieldwork. (This is the minimum qualification for social work training as specified by the IFSW, although a four year professional undergraduate degree is increasingly becoming accepted as the basic qualification for social workers).

Content of training should include basic knowledge of human behaviour, values, including a code of ethics and the teaching of recognised professional skills. Some social workers will continue postgraduate training to masters or doctoral levels. However it is acknowledged that many social workers will only have qualifications at certificate or diploma levels from recognised training institutions within or outside their countries. Others may only have received in-service training or no training at all, relying on experience gained on the job.

Professional social work training is potentially of considerable value for intervention in the area of HIV/AIDS and with affected families and children. A variety of social work skills, values and knowledge are required to work in this area and will require professional skills on the part of the trained social worker. However it is questionable as to whether training institutions in Africa have responded to these demands and whether they are meeting the needs of organisations concerned with the problem, particularly government departments of welfare which are at the forefront of the orphan crisis.

8. National Associations of Social Workers

Social workers' associations have been formed in many countries around the world to benefit and support their members who are professionally trained and qualified social workers. Their mandate is to provide the necessary professional expertise and networking capability to assist in building and developing their members' skill base and to protect and strengthen the profession generally. As social work is very closely linked to social development in the developing world and in Africa, social workers also have an important societal and national role to play in this respect.

Although they are potentially very useful professional organisations, national associations of social workers either do not exist or are rather weak in the African context. In the countries surveyed, associations exist in Lesotho, Namibia, South Africa, Uganda and Zimbabwe, but they are at various stages of development, with perhaps the strongest associations in Zimbabwe and South Africa. However the general lack of organisation means that in most countries no accurate record exists to give the actual figures or proportion of social workers employed in the various sectors. There is also no certifying authority (apart from in South Africa) to ensure that

curriculum and field training reflect the demand placed on social workers once they have completed their training. An additional problem is that in many countries paraprofessional and often untrained workers are taking on work that requires qualified and experienced social workers. Further problems include financial difficulties, lack of secretariats to organise social workers, bureaucratic delays and restrictions in registration, haphazard organisation and apathy on the part of members (Hall et al, 1997).

Within South Africa, for example, social workers are members of at least six professional associations and trade unions and are employed in a variety of sectors. One of the major professional social worker associations is the South African Black Social Workers Association (SABSWA). Although somewhat disorganised and still trying to find an effective role in the new South Africa, the association has been in existence for over 50 years (having been established in 1945). It faces serious problems, such as low morale among members, lack of involvement in critical changes taking place (such as in planning reform of the South African Interim Council for Social Work), lack of regular national conferences and disputes among the executive committee members (Middleton, 1999). However this is common with the other social worker associations in South Africa, where less than 1000 social workers are in membership of associations out of more than 10,000 professionally trained workers. It is to be hoped that gradually the associations – in Africa generally – will make themselves more relevant over time and be able to advocate more effectively on deployment issues in coping with the consequences of AIDS.

Attempts are being made to develop an African regional structure for social work associations and to strengthen their organisational effectiveness. One example of the latter is a three-year "Workers' Education Project" undertaken by the National Association of Social Workers in Zimbabwe, which aims to build the capacity of the Association. This project, funded by the Danish Trade Union Council for International Development Cooperation (LO/FTF) and partnered by the Danish Association of Social Workers and the International Federation of Social Workers, comprises training programmes in organisational and leadership development.

9. International Federation of Social Workers Africa Region and Policy on HIV/AIDS

Social work associations have been formed in many countries around the world and are represented internationally by the International Federation of Social Workers (IFSW), based in Bern, Switzerland. The IFSW has around 70 countries in membership and over 85 professional social work associations representing approximately 470,000 social workers from all parts of the world.

The aims of IFSW are to:

- promote social work as a profession through cooperation and action on an international basis
- support national associations in promoting the participation of social workers in social planning and the formulation of social policies, nationally and internationally
- encourage and facilitate contacts between social workers in all countries

- present the viewpoints of the profession on an international level by establishing relations with international organisations.
- (IFSW, Handbook, 2000)

The Africa Region is one of the five global regions of IFSW, which also include Asia/Pacific, Europe, North America, and Latin America & Caribbean. A Regional Vice President heads each region. Within Africa there are 11 countries in membership, including Benin, Egypt, Ghana, Kenya, Mauritius, Niger, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe. Recently an Africa Region Task Force was set up (in Nairobi, November 1999) to develop a formal structure and work towards building a secretariat to manage the African region of IFSW.

The IFSW has produced two publications, which serve as policy guidelines, to guide social workers in their practice, and in the area of HIV/AIDS there is the monograph *"Beyond Medicine: The Social Work Response to the Growing Challenges of AIDS,"* which was prepared in 1991 in cooperation with WHO, and *"International Policy on Strategies for Responding to HIV/AIDS,"* prepared in July 1990 (the policy paper is included in Appendix 4). The researchers aimed to find out if these monograph and policy papers are accessible to the social work training organisations as part of this survey.

The International Federation of Social Workers is also to be involved with SAfAIDS and UNAIDS in the review of these papers, to make them more relevant and bring them up-to-date.

**Strategies of the International Federation of Social Workers and
Member Associations in the context of HIV/AIDS**

The international policy statement of the International Federation of Social Workers (IFSW) recognises the need to formulate and develop, in conjunction with national associations of social workers, an international social work strategy on HIV, and international policy and guidelines for social workers working in the area of HIV. The statement notes in part:

"Social workers, by virtue of their training, their particular perspective of the individual within the family and community constellation, together with the wide range of social work employment in health and welfare settings, are uniquely well placed to play a very effective role in the global effort to deal with the HIV epidemic, and the empowerment of those affected... The main task lies in the need to prevent and slow down the spread of HIV/AIDS, and to counteract the undesirable effects of the epidemic on the social structure, or within the general population. The IFSW and its member associations throughout the world, have a major role to play in this effort... To do this, the IFSW and its member associations undertake to:

- participate in programmes to prevent the spread of HIV/AIDS in unaffected groups and regions
- counteract the use of force in the struggle to prevent the spread of HIV/AIDS
- give priority to the global implementation of comprehensive anti-discriminatory policies for people affected by HIV/AIDS
- lobby for more equitable and just distribution of resources, services and support structures world-wide
- develop and improve ethical and professional standards of those members involved in this endeavour
- contribute to the systematic exchange of information on all aspects of the issue as it affects social work practice and education, and client groups
- ensure that social workers, and social work institutions and agencies, have the necessary training, education and support to maintain high standards of service to people living with HIV/AIDS
- be involved in research, data collection and information dissemination."

IFSW Policy Papers, International Federation of Social Workers, Bern, Switzerland (July 1990)

10. Deployment of Social Workers

In Africa, as elsewhere, social workers are employed in a variety of agencies, some of which will be working directly with the effects of the HIV/AIDS epidemic, others more indirectly. It is difficult to obtain precise information on where social workers are working, but this is likely to be primarily within government service, NGOs and the voluntary welfare sector. Some figures are available from the Zimbabwe Association of Social Workers, who have counted approximately 2500 social workers currently working in the country (December 1999 figures), while of these 227 are paid-up members. The overwhelming majority of members are employed in the public service – of the total number of members, 73% are employed by central and local government, followed by 21% employed by NGOs. The remainder are employed in the private sector (see Appendix No 5).

Although there is no Association in Zambia to accurately give the actual figures or proportion of social workers employed in the various sectors, an informed lecturer from the Department of Social Development Studies at the University of Zambia suggested from observation that most social workers are employed in the following sectors:

- NGOs such as KARA Counselling and Training Trust, Family Health Trust, Plan International, Irish Aid, PUSH, World Vision, Oxfam
- Ministries of Community Development and Social Services
- Ministry of Sports, Youth and Child Development
- Local authorities, eg housing department
- Mining industry: social welfare/personnel departments
- University of Zambia students' counselling department
- Catholic Secretariat.

Within government, hospitals are a sector where social workers are employed as medical social workers. However due to low remuneration in the public sector, the biggest employer of social workers are NGOs. It was reported that as a result of this "brain-drain," government is now employing newly-qualified sociologists and psychologists to work in departments where ideally social workers should be working. Yet an intensified government social work response is urgently needed to deal with the scale of the problems created by AIDS, in particular the orphan crisis. An estimated 25-30% of adults in urban areas and up to 15% of those in rural areas have HIV, while 13-15% of Zambian children have lost one or both parents, usually because of AIDS. There are an estimated one million orphans in Zambia in 2000, representing approximately 10% of the country's total population. In addition nearly 75% of Zambians care for one or more orphans, while an estimated 90,000 children in the country are homeless (Reuters, 2000; The Economist, 1999). Social workers are already involved in trying to ameliorate this situation, and as the recommendations on the analysis of the plight of orphans in Zambia (which is typical of most sub-Saharan African countries) show, an intensified response is needed (see below).

Recommendations from Situation Analysis of Orphans in Zambia:

- Efforts should be made to find out exactly how the extended family copes in different settings such as urban/rural, and at different levels of poverty, and how it adapts itself when incorporating orphans or other family members.
- Government should be lobbied to undertake a more visible and active role in helping vulnerable children. The Disaster Management and Mitigation Unit in the Office of the Vice President, and the Ministry of Community Development and Social Services would be good starting points.
- Capacity building should take place with government ministries and departments, rather than setting up parallel NGO structures.
- The exemption from the paying of fees for education and health services, already established by the government, should be adhered to.
- Government offices should work in partnership with the community, providing inputs such as technical expertise, administrative support and wherever possible, channelling funding.
- Donors and government should avoid imposing their ideas or their bureaucratic requirements on the community.

Source: Zambia, Government of (1999:35)

The situation may vary in other African countries, but generally social workers are deployed in all major sectors – in government service, with parastatal authorities (semi-governmental), the municipal authorities, NGOs, the private sector, and engaged in their own consultancies. They are working directly with the HIV/AIDS epidemic, which has had profound consequences for their work.

This survey examines whether social workers do receive sufficient training to be able to deal with the consequences of the epidemic, by investigating the curriculum and teaching practice of the university departments in the area of HIV/AIDS. The survey also considers whether university libraries have sufficient resource material to support this training, and finally examines the role of departments of social welfare in deploying social workers. The survey is also particularly concerned with the situation of children and orphans, as this is a client group of major concern to social workers.

11. Findings

This account of the findings groups the questions into the major theme areas of the questionnaire. Further amplification of the findings is available in the detailed country notes and in Appendices 1-6. The questionnaires are available at the end of the document.

11.1 University Departments/Schools of Social Work

Responses were received from ten university departments/schools of social work within seven countries. Interviews were held with, and questionnaires completed by, the Heads of Departments, or personnel at Principal/Deputy Principal levels in these institutions. The summarised responses are detailed below, although more detailed country-specific information can be found in the "Detailed Country Notes" further on in this report.

- **Relevance of HIV/AIDS topic to curriculum**

Almost all university departments and schools of social work indicated that HIV/AIDS was very relevant and all addressed the issue of HIV/AIDS in their curriculum, which was mainly geared to degree level courses. However the topic seemed to be dealt with generally in an ad hoc way, mentioned in discrete courses rather than integrated into the curriculum. For example at the University of Zambia it is covered under a course entitled "Macro Strategies of Social Work Intervention," at the University of the North in South Africa in "Introduction to Specialised Fields," while at the University of Botswana it is contained in "Demography of Botswana" – all at Bachelor levels.

An exception to this is the University of Natal, Durban, where HIV/AIDS permeates the various courses and use is made of PWAs to address the classes, and the University of the Witwatersrand, which adopts a developmental social work approach and has attempted to integrate HIV/AIDS as an underlying theme in all its courses.

- **Main emphasis in curriculum and HIV/AIDS topics**

All universities include HIV/AIDS in some way within their curriculum, which with all ten universities surveyed is at least at Bachelors level, with half also teaching at Masters level. The curriculum on HIV/AIDS appears to focus mainly on "socio-economic issues" with eight institutions out of the 10 interviewed citing this as the major emphasis in the courses (Namibia and South Africa [Natal and UWC] also cited "holistic" and "medical" respectively).

This predominant socio-economic focus may have occurred partly in an attempt to re-direct the curriculum towards more appropriate "social development" concerns and less towards individual casework (which is often seen as a western "import" and not relevant in a developing world context), and partly due to an over-reliance on academic courses. It is recognised that the response to HIV/AIDS needs to be comprehensive and on several different levels. Ramphal (1994), in pointing out future directions for the social work curricula, stated that the rapid and fundamental changes within South African society, for example, are making previous assumptions and arrangements obsolete, thus presenting social work education with new challenges. She also stated that social workers need to be retrained to perform preventive and developmental roles.

One lecturer in Zambia noted that social work has been biased towards "community development" since 1961 and has not changed much since then, focusing on more traditional topics rather than current issues of concern, while the curriculum is weak in clinical social work (it should be noted however that it is the *academic* rather than *practical* content of courses that is of primary concern). While the theoretical orientation may be useful, it has meant an emphasis on

courses focusing on socio-economics, social administration, etc and less on practical "hands-on" professional skill base development.

Half of the universities surveyed indicated that they did not cover "clinical manifestations" or "sectoral responses" to the epidemic, focusing instead on broader socio-economic issues and human rights generally. Some concern was expressed in a similar way that social work training is not practical enough and that the curriculum has not responded well to HIV/AIDS. For example, counselling is an important skill that social workers should be competent to perform after training; however social work education has tended to be macro-oriented and developmental, rather than focused at mezzo and micro levels. A greater focus on working with groups, families and individuals may be needed.

- **Intervention Methods**

The intervention methods mentioned in the questionnaire (HIV awareness and prevention, counselling, home care, community development, child/orphan care in the community and in institutions, family support and advocacy) were covered at least in part by all universities, with the most significant gap appearing to be "home care" and "child/orphan care in institutions" (50% of universities did not cover these topics). This indicates a need for an increased focus on family support, home care and child care in courses to deal with the practical requirements faced by social workers. One comment from the University of Botswana indicated that some of the most useful inputs for them would be *concrete* examples of interventions that help in Africa. It was noted that further types of material most wanted concerns information that documents "work in action" (ie what *actually* works, or what does not, rather than what *should* be done).

- **Suggestions on HIV/AIDS Curriculum**

Responses to this section appeared conflicting, with all universities indicating openness to suggestions to improve their curriculum on HIV/AIDS, yet all except one indicating that their staff did not require further training in this area, and 70% that there was no need for workshops for staff. This can be interpreted as reflecting their view that staff were sufficiently skilled in training, but simply needed more resource material to improve on existing functional training skills. Seven out of the ten responses also indicated that no "external advice" was required, which again seemed to indicate their view that the training methodology was adequate – although the availability of specialised training for staff on the subject was very limited (only 20% had access to this). Apart from one training institution, none indicated links with national organisations of people living with AIDS in hosting workshops to provide specialised training for staff.

The contradictory response does appear to indicate sensitivity to potential criticism of teaching ability in this area, and possibly indicates an unrealistic assumption that no further skills or knowledge (at least in the methodology of training) are required for teaching in this area.

Although this was a general finding, some universities are making efforts to build staff competence in the area of HIV/AIDS. For example, the University of Namibia has introduced a compulsory course for teaching staff entitled "Family Life Education Programme," in collaboration with UNICEF and the local AIDS Care Trust, while the University of Natal (Durban) in South Africa offers specialised training for staff at the Faculty of Medicine.

- **Research and Publications**

The overall number of papers/publications on HIV/AIDS by members of staff was perhaps rather low given the severity and impact of the epidemic on social welfare in the region, although 60% had produced at least some papers on the social work implications of the epidemic. One exception to this was the University of Botswana where staff publications on HIV/AIDS were generally high.

All universities indicated an awareness of research carried out in the country on HIV/AIDS and all felt more research around HIV/AIDS and children was needed. This was an interesting finding – that almost all universities considered their research input in the area of children was lacking – given the fact that a major area of social work practice concerns children. The University of Namibia identified a research gap that needs attention as “family or institutional care for AIDS orphans,” the University of the North identified a need for research on prevention work with children, while the University of the Western Cape identified lack of research on how HIV/AIDS impacts on the social functioning of families, and Makerere University the area of how children cope with the bereavement of their parents and day-to-day survival needs.

Although issues of children and orphanhood were seen to be relevant in the context of HIV/AIDS, all felt further research was needed in this area. Possible areas of research cited were: vulnerable children, the impact of HIV/AIDS on children, how children cope with the death of their parents and their day-to-day survival need, the care of orphaned and HIV positive children.

- **Training Resources**

These were seen to be either “seriously” or “somewhat” inadequate, or there was “good basic material, but more is needed.” This is consistent with the previous comments on lack of resource material available for teaching purposes and is clearly a need.

- **Field Placements**

Nearly all universities (70%) indicated that field practice attachments for students in the area of HIV/AIDS do take place, but these opportunities are very limited in proportion to the total placements. For example the School of Social Work in Zimbabwe indicated that of 250 placements in 1998, only four were agencies concerned with HIV/AIDS.

From a more positive perspective, the University of Lesotho reported that it has encouraged students to conduct research on HIV/AIDS related topics on fieldwork. Some of the staff and students at the Universities of Witwatersrand and Makerere have facilitated workshops/seminars on HIV/AIDS awareness and or training as part of field instruction projects. It was noted from Zambia that students have gained useful skills in HIV/AIDS counselling (which is not covered much in social work training), with attachment at the Family Health Trust.

- **Support Work**

Several universities do offer staff involvement in HIV/AIDS support work – for example advice and some training on HIV/AIDS has been offered to NGOs in the area of advocacy and educational activities by the University of Botswana, and the University of Natal is very involved in activities in the local hospitals in Durban (see box below).

- **IFSW Policy Papers**

Only 20% of the universities indicated an awareness of IFSW policy papers in the area of HIV/AIDS. There are two main papers – one an advocacy paper produced with WHO and the other the IFSW's policy statement on HIV/AIDS. Responses to the questionnaire indicated that there is a lack of awareness of these documents, although this information is seen to be useful and universities requested that this is sent to them.

- **HIV/AIDS Policy for Staff**

The questionnaire also explored whether an HIV/AIDS policy had been developed and made available for staff, with 30% of universities indicating that there was such a policy. For example, the University of Namibia expects staff to attend a Family Life Education programme, organised with UNICEF and AIDS Care Trust to make them aware of the problem. Detailed information on the university policies and conditions of employment related to staff who may contract HIV, or develop AIDS, however, was not collected through this research.

**Operationalising developmental social work through the
implementation of an HIV/AIDS project (University of Natal)**

Social work trainers at the University of Natal in South Africa are using principles of developmental social work to implement an HIV/AIDS project. The project was initiated in response to the identified need for psychosocial services when women are informed about the HIV status of their children and, in the process, their own HIV status. Based at a large teaching and referral hospital in Durban, KwaZulu-Natal (King Edward VIII Hospital), where 35 – 50% of children admitted with persistent nutritional deficiencies and diarrhoea have symptomatic HIV/AIDS, there was no structured psychosocial assistance or post-test counselling for HIV/AIDS positive mothers before this project started.

The project, which began in October 1996, emphasised a developmental and empowerment-based process that focused on “...*the felt needs of group members, consciousness-raising, reflection in action, education and skills training.*” Using group methods, 11 – 13 women are involved in a peer support group and have also received training in basic counselling skills. They are also involved in workshops conducted collaboratively with NAPWA (National Association of People Living with AIDS) on living positively with AIDS. This emphasises acceptance of one's HIV status, making decisions about disclosure, responsible living and the adoption of safer sex practices, dealing with (and preparation for) death and dying in constructive ways, a critical focus on issues of morality and spirituality, nutrition, hygiene and the avoidance of the use of drugs and alcohol.

Since August 1997 the women have been running workshops twice a week, have given public talks, based on personal testimonies, in community projects and at workplaces and offer informal support to other women in the hospital.

The project has served as a training unit for social work students undergoing fieldwork. During placement students have been providing useful services to family members and to sexual partners on disclosure issues and assistance in respect of various problems, such as physical abuse of women, rejection and accommodation needs. The project, considered to be very successful by all parties involved, also included an interdisciplinary approach with the strategies positively endorsed by nurses, pediatricians and the hospital social worker.

Taken from a report by Dr Visanthie Sewpaul, Head, Department of Social Work, University of Natal, Durban (e-mail sewpaul@mtb.und.ac.za)

11.2 Libraries (at University Departments/Schools of Social Work)

Responses were received from nine university libraries. The person interviewed, or completing the questionnaire, was either the Chief Librarian or the Subject Librarian responsible for social work.

- **Subject Focus**

The main subject focus within the field of HIV/AIDS seems to be counselling, prevention/awareness and socio-economic issues; the least focus was in child care and human rights. The reported rather inadequate coverage in the area of child care and HIV/AIDS is of particular concern, given that social work training institutions, which are training students to work with children, should at least have good material on the consequences of the epidemic to this group. Other areas identified as lacking in material/information are care-giving for PWAs, AIDS orphans, home based care, community education and African epidemiological surveillance data.

- **Main Sources for HIV/AIDS Collection**

The main source for the libraries' collection appears to be from published material (66%) and student dissertations (56%). There is less available in the way of available staff research (33%), or staff presentations (22%), which does indicate that the faculty needs to give more attention to HIV/AIDS in terms of their own work, given the scale and urgency of the epidemic in the context of social work practice.

- **Receipt of HIV/AIDS Focused Journals**

Although university libraries all subscribed to a high volume of journals/newsletters, less than half subscribed to any journal specialising in HIV/AIDS. Sixty percent have videos, and 20% CD-ROMS in the area of HIV/AIDS. Over half of libraries indicated that the HIV/AIDS material was in "high frequency" use, with the others indicating that this was "fairly often." Although there is considerable demand for material in this area, all universities (except one) indicated that their collection was not adequate. Lack of finance, followed by lack of appropriate information was seen to be responsible for not obtaining HIV/AIDS material. Obviously there is need for more resource material in the libraries on HIV/AIDS.

- **Difficulties in Obtaining Materials**

Although the major factor preventing almost all universities from obtaining resources for their libraries is the obvious one of lack of finances, nearly half of the libraries also indicated lack of information on appropriate sources as another reason why their collection is inadequate. This may suggest that there is need for organisations involved in information dissemination to target libraries with well-packaged information on how to go about obtaining useful and recommended material.

- **Student Dissertations**

A relatively small proportion of student dissertations focus on HIV/AIDS, which is surprising given the wide-ranging and severe consequences of the epidemic on almost every sector and client group of concern to social workers. Although 60% of librarians reported having some dissertations available on HIV/AIDS, on average dissertations on HIV/AIDS are around 5-10%

of total social work dissertations – with an exceptional 25% in one case (University of Natal, Durban). Whether the paucity of dissertations is a result of lack of access to appropriate resource material, lack of interest in the area, or other reasons is not clear.

- **Availability of Staff Papers**

Accessibility to staff papers on HIV/AIDS could be improved. Although in some universities members of staff have written papers and publications on HIV/AIDS topics, often these were not reflected in the libraries' database. (One librarian noted that although presentations have been made by staff members in this area, the papers have not been lodged in the library; another that there was no information on availability of papers by the department concerned). Other libraries have occasional papers on HIV/AIDS, with the highest number recorded at the School of Social Work in Zimbabwe (8). All libraries except one were accessible to external users.

11.3 Ministries/Departments of Social Welfare

Ministries from seven countries (Botswana, Namibia, South Africa, Swaziland, Uganda, Zambia and Zimbabwe), with responsibility for labour, health, community development and social welfare – and departments directly responsible for (developmental) social welfare services – answered the questionnaire.

- **Ministries and Departments Responsible for Social Welfare**

Ministries are at different stages in their responses, with some having developed a national strategic framework for children infected and affected by the epidemic (eg South Africa, which has set up an inter-ministerial committee [IMC] on young people at risk), while others are in the process of development (eg Swaziland is embarking on a developmental approach in order to encourage self-reliance and help families and orphans through income generation).

Namibia, for example, which recently produced its National Strategic Plan on HIV/AIDS (Medium Term Plan II) for the period 1999-2004, expects the Ministry of Health and Social Services, as the lead Ministry in HIV prevention and care, to provide technical support to all sectors that are required to develop HIV/AIDS prevention and control activity action plans. This is under a National Multi-Sectoral AIDS Coordination Committee (NAMACOC) structure (previously the NACP which operates in the 13 regions, with seven personnel based at Head Office and which only started work in 1999). Region specific plans have now been developed.

- **Programmes for HIV/AIDS affected families**

Departments of Welfare are aware of the problem of HIV/AIDS and all have programmes for HIV/AIDS affected families, children and orphans. All departments support relatively large numbers of families and children (an average of 46,710 families and 89,350 children). The Ministry of Local Government, Lands and Housing in Botswana, for example, provides support through its Destitute and Orphan Care programmes to destitute family members of home based care patients and orphans.

Two main forms of support to children in especially difficult circumstances are institutional provision, such as orphanages, or traditional fostering and adoption by relatives and the

community. Orphanages are unlikely to be sustainable on financial grounds because of the heavy, long-term burden, which they place on the Department of Social Welfare or other organisations responsible for running them, and where the cost of supporting a child can be about ten times that of a foster home.

Community options can be even cheaper than the foster home solution, but in situations of poverty, when families find it difficult even looking after their own children, this ceases to be a realistic option. If foster homes, or the informal support offered through extended families can be utilised, then social workers need to consider how they can be supported, and an important role for social workers involves linking needy populations with resources.

From responses to the questionnaire:

In the field of HIV/AIDS, social workers employed by social welfare departments in various countries in the region are either directly providing, or facilitating:

- HIV/AIDS prevention eradication programmes
- orphan care programmes (aimed at empowering the extended family/community to look after orphans in their localities)
- community based rehabilitation and home-based care programmes
- programmes for adolescent reproductive health
- welfare support and counselling services
- support to AIDS orphans
- support for women's and children's rights
- community projects in HIV education
- women's development groups (eg provision of loans)
- income generating projects
- foster homes (encouraging family environments)
- social welfare financial and material assistance.

Social welfare departments are providing training on HIV/AIDS to their own staff through:

- training district level staff
- psychosocial counselling
- HIV/AIDS awareness sessions for members of staff.

• Departmental staff complements

Responses to the questionnaire indicated that there is an average staff complement of 36% social workers to other professional and para-professional staff working in Departments of Welfare. However it is not clear exactly how many social workers are professionally qualified, or the nature of their duties. The overall staff complement was felt to be inadequate and it was generally considered that staffing fell considerably below the need in relation to the consequences of HIV/AIDS. Estimated numbers of trained staff needed to deal with projected numbers of orphans over the departments that responded to this question averaged at 48% of current staff complements. Given the scale of the epidemic and the severe financial constraints on most governments in the region it is unlikely that an increase in staffing would meet the social welfare requirements of orphans and their families; consequently more creative alternatives and partnerships will probably be necessary.

- **Budgetary allocation to child/family welfare**

Responses indicate that budgetary allocation to child and family welfare on average represents nearly half of total expenditure by the departments concerned. This is a major area of expenditure and one that requires significantly greater funding in the future. However as further cutbacks and rationalisation of government expenditure are likely in the present economic climate in Africa, other sources of funding and cost sharing will have to be found.

- **Training and support needs of social workers**

Despite the high level of demand placed on departments due to HIV/AIDS, the questionnaire revealed that some limited specialised training for social work staff is only available in 50% of the countries surveyed and only one department had officially evaluated its HIV/AIDS programmes.

For example, the Namibia Department of Social Services carried out a survey recently to ascertain the training needs of social workers within the developmental social welfare services. The analysis confirmed that skills and knowledge were probably not available to ensure effective service and indicated the need for rapid HIV/AIDS training to develop these skills (see below).

“Why undertake HIV/AIDS training?”

“All of the staff members within the Development Social Welfare Services are people who have been trained with professional skills in order to carry out specific duties. As with any job, we are faced at times with situations in which we may not have all the skills and knowledge in order to provide an effective service. HIV/AIDS has proved itself to be one of those situations. Unfortunately, there have been many occasions when people have also forgotten their basic skills and instead of seeing the person in front of them, they just see the disease. The aim of HIV/AIDS training, like any other training, is to build and develop pre-existing skills and in the case of HIV/AIDS, alleviate fear and anxiety.”

Taken from: HIV/AIDS Training Plan 1999-2001 of the Developmental Social Welfare Services Department, Ministry of Health and Social Services, Republic of Namibia, p1 (1999b).

The Ministry has developed guidelines for counselling and clinical management of HIV/AIDS as well as STDs and has prepared a handbook for home based and community based care (Namibia Government, 1999a). The social sector obligations of the Government of Namibia are noted in the box below.

- **Contribution to curriculum development at Schools of Social Work**

In some cases departments do contribute to curriculum development of universities/schools, mainly through advice on course content, consultancy and field practice.

- **Need for comprehensive strategies**

More comprehensive strategies are needed however, if social welfare departments are to deal with the scale and extent of HIV/AIDS. In Zimbabwe this is highlighted by the “silent emergency” of orphans and children in need, evidenced by a growing number of street children, overcrowding in children’s homes and the fact that HIV infection is the leading cause of death of children under five in the country. It is estimated by the National AIDS Coordination Programme

(NACP) that Zimbabwe will have 800,000 orphans in the year 2000, based on current estimates of HIV seropositivity, with AIDS producing roughly 60,000 new orphans a year. Clearly the existing reactive child welfare programmes such as foster placement, adoption, institutional care, marriage guidance, counselling and maintenance allowance, with institutional places for only 2500 children in institutions throughout Zimbabwe will not be able to deal with the problem.

Republic of Namibia : Sector Obligations (Social Services)

General objectives:

To provide information regarding social benefits, services and assistance available for those affected and infected with HIV/AIDS, and to ensure access to such benefits and services under the Social Services Act and Social Security Act.

Specific objectives:

- (i) To provide information on social services, benefits and support available, to the General Public, people living with AIDS (PWAs), families and health workers, regarding eligibility requirements to social benefit, access to services and support.
- (ii) To provide care for and support for the infected and those in need.
- (iii) To ensure comprehensive counselling services for those Namibians infected and affected by HIV/AIDS.

Action to be taken:

- Inform the broad public on the eligibility requirements for social benefits and support through IEC, mass media, Community Based Organisations, and the regional councils.
- Promote and engage communities in the caring and support of those infected and affected by HIV/AIDS, with special emphasis on the disabled, women and orphans.
- Participate in Public Debates through regional structures.
- Establish functional counselling and support services.
- Budget for activities, procure condoms and distribute to staff.

Target population served:

General public, persons living with HIV/AIDS, their caregivers, families, health workers, churches insurance companies, private sector and social welfare organisations and NGOs/CBOs.

Key actors involvement:

Ministry of Health and Social Services Security Commission, Non Governmental Organisations and National and International Social Welfare Organisations.

Taken from: The National Strategic Plan on HIV/AIDS (Medium Term Plan II) 1999-2004, The Republic of Namibia, Sectoral Obligations, p4.

The alternative, proposed initially through a situation analysis of Masvingo and Mwenezi Districts (Department of Social Welfare, 1994) was to develop a community based orphan care programme, coordinated by the Department of Social Welfare in partnership with UNICEF, with the aim of facilitating the care of orphaned children through the extended family, with the assistance of the community. Proposed recommendations to strengthen family coping mechanisms included:

- appointing a special social worker at district level to coordinate all child welfare matters, including mobilising communities at the grassroots
- decentralising activities from the national to the provincial level
- keeping registers of orphans and children in need at district, provincial and national levels
- monitoring the activities of communities participating in the programmes
- providing appropriate resources to caregivers to act as an incentive while improving the quality of life for children
- introduce income tax relief for those looking after other people's children as an incentive for the extended family to care for its children in urban areas
- increase the Department of Social Welfare's budget and staffing levels to be able to play a meaningful role specifically in the areas of personnel, transport and financial resources
- establish a formal mechanism to work closely with NGOs, ASOs and church organisations to integrate child welfare and health service activities
- ensure that home-based care programmes have strong links with the District Social Welfare Office and other relevant departments and services. The Department of Social Welfare, as the lead Government agency, will play a facilitating and coordinating role.

In Namibia, with funding from UNICEF, the Department of Social Development Services is developing strategies and approaches to support research to document the extent and needs of children orphaned by AIDS, and to identify potential community-based support mechanisms, advocacy to strengthen the resolve in government and civil society to address the problem, the development of inter-ministerial/interagency coordination mechanisms, and capacity building for the relevant extension services. Sub-project activities in this area include the following:

- research on conditions and issues facing children with HIV positive parents, and orphaned children
- updating of policies and legislation to benefit orphaned children
- development of a system to register and counsel orphans, and monitor their condition
- training a cadre of counsellors
- developing will writing/legal aid programmes and training paralegals
- creating and testing a health follow-up system
- establishing an orphan Education Fund
- developing and testing community support models in 13 (regional) communities
- developing and implementing information programmes to create awareness of rights and services.

(Government of Namibia, 1997).

In South Africa, the Department of Welfare and other partners have developed the concept of Village Projects, where a "village" can be defined as a cluster of small rural villages under a Transitional Local Council, a small rural municipal area, an informal settlement or a small municipal urban area. The initial goal is to establish four comprehensive Village Projects in South Africa by March 2000, as the test projects, and then to scale this up to a further 20 communities during 2000 and 100 "villages" impacting on 1,300,000 households by 2004. Each project will make HIV/AIDS a core development area with information, education and programmatic elements focusing on women, vulnerable children and youth. (Ministry of

Welfare, 1999). The broader village community also will be drawn in. As the highest infection rate tends to be in the age group 15-25 years and given the high unemployment of youth and accompanying social problems, a particular focus will be on the training of youth to work with their peers on the issues of HIV/AIDS and implement peer education and support initiatives. Emphasis will also be placed on supporting women who are HIV positive and facilitating economic empowerment programmes for women.

These examples illustrate some of the practical steps – and the vision – of several departments of social welfare in dealing with the orphan crisis. Recommendations now follow for the universities, libraries and departments of social welfare, based on their responses to the survey.

12. Recommendations

12.1 University Departments/Schools of Social Work

1. Curriculum on HIV/AIDS should be integrated into all courses, rather than only covered as an occasional topic.

2. Specialised training on HIV/AIDS should be offered to teaching staff on HIV/AIDS; in particular improving the “methods” content of courses (eg counselling, group work, community intervention) in order to improve the skills of social workers, which seem to have been sidelined in favour of the socio-economic impact of the epidemic. This could also be in liaison with the Regional AIDS Training Network (RATN), based in Nairobi, which would be able to advise on curriculum issues, as it does for organisations like CONNECT (Zimbabwe Institute of Systemic Therapy) that offers training in HIV/AIDS counselling.

3. Emphasis in the curriculum should be given to *practical* examples of social work practice in the area of HIV/AIDS, and in particular the area of working with children and families. Support work and fieldwork carried out by lecturers and students with PWAs and ASOs are good ways of directly experiencing the problems at hand, and feeding back useful material into the curriculum.

4. Members of staff could undertake more research in the area of families and children affected by HIV/AIDS, in particular concerning the impact of HIV/AIDS on children, how children cope with the death of their parents, their day-to-day survival needs, and the care of orphaned and HIV positive children. It is important that this research is made available to practitioners, rather than remaining the preserve of academics.

5. Schools and universities need to be more in touch with international practitioner organisations such as the IFSW. An awareness of international social work policy statements on the epidemic should be included in the curriculum. Information on IFSW can be found on its website: <http://www.ifsw.org>

6. More field placements for students on attachment in agencies dealing with HIV/AIDS should be arranged. Students can be used to make the initial contacts and build up a resource on this possibility if the information is not readily available. Generally developing more practice-based

skills in social work, particularly with PWAs and their families, would be desirable. Students should also be encouraged to focus their dissertation topics in the area of HIV/AIDS or orphan and childcare.

7. Training institutions should try to develop more appropriate social work strategies in working with HIV/AIDS on a local level, taking into account the variables of culture and gender. Inputs most useful in training would be concrete examples of interventions that help in each country in dealing with the orphan care problem, including local definitions of orphanhood. A link should be made to research studies, which could investigate some of these areas.

8. Links should be made with groups representing PWAs, ASOs and others, with invitations made for presentations, organising of workshops and research.

9. Training institutions should obtain IEC materials on HIV/AIDS and condoms, obtainable usually from NAPs and Ministries of Health, for the use of students.

10. Schools of Social Work should set an example by developing their own policy concerning staff who may contract HIV/AIDS and ensuring that students are protected/educated as far as possible with regard to risk environments in their halls of residence.

12.2 University and School of Social Work Libraries

1. Relevant journals/newsletters, specialising in HIV/AIDS, especially on the situation in Africa, should be sourced as these were not available to staff and students in several universities. Librarians may need advice from relevant sources (UNAIDS, NAPs, SAfAIDS, etc) in order to provide useful information on relevant books journals and audiovisuals resources.

2. Training in the use of the Internet to access up-to-date material on HIV/AIDS may be required, and issues of accessibility, computer upgrades, etc, considered, as it appears that the available equipment is not being used to its maximum.

3. More available material on HIV/AIDS in libraries, together with a more proactive approach in discussing the epidemic and in sourcing material by teaching staff and librarians may lead to increased student choice and interest, and hence more likelihood of dissertations and research in this area.

4. There seems a general lack of resource material in most libraries. Material most needed in libraries (from questionnaire responses) is:

- care giving for PWAs
- home-based care
- dealing with the AIDS orphan crisis
- community education, and
- epidemiological data.

5. Publications and papers generated by academic staff on HIV/AIDS should be lodged in university libraries, to enable them to be more accessible to students/researchers. At times this material may be available in departments or faculties, but not to researchers in the university libraries.

6. All libraries indicated their HIV/AIDS collection is inadequate and yet there are NAPs in all these countries that could play a more active role in linking and providing national information on HIV/AIDS to them.

12.3 Ministries/Departments of Social Welfare

1. Ministries responsible for social welfare should take the lead in developing a multisectoral approach and ensuring that other government ministries and departments develop plans to tackle HIV/AIDS in their own areas of responsibility. The setting up of an inter-ministerial committee (IMC) on young people at risk (as in South Africa) is an example of good practice, which can provide policy, guidelines, minimum requirements and quality assurance regarding services.

2. Ministry or departmental welfare activities should be decentralised from the national level to provincial or district levels. A social work post specialising in child welfare should be created to coordinate activities at this level. An explicit focus on children would reinforce and support formal and informal child care arrangements in the community.

3. Transformation of welfare departments/ministries from "welfare" service towards "development" activities is useful in bringing about an attitude change oriented more towards empowering communities. The departments of social welfare should develop strong links with the community, providing inputs such as technical expertise, administrative support and financial assistance.

4. All government ministries, including those responsible for social welfare, should allocate resources from the regular budget and implement appropriate HIV/AIDS prevention and supportive activities. Budgets available to departments of social welfare may need to be increased to enable them to recruit additional staff to deal with the effects of the epidemic on children and families.

5. Registers of orphans and children in need should be maintained at district and provincial levels, and monitoring of activities of communities participating in programmes. Institutional care should be a last resort, due to the harmful effects of institutionalisation and inadequate available resources for this option.

6. Staff in departments of social welfare requires ongoing in-service training to bring them up-to-date with developments in the field of HIV/AIDS. A greater degree of cooperation with the university departments/schools and with national associations could help to ensure this. Training also needs to be relevant and relate directly to the real needs experienced at community level.

7. Government funds should be channelled to assist the community in developing small income generating projects in order to alleviate poverty. The support and collaboration of the international community and international donor organisations should be solicited wherever possible.

8. Departments of social welfare, or social developmental services, should take a proactive role in supporting community coping strategies, by encouraging and supporting childcare arrangements in the community. This may include recruiting, training and supervising support persons in the community to assist with caring for children in formal and informal care.

9. A clearer understanding of the professional role of social workers needs to be developed, in some countries through development of a Social Workers Act, or at least formal registration of social work associations. These associations should be concerned with and act on initiatives to relieve the plight of clients with HIV/AIDS, guided by policy in this area from the International Federation of Social Workers.

10. Social workers should work directly with associations of people living with AIDS in assisting them to develop peer support and counselling skills.

Recommendations from Namibia's Ministry of Health and Social Services in assisting families affected by AIDS:

1. The implementation of community-focused information, education and communication campaigns to inform Namibians of what services are available and how they might access them.
2. A streamlining of the current process whereby individuals seeking these services are screened and then offered the assistance to which they are eligible in a timely and accountable manner.
3. A focus on the reduction of poverty and on local community development, with the realisation that this would enhance self-sufficiency among caregivers and families.
4. An enhancement of the role that traditional leaders, churches and other indigenous organisations can play in serving orphan households in need.
5. An increased focus on the role that community-based self-help projects can play, as well as that of community-based direct-service staff, for example, teachers, social workers, clinic nurses, home-care aides and others.
6. The development of selected new gap-filling policies and programmes to assist orphans, as needed and to the extent that these are not currently available.
7. The need for additional epidemiological and/or empirical research related to issues of concern.

Taken from Namibia, Republic of, and UNICEF (1998)

12.4 Overall

A greater degree of networking is required between university departments of social work, national AIDS programmes, AIDS service organisations and other interested parties in order to ensure that there is a closer link between teaching and practice. Ministries of social welfare should develop links with schools of social work in the area of HIV/AIDS (or vice versa) in order to provide information to students and staff on the actual situation that the students will face once they graduate. Actual professional social work practice also needs to be guided by the policy statements on HIV/AIDS of the IFSW, in collaboration with national associations of social workers.

13. Suggested Curriculum on HIV/AIDS

HIV/AIDS should be seen as a cross-cutting issue that needs to be integrated into all courses (ie, it should not be seen as a “stand-alone” course as it affects every issue that social workers deal with). There are some key components that should be part of any curriculum on HIV/AIDS, including:

- definition and explanation of what is HIV/AIDS
- signs and symptoms of HIV/AIDS
- course and progression from HIV infection to AIDS
- basic epidemiology
- social, economic and cultural determinants driving the epidemic
- impact on society generally
- gender issues and HIV/AIDS
- issues of prevention (including structural issues, such as migration, poverty and wars, as well as individual behaviour change)
- responses to the epidemic (services available and needed)
- home care, orphan care, community responses
- counselling – pre-test and post-test
- disclosure issues
- advocacy skills
- policy statements (of IFSW) and own national associations
- youth skill training – relationships, communication and negotiation.

14. Detailed Country Notes

BOTSWANA

University of Botswana (Department of Social Work)

HIV/AIDS is covered/mentioned in most courses, largely as an example of area of intervention but more specifically in the following:

- Certificate: *Psychology and Human Development* – effects of and prevention of HIV/AIDS.
- Diploma: *Psychology and Human Growth* – effects of and prevention of HIV/AIDS.
- Diploma: *Selected Issues in Social Work* – one of several topics dealt with is HIV/AIDS.
- Degree: *Demography of Botswana* – effects on population of HIV/AIDS.
- *Other topics on HIV/AIDS in curriculum* – community responses to HIV/AIDS (eg, community care)

Identified gaps: Inputs most useful would be concrete examples of interventions that help in Africa.

HIV/AIDS publications by the Department:

- Osei-Hwedie K, Mfune P and Mwansa LK (1995) *Youth awareness of AIDS in Zambia*, Zambia Printing Company, Lusaka.
- Osei-Hwedie K (1994) "AIDS, the individual, family and community: psychological issues," *Journal of Social Development in Africa*, 9 (2) 31-43.
- Osei-Hwedie K, Mfune P and Mwansa LK (1993) "Attitudes towards risky sexual behaviour and reaction to AIDS patients among Zambian students," *International Family Planning Perspectives*, 19 (1) 25-27.
- Jacques G (1999) "Orphans of the AIDS pandemic: The Sub-Saharan Africa experience and implications for Botswana," in Hope KR (ed) *AIDS and Development in Africa*, The Haworth Press, Birmingham.
- Research on HIV/AIDS and children in Botswana: AIDS orphans – recommendations to government on establishing a foster care scheme.

Identified gaps:

1. Research around HIV/AIDS and children most needed: What happens to AIDS orphans, including local definitions of orphanhood.
2. Nature of staff involvement in HIV/AIDS support work: Advocacy, education and advice to voluntary organisations.

Students' placements:

1. Some HIV/AIDS related placements are in hospitals.
2. Significant numbers of student research projects deal with the social effects of HIV/AIDS.

Botswana (University of Botswana Library, Gaborone)

Material most needed in HIV/AIDS collection is on home based care.

Botswana (Ministry of Local Government, Lands and Housing)

Programmes to provide support to families affected by HIV/AIDS: Destitute programme – this programme provides welfare support to family members of home based care patients who are destitute. In addition provision is made to cater for needy families with food rations, shelter, toiletry and clothing.

The Orphan Care Programme provides welfare support and counselling services to orphans and their family members.

The University Department of Social Work could better prepare social workers by equipping students with HIV/AIDS counselling and crisis intervention skills.

LESOTHO

University of Lesotho, Department of Social Studies

Courses taught with HIV/AIDS content (at Bachelors level, specific content not specified):

- *Sociology of Rural Communities*
- *Sociology of Gender*
- *Sociology of Environment*
- *Sociology of Health and Illness Behaviour*

Courses taught with HIV/AIDS content (at Bachelor's level):

- *Casework (Counselling)* – work with individuals and families who have members with HIV/AIDS.
- *Group Work* – work with groups of mothers with children with HIV/AIDS and with orphans.
- *Community work* – community support.
- *Research* – students encouraged to carry out research on HIV/AIDS related topics. A post-graduate social work programme is yet to be introduced.

Identified gaps:

1. Research around HIV/AIDS and children most needed: health policy and prevention methods.
2. Further types of material most wanted: videos on HIV/AIDS.

Lesotho (University of Lesotho Library, Roma)

- *Materials most needed:* there are no books on HIV/AIDS. There are also no regular journals, videos and databases on the subject.
- Material on HIV/AIDS in the library is mainly used for research.

NAMIBIA

University of Namibia, Department of Social Work

HIV/AIDS is addressed as a holistic problem in the curriculum, but specific courses in which it is included at bachelors level are:

- SW I: *Applied Social Work* – how AIDS is contracted, symptoms of HIV infection, prevention.
- SW II: *Introduction to Casework and Applied Social Work* – personal esteem, life skills.
- SW III: *Social Work and Health; Applied Social Work; Child and Family Care* – AIDS counselling, prevention programmes, research.
- SW IV: *Specialized Fields & Research and Applied Social Work* – HIV/AIDS counselling, death and dying, AIDS orphans, prevention campaigns, and traditional, cultural and modernisation influences, including gender concerns.
- Training for staff on AIDS includes – Family Life Education Programme (compulsory for staff), in collaboration with UNICEF, AIDS Care Trust.

Research on HIV/AIDS by the Department:

- Guidao-Aab J T (1997) *The usefulness of community theatre in HIV/AIDS education*, unpublished mini thesis, University of Namibia, Windhoek.
- Mangolo M (1998) *The socio-economic effects of HIV/AIDS*, unpublished mini thesis, University of Namibia, Windhoek.
- Mukanda R (1998) *Factors that contribute to the spread of AIDS in the Caprivi*, unpublished mini thesis, University of Namibia, Windhoek.
- Kurewa P (1999) *A study of the needs of AIDS orphans in Namibia*, unpublished MA dissertation, University of Namibia, Windhoek.
- Udjombala LO (1998) *An investigation into the orphans of the orphanage unit at the Ushakati regional hospital*, unpublished mini thesis, University of Namibia, Windhoek
- Starits L (1998) *AIDS in Namibia*, Research report, Windhoek.

Some of HIV/AIDS related placements: AIDS Care Trust, blood transfusion section of hospital, AIDS care unit at hospital, Catholic Church AIDS care programme.

Identified gaps:

Research around HIV/AIDS and children most needed is on “Family or Institutional care for AIDS orphans.”

The University of Namibia has a staff policy on HIV/AIDS.

Staff involvement in HIV/AIDS support work: all staff members are involved through lectures and supervision of students working with AIDS care organisations. The Dean of Students Office provides counselling and information on prevention strategies to students. There is a serious problem at the student hostels, as although segregated, are easily accessible. According to this Office, pregnancy and HIV are now very common and some students are dying.

Namibia (University of Namibia Library, Windhoek)

HIV/AIDS material is being used mainly for research, assignments and personal interest. Gaps in HIV/AIDS collection are caused by budget restrictions, which make it difficult to get enough material. The material needed most is books on socio-economic issues, care and medical issues. Students often consult the UNESCO library.

Namibia (Ministry of Health and Social Services)

The President launched the National Strategic Plan on HIV/AIDS (Medium Term Plan II) in April/May 1999. Seven technical teams were set up and new structures developed under this Plan, involving a wide range of personnel, including Governors, Ministers, headmen and NGOs on a national and regional basis. A National AIDS Committee was set up which included various ministries and cabinet members.

The Ministry of Health and Social Services has also launched an HIV strategy, although this is still in draft form. The Chief Social Workers (Regional Managers) in each of the 13 regions have set up a Regional AIDS Committee, established in line with the National Plan and asked to develop their own plan. This has been submitted to the Minister for approval. Two social workers have been sent on a 10 month training course in counselling (part-time).

The annual departmental budget does not include social pensions and grants (N\$225,212,960).

Programmes established to provide support to families affected by HIV/AIDS:

- Joint Namibia Government/UNICEF Project on mobilisation for children's and women's rights. Objectives of this project are to provide access to basic medical care to 80% of children, and to ensure provision of education, counselling and legal protection to women to prevent loss of property in the event of death. Also a number of social workers are running community projects in HIV/AIDS education.
- An HIV training plan has just been established to provide specialised training for departmental staff. There is a special advisor to the Directorate of Developmental Social Welfare Services (Paul Pope). Those to be trained include staff members of Social Welfare Services, medical social workers and partners from the NGO and donor community. Three sites have been chosen at Oshakati, Windhoek and Keetmanshoop to cut down on staff travelling time and allow for particular training needs to be catered for. The one exception to this is training for the staff at the Namibia Children's Home, which will be carried out on site.
- The Ministry has undertaken a study on orphans, which needs to be approved by the Minister. This stresses the need for building on the community support structures, which so far have managed to absorb the orphans. Institutional care is not the strategy that Namibians prefer; however the problem is becoming serious and soon the community will not cope.
- There is a National Steering Committee consisting of Government and NGOs launched by the President on 21 March 1999 in the National AIDS Plan. The respective organisations were

expected to report back on their plans/progress by the end of June 1999, but in the event only 5 out of 20 did. However 12 out of the 13 regional social service organisations did report back which was very encouraging. Most important now is to what extent can the national government really support the regions? Can the national Department of Social Developmental Services support the 13 regions effectively? The point was made at several meetings that government is generally very good at planning, but not at implementation.

Research studies conducted by the Ministry on HIV/AIDS and its impact on families:

- *Children in Namibia* (1995), Legal Assistance Centre, Social Science Division Unit (with University of Namibia and UNICEF).
- *More than the Loss of a Parent. Namibia's First Study of Orphan Children* (1998) (with UNICEF).

The University Department of Social Work could better prepare students by providing more content on HIV/AIDS. The Special Advisor to the Ministry will be offering some training sessions during the next academic year.

Namibia Association of Social Workers

In Namibia there are approximately 200 qualified social workers that have registered with the Social Work Professions Board under the statutory Health Council (paying N\$100 per year). According to the Chairperson of the Namibia Association of Social Workers, members are apathetic when it comes to Association matters and problems never seem to get addressed. There is still a lot of mistrust between members (both racial and tribal) and issues often do not get verbalised. Social workers are employed in government ministries including health, prisons and in many NGOs. Today more and more companies are seeing the need to employ social workers to deal with problems of HIV/AIDS and other matters. However salaries are generally low and there is a lack of motivation to study as promotion is difficult.

SOUTH AFRICA

South Africa (University of Natal Durban)

Courses and topics relating to HIV/AIDS covered:

- Bachelors (1): *Human Behaviour and the Social Environment* (holistic, bio-psychosocial, gender, political aspects, development, prevention and counselling. While the course does not cover HIV/AIDS *per se*, theoretical perspectives can then be applied to case examples of how HIV/AIDS is impacting on people's lives (source: University of Natal course outline).
- Bachelors (3): *Social Group Work* (group intervention in the arena of HIV/AIDS).
- Bachelors (4): *Gender, AIDS and Sexuality* (pre and post test counselling; micro, mezzo and macro level interventions).
- Masters: (developmental social work; macro socio-political issues, globalisation and HIV/AIDS).

HIV/AIDS permeates various courses that are taught. At 1st year level, the assignment on HIV/AIDS was set via the use of a vignette. An HIV+ person (the person referred to in the

vignette) addressed the class and video tapes on HIV/AIDS were used to help with the assignment. The concept of "village projects" is used to deliberate programmatic interventions, resourcing and capacity -building within communities as an example of working in partnerships with local government and other key partners to create inter-sectoral projects,

The curriculum also covers the following topics:

- the importance of a comprehensive approach to HIV/AIDS
- the need for experiential methodologies in preventive efforts
- the power and impact of small groups and peer educators/counsellors in AIDS work.

Other possible intervention methods available: Train the trainer's programmes. Specialised training for staff is available at the faculty of medicine at the University of Durban. Several AIDS networks, eg ATIC, NACOSA and NAPWA host workshops that are very useful.

HIV/AIDS publications by the social work department:

Journal articles

- Bernstein, AJ & van Rooyen, CAJ (1994) "Socio-cultural factors and their importance in working with AIDS in South Africa," in *Social Work/Maatskaplike Werk*, 30(4).
- van Rooyen, CAJ & Sewpaul, V (1993) "Guidelines for AIDS-related social work education in South Africa," in *Social Work/Maatskaplike Werk*, 29(3): 223-232.
- van Rooyen, CAJ & Bernstein, AJ (1992) "AIDS education for student social workers in South Africa: Are social workers being educated to meet the needs of the society in which they function?" in *Social Work/Maatskaplike Werk*, 28(4).
- van Rooyen, CAJ & Engelbrecht, B (1995) "The impact of culture on HIV/AIDS social work service delivery: Emerging themes from a study in progress," in *Social Work Practice*, (3)95.
- Sewpaul, V & Mahlalela, T (1998) "The power of the small group – from crisis to disclosure," *Agenda* Vol 39:34-43.
- Sewpaul, V & Rollins, N (1999) "Operationalising developmental social work: The implementation of a HIV/AIDS project," in *Social Work/Maatskaplike Werk*, 35 (3).

Chapters in books

van Rooyen, CAJ (1997) "It's a fact that we as youth are in a hurry; Youth, sex and sexuality in the new South Africa in T Leggett, V Moller, & R Richards (eds) (1997) *My life in the new South Africa. A youth perspective*, HSRC Publishers: Pretoria.

Editorials

- van Rooyen, CAJ (1996) "No one told me it would be this bad: Trying to live positively with AIDS," in *Social Work/Maatskaplike Werk*, 32 (3).
- van Rooyen, CAJ (1998) "AIDS - what about social work" in *Social Work/Maatskaplike Werk*, 34(4).

Published peer reviewed book reviews

- van Rooyen, CAJ (1997) Book review of GA Lloyd, MA Kuszelwics (eds) (1995) *HIV Disease: Lesbians, Gays & the Social Services*, published in *International Social Work*, 40 (1).

- van Rooyen, CAJ (1999) Book review of JT Seares, WL Williams (eds) (1997), *Overcoming heterosexism and homophobia: Strategies that work*, published in *International Social Work*, 42 (1).

Research on HIV/AIDS and children (in South Africa) is difficult to ascertain. There are numerous studies across various faculties and disciplines. The *nexus* database provides current and past research countrywide.

Research around HIV/AIDS and children most needed is:

Policy regarding care of children orphaned through AIDS.

Breast-feeding and formula-feeding options against cultural and socio-economic constraints.

Further material most wanted is data that documents work in action (What works, what does not, rather than what should be done).

HIV/AIDS related placements have been at King Edward VIII Hospital. In the past, students have undergone placement at the AIDS Training and Information Centre.

The University AIDS Committee has formulated an HIV/AIDS policy.

University of Cape Town

HIV/AIDS is covered in two Bachelors of Social Work programmes:

- Course on Human Sexuality "Basic Information on HIV/AIDS"
- Course on Social Work Methodology: "Intervention and assessment" (also an Honours course) – and a Masters in Social Work course "Social Work Intervention."

It is also possible to do practice placements in agencies concerned with HIV/AIDS with both Bachelors and Masters courses, and undertake a Masters dissertation on this topic.

Training is available from AIDS Training, Information and Counselling Centre (ATICC), which is the most accessible specialised training facility available.

Research on HIV/AIDS: Taylor, Vivienne (1998) *HIV/AIDS and Human Development in South Africa*, UNDP.

Field agency placements: ATICC, placements in schools.

University HIV/AIDS policy – testing is available, coupled with pre- and post-test counselling; condoms are distributed and awareness campaigns run.

South Africa (University of the Western Cape)

HIV/AIDS is not part of specific courses, but it is covered in teaching and arranging workshops on campus.

Identified gaps:

- Research most needed: the implications of HIV/AIDS for social services and the skills of social workers to assist them.
- Further types of material most wanted – how HIV/AIDS impacts on social functioning of families.

South Africa (University of the North)

Courses and topics relating to HIV/AIDS covered:

HIV/AIDS is included at third year level in:

- Introduction to specialised fields
- What is AIDS, The role of the social worker in working with PWAs and their families.
- Another HIV/AIDS related topic covered in curriculum is: *Skills training on working with people living with AIDS and significant others.*

Research around HIV/AIDS and children most needed: When should children be told about AIDS and when should prevention work with children begin?

Staff involvement in HIV/AIDS support work: Through supervising students who are involved in community projects.

South Africa: University of the Witwatersrand (Johannesburg)

The university has adopted a developmental social work stance towards all course content. Strengths, capacity building and empowerment are underlying themes. HIV/AIDS is an issue that is explored from different perspectives in different courses in different years of study and is therefore not covered as a separate course. The curriculum addresses mainly socio-economic consequences of HIV/AIDS and this is closely linked to social development.

The curriculum, which includes topics on HIV/AIDS, involves individual field instruction programmes and social work dissertation topics (which are identified by the students themselves). Courses that have HIV/AIDS-related content are: *Health and Well-Being* (Social Work I), *Community Work* (Social Work II, III and IV) and *Ethics and Values* (Social Work I). Support for caregivers (e.g. those working with HIV/AIDS infected/affected children) is also covered in the curriculum.

Some of the staff and students (as part of field instruction projects) have facilitated workshops/seminars on HIV/AIDS awareness/training.

Research around HIV/AIDS and children: The care of orphaned and HIV+ children as well as issues concerning prevention are central to informing service provision.

Field placements: Some of the HIV/AIDS related field practice agencies are children's homes, hospitals, schools, workplaces and trauma clinic.

Staff involvement in HIV/AIDS support work: Staff has been approached for counselling, advice/consultation with respect to the HIV epidemic and has provided training for counsellors.

Staff involvement depends on staff availability at any one time.

South Africa (University of the Western Cape, Library, Cape Town)

- Material most needed in HIV/AIDS collection is published research papers; journals and CD-ROMs.
- Total number of dissertations is not reflected on database.

South Africa (University of the North Library)

- HIV/AIDS focused journals: *AIDS*; *Social Work in Health Care*; *Journal of Social Work and Human Sexuality*.
- Videos: *AIDS: Everything you should know*.
- HIV/AIDS material is used for educational purposes: assignments, research and community awareness and education.
- The greatest gaps in HIV/AIDS collection seem to be in the area of caring for PWAs. There is some material, but it is insufficient.

South Africa (University of Natal Library)

Courses and topics relating to HIV/AIDS covered:

- Psychological aspects
- Public opinion
- Nursing, medical and psychosocial treatment
- AIDS education and case studies

HIV/AIDS focused journals being received are: *AIDS*, *AIDS Crises*, *Aidscan*, *Global AIDS news*, *Social Issues Resources Series*, *AIDS Health Promotion Exchange*, *SaAIDS News*.

There is no firm policy in place regarding the HIV/AIDS collection; however there is an extensive collection.

The library is accessible to post-graduate students from other institutions that are able to join as visitor members and are able to borrow from the collections. The library is presently designing its web page, which will enhance its accessibility worldwide. The general public can visit and have access to research information.

It is difficult to ascertain the number of student dissertations, as there is no central register where all dissertations are kept. Coursework Masters dissertations often remain with the specific departments and are not sent to the library.

Presentations or papers by staff are not sent to the library, so these will not be reflected in this response.

Ministry of Welfare (South Africa)

The South African constitution stipulates that social welfare is a shared responsibility between the national and provincial spheres of government. Previously welfare functions were combined with health or were split across various government departments leading to a fragmentation of welfare functions. Since 1994, 14 administrations have been amalgamated into nine provincial welfare departments, with effective structures and corporate identity still in a developmental stage and, according to the government's own admission, welfare service delivery and departmental welfare strategies at local government level have received very little attention up to now (Department of Welfare, 1999). In August 1998 a process was set in motion to bring about the transformation of social welfare services in line with the strategic directions of government. The policy emphasises that services to children, youth, families, women and older persons should be holistic, inter-sectoral and delivered by an appropriate multi-disciplinary team wherever possible. It is not possible in this paper to indicate how much this has been achieved, but it should be noted that resource constraints and fragmentation of services have severely curtailed the achievement of this vision.

The national department responsible for policy guidelines and minimum standards completed the questionnaire. They have developed a social welfare plan on HIV/AIDS, which serves as a guideline for provinces, and have developed a draft national strategic framework for children affected and infected by the virus. The provinces and the regions render the services; the national department provides no direct services.

There are Departmental committees, which provide awareness programmes on HIV/AIDS for staff members.

Research studies carried out by Ministry: "Living and Dying with AIDS" by Prof Tessa Marcus, Pietermaritzburg, KwaZulu-Natal.

The Ministry notes that universities have started concentrating on HIV/AIDS issues – which was not the case previously.

The new policy of Developmental Social Welfare in South Africa is outlined in the Government's White paper on Social Welfare, which states its mission as *"To serve and build a self-reliant nation in partnership with all stakeholders through an integrated social welfare system which maximises its existing potential and which is equitable, sustainable, accessible, people-centred and developmental"* (Department of Welfare, 1999:3). The objective of social welfare is defined as being that of promoting the well-being of individuals, families and communities. Significantly, South Africa has set up an inter-ministerial committee (IMC) on young people at risk and prepared a minimum standards package on the transformation of the child and youth care system over the next five years. This provides policy, guidelines, minimum requirements and quality assurance for service providers to ensure that the rights of young people (and families) are protected and young people at risk (and their families) receive a quality service.

SWAZILAND

The Government of Swaziland has declared HIV/AIDS "*a disaster of national proportion deserving priority status.*" It recognises in its policy document on HIV/AIDS and STD Prevention and Control (Swaziland Government, 1998) the broad implications of HIV/AIDS on all sectors of the Swazi society and that HIV/AIDS is not only a health problem, but a development problem that has social, economic and cultural implications. All sectors of society, including government and its institutions, extending beyond the Ministry of Health and Social Welfare to the private sector, NGOs, CBOs, communities and individuals and donor agencies, are expected to contribute in the fight against HIV/AIDS.

Programmes to provide support to children/orphans infected/affected by HIV/AIDS:

- Children's homes (orphans grow in a family environment and are taught to be self reliant).
- Social welfare financial and material assistance – this includes counselling.
- A pilot project set up to provide support to families affected by HIV/AIDS. An area has been set up for the production of sunflower oil. The programme has just started and is run by the Social Welfare Department through a Catholic Mission looking after orphans and needy children. The first report is still expected and this should give the number of families affected. A great number of families are expected to benefit.

Families and children to benefit from programmes are identified through social work investigation at the regional offices; or referrals from schools, churches, individuals and the general public.

The Ministry Research studies carried out a study on HIV/AIDS and its impact on families and/or children. Extended family ties are breaking down and community support is limited. Grandparents are looking after their grandchildren but not for long as ageing and chronic illnesses catches up with them. Consequently the children will be stranded in the long-term.

Social workers need to be trained to meet the demand of the HIV/AIDS epidemic. Short courses are advisable.

Work carried out by the Ministry with respect to social welfare services:

The Department of Social Welfare provides services that are designed to improve the welfare of the people, with emphasis on vulnerable groups, eg children, elderly persons with disabilities, war pensioners, chronically ill, destitute, etc. The Department works closely with NGOs and traditional leaders. There is provision of public assistance, maintenance payments, children's institutions, foster care, adoption, military pensions, family counselling and disaster relief.

New challenges have developed: the HIV/AIDS pandemic, street children, orphans, alcohol and drug abuse. The Ministry has embarked on a developmental approach in order to empower people to be self-reliant by maintaining income-generating projects. There are also plans to build a database on orphans. Social workers need continuous workshops on HIV/AIDS issues.

UGANDA

The Ministry aims to promote employment, labour and productivity and to empower communities, especially the marginalised groups and protect their rights and freedom. It aims to enable them to realize their potential for sustainable and gender responsive development through social transformation.

Programmes currently established to provide support to families affected by HIV/AIDS:

- functional adult literacy programmes
- HIV/AIDS prevention and poverty eradication programmes
- support to HIV/AIDS orphans programme
- programme on adolescent reproductive health – community based rehabilitation programme
- community management programme.

An evaluation conducted indicates that there has been a decline in rates of HIV/AIDS infections both in rural and urban areas. Behaviour changes including age of first sexual contacts of youth has risen from 14-16 years.

The Ministry is responsible for development of curriculum for the Institute of Social Development (a sub-programme of the Ministry). However curriculum for social work training at the University level is the prerogative of the University with the Ministry's input.

The universities are seen as key partners in preparing and producing well-equipped social workers to meet the needs of the HIV/AIDS epidemic.

Uganda (Department of Social Work, Makerere University)

Courses in which HIV/AIDS is included:

- Year I: Contemporary social problems – impact of HIV/AIDS and coping mechanisms
- Year II: Issues in health – needs resulting from HIV/AIDS
- Year II: Counselling – skills and methods
- Year III: Social policy – programme design.

Research around HIV/AIDS and children most needed: how children cope with the bereavement of their parents and how they cope with their day-to-day survival needs.

Identified gaps:

Further types of material most wanted: Publications in reputable international journals, Research reports and surveillance data on the country and region in particular.

Staff involvement in HIV/AIDS support work: Advisors to AIC (AIDS Information Centre).

HIV/AIDS publications/research activities by the Department (since 1997)

- Ongoing consultancy for UNAIDS (1999). National assessment of the needs, capacities and progress in HIV/AIDS prevention and care in selected districts.

- The impact of user-fees on the accessibility of health services among AIDS affected households in rural Uganda (1998). The case of Tororo district. Funded under the second NURRU research competition.
- A rapid appraisal for line ministry AIDS control programmes (1997). Funded and prepared for PMU/UNDP and Uganda AIDS Commission.
- Evaluation of ACCORD HIV/AIDS programmes in Gulu and Nebbi (1997). Funded by UNDP.

ZAMBIA

University of Zambia

HIV/AIDS is included in the following Bachelors courses

- *Macro strategies of Social Work Intervention* (2nd year course)
- *Micro Strategies of Social Work Intervention* (2nd year course)
- *Contemporary Issues in Social Work* (3rd year course)
- Topics covered relate to counselling persons with HIV/AIDS and the socio-economic impact of HIV/AIDS.

Other suggested inputs of use to the Department:

Fieldwork in HIV/AIDS service organisations. It was noted that students who have done their attachment at the Family Health Trust have benefited over those that have not because they have had more exposure to HIV/AIDS counselling, which is not covered extensively in social work training at the institution. Attachments are for three months.

HIV/AIDS publications by the Department:

- Tembo R (1999) "Human resource development and training in relation to HIV/AIDS in the formal sector in Zambia" in *AIDS and Development in Africa*, Kempe Ronald Hope, Sr, New York, Haworth Press.
- Chama W, Mushingeh A C, et al (1990) *Investigation of potential role played by situations and environments in the transmission of HIV/AIDS: The Case of Fish Traders in Luapula and Copperbelt*, The Population Council, New York
- Kapungwe A K (1997) *Traditional Channels of Sex Information Communication and the Fight against HIV/AIDS: The case of puberty rites for girls in Zambia*, World Bank, Lusaka.

Research on HIV/AIDS and children undertaken:

Netherlands-Israel research project (1996-2000) *HIV/AIDS Related Knowledge, Attitudes, Behaviour and Risk Behaviour among Adolescents in Urban Zambia*.

Also some research on the impact of HIV/AIDS on children.

Identified gaps:

Research around HIV/AIDS and children most needed:

Vulnerable children such as street children and orphans; the impact of HIV/AIDS on education. Further material most wanted: latest journals on HIV/AIDS, especially on Africa.

HIV/AIDS related field practice placements for students:

Family Life Movement, Young Women Christian Association (YWCA), Refugee Project (Reproductive Health Project: UNFPA), Family Health Trust, CINDI (Children in distress).

HIV/AIDS policy in the organisation: awareness programmes held for staff.

Other comments: A member of staff in the department (Mr Robert Tembo) is currently doing a doctorate on HIV/AIDS and street youth in urban Zambia.

The Department has introduced a new course in the last two years called Contemporary Social Policy (2nd year level). The course covers any social issues that are not captured in traditional social work training, including AIDS, which is seen as a contemporary issue.

Zambia (University of Zambia Library, Lusaka)

HIV/AIDS collection development: procurement of material is made from anywhere as they are made available.

AIDS databases on CD-ROM: *AIDS Popline; Journals: Public Health, British Medical Journal, Family Physician, MEDLINE, Morbidity and Mortality Weekly, The New England Journal of Medicine, Opportunistic Infections, Viral Hepatitis, Lancet.*

HIV/AIDS focused journals – *AIDS, AIDS Africa (WHO), Bulletin on AIDS.*

Identified gaps:

Material most needed in HIV/AIDS collection is: videos, audio tapes, manuals and journals.

Zambia (Ministry of Community Development and Social Services)

Government programmes to help vulnerable children are limited – due in part to budget shortages, which dramatically restricts the role that government can play. A recent report on the situation of orphans in Zambia was critical of government intervention and lack of commitment in dealing with the orphan crisis, with the result that “...*their absence...creates voids which are often filled by outside donors and service providers, thus creating, rather than reducing, dependency*” (Republic of Zambia, 1999). However the Ministry does provide some support to families affected by HIV/AIDS, for example through “Women Development Groups” which use community participatory methods, with the provision of small loans. Literacy programmes in the rural areas also encourages income-generating activities to support families.

The Ministry trains psychosocial counsellors and provides HIV/AIDS awareness training to members of staff.

National Association of Social Workers

There is no national association of social workers in Zambia, according to one informant because there is no requirement in law to register as a practising social worker and such registration would be needed to justify such an association.

ZIMBABWE

Zimbabwe (School of Social Work, Harare)

During a time when there were refugee problems in Zimbabwe, the School of Social Work introduced a specific type of social work curriculum to meet the demand for social workers to work with refugees and displaced people. In a similar way a "short course" was also devised at one time to provide training on HIV/AIDS to senior welfare department staff from several countries in the region, although this was not continued on a regular basis.

Research/publications on HIV/AIDS by the Department:

- Mupedziswa, R (1998) *AIDS in Africa: the Social Work Response*, Journal of Social Development in Africa, Harare.
- Jackson, H & Mhambi, K (1994) *Family Coping and AIDS in Zimbabwe: A Study*, Journal of Social Development in Africa, Harare.
- Jackson, H & Mhambi, K (1992) *AIDS Home Care: A Baseline Survey in Zimbabwe*, Journal of Social Development in Africa, Harare.
- Matimba-Masuku, V (1995) *Mental Illness and HIV/AIDS in Psychiatric Hospitals*, Copenhagen Journal for People Living with AIDS.
- Matimba-Masuku, V (1993) *Regional AIDS Policy and Services Development Workshop Report*, School of Social Work, Harare.

Identified gaps:

Latest statistics, patterns, spread and impact on various target populations.

Organisational policy towards HIV/AIDS:

Condoms provided to students several years ago.

Field agencies used for placements:

Zimbabwe AIDS Prevention Project (ZAPP), AIDS Counselling Trust (ACT), SAfAIDS, NACP, Family AIDS Caring Trust (FACT), Mutare.

The School of Social Work may become involved in a collaborative HIV/AIDS project with an American University.

Courses/topics which cover HIV/AIDS

The Certificate course is aimed at para-professional social workers with limited academic achievements, but with practical experience in the field.

- HIV/AIDS is Health and Community Work (Topics covered: basic facts on HIV/AIDS; awareness strategies and role of the social worker)

- what is HIV/AIDS?
- signs and symptoms of HIV/AIDS
- transmission and prevention
- HIV/AIDS in Zimbabwe
- elderly caregivers
- AIDS in the workplace
- factors associated with the spread of HIV/AIDS in Zimbabwe (including rural/urban drift; subordinate position of women; AIDS and ESAP; traditional practices; breakdown of extended family; complacency; child sexual abuse; vertical transmission; intravenous drug use; homosexuality).

A new Bachelor of Social Work (Honours) degree (which replaces the 3-year Diploma) has topics on HIV/AIDS in the 1st and 4th year. These are:

- Community Health course (First year course in 3-year Diploma in Social Work: non-graduate Diploma now being phased out) – topics covered: nature/magnitude of epidemic; impact/awareness; role of the social worker.
- Integrated Social Work Methods course (4th year Bachelor in Social Work course) – topics covered: magnitude of HIV/AIDS; impact on family/economy; impact on local industry.
- Social Work with Physically and Mentally Handicapped (4th year Bachelor in Social Work course) – topics covered: AIDS related illnesses.
- Policy for Mental Health and Rehabilitation (4th year Bachelor in Social Work course).
- Planning Social Services for Development (Masters in Social Work) – topics covered: magnitude/impact in relation to policy and planning. (However this is only covered as one of many topics and is seen to be rather superficial by the School).

Dissertations:

- *Home Care as a Strategy for Caring for Terminally Ill AIDS patients: A Case Study of the Needs and Problems of Family Caregivers in Gweru Urban.*
- *Attitudes of Males Towards the Use of Condoms: A Survey of Married Teachers in Primary and Secondary Schools in Bulawayo.*
- *AIDS Awareness Education through Community Theatre: A Study of the ZACT Community Theatre Programme in Mufakose High Schools.*
- *Assessment of the Effectiveness of the Bereavement Services Offered by Island Hospice (Harare).*
- *Employee Perceptions of Medical Aid and HIV/AIDS: A Study of the Views of Monomatapa Hotel Employees.*

Zimbabwe (School of Social Work Library, Harare)

HIV/AIDS material:

The only HIV/AIDS focused journal regularly received is *SAfAIDS News*. HIV/AIDS material is being used for study, teaching and research.

Identified gaps:

Material most needed in HIV/AIDS collection is: care-giving for PWAs and AIDS orphans; also community education.

Zimbabwe (Ministry of Public Service, Labour and Social Welfare)

The Ministry employs a total staff of 736, of which 624 are permanent while 112 are temporary. Programmes established to provide support to families affected by HIV/AIDS: *The Community-based orphan care programme*. This programme is aimed at empowering the extended family and the various communities in Zimbabwe to look after the orphans in their localities.

How were the families/children identified?

A pilot project to enumerate orphans in Masvingo and Mwenezi districts was conducted by the Department of Social Welfare and UNICEF in 1995/1996. In 1997 a decision to replicate the enumeration of orphans in at least one district in each of the nine provinces was taken. Some provinces in the country have enumerated orphans in most of their districts, while others are still working on estimations.

Details on the HIV/AIDS evaluation programme:

In Masvingo and Mwenezi districts research and enumeration of orphans was evaluated through the donor assistance of UNICEF.

Research on HIV/AIDS and the impact on families and children:

The enumeration of orphans in Masvingo and Mwenezi districts (see above).

The programme launched in 1994 in Masvingo and Mwenezi was named the Community Based Orphan/Child in Exceptionally Difficult Circumstance (CEDC) Care Programme. Most of the orphans/CEDCs are below 12 years old (59%), with 33% of children out of school. Orphans/CCEDs are looked after by relatives referred to as "caregivers." Profiles of the caregivers revealed that 68% are female while 32% are male. Over 56% of these caregivers are over 50 years old, most of whom are grandparents with limited productive capacity. The majority of the caregivers are part of the poorest population of the community. The major problems faced by orphans are food shortage, inadequate clothing, access to education and food.

Although the CBO/CEDC Care Programme was introduced to all the 15 communities of Masvingo and Mwenezi at the same time, these communities are now at different levels of programme development and implementation. Some communities have successfully implemented the programme and have assisted a good number of orphans/CEDCs through community structures (area and village committees). They have managed to mobilise financial resources to meet some of the educational needs such as school fees, books, uniforms and pens/pencils. Through the traditional *zunde rashe* (Chief's fields), communities are producing grain for feeding orphans/CEDCs. Some communities have given assistance in kind to caregivers and orphans/CEDCs, by way of helping to plough the fields, thatch dilapidated shelter and grow vegetables for them.

The key observable factors to the success of the programme have been:

- The dedication by the traditional leaders and communities to the programme.
- The holding of regular meetings with communities to discuss the progress of the programmes.
- Active and dedicated village/area committees.
- Transparency on the part of the community leaders in disbursing community resources to needy children.

The community income generating projects (CIGPs) are expected to raise sufficient income, which will be channelled through the existing community structures to a wider group of orphans/CEDCs, mainly to meet their educational requirements such as school fees and uniforms. Other community initiatives to assist orphans/CEDCs, such as provision of food, construction of shelters, and assistance in growing crops, are provided through the *zunde rashe* scheme.

Sustainability of CIGPs will be enhanced in a number of ways. Pre-project workshops will be conducted where communities will share ideas on management of the projects, distribution of proceeds to the needy orphans/CEDCs as well as contributions to the revolving fund. They will also share lessons of experiences of "best" and "bad" practices from similar projects in and around Masvingo and Mwenenzi. Such workshops, it is hoped, will provide a firm basis for running the community projects. Technical and management training is recommended for community leaders, personnel running the projects as well as the communities where necessary.

At programme level, sustainability will be ensured through the creation of a revolving fund at provincial level. Such a fund will be used to finance other communities, which are currently lagging behind. The weaker communities will need special attention to strengthen their CBO/CEDC care programmes. Attention should be paid to the future careers of orphans/CEDCs by ensuring that those who succeed at secondary school level find enrolments into professional colleges.

The Department of Social Welfare registers all welfare organisations. According to the Ministry response, the Department provides a pivotal coordinating role; hence the social workers it employs need to be informed on all aspects of HIV/AIDS so that they can assist in the fight against HIV/AIDS. The Department considers that the School of Social Work should better prepare social workers to meet the demands of the HIV/AIDS epidemic by including HIV/AIDS more in the curriculum and by holding seminars and workshops for social workers already in service.

The Department also deals with disadvantaged families and groups of people in its public assistance programme. It thus can assist in awareness campaigns directed at families and communities.

National Association of Social Workers

There is a vibrant national association in Zimbabwe, which was started in 1968. The National Association of Social Workers (Zimbabwe) has a full-time National Coordinator and Administrative Secretary, based in premises in Harare. Scandinavian donors who have helped in

securing funds for training members under a six-year "Workers' Education Project" have provided long-term support for the Association. The Association has also conducted workshops for members on the issue of child rights. The Association also produces a regular Newsletter and *African Journal of Social Work*, and has strong links with the International Federation of Social Workers. The Association will host the global IFSW Conference in 2002, and will arrange a one-day Symposium on HIV/AIDS and Social Work during this event.

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APPENDIX 1

TRAINING AND DEPLOYMENT OF SOCIAL WORKERS IN SOUTHERN AFRICA (HIV/AIDS) SURVEY OF UNIVERSITY DEPARTMENTS OF SOCIAL WORK/SCHOOLS OF SOCIAL WORK

	Botswana	Lesotho	Namibia	S. Africa (U. Natal)	S. Africa (U. North)	S. Africa (UWC)	S. Africa (U. Wits)	Uganda	Zambia	Zimbabwe
1. Year school established	1985	1992	1986	not given	not given	1960	not given	not given	1966	1964
2. Relevance of HIV/AIDS topic to curriculum	very relevant	very relevant	very relevant	very relevant	very relevant	relevant	very relevant	very relevant	very relevant	very relevant
3. HIV/AIDS in curriculum	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
4. Level of courses taught with HIV/AIDS in the curriculum	Certificate Bachelors	Bachelors Masters	Bachelors Masters	Bachelors Masters	Bachelors	Bachelors Masters	Bachelors Masters	Bachelors	Bachelors	Certificate Bachelors Masters
5. Main emphasis of curriculum on HIV/AIDS	socio-economic	socio-economic	holistic	medical & socio-econ	socio-economic	medical	socio-economic	socio-economic	socio-economic	socio-economic
6. TOPICS ON HIV/AIDS										
6.1 HIV/AIDS epidemiology	✓	✓	✓	✓	X	✓	✓	-	✓	✓
6.2 Clinical manifestations	X	X	✓	✓	X	✓	✓	-	X	✓
6.3 Sectoral responses	✓	X	✓	✓	✓	X	✓	-	X	✓
6.4 Human rights & HIV/AIDS	✓	✓	✓	✓	✓	X	✓	-	✓	✓
6.5 Children & orphanhood	✓	✓	✓	✓	✓	✓	✓	-	✓	✓
6.6 Social & economic impact	✓	✓	✓	✓	✓	✓	✓	-	✓	✓
7 INTERVENTION METHODS										
7.1 HIV/AIDS awareness & prevention	✓	✓	✓	✓	X	✓	✓	-	X	✓

	Botswana	Lesotho	Namibia	S. Africa (U. Natal)	S. Africa (U. North)	S. Africa (UWC)	S. Africa (U. Wits)	Uganda	Zambia	Zimbabwe
7.2 Counselling	✓	✓	✓	✓	✓	X	✓	-	✓	✓
7.3 Home care for persons with HIV/AIDS	✓	X	✓	✓	X	X	✓	-	X	✓
7.4 Community development	X	✓	✓	✓	✓	X	✓	-	✓	✓
7.5 Child/orphan care in the community	✓	✓	✓	✓	X	X	✓	-	✓	✓
7.6 Child/orphan care in institutions	X	X	✓	✓	X	X	✓	-	X	✓
7.7 Family support	✓	✓	✓	✓	✓	X	✓	-	X	✓
7.8 Advocacy	X	✓	✓	✓	✓	X	✓	-	✓	✓ (not much)
8. SUGGESTIONS ON HIV/AIDS CURRICULUM										
8.1 Open to suggestions on the HIV/AIDS curriculum	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
8.2 Teaching materials required: research journals, newsletters, books, audio-visuals	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
8.3 Training for staff required	no	no	no	no	no	no	no	no	yes	no
8.4 External advice required	no	yes	no	yes	no	no	no	no	yes	no
8.5 Workshops required	no	yes	no	no	yes	no	no	no	yes	no
9. Availability of specialised training for staff on HIV/AIDS	no	no	yes	yes	no	no	no response	no	no	no
10. RESEARCH/PUBLICATIONS										
10.1 Research/publications on HIV/AIDS by the department	yes	none	yes	yes	no response	no response	yes	no	yes	yes

	Botswana	Lesotho	Namibia	S. Africa (U. Natal)	S. Africa (U. North)	S. Africa (UWC)	S. Africa (U. Wits)	Uganda	Zambia	Zimbabwe
10.2 Awareness of research undertaken on HIV/AIDS & children in your country	yes	yes	yes	yes	no response	no response	yes	yes	yes	yes
10.3 Research around HIV/AIDS & children needed?	yes	yes	yes	yes	yes	no response	yes	yes	yes	yes
11. RESOURCE/TRAINING Sufficient resource and training material for students and staff	somewhat inadequate	seriously inadequate/ need videos	good basic material but need more	good basic material but need more	somewhat inadequate	no response	good basic material but need more	somewhat inadequate	somewhat inadequate	good basic material - need more newsletters & journals
12. FIELD PLACEMENTS 12.1 Opportunities for fieldwork attachment in ASOs for students	yes	no	yes	yes	no	no response	yes	yes	yes	yes
12.2 Number of HIV/AIDS related placements/total for 1998	6	none	4	1	n/a	no response	not stated	no response	3	4/250
13. IFSW POLICY PAPERS 13.1 Awareness of IFSW advocacy document on HIV/AIDS	no	no	no	yes	no	no response	no	no	no	yes
13.2 Awareness of IFSW policy statement on HIV/AIDS	no	no	no	yes	no	no response	no	no	no	yes
13.3 Availability of IFSW documents at faculty	no	no	no	no	no	no response	no	no	no	no
13.4 Would you like to receive them?	yes	yes	yes	yes	yes	no response	yes	yes	yes	yes
14. STAFF 14.1 Availability of HIV/AIDS policy for staff	no	no	yes	yes	no	no response	not stated	no	yes	no
14.2 Staff involved in HIV/AIDS support work	yes	no	yes	yes	yes	no response	yes	yes	no	yes

APPENDIX 2

TRAINING AND DEPLOYMENT OF SOCIAL WORKERS IN SOUTHERN AFRICA (HIV/AIDS) SURVEY OF UNIVERSITY/SCHOOLS OF SOCIAL WORK LIBRARIES

	Botswana	Lesotho	Namibia	S. Africa (U. Natal)	S. Africa (U. North)	S. Africa (UWC)	Tanzania	Zambia	Zimbabwe
1. Year established	1985	1964	1992	not given	1960	1960	not given	1966	1964
2. LIBRARY SIZE									
2.1 books	1,500,000	184,740	113,329	37,4567	170,000	259,909	4000	140,000	12,000
2.2 journals & newsletters	800	400	530	152,304	2386	1483	20	2000	53 (SSW library)
2.3 magazines	100	nil	nil	nil	1	741	15	100	4 (SSW library)
2.4 audio- visual material	700	11 videos 58 audio cassettes	324	1 231	447	2012	nil	nil	18 (SSW library)
2.5 electronic & internet access	yes	2 workstations	60 computers internet linked	nil	nil	24 workstations	nil	yes	e-mail only
2.6 other	nil	nil	45 CD- ROMs	24 CDs, 659 diskettes, 3231 micro, 14,881 govt publications	theses, dissertations & extended essays:1400	nil	nil	nil	nil
HIV/AIDS MATERIAL									
3.1 books	✓	x	✓	✓	✓	✓	-	✓	✓
3.2 journals	x	x	✓	✓	✓	x	-	x	✓

	Botswana	Lesotho	Namibia	S. Africa (U. Natal)	S. Africa (U. North)	S. Africa (UWC)	Tanzania	Zambia	Zimbabwe
3.3 videos	✓	x	✓	✓	✓	✓	-	x	✓
3.4 manuals	✓	✓	✓	x	x	x	-	✓	x
3.5 dissertations	✓	x	x	✓	✓	✓	-	✓	✓
3.6 audio tapes	x	x	x	x	x	x	-	x	x
3.7 published research	✓	x	x	x	x	x	-	✓	✓
3.8 CD-ROMS	✓	x	x	x	x	x	-	✓	x
3.10 other	x	✓ posters, reports pamphlets, magazines, local newspapers	x	✓ Videos are in social work centre	✓ Government publications	x	-	x	x
4. HIV/AIDS SUBJECT FOCUS									
4.1 counselling	✓	x	✓	✓	✓	✓	-	x	✓
4.2 home care	x	x	✓	✓	✓	x	-	x	✓
4.3 medical	x	x	✓	✓	✓	✓	-	✓	x
4.4 transmission	✓	x	✓	✓	✓	x	-	x	x
4.5 child care	x	x	x	✓	✓	x	-	x	✓
4.6 human rights	x	x	✓	✓	✓	x	-	x	x
4.7 prevention/awareness	✓	✓	✓	✓	✓	✓	-	✓	✓
4.8 socio-economic issues	x	x	✓	✓	✓	✓	-	✓	✓
4.9 other subject focus	x	x	x	✓	x	x	-	x	✓ welfare

	Botswana	Lesotho	Namibia	S. Africa (U. Natal)	S. Africa (U. North)	S. Africa (UWC)	Tanzania	Zambia	Zimbabwe
5. MAIN SOURCES FOR HIV/AIDS COLLECTION									
5.1 UNAIDS/WHO	x	✓	✓	x	✓	x	-	✓	x
5.2 publishers lists	✓	x	✓	✓	✓	✓	-	x	x
5.3 staff research	x	x	x	x	✓	x	-	✓	✓
5.4 staff presentations	x	x	x	x	✓	x	-	✓	x
5.5 student dissertations	✓	x	x	✓	✓	x	-	✓	✓
5.6 discussion lists	x	x	x	x	x	x	-	x	x
5.7 NACP	x	x	x	x	x	x	-	✓	x
5.8 NGOs	x	✓	x	x	x	x	-	✓	x
5.9 internet	x	x	✓	x	✓	✓	-	✓	x
5.10 other	x	✓ material from Ministry of Health	x	x	✓ Political party document- ation	x	-	x	✓ Published books donated by Australian embassy
6. RECEIVE REGULARLY HIV/AIDS FOCUSED 6.1 journals	no	no	yes	yes	yes	no	no	no	yes
6.2 videos	no	no	yes	yes	yes	no	no	no	no
6.3 databases	no	no	yes	no	no	no	no	yes	no
7. frequency of use of HIV/AIDS material	high frequency	fairly often	high frequency	fairly often	high frequency	fairly often	fairly often	high frequency	fairly often

	Botswana	Lesotho	Namibia	S. Africa (U. Natal)	S. Africa (U. North)	S. Africa (UWC)	Tanzania	Zambia	Zimbabwe
8. adequacy of HIV/AIDS collection	no	no	no	no (though collection is extensive)	no	no	yes	no	no
9. DIFFICULTIES IN OBTAINING MATERIALS									
9.1 lack of finance	x	x	✓	✓	✓	✓	—	✓	✓
9.2 lack of information on sources	x	✓	x	x	x	x	—	x	x
9.3 lack of information on appropriate materials	✓	✓	✓	x	x South African material	✓	—	x	x
9.4 other	x	x	x	x	x	x	—	x	x
10. STUDENT DISSERTATIONS									
10.1 total from 1990	many - unspecified	924	not stated	20 (in social work depart. only)	+700	not reflected on database	approx 400	331	78
10.2 HIV/AIDS related	5%	1	8	5	3	4	42	16	8
10.3 orphan and child care	Few (un-specified)	6	+ 8	2	none	none	32	3	15
11. HIV/AIDS staff papers	4	none	2	staff presentations done; not sent to the library.	information not available	none	not stated	3	8
12. library access to external users	yes	yes	yes	yes	yes	yes	no	yes	yes

APPENDIX 3

TRAINING AND DEPLOYMENT OF SOCIAL WORKERS IN SOUTHERN AFRICA (HIV/AIDS) SURVEY OF MINISTRIES/DEPARTMENTS OF WELFARE

	Botswana	Namibia	South Africa	Swaziland	Uganda	Zambia	Zimbabwe
MINISTRY DETAILS							
1.1 Name of Ministry responsible for child welfare	Ministry of Local Govt., Lands and Housing	Ministry of Health & Social Services	Ministry of Welfare	Health and Social Welfare	Gender, Labour and Social Development	Community Development & Social Services	Public Service Labour & Social Welfare
1.2 Name of Minister	Mr Daniel Kwekgobe	Dr Libertine Amathila	Dr Z S T Skweyiya	Dr Phetsile Dlamini	Hajati janat Mukwaya	Hon. Dawson Lupunga	F Chitauru (Mrs)
2.1 Department(s) within Ministry responsible for child welfare	Social Welfare Division, Social & Community Development Department	Directorate of Developmental Social Welfare Services	Directorate, Developmental Social Welfare Service	Department of Social Welfare	1. Dept of Gender, Culture and Comm. Dev. 2. Youth and children 3. Disability and elderly 4. Labour and employment; 5. Poverty, economic and civic rights	Community Development & Social Welfare Cultural services	Social Welfare
2.2 Annual Department budget	1. Social Welfare Div. P4,059,768 2. Social and Comm. Devpt. P24,197,928	N\$27,889,040	not specified	R100,000	1. 1,145,489,000 sh 2. 1,353,600,000 sh 3. 68,700,000 sh 4. 51,950,000 sh 5. 80,336,000 sh	K 46,000,000	Z\$459,828,000

	Botswana	Namibia	South Africa	Swaziland	Uganda	Zambia	Zimbabwe
3. NO. DEPT. STAFF							
3.1 Total	453	287	300 (includes prof. staff such as social workers, community workers, economists, admin staff, eg legal advisors)	20	40	not available	736
3.2 Social workers	226	117 qualified		20		not available	184
3.3 Psychologists	none	none	see above	none	20	none	none
3.4 Counsellors	none	none	see above	done by social workers	10	51	none
3.5 Other professional & para-professional staff	227	150 (in chns' homes, welfare offices, clerks, etc.)	see above	none specified	30	none specified	none specified
4. Projected number of trained staff needed for orphan programmes	192	not known (generic expectation)	not specified	minimum of 60	100 trained staff	not available	250
5. Programmes for HIV/AIDS affected families	yes	yes	yes	yes	yes	yes	yes
6. Approx no. of families on the service./service	16,738	1100	not specified	a great number	estimated at 2.3 million families	139,510	30,000
7. Current programmes providing support to HIV/AIDS orphans	yes	yes	yes	yes	yes	yes	yes
8. How were these children identified?	social work investigation	social work investigation	not specified	social work investigation, referrals	operational surveys, demographic health surveys, national census	not available	through enumeration

	Botswana	Namibia	South Africa	Swaziland	Uganda	Zambia	Zimbabwe
9. Approx no of children on the programme(s)	28,700	not known	not specified	400	6.9 million children	not available	150,000
10. Budgetary allocation to child/family welfare (%)	Social Welfare – 60% Social & Community Development – 55%	30-40% (developmental services) 60-70% social pensions and grants	not specified	6%	over 70% targets families, men and women, children, the elderly and people with disabilities	not available	75%
11. Availability of specialised training for staff	no	yes	yes	no	yes	yes	no
12. Evaluation of dept HIV/AIDS progs.	no	no	no	no (there are plans for this)	yes	no	yes
13. Ministry research on HIV/AIDS and impact on families/children	no	yes	yes	yes	yes	no	yes
MINISTRY & CURRIC. DEVELOP. 14. Contribution by Min. to curriculum dev. of social work training	yes	yes	not specified	no (there is no school of social work)	yes	yes	yes
14.1 Course content	✓	✓	x	n/a	–	✓	✓
14.2 Financial support	x	x	x	n/a	–	✓	✓
14.3 Research	x	✓	x	n/a	–	x	x
14.4 Education	x	✓	x	n/a	–	✓	x
14.5 Expertise/ consultancy	✓	✓	✓	n/a	–	✓	x
14.6 Other	x	x	x	n/a	The institute is a sub-programme of the Ministry	x	Field practice training for students

**INTERNATIONAL FEDERATION OF SOCIAL WORKERS (IFSW)
INTERNATIONAL POLICY ON STRATEGIES FOR RESPONDING TO HIV/AIDS****PREAMBLE**

In the 1980s, the world witnessed the emergence of HIV and began to appreciate the complex psychosocial difficulties presented by the pandemic of HIV infection and HIV disease.

As we face the 1990s and the 21st Century, it is becoming increasingly apparent that we must further strengthen our efforts to:

- i. prevent and limit the further spread of HIV infection
- ii. assist people affected by HIV as they deal with the complex psychosocial and economic difficulties resulting from HIV infection.

In his address to the 10th International Federation of Social Workers Symposium in Stockholm, Dr Manuel Carballo, Chief, Social and Behavioural Research Unit of WHO, Global Programme on AIDS highlighted the urgent need for social workers to become more actively involved in the global strategy to:

- i. prevent further spread of HIV
- ii. develop locally, nationally and internationally, sensitive and non-discriminatory, policies in relation on HIV
- iii. further develop and provide counselling and wide-ranging support services to people affected by HIV.

IFSW recognizes the challenge and socio-political implications resulting from this pandemic. In view of this IFSW is currently working to develop and strengthen activities in this area already being undertaken by National Associations of Social Work.

IFSW recognizes the need to formulate and develop, in conjunction with National Associations of Social Work, an international social work strategy on HIV, and international policy and guidelines for social workers working in the area of HIV.

Social workers, by virtue of their training, their particular perspective of the individual within the family and community constellation, together with the wide range of social work employment in health and welfare settings, are uniquely well placed to play a very effective role in the global effort to deal with the HIV epidemic, and the empowerment of those affected.

WHO-GPA has indicated that counselling in relation to HIV must be an integral and essential component of overall national AIDS prevention and control programmes. Adequate counselling and support services MUST complement national information and education strategies. Social work is seen as one of the key professions to undertake these tasks.

POLICY ISSUE

The HIV/AIDS pandemic is a global concern, affecting all nations and all citizens of the world. The global challenge to deal with this epidemic and the concern and respect for people with HIV and AIDS tests the core systems and values of fellow human beings and social workers. Social workers are confronted with the issue of how to maintain and strengthen human rights principles, and values in the world's efforts to eradicate the problem of HIV/AIDS.

HIV/AIDS is a potentially fatal virus and is found in all regions of the world. It is not restricted to race, sexual orientation or affected nations, nor is it affected by political or ideological stances or cultural values. Its eradication represents one of humanity's greatest challenges. It requires co-operation and comprehensive collaboration between science, governments, social institutions, the media, the professions and the general public.

Social work is done within the framework of a democratic and humanistic tradition. The fight against the HIV epidemic must be fought in such a way as to strengthen the social and cultural acceptance of the exposed groups and the HIV infected. One consequence of the spread of HIV in the Third World is the adoption of the aim to establish a more just economic world order.

POLICY STATEMENT

The IFSW policy statement is based on the International Code of Ethics for Social Workers, and on the assumption that an important way to prevent the spread of HIV/AIDS is for social workers, and social work institutions and organizations to collaborate with others. We are required to maintain the rights of all people, in our community, including those living with HIV/AIDS, and their families and partners, which are as follows:

- The right to self-determination
- The right to meaningful occupation and a domicile
- The right to good health and welfare services
- The right to work and earn a living
- The right to the respect and esteem of the society around them
- The right to travel freely within and between countries
- The right to education
- The right to confidentiality
- The right to protection against discrimination in all its forms
- The right to accurate information
- The right to pre- and post-test counselling.

BACKGROUND AND IMPACT OF HIV/AIDS

AIDS first came to public notice in 1981. It is thought to be caused by a virus called HIV (Human Immunodeficiency Virus), which was discovered in 1983. The name suggests what happens in the body. The immune or defence system becomes defective, leaving the way open for infection by a series of micro organisms, which the body normally rejects.

HIV/AIDS affects different groups of people in different countries, but the main groups affected in North America, Europe and Australia are homosexual/bisexual men, drug users who inject and

haemophiliacs, whereas in certain African countries, heterosexual men and women are equally affected. Women and babies are increasingly becoming affected. In all countries, there are people who contracted the virus through the receipt of blood transfusions. Since 1985 in some countries mandatory blood testing has substantially reduced this risk.

On the other hand, HIV/AIDS incidence is adversely influenced by the increasing mobility of the world's population, including tourism, professional and business travel, as well as the growing number of migrant and itinerant workers, amongst others, who, as they become affected, return home to infect their partners.

We recognize that vulnerability to HIV infection is the result of individual risk behaviour, and not the result of membership of so-called risk groups.

The fact that the virus is transmitted sexually demands for all of us a change in our sexual behaviour to prevent its spread. The spread of HIV/AIDS influences changes in inter-human relations at all levels. It appears that the pattern of diffusion of the virus strengthens existing patterns of injustice, oppression and discrimination. In parts of Africa, the socio-economic and human consequences of the epidemic are catastrophic.

The impact of HIV/AIDS on all countries has social, economic, legal, ethical, political, personal, cultural and health implications. The economic costs alone, in terms of lost productive capacity and economic contributions to society from the age group most affected (15 to 50 year olds) are enormous. We need to highlight the impact of HIV/AIDS as it affects women, as health workers, educators, care providers, mothers and partners. In some nations and countries it is becoming increasingly impossible to provide health and social support resources and services to those affected because of rising costs and limited financing. In others, the political and spiritual will to respond is reduced because of conflicting values and beliefs. Personal costs in terms of human suffering experienced by people with HIV/AIDS and those close to them is immeasurable in monetary terms.

HIV/AIDS is, therefore, predominantly a global problem, requiring a global collaborative response, in prevention, and the provision of a wide range of economic and social resources.

STRATEGIES FOR THE IFSW AND MEMBER ASSOCIATIONS

The main task lies in the need to prevent and slow down the spread of HIV/AIDS, and to counteract the undesirable effects of the epidemic on the social structure, or within the general population. The IFSW, and its member organizations throughout the world, have a major role to play in this effort. Social work is practised within the societal, geographic, spiritual and political contexts in all regions of the world. The principles upon which WHO, and leading epidemiologists all over the world base their efforts to prevent and eradicate the disease, are in accordance with the traditional values of social work. To do this, the IFSW and its member associations undertake to:

- i. participate in programmes to prevent the spread of HIV/AIDS to unaffected groups and regions
- ii. counteract the use of force in the struggle to prevent the spread of HIV/AIDS
- iii. give priority to the global implementation of comprehensive anti-discrimination policies

- for people affected by HIV/AIDS
- iv. lobby for a more equitable and just distribution of resources, services and support structures world-wide
- v. develop and improve ethical and professional standards of those members involved in this endeavour
- vi. contribute to the systematic exchange of information on all aspects of the issue as it affects social work practice and education, and client groups
- vii. ensure that social workers, and social work institutions and agencies, have the necessary training, education and support to maintain high standards of service to people living with HIV/AIDS
- viii. be involved in research, data collection and information dissemination.

STRATEGIES FOR SOCIAL WORKERS

1. To work towards the prevention of the spread of HIV/AIDS.
To undertake educational programmes which inform all sections of the community about HIV/AIDS. As there is no cure, such educational programmes are one of the most crucial contributions.

Where there are gaps in social work resources, to train and empower others to provide adequate services.
2. To confront and deal with fears, attitudes and prejudices towards AIDS, both amongst social workers and the general public.

- To encourage examination of biases towards sexual orientation and understand and accept the variety of sexual practices and activities in which people may engage, *by*

- Obtaining accurate information about HIV/AIDS, *and*

- Talking to other health/social workers and other persons who may have experience in this area of work *and*

- Obtaining guidelines on infection control from specific centres in each country, which deal with HIV/AIDS, or from WHO.
3. To provide a counselling and personal support service to persons with HIV/AIDS, their families, partners and significant others, which maintains confidentiality; *this includes*

- Counselling individuals before testing by providing information and assessment to individuals *and*

- Counselling individuals after testing whether the result is negative or positive by providing information on safe personal sexual behaviour and practice, and available resources *and*

- In the event of a positive test result, dealing with the aftermath in terms of a range of reactions which may be any of the following: lack of understanding or total non-comprehension, cultural interpretations, shock, denial, grief, fear and despair of the person, *and*

- Counselling families, partners and friends, *and*
- Counselling and providing information to employers and dealing with workplace issues, to schools and dealing with issues in educational institutions, health care service providers and others as appropriate.

Being particularly sensitive in counselling in relation to pregnancy and child bearing, in recognition that the HIV virus can be transmitted from mother to child.

NOTE: Counselling in relation to HIV has the following major aims:

1. Prevention of the spread of HIV/AIDS

HIV counselling should assist people to change behaviour, which places themselves and others at risk of contracting the virus. It should also motivate people who are infected to change behaviour and practices, which endanger others and thus prevent further transmission of the virus.

2. Provision of support

HIV counselling should provide support to those who are infected, and their relatives, as they deal with the emotional, social and economic consequences of infection, in such a way that they can continue to lead satisfying and productive lives.

3. To provide practical assistance and advocacy to persons with HIV/AIDS.

- This requires an assessment of needs.
- Provide resource information, *and*
- Provide information on personal care and infection control *and*
- In the last stages of the disease, to address the palliative care needs of the person with AIDS.

4. To lobby for the rights of people with HIV/AIDS and guarantee that the special needs of minorities and stigmatised groups in the community are met, and to mobilize people with HIV/AIDS to fight for their rights, and for mutual support, and to take specific action to achieve this end, where appropriate, *and*

To become involved with planners and policy makers in tackling the social problems of HIV/AIDS, and ensure that services are equitably delivered, *and*

To ensure that appropriate care for HIV/AIDS infected persons, their partners and children, at all stages of the disease is a priority.

5. To mobilize existing organizations, and develop resources where they do not exist.

APPENDIX 5

**Deployment of Social Workers: compiled from the Membership List of the National
Association of Social Workers-Zimbabwe (October 1999)**

PLACE OF DEPLOYMENT	NUMBER	POSITION HELD
GOVERNMENT MINISTRIES/DEPARTMENTS		
Department of Social Welfare & National Social Security Authority (NSSA)	86 2	Provincial Community Services Officers Provincial Social Welfare Officers Senior Social Welfare Officers Social Workers Probation Officers District Social Workers Deputy Director Case Workers Senior Administrative Officer
Ministry of Justice	2	Provincial Community Services
Ministry of Defence	11	Social Services Officer Social Welfare Officers Head of Social Services Pensions Compensation Officer
Ministry of National Affairs	1	District Head
Ministry of Health	3	Medical Psychiatric Social Workers Social Welfare Officer
Zimbabwe Republic Police (ZRP)/Prisons	6	Trainers Police Officers Staff Officer Officer Commanding
School of Social Work	6	Lecturers Deputy Principal
NRZ	4	Acting Senior Employee Counsellor Welfare Officer Counsellor
MUNICIPALITIES		
Various Local Authorities	45	Community Service Officers Social Workers Assistant Director Research Research Officers Senior Research and Planning Officers Social Welfare Assistants Programme Officers Housing Officers Case Workers Pre-school teachers
COMPANIES		
Mining	6	Community Services Officer Manager Human Resources Industrial Relations Officer
Tourism	3	Human Resources Manager Social Services Officer Administrator
Aroma Bakeries	1	General Manager Retail
ZBC	1	Coordinator
Old Mutual	1	Financial Advisor
ZANU (PF) HQ	1	Director – Admin

PLACE OF DEPLOYMENT	NUMBER	POSITION HELD
NON-GOVERNMENTAL ORGANISATIONS (NGOs)		
Amani Trust	1	Social Worker
UNFPA	1	Research Assistant
World Vision	4	Sponsor Relations Officers Senior Projects Coordinator
St Giles Medical Research Centre	1	Senior Social Worker
Religious Organisations	2	Health and Social Services Secretary Director
ZimRights	1	Field Officer
Contact Family Counselling Centre	1	Counselling and Information Officer
BRTI	1	Public Health Specialist
ZIRRCO	1	Director
Zimbabwe Project Trust	1	Social Welfare Officer
MASO	2	Provincial Training Coordinator Programme Officer
SAFAIDS	3	Publications Officer/Senior Programme Officer Assistant Programme Officer
Durban Child Welfare	1	Social Worker
SOS Children's Village	1	Youth Welfare and Project Officer
NANGO	2	Training Manager National Coordinator
Epilepsy Support Foundation	1	Programme Officer
Pitzer College	1	Director
Women and Law	1	Regional Coordinator
ZIMNAMH	1	Training Officer
Streets Ahead	1	Director
Plan International	1	Documentalist/Quality Controller
Zambuko Trust	1	Regional Director
Jekesa Pfungwa	1	Project Officer
NODED	2	Centre Administrator Regional Manager
Family Support Trust	1	Social Worker
SNV Rusape	1	Programme Officer
NASW	1	National Coordinator
Highbury Developments	1	Trainer
HelpAge Zimbabwe	1	Director
Management Training Bureau	1	Management Trainer
PRO Touch	1	Directory Marketing
Netherlands Development Office	1	Project Coordinator
NBTS	1	Research and Planning Officer
NUST	1	Director Information and PR
Care International	1	Programme Manager
Southdown Estate Chipinge	1	Personnel Manager
ORAP	1	Projects Manager
Mkwesine Estates	1	Personnel Manager
Housing People of Zimbabwe	1	Training Officer

APPENDIX 6

Addresses of Relevant African Organisations Contacted for this Research

BOTSWANA

Ministry of Local Government, Lands & Housing, Mr Daniel Kwelagode/Mr Benito Semommung, P Bag 006, Gaborone, Botswana, Tel: 267 35 52686, Fax: 267 35 2384.

Ministry of Labour and Home Affairs, The Permanent Secretary, Fax: 267 31 3584.

Department of Social Work, Acting Head & Associate Prof Arnon Bar-On, University of Botswana, P Bag 0022, Gaborone, Botswana, Tel: 267 35 1151, Fax: 267 35 6591, email: bar-on@noka.ub.bw

Social Work Librarian, University of Botswana, P Bag 0022, Gaborone, Botswana.

LESOTHO

Ministry of Health and Social Welfare, P O Box 514, Maseru 100, Tel: 266 31 0467.

Ministry of Home Affairs and Local Government, P O Box 174, Maseru 100, Tel: 266 32 3771.

National University of Lesotho, Dr Modo, Head of Department, Social Sciences, PO Roma, 180, Lesotho, Tel: 34 0600/1, Fax: 266 34 0000.

National University of Lesotho, AC Nyanguru, Senior Lecturer – Social Work, PO Roma, 180, Lesotho, Tel: 34 0601, Fax: 266 34 0000.

National University Of Lesotho, Thomas Mofolo Library, Archivist, Mr James S Molapo, PO Roma 180, Lesotho.

NAMIBIA

Ministry of Health and Social Services, Director Professional Social Services, Ms Bathseba Katjiuoungwa, P Bag 13198, Windhoek, Namibia, Fax: 264 61 22 7607.

Ministry of Health and Social Services, Deputy Director Professional Social Services, Ms Petronella Coetzee, P Bag 13198, Windhoek, Namibia.

Ministry of Health and Social Services, Mr Paul Pope, HIV Adviser, Directorate Developmental Social Welfare Services, P Bag 13198, Windhoek, Namibia.

National AIDS Control Programme, Ministry of Health and Social Services, Mr Abner Axel Xoagub, P O Box 27381, Windhoek, Namibia. Tel: 264 -61 2032218, Fax: 264 61 224155, email: nacp@iafrica.com.na

David Lush, P O Box 8828, Bachbrecht, Windhoek, Fax: 264 61 252946, email: shirumbu@iafrica.com.na

Social Welfare Services, Dr Libertine Amathila, HIV Adviser, Directorate Developmental, P Bag 13198, Windhoek, Namibia.

University Library of Namibia, Librarian, Social Sciences, S Kaster, P Bag 13301, Windhoek, Namibia.

University of Namibia, Department of Social Work and Community Development, Senior Lecturer, Head of Dept, Dr M E Grobler, P Bag 13301, Windhoek, Namibia.

Namibian Association for Social and Associated Workers, University of Namibia, President, Ms Margareth Mainga, Office of the Dean of Students, P Bag 13301, Windhoek, Namibia, Email: mmainga@unam.na

SOUTH AFRICA

University of Natal, Durban, Centre for Social Work, Post-graduate Programme Director, Dr Visanthie Sewpaul, South Africa, PO Box 18070, Dalbridge 4014, Durban, South Africa, Tel 27 31 260 2390/1241, Fax 31 260 2700 email: sewpaul@mtb.und.ac.za

University of Natal, Durban, E.G Malherbe Library (Main), Subject Librarian – Nursing and Social Work, Mrs U Reddy, PO Box 18070, Dalbridge 4014, Durban, South Africa.

University of the Western Cape, Head of Department, Social Work, Dr Franz Kotze, P Bag X17, 7535 Bellville, Cape, Tel: 27 21 959 2911, Fax: 27 1 959 2845.

University of the Western Cape, Deputy University Librarian, JS Andrea, P Bag X17, 7535 Bellville, Cape, Fax: 27 959 2845.

University of the North, Dept of Social Work, Head of Department, Prof Malaka; Lecturer, Prof JM Mokane, P Bag X1106, 0727 Sovenga, South Africa, Tel: 27 15 68 9111, Fax: 27-15 268 3374.

University of the North Library, Librarian, Social Sciences, Ms Mnisi, P Bag X 1112, Sovenga 0727, South Africa.

University of the Witwatersrand, School of Social Work, Associate Professor, Dr Sandra J Drower, Johannesburg, P Bag WITS 2050, Gauteng, South Africa, Tel: 27 11 716 4142/2272, Fax: 27 11 403 1668, email: 073SJD@muse.wits.ac.za

University of the Witwatersrand, School of Social Work Library, Johannesburg, P Bag WITS 2050, Gauteng, South Africa.

University of Cape Town, School of Social Work, Senior Lecturer, Dr Lionel Louw, P Bag Rondebosch 7701, South Africa, Tel 27 21 650 3486/9111, Fax 27 21 689 2739, email: louw@humanities.vct.ac.za

University of Cape Town, School of Social Work Library, P Bag Rondebosch 7701, South Africa. Tel: 27 21 650 3486.

Department of Welfare, Pretoria, Ms Johanna de Beer, National HIV/AIDS Contact, P Bag X192, Pretoria 0001, South Africa, Tel: 27 12 – 312 7589, Fax: 27 12 323 7473, email: welso33@welspta.pwv.gov.za

Family and Marriage Society of South Africa. (FAMSA), National Director, Dr Annette J van Rensburg, PO Box 2800, Kempton Park 1620, South Africa, Tel: 27 11 975 7106/7, Fax: 11 975 7108, email: famsa@hotmail.co.za

SWAZILAND

Ministry of Health and Social Welfare, Mrs Sibongile Mdziniso/Dr Phetsile Dlamini, PO Box 75, Mbabane, Swaziland, Tel/Fax: 268 47238.

The AIDS Information and Support Centre (TASC), Director, Ms Thandi Nhlengethwa PO Box 1279, Manzini, Tel: 54790, Fax 268 54752.

UGANDA

Ministry of Gender, Labour and Social Development, Hajati J Mukwaya , PO Box 7136, Kampala, Uganda.

Makerere University, SWSA Acting Head of Department, Narathius Asingwire, PO Box 7062, Kampala, Uganda.

Makerere University, SWSA Departmental Librarian, Nicholas Abola, PO Box 7062 Kampala, Uganda.

Uganda Association of Social Workers, Mr Max Alfred Anyuru, Community Services and Outreach Programme, InterAid, P O Box 1131, Kampala, Uganda, Fax: 256-41-347545, Email: manyuru@avumuk.ac.ug , <http://www.avumuk.ac.ug>

ZAMBIA

Ministry of Community Development & Social Services, Hon. D Lupunga/ RC Mtendeko, PO Box 31958, Lusaka, Zambia.

Ministry of Sport, Youth and Child Development, The Permanent Secretary, Lusaka, Zambia.

University of Zambia, School of Humanities and Social Sciences, Department of Social Development Studies, Lecturer & Co-ordinator Social Work, WK Chama, PO Box 32379, Lusaka, Zambia, Tel: 260 1 293058, Fax: 260 1 253952.

University of Zambia, School of Humanities and Social Sciences, Department of Social Development Studies, Lecturer, Mr Robert Tembo, Box 32379, Lusaka, Zambia, Fax: 260 1 253952, Fax: 260 1 253952.

University of Zambia, Deputy Librarian, Dickson Yumba, PO Box 32379, Lusaka, Zambia.

ZIMBABWE

Ministry of Public Service, Labour and Social Welfare, Mr JC Nyamusara, Department of Social Welfare, Box CY429, Causeway, Harare, Zimbabwe, Tel: 263 4 703711, Fax: 79053/703714.

Department of Social Welfare, Deputy Director, Mr Isaac Mukaro Box CY429, Causeway, Harare, Zimbabwe.

School of Social Work, Affiliate, University of Zimbabwe, Deputy Principal, Mr R Mupedziwa, P Bag 66022, Kopje, Harare, Zimbabwe, Tel: 263 4 751815, Fax: 263 4 751903.

School of Social Work, Affiliate, University of Zimbabwe, Lecturer, Mrs V Matimba-Masuku, P Bag 66022, Kopje, Harare, Zimbabwe.

School of Social Work, Affiliate, University of Zimbabwe, Lecturer, Mrs L Kanyowa, P Bag 66022, Kopje, Harare, Zimbabwe.

School of Social Work Library, Affiliate, University of Zimbabwe, Librarian, Mr E Chipunza, Librarian P Bag 66022, Kopje, Harare, Zimbabwe.

National Association of Social Workers, Zimbabwe (NASW), National Coordinator, Mr R Benjamin, PO Box 5369, Harare, Zimbabwe Tel 263 4- 771801, Fax 263 4 771802.

SaFAIDS / UNAIDS

Questionnaire (1): Social Work Teaching on HIV/AIDS, 1999 (Schools of Social Work)

I. RESPONDENT

Completed by.....

Position/job title at
workplace.....

School/Institutions.....

Year established.....

Postal
address.....

Phone.....Fax.....email.....

II. HIV/AIDS IN THE CURRICULUM

1. Please indicate whether you consider the topic of HIV/AIDS relevant in the curriculum at your School/University Department.

☐ not relevant ☐ fairly relevant ☐ relevant ☐ very relevant

- 2 (a) Is HIV/AIDS covered in the curriculum? Yes ☐ No ☐

If Yes, please list all courses in which HIV/AIDS is included in the table below.

* Indicate whether this is at Certificate, Diploma, Bachelors or Masters level

Level of course*	Courses/Programmes	Topics covered related to HIV/AIDS

Level of course*	Courses/Programme	Topics related to HIV/AIDS

3. Does your curriculum address HIV/AIDS as mainly a medical problem requiring treatment and counselling, or do you also examine its socioeconomic consequences?

☐ mainly medical

☐ mainly socioeconomic

other

.....

- 4 (a) Which of the following topics does your curriculum **on HIV/AIDS** cover? (Please tick in the appropriate boxes)

☐ HIV/AIDS epidemiology (spread, transmission, scale, etc.)

☐ clinical manifestations of HIV/AIDS

☐ responses to the epidemic in different sectors

☐ human rights and HIV/AIDS

☐ children and orphanhood

☐ social and economic impact of the epidemic

☐ other.....

.....

- 4 (b) Which possible intervention methods for social workers does your curriculum cover?
(Please tick in the appropriate box(es))

- ☐ HIV/AIDS awareness and prevention
- ☐ counselling
- ☐ home care for persons with HIV/AIDS
- ☐ community development
- ☐ child/orphan care in the community
- ☐ child/orphan care in institutions
- ☐ family support
- ☐ advocacy
- ☐ other.....

5. (a) Would you want any suggestions on the HIV/AIDS curriculum suitable for social work students?

- ☐ YES ☐ NO

- (b) What inputs would be most useful to you?

- ☐ teaching materials: research journals, newsletters, books, audio-visuals, etc.)
- ☐ other
- ☐ training for staff
- ☐ external advice
- ☐ workshop
- ☐ other.....

- (c) Please indicate if any specialised training is available for staff on HIV/AIDS

- ☐ YES ☐ NO

If yes provide details.....

.....

.....

III. RESEARCH ON HIV/AIDS

- 6(a) We would like to know all HIV/AIDS publications by your department with full reference details: year, author, where/if published and length; include work in progress. (Please liaise with the Librarian to ensure full coverage of the material and that the information is attached to the Librarian's questionnaire).

.....

.....

.....

.....

.....

- 6(b) What research on HIV/AIDS and children in your country has been undertaken?

.....

.....

.....

.....

- 6(c) What research around HIV/AIDS and children do you think is most needed?

.....

.....

.....

.....

IV. RESOURCE AND TRAINING MATERIAL

- 7 (a) Do you have sufficient resource and training material available on HIV/AIDS for the use of students and staff?

☐ Seriously inadequate ☐ somewhat inadequate ☐ very good ☐ good basic material but need more

7 (b) What further types of material would you most want?

.....

.....

.....

V. FIELD PRACTICE IN HIV/AIDS SETTINGS

8 (a) Do students on field attachment have the opportunity to work in settings where HIV/AIDS is a primary problem dealt with by the agency, ie AIDS Service Organisations [ASOs]?

☐ YES

☐ NO

8 (b) If YES, please give the number of HIV/AIDS related placements out of all placements for 1998

9. Please name some of these agencies:

.....

.....

.....

VI. POLICY ON HIV/AIDS

10 (a) Are you aware that the International Federation of Social Workers (IFSW) has published an advocacy document entitled *Beyond Medicine: The Social Work Response to the Growing Challenges of AIDS*?

☐ YES

☐ NO

and a policy statement on HIV/AIDS entitled *International Policy on Strategies for Responding to HIV/AIDS*

☐ YES

☐ NO

10 (b) Do you want to receive these documents? ☐ YES ☐ NO

11. (a) Does your organisation itself have an HIV/AIDS policy in place (e.g. re testing, non-discrimination, awareness programmes for staff, condom distribution, etc.?)

☐ YES

☐ NO

If YES, please outline

.....
.....

- (b) Please indicate if any of your staff is involved in HIV/AIDS support work. What is the nature of the work?

.....

Other comments.....

.....
.....
.....
.....
.....

Thank you very much for your cooperation and time completing this questionnaire. Please courier this back to us with the Librarian's questionnaire and supportive documents as requested.

SaFAIDS / UNAIDS

Schools of Social Work Libraries Questionnaire (2), 1999

I. RESPONDENT

Completed by.....

Designation.....

School/Institution.....

Postal address.....

Phone..... **Fax** **email**.....

Year established.....

1 (a) What is the approximate total size of the library collection on:

books..... journals..... magazines.....

audio visual..... electronic/internet access.....

other.....

1 (b) What type of HIV/AIDS material do you have in your library?

☐ books

☐ manuals

☐ published research papers

☐ journals

☐ dissertations

☐ CD-ROMS

☐ videos

☐ audio tapes

Other (specify)

2. What is your HIV/AIDS subject focus?

☐ counselling

☐ transmission

☐ prevention/awareness

☐ care (home)

☐ care (children)

☐ socioeconomic issues

☐ medical

☐ human rights

Other (specify)

3 (a) What are your main sources for HIV/AIDS collection development?

- ☐ UNAIDS/WHO ☐ staff presentations ☐ NACP ☐ Internet
☐ publishers lists ☐ student dissertations ☐ NGOs
☐ staff research ☐ Discussion Lists eg Afronets

Other (specify)

3 (b) Do you receive any HIV/AIDS focused journals or databases regularly?

- Journals ☐ Yes ☐ No
videos ☐ Yes ☐ No
databases ☐ Yes ☐ No

If yes, please name them

.....

.....

4 (a) How often is the HIV/AIDS material used?

- ☐ high frequency ☐ fairly often ☐ infrequently

4 (b) Give examples of what the material is being used for:

.....

.....

5 (a) Do you think there are any gaps in your HIV/AIDS collection? ☐ Yes ☐ No

If yes, what are the main gaps/what material do you most need:

.....

.....

.....

5 (b) What are the main difficulties in sourcing the materials needed?

- ☐ lack of finance ☐ lack of information on sources
☐ lack of information on appropriate materials

Other

SAfAIDS / UNAIDS

Ministry Questionnaire for Social Work Training Survey (3), 1999

The following survey is part of a study which SAfAIDS has been commissioned to do by UNAIDS to explore the training and deployment of social workers in southern Africa. The objective of this survey is to examine the government's capacity for supporting families, children and orphans infected and affected by the HIV/AIDS epidemic. We appreciate your time and effort in completing this questionnaire.

Ministry Details

Name of Ministry.....

Name of Minister.....

Completed by.....

Postal address.....

Phone.....Fax.....E-mail.....

1(a) Please list the department(s) within the ministry that is/are responsible for supporting families, children and orphans infected or affected by HIV/AIDS.

.....
.....
.....

1(b) What is the annual budget of each department listed above?

.....
.....
.....

2. What is the total number of staff employed by the department?.....
Number of social workers.....
Number of psychologists.....
Number of counsellors.....
Number of other professionals.....

2(b) What is the estimated number of trained staff (based on population or prevalence data) that the ministry will need for their programmes to cater for projected number of orphans?

.....

3(a) Do you have programmes currently established to provide support to families affected by HIV/AIDS? Yes ☐ No ☐

If Yes, please list the name of the programme and provide a brief description of its activities.

.....
.....
.....
.....
.....
.....
.....

3(b) Approximately, how many families currently use the programmes and services provided by the Department?.....

4(a) Do you have programmes currently established to provide support to children and/or orphans infected and affected by HIV/AIDS? Yes ☐ No ☐

If Yes, please list the name of the programme(s) and provide a brief description of its activities.

.....
.....
.....
.....
.....

4(b) How were these families/children identified?

.....
.....
.....
.....
.....

4(c) Approximately, how many children use the programmes and services offered by the department?.....

5. What percentage (%) of the department's budget is allocated to the programme(s) for families children and orphans.....

6. Are there programmes currently established to provide additional education and training to departmental staff on HIV/AIDS-related issues?

Yes ☐ No ☐

If Yes, please list the name of the programme(s) and provide a brief description of its activities

.....
.....
.....
.....
.....

7. Has an evaluation been conducted of the programmes provided by the department?

Yes ☐ No ☐

Please provide details.....
.....
.....

8. Has the Ministry conducted any research studies on HIV/AIDS and the impact on children within your country?

Yes ☐ No ☐

Please provide details.....
.....
.....

9. Does the ministry/department contribute in any way to curriculum development of the school of social work training institution?

Yes ☐ No ☐

If Yes, in what form the ministry/department contribute? (Please tick)

Course content..... ☐
Financial support..... ☐
Research ☐
Education..... ☐
Expertise/Consultancy..... ☐
Other ☐

10. In your view is there any way in which the university department of social work/school of social work could better prepare social workers to meet the demands of the HIV/AIDS epidemic?

Yes ☐ No ☐

If yes, please provide details

.....
.....
.....
.....

11. We would appreciate any other information you could provide which describes the work carried out by your Ministry with respect to social welfare services.

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Thank you for your cooperation