The impact of HIV and AIDS on higher education institutions in Uganda

Education in the context of HIV and AIDS

The impact of HIV and AIDS on higher education institutions in Uganda

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LIST OF ABBREVIATIONS AND ACRONYMS

AAI	African American Institute
AAU	Association of African Universities
ACU	Association of Commonwealth Universities
ADEA	Association for the Development of Education in Africa
ART	Antiretroviral therapy
CHE	Council for Higher Education
EMIS	Education management information systems
ESWAPI	Education Sector Workplace Implementation project
FGD	Focus group discussion
HCT	HIV and AIDS counselling and testing
HIV	Human immunodeficiency virus
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MUAATF	Makerere University Anti-AIDS Task Force
NCHE	National Council for Higher Education
NTC	National teachers' college
NGO	Non-governmental organization
NORAD	Norwegian Agency for Development Cooperation
PIASCY	President's Initiative on AIDS Strategy for Communication to Youth
PTC	Primary teachers' college
SAUVCA	South African Universities Vice-Chancellors Association
STD	Sexually-transmitted disease
TASO	The AIDS Support Organisation
UAC	Uganda AIDS Commission
UHSBS	Uganda HIV and AIDS Sero-Behavioral Survey
UNESCO	United Nations Educational, Scientific and Cultural Organization
WGHE	Working Group on Higher Education
VCT	Voluntary counselling and testing

EXECUTIVE SUMMARY

A review of available literature on HIV and AIDS in Uganda reveals that there has been no systematic attempt to keep data on the magnitude of HIV and AIDS in higher education institutions. However, anecdotal evidence suggests that they constitute a growing problem that could be having a crippling effect on the functions and operations of higher education institutions. Therefore, this study aimed to gain an in-depth understanding of this issue and its perceived and known impact on higher education institutions in Uganda while capturing the institutional responses thereto. More specifically, taking the national teachers' colleges and Makerere University as case studies, the study explored the staff (academic, administrative and support) and students' perceptions of factors that may facilitate the rapid spread of HIV in these establishments and the impact it has on them.

Methodology

An exploratory qualitative case study design was used to gain an in-depth understanding of the impact of HIV and AIDS in Makerere University and one of the national teachers' colleges (NTCs). These institutions were selected from a total of 60 public and private higher education institutions registered by the National Council for Higher Education in Uganda. A survey design was adopted and later implemented on the remaining 58 higher education institutions to validate the findings and to gain an overview of how the higher education sector in Uganda has responded to HIV and AIDS.

Makerere University in Kampala was selected for this study because it is the oldest and largest public university catering to over 75 per cent of the total national university student population. The selected NTC offered an interesting contrast because of its rural location and its relatively smaller size in terms of departments, programmes, and number of staff and students.

In each of the institutions, in-depth interviews were conducted with the top administrators and with the academic and administrative staff, while focus group discussions were held with both male and female

students as well as members of the support staff. A self-administered questionnaire was used during the survey, which was completed by a member of the top management within the institutions.

Findings

This study found, in both institutions, that HIV and AIDS were neither perceived nor experienced by the majority of staff and students as an immediate problem, except by those who had lost a relative, friend or colleague to the disease, or who were themselves suffering from an AIDS-related illness. In both institutions, the top management did not appear to consider HIV and AIDS a major problem partly because they were facing more visible and competing problems such as inadequate resources, low staff salaries and inadequate infrastructure, among others, which they considered to be of greater urgency. The survey carried out in the remaining higher education institutions corroborates these findings. Fifty-two per cent of top management staff reported that HIV and AIDS, in comparative terms, were not posing an immediate challenge for their institutions.

Both at the NTC and Makerere University, staff and students reported cases of AIDS-related illnesses, absence and deaths among staff and students, although in both cases student deaths were reportedly more difficult to establish, especially as neither institution kept records of such incidences. On a more positive note, over three quarters (78 per cent) of the institutions in the survey reported that their student enrolments were increasing, which suggests that HIV and AIDS have not yet had a serious impact on student enrolments in higher education institutions.

The majority of the staff and students interviewed reported that students and lower-cadre staff were at greater risk of being exposed to HIV and AIDS. Female support staff and female students were perceived to be particularly at risk. Male students and staff who engaged in alcohol abuse and searched for it where local gins were brewed and sold were perceived as being at greater risk since such places were also notorious for prostitution.

There was a noticeable reluctance to disclose the status of any staff or students suspected to be HIV-positive, which was explained by

the culture of dealing with HIV and AIDS through silence, denial and concealment largely owing to the social stigma associated with them. This culture also made it difficult for students and staff to freely seek and utilize available voluntary counselling and testing (VCT) services and antiretroviral therapy (ART). This appeared to be the case even when such services were offered free of charge, as in Makerere University.

It was evident from the interviews with the heads of departments and other academic members of staff who had lost colleagues over the years to AIDS-related illnesses, that HIV and AIDS have had a crippling effect in the units that have lost staff. The findings from the NTC and Makerere University further show that whereas some units within the institutions were experiencing the negative impact of loss of staff in the form of increased workload, loss of moral and reduced efficiency, this impact was not yet being fully felt at the overall institutional level, and neither was it filtering through into the planning and management processes of the institutions as one would expect.

Staff in the affected departments reported difficulties in replacing highly trained staff, which resulted in the recruitment of less experienced and less qualified staff, often to the detriment of the quality of the education offered. Makerere University reportedly resorted to recruiting part-time staff, which in some cases lacked serious commitment to the institution. Similar findings were reported by 48 per cent of the institutions in the survey. While loss of staff members could not be entirely attributed to HIV and AIDS, there was a strong feeling among those interviewed that they were contributing factors.

HIV and AIDS were also reported to negatively impact on students' performance. In Makerere University, the prolonged illness and eventual death of academic staff members had, in some cases, resulted in students performing poorly in exams because they had not completed the syllabi for particular courses. In the NTC, where the exams were set externally for all NTCs, the challenge for students was even greater. In such cases there were no provisions for changing examination timetables or for taking into consideration the fact that some students, due to no fault of their own, had not completed their syllabus in certain courses on

time. Students therefore found it more difficult to pass those particular examinations and had to re-sit them. Students' performance was also reportedly compromised by changes in lecturers half way through their courses.

Self-sponsored students were among those most affected, since, in some cases, they were forced to leave university prematurely due to the death of their parents or guardians who were supporting them in their education. Affected students reportedly changed from day to evening programmes so they could work during the day in order to pay their way through university; some eventually left completely after failing to cope with the demands of work and study. Others, in a desperate state, resorted to commercial sex work to pay for their university education. Students who were HIV-positive, or who suspected they could be, reportedly reacted in different ways to their sero-status. While some turned to alcohol abuse and/or indiscriminate sex with multiple partners, others withdrew from social relations altogether. Most stopped attending lectures, while some of those who continued to attend did not pay much attention to their academic work. All these reactions adversely affected the students' studies and performance.

Staff and students in both institutions perceived institutional responses to HIV and AIDS as inadequate. While top management personnel in the institutions shared this view, they maintained that HIV and AIDS were less of a problem compared to other problems faced by their institutions. Hardly surprising is that neither institution had an operational institutional HIV and AIDS policy; the majority of HIV and AIDS education programmes in both institutions were student-led and student-targeted. They were mainly *ad hoc* and fragmented. On a national scale, the survey showed that more than 90 per cent of the other higher education institutions in the country did not have HIV and AIDS policies in place at the time of the study, and slightly more than a tenth had a workplace policy. However, it was reported that some institutions were in the process of developing them.

Although attempts had been made to integrate the subject of HIV and AIDS into a number of courses, it had not yet been fully integrated into the curriculum in either institution. Of the institutions surveyed,

only 39.7 per cent had integrated the subject into their curriculum, and 49.1 per cent reported integrating it into other subjects. Only 32.8 per cent of the institutions reported establishing life skills programmes, of which 61 per cent considered issues relating to gender. Sixty-nine per cent conducted orientations for students, but less than a quarter (22.8 per cent) conducted orientations for lecturers.

Unlike Makerere, VCT and ART services were not offered in the NTC, nor was there a condom distribution programme, despite the fact that students were sexually active. The survey found that fewer than half of the institutions offered counselling services and peer education programmes designed for those affected and infected by HIV and AIDS. The survey similarly revealed that only 5.2 per cent of the institutions reported amending their human resources policies to minimize vulnerability and susceptibility to HIV and AIDS, and even less (3.4 per cent) reported conducting assessments of the impact of HIV and AIDS on their institutions. It was evident from both the case studies and the survey findings that although higher education institutions had experienced staff attrition as a result of HIV and AIDS, less than 10 per cent had adapted their human resource procedures and functions in response to this negative impact, and they were not involved in any analysis of this impact on their institutions.

It is universally recognized that a dedicated management structure is essential if institutional responses to HIV and AIDS are to be co-ordinated in a sustainable manner. However, neither of the two sampled higher education institutions had such a unit or focal point persons responsible for HIV and AIDS-related activities or any full-time staff to deal only with such issues and who could ensure that students and staff had access to information that was current, accurate, complete, appropriate and scientifically factual. Other higher education institutions, however, had made some progress in this area: slightly more than a third (36.2 per cent) reported having AIDS committees responsible for the implementation of the institutions' responses to the pandemic, and one third reported having focal point persons who took on this co-ordinating role, in addition to their other responsibilities within the institutions. Survey findings show that where committees and focal point persons existed,

they reportedly played a vital role in focusing attention and building partnerships between the institutions, the community, NGOs and health services, as well as playing an important advocacy role. Findings also suggest that the majority of higher education institutions continued to treat HIV and AIDS as a part-time problem rather than a long-term, systemic management problem deserving full-time attention.

An HIV and AIDS strategic plan was absent in both Makerere University and the NTC, although it was present in 13.8 per cent of the other 58 higher education institutions, with15.7 per cent in the process of developing such a plan. Slightly more than a quarter (27.6 per cent) reported considering HIV and AIDS during their planning process. These institutions reported budgetary provisions made for HIV and AIDS prevention activities and services within their overall institutional budget. It was reported that although such activities were budgeted for, the resources made available for managing the institutions' response to HIV and AIDS were often limited and uncertain, mainly because of competing priorities.

Neither Makerere University nor the NTC had written guidelines for staff and students for dealing with HIV and AIDS at institutional level. Less than a tenth (8.6 per cent) of the institutions reported having guidelines for staff while only 5.2 per cent had guidelines for students. The guidelines developed for staff were very minimal, containing advice on giving talks to students about HIV and AIDS – which occurred whenever there was an opportunity – principles for counselling students affected by and/or infected with HIV and AIDS, and guidance relating to non-discrimination of those infected with HIV. The paramedical and nursing schools reported having additional guidelines relating to minimizing the risks of HIV infection. These included infection control guidelines covering issues such as first aid and basic prevention practices. A few of the universities also mentioned making available within their institutions literature on universal precautions against HIV and AIDS.

Like Makerere University and the NTC, other higher education institutions had more awareness programmes for students than for staff. The survey found that 53.4 per cent of the institutions had awareness

programmes for students, while only 24.1 per cent had awareness programmes for staff. The majority indicated orientation programmes for new students, which included HIV and AIDS awareness talks at the beginning of each academic year. The lack of awareness programmes targeting staff was a major concern mentioned by staff both at the NTC and Makerere University.

Neither Makerere University nor the NTC had written policies on non-discrimination with regard to recruitment, advancement, continued employment and benefits for HIV-infected staff. On a national scale, less than 20 per cent of the higher education institutions had adopted such policies. However, all the institutions reported that HIV testing was not mandatory when recruiting staff or students. It was further reported that as long as staff members who were HIV-positive remained relatively healthy and productive, as some were thanks to ART, they kept their jobs and were not denied any of their benefits either.

Neither Makerere University nor the NTC had any written policies regarding admission, continued attendance/study and benefits for students affected by HIV and AIDS, but 12.3 per cent of the surveyed institutions reported adopting such policies. However, all the institutions claimed that they did not oblige students to be tested for HIV before being admitted. Like the staff, as long as the students who were HIV-positive were able to attend lectures, hand in their coursework assignments and pass the exams, they were able to continue and complete their studies. None of the institutions had any institutional regulations relating to fees of students affected and/or infected by HIV and AIDS and only 10.3 per cent of them had programmes for orphaned and vulnerable students.

Slightly more than half of the institutions reported working with partners in the area of HIV and AIDS. However, most of these partnerships were informal and normally consisted of institutions inviting organizations such as The AIDS Support Organisation (TASO), the Red Cross and the Ministry of Health to give seminars and talks to students and staff about HIV and AIDS. This could be more formalized in future, and other partners could be sought for collaboration in other areas such as policy development and service delivery. About

15 per cent of the institutions reported commissioning research to inform the institutions' response to HIV and AIDS and almost 7 per cent of them reported having a research agenda defining priorities and gaps in knowledge.

Discussion of major findings

It appears that due to the low number of deaths in institutions during the last 10 years, HIV and AIDS were not perceived by top administrators, academic staff and students as an immediate threat to their institutions. However, findings of the study also suggest that the death of just one member of staff could have far-reaching consequences for the institution as a whole. This was particularly so in cases where the institution lost highly specialized and experienced staff whose replacements were not easy to find. Increased access to ART and other phenomena such as staff solidarity with sick colleagues seemed to camouflage the true magnitude of the HIV and AIDS problem within the institutions.

Accurate data are critical to the design of effective HIV and AIDS interventions. Neither Makerere University nor the teachers' college kept any data on AIDS-related illnesses, absenteeism or deaths among academic staff, non-academic staff, or students, nor were there plans to do so in the foreseeable future. Even where records of deaths among staff were available, as was the case in Makerere University, these records did not disclose the cause of these deaths. This, no doubt, also contributed to camouflaging the true magnitude of the HIV and AIDS problem within the institutions.

Policies on HIV and AIDS are important for meaningful and sustained responses to the epidemic as they provide an environment and framework within which suitable responses to the challenges of HIV and AIDS can develop and evolve. The lack of HIV and AIDS-related policies in the majority of higher education institutions had undoubtedly stifled the development and evolvement of suitable responses to the challenges of HIV and AIDS. This should be an issue of major concern, as the Education Sector Policy Framework and guidelines cannot adequately deal with the specific needs of the institutions.

The absence of written policies on non-discrimination against staff and students infected with HIV and AIDS, at institutional level, suggests that those infected are left at the mercy of their immediate supervisors since their rights are not legally protected. The majority of higher education institutions therefore still have much to do to ensure the rights of those affected by HIV and AIDS. They need to review their policies, rules and regulations in light of the pandemic.

While HIV and AIDS prevention education was provided for students in higher education institutions, there were hardly any such programmes for staff. Furthermore, the available programmes were not comprehensive and minimal effort had been made so far, at institutional level, to integrate HIV and AIDS into the teaching curricula. This may be due to lack of expertise, but may also reflect the academic staff's attitude towards HIV and AIDS. If higher education institutions in Uganda are to rise to the multiple challenges posed by the epidemic, they must accept that their mandate now includes educating young people on the issue by teaching negotiation, conflict-resolution, critical thinking, decision-making, communication competencies and other critical life skills in the curriculum and co-curricular activities in order to bolster self-confidence and to equip them to make informed – indeed, potentially life-saving – choices.

Despite intensified HIV and AIDS education campaigns, unprotected sex was still reported to be a common practice in these institutions. Medical personnel from both institutions reaffirmed this when they reported incidences of unplanned pregnancies, abortions and sexually transmitted diseases (STDs) among students. Limited access to condoms was reportedly a major cause to the persistence of unprotected sex, especially among the students. Top administrators were reluctant to provide condoms for students lest they be perceived as condoning immoral behaviour. This, however, did not appear to deter students from engaging in sexual activity.

Recommendations

On the basis of the evidence from this study, the following recommendations can be made:

Sensitization of the top management and policy development

- There is a need to sensitize the top management of higher education institutions on the potential impact of HIV and AIDS on the institutions.
- Higher education institutions need support to develop HIV and AIDS policies that favour HIV prevention, address treatment, care and support, and impact mitigation, in accordance with the sector policy and guidelines developed by the Ministry of Education and Sports (MoES). They should ensure that HIV and AIDS prevention education is mainstreamed into every procedure, practice and programme, and that institutional workplace policies are consistent with national and international codes of practice.

Development of appropriate information systems: HIV and AIDS-sensitive EMIS

- Higher education institutions should be assisted to develop education management information systems (EMIS) that are sensitive to HIV and AIDS for purposes of monitoring their impact on student and staff absenteeism, death and attrition. Increases in such occurrences should be signalled.
- The capacity of staff in these institutions to extract and use the information collected for reporting and planning purposes should be strengthened.

Prevention education programmes and services

- Reproductive health services need to be introduced. This might assist administrators in gauging much more accurately the magnitude of HIV and AIDS in their institutions. Access to treatment for opportunistic infections, ART and psychosocial support for infected and affected persons would be helpful as well.
- Comprehensive HIV and AIDS prevention education programmes should be introduced and strengthened.
- VCT services should be made accessible to both students and staff.
- A promotion programme educating both staff and students on the advantages of utilizing such services should accompany the introduction of VCT.

- HIV and AIDS and life-skills education should be integrated into the curricula at all levels.
- There is a need to provide current, accurate, complete and scientifically factual information on behaviour choices to all staff and students, to possibly reduce the risk of HIV infection.
- Programmatic interventions promoting safer sexual practices should be developed, including making condoms easily accessible to both students and staff within higher education institutions.
- All HIV and AIDS prevention programmes and services introduced should pay particular attention to the protection of female students and support staff, since these have been identified as the most vulnerable socio-sexual categories to HIV infection.

I. HIV AND AIDS AND HIGHER EDUCATION INSTITUTIONS IN AFRICA

Since the year 2000, a number of case studies on higher education institutions have been conducted, seeking to document the impact of HIV and AIDS on higher education institutions in Africa (see, for example, Kelly, 2000 and Chetty, 2000). The first series of such studies was commissioned in 2000 by the Association for the Development of Education in Africa (ADEA) Working Group on Higher Education (WGHE). At around the same time, the South African Universities Vice-Chancellors' Association (SAUVCA) also commissioned case studies involving universities in South Africa. In 2004, the African American Institute (AAI) in collaboration with the Association of African Universities (AAU) and the ADEA WGHE also commissioned a series of case studies. Evidence from these studies began to demonstrate that HIV and AIDS were being experienced, to varying extents, in higher education institutions across Africa in the form of increased attrition among staff and students, increased medical expenses, increased absenteeism, and loss of morale among staff and students. Most higher education institutions were found not to be engaged in any systematic impact or risk assessment, thus making it difficult to establish the magnitude of the HIV and AIDS problem and to project what the increasing attrition meant for higher education institutions in the future.

Despite the existence of cases studies on higher education institutions in several African countries, few – if any – studies have been conducted in Uganda. This study is, therefore, an attempt to fill this void by examining the ways in which HIV and AIDS are impacting these institutions in Uganda and how the institutions are responding to the pandemic.

1. HIV and AIDS in higher education institutions in Uganda

A review of the literature revealed evidence to suggest that HIV and AIDS are a problem in Uganda's higher education institutions, although their magnitude remained unknown. The *Higher Education Strategic*

Plan 2003-2015 of the National Council for Higher Education (NCHE), while acknowledging this problem, noted that no deliberate efforts were being made to manage it in these institutions. The plan further noted that those in higher education institutions were more exposed to the risks of HIV transmission because most of the students were sexually active young adults (NCHE, 2003).

Preliminary findings from the 2005 Uganda HIV/AIDS Sero-Behavioural Survey (UHSBS) revealed that, for both sexes, HIV infection levels were lowest in the 15- to 19-year-old age group (3.2 per cent among females and 1.2 per cent among males). This suggests that if this age group were protected from HIV infection, it would provide a window of hope for the future of the nation. However, it also revealed that the median age for first sexual experience amongst the respondents aged 15 to 24 was 18 for girls and 19 for boys (Ministry of Health, 2005), a fact that higher education institutions in the country cannot afford to ignore.

A study carried out in 1993 indicated that some deaths in 1992 due to AIDS-related illnesses had been reported at Makerere University. It revealed that between 1986 and 1988, out of the 240 officials sent to study abroad, 12 had died, 10 of which were AIDS-related. The study further suggested that the situation was most likely similar in other higher education institutions in the country, but there was no available data (Babikwa and Kirumira, 1993). In 2002, Makerere University was included in a study on the *Status and impact of HIV and AIDS in agricultural universities and colleges in Africa*, carried out by the Norwegian's Centre for International Environment and Development Studies (Ennals and Rauan, 2002). While the report alluded to the lack of quantifiable data at institutional level relating to HIV and AIDS, interviews with students and staff during the study revealed that AIDS-related mortality was occurring within the university amongst students and staff, and was perceived to be a serious problem (Ennals and Rauan, 2002).

Other higher education institutions have also reported the impact of HIV and AIDS on their institutions. Nkumba University's HIV and AIDS policy document (Nkumba University, 2002) noted that some

students were dying either during or shortly after completing their studies, probably from AIDS-related illnesses, and that many were absent, mostly due to failure to pay school fees owing to sickness or death of a parent or guardian. The policy document further observed that AIDS was one of the major causes of morbidity, mortality and depression within the university community. It anticipated that the quality of teaching and learning outcomes at the university was likely to decline in the future unless urgent measures, policies and programmes were put in place aimed at stemming down new HIV infections at the university and taking care of those who were infected and/or affected by the sickness.

In addition, the policy document noted that the university was beginning to experience a strain on its financial resources as a result of HIV and AIDS. Its income and expenditure budgets were being affected by higher medical costs, staff replacement and training costs, loss of experienced personnel, repeated illnesses, absenteeism due to frequent funerals, and low productivity of infected and affected employees. It further noted that the sudden drop-out among students from the university due to illness, death or inability to pay fees following the loss of a parent or guardian, made anticipating annual incomes from university fees increasingly difficult, thereby making it hard to budget effectively.

In 2004, Bukalasa Agricultural College similarly reported losing a number of academic staff and many support staff to AIDS since 1990, which resulted in staff shortages, increased workload, fatigue and demoralization among the remaining staff. This loss of experienced staff had created gaps in skills and expertise within the college. It further reported that the performance of infected and affected students was noticeably poor, and they often dropped out from their studies due to illness or inability to pay fees (Ministry of Education and Sports, 2004*b*).

The review further revealed concern expressed in the media, from time to time, that higher education institutions were high-risk places for the transmission of HIV and AIDS due to sexual harassment, consensual rape, and in some cases, prostitution. Media reports also indicated that

the existence of sexual harassment within higher education institutions was shrouded in silence. An article published in one of the local dailies reported that the Deputy Vice Chancellor of Makerere University had advised female students to report staff members who sexually harassed them following claims during a workshop that sexual harassment by male lecturers was common (Ssempijja, 2004). Despite this, few students have reported incidences of sexual harassment by their lecturers for fear of being victimized by the concerned members of staff. Female students reported that lecturers took advantage of their academic shortcomings, such as failing tests or poor coursework grades, to demand sexual favours in exchange for better grades (Ssempijja, 2004).

In another article, *Sexual and reproductive health situation at Makerere University* (2004), first-year female students reported cases of rape by male students in the halls of residence. It observed that this phenomenon was exacerbated by the sudden freedom and exposure that students suddenly enjoyed on entry into university. In the article, one of the university counsellors explained that because some students came from rural areas, single-sex schools and poor family backgrounds, they found themselves exposed to sexual exploitation. The article further observed that most female students at Makerere University were not aware of their sexual and reproductive health rights, and this made them vulnerable to sexual harassment, contraction of sexually transmitted diseases (STDs) including HIV, rape, unwanted pregnancy and abortion. Male students, especially those from single-sex schools who were not used to studying with girls, were also reported to suffer from sexual harassment, particularly from female students (Ssempijja, 2004).

A Report on *Implementation and mainstreaming of the education sector policy on HIV and AIDS for universities and other higher education institution in Uganda*, compiled by the Ministry of Education and Sports (2004*b*), revealed that the responses by higher education institutions to HIV and AIDS had been slow. Where institutions had responded, their responses were limited in both coverage and scope and mostly revolved around HIV and AIDS prevention awareness, focusing mostly on students. Voluntary counselling and testing (VCT)

services and antiretroviral treatment (ART) were accessible in very few institutions. This rather slow response by institutions to HIV and AIDS is particularly disturbing given that higher education institutions are potential fertile grounds for the rapid spread of the virus.

2. Why a study on HIV and AIDS in higher education institutions in Uganda?

The magnitude of HIV and AIDS in higher education institutions in Uganda is unknown, but there is ample evidence, as discussed above, to suggest that it is a problem that higher education institutions cannot afford to ignore since it undermines their very existence. Higher education is not just the capstone of the traditional education pyramid; it is a critical pillar of human development worldwide. It provides the high-level skills necessary for every labour market and the training essential for teachers, doctors, nurses, civil servants engineers, humanists, entrepreneurs, scientists, managers, social scientists and a myriad of other skilled personnel. It is these trained individuals who develop the capacity and analytical skills that drive local economies, support civil society, teach children, lead effective governments, and make important decisions that affect entire societies (World Bank, 2002). Higher education institutions therefore need to be at the forefront in the fight against the spread of HIV and AIDS.

A deeper understanding of the epidemic and its implications for higher education institutions is also needed as a basis for advocacy as well as for designing comprehensive policies and programmes in response to HIV and AIDS at institutional level. This also forms the basis for strategic planning, which incorporates policy and curriculum development, capacity building, identification of implementation mechanisms and resource assessments.

3. Design, aims and objectives of the study

This study was designed in three phases. The first phase consisted of a literature review of key themes and issues concerning HIV and AIDS and higher education in Africa, Uganda in particular. This review formed the basis for a second phase, which involved an in-depth

qualitative exploration of two higher education institutions. The overall aim of these two case studies was to gain an in-depth understanding of the impact and responses of higher education institutions in Uganda to HIV and AIDS. The study explored the perceptions and experiences of staff (academic, administrative and support) and students on:

- the threat posed by HIV and AIDS to them and to their institutions;
- the predisposing factors contributing to the transmission of HIV in their institutions;
- the impact of HIV and AIDS on them and on their institutions; and
- their knowledge and perceptions of their institution's response to HIV and AIDS.

The third phase of the study was designed as a cross-sectional survey of all the remaining higher education institutions registered and licensed by the National Council for Higher Education (NCHE). The overall aim of the survey was to validate the findings from the two case studies and to gain an overview of the responses by higher education institutions to HIV and AIDS.

This report presents the findings from both the case studies and the survey. In *Chapter II*, the study design and methodology used for both the case studies and the survey are presented and discussed. *Chapters III* and *IV*, which focus respectively on the selected NTC and Makerere University, begin by giving a brief background on the institutions and go on to give a description of staff and students' perceptions of the gravity of HIV and AIDS in their institutions, the key factors predisposing students and staff to HIV infection, HIV and AIDS-related morbidity and mortality among staff and students, attrition among staff and students due to AIDS, and the perceived and known impact of HIV and AIDS on staff, students and the institutions as a whole. *Chapter V* discusses the perceptions and assessment of staff and students with regard to how their institutions have responded to the HIV and AIDS epidemic. *Chapter VI* presents and discusses the findings of the survey, and finally *Chapter VII* discusses some of the more critical issues emerging from the two case studies and the survey, as well as *Conclusions* and *Recommendations*.

II. STUDY DESIGN AND METHODOLOGY

Uganda's higher education sector has grown rapidly since the 1970s. Enrolment increased from about 5,900 students in 1975 to 58,091 in 2000. Most of this growth occurred in the university sector of higher education, where 34,513 of the 58,098 tertiary-enrolled students were recorded in December 2000. Uganda has more than a hundred public and private higher education institutions, but only 60 of them are recognized and have been registered and licensed by the NCHE.

1. Selection of institutions for the case studies

Multistage sampling, which entailed a combined use of purposive and convenience sampling, was used in the selection of the case study institutions. Makerere University and the selected NTC were purposively sampled following senior-level consultation with the MoES in Uganda. The two institutions were drawn from among 60 recognized higher education institutions registered and licensed by the NCHE. The sampling criteria took into consideration the size of the institutions in terms of numbers of faculties, programmes, students and staff, the location and nature of the institutions, and the number of years the institution has been in existence. A decision had been made much earlier that one of the institutions should be a university and the other a teacher training college.

During the third phase of the study, no sampling was carried out since the survey covered all the 58 remaining degree- and diploma-awarding institutions registered and licensed by the MoES and the NCHE as of 2006. The survey, however, excluded Makerere University and the teachers' college because they were covered in more depth during the second phase. A complete list of the 58 institutions covered in the survey is provided in *Appendix 2*.

Selection of Makerere University

Out of the 21 recognized universities registered and licensed by the NCHE, 4 are public and 17 private. Makerere University was purposively sampled because it is the oldest and largest public university and enrols

over 75 per cent of the total students enrolled in universities nationwide. Makerere has 22 faculties, institutes and schools offering programmes for approximately 30,000 undergraduates and 3,000 postgraduates. It runs day and evening programmes and admits both government- and privately-sponsored students. Some students are accommodated in the university's halls of residence on campus, but most are non-residents. While more than two thirds of the students are admitted directly from secondary schools, in the last 10 years the university has admitted a growing number of mature students into its programmes through the mature age scheme. The majority of students are therefore between the ages of 19 and 25, although there is now a growing number of mature students aged 30 years and over, of whom many are working and are enrolled in evening programmes. Makerere University has approximately 4,000 staff members, nearly two thirds of whom are administrative and support staff.

Makerere University is located in Uganda's capital city of Kampala and is surrounded by slums. Most of the support staff reside in these slums since they offer relatively cheap accommodation close to the workplace. Following rapid expansion in the student population, student hostels have also mushroomed in and around these slums. Makerere University was considered to be an information-rich case where the impact of HIV and AIDS on higher education institutions could be studied.

Selection of faculties in the university

Five faculties within the university were purposively sampled for this study: Three of these faculties had the largest numbers of students and lecturers in the university, including self-sponsored and non-resident students. A fourth faculty was selected specifically because it provided a contrast to the other three in terms of student and staff numbers. In addition, many of the students within this faculty were government-sponsored and resided in the university's halls of residence on the main campus. The faculty of medicine was selected because the staff and students in this faculty were uniquely exposed, by their profession, to a risk of HIV infection.

Selection of the national teacher training college

Of the seven national teacher-training colleges registered and licensed by the MoES and the NCHE, one was purposively selected for this study on the basis of its rural location and because it is one of the oldest NTCs, established in 1972. It has grown substantially since its foundation. The number of students studying for the Diploma in Secondary Education grew from 87 students in 1985 to 1,117 in 2004. The number of students enrolled in the Diploma in Primary Education course grew from an initial 200 to 526 in 2004. The total student enrolment for the 2004/2005 academic year was 1,872, of which 1,278 were enrolled in the Diploma in Secondary Education programme. Of these, 677 were in their first year and 601 in their second. The majority of these students had joined from secondary school. Enrolment for in-service teachers studying for the Diploma in Primary Education in the academic year 2004/2005 was 594. These were teachers who were initially trained as Grade 3 teachers at primary teachers' colleges (PTCs) and who were now upgrading to become Grade 5 teachers. Many of them were mature students who attended classes only during school holidays.

The NTC offered an interesting contrast to Makerere University because of its rural location and its relatively smaller size in terms of departments, programmes, and numbers of staff and students. Unlike Makerere, it offers only two programmes, and the longest any cohort of students stays at the college is two years.

2. Data collection techniques

Two main data collection techniques were used in the case studies: focus group discussions and in-depth interviews. The third phase of the study used a self-administered questionnaire.

In-depth interviews

Preliminary contacts and discussions in both institutions revealed that secrecy, silence, denial and fear of stigmatization still surrounded HIV and AIDS. The institutions did not have any association for people living with HIV or any self-confessed sero-positive individuals known

to have gone public about their HIV status. In such circumstances, open-ended questions were found to be more appropriate in seeking to establish people's experiences, perceptions, opinions, feelings and knowledge relating to HIV and AIDS, its impact on their institutions, as well as the institutions' responses to the pandemic. A total of 31 in-depth interviews with key informants were conducted at the NTC and Makerere University with top administrators, academic staff and other administrative staff as shown in *Table 2.1*.

Table 2.1 Key informant interviews conducted at the NTC and Makerere University

Key informant interviews	Top administrators	Academic staff	Administrative staff	Total number
NTC	5	4	5	14
Makerere	6	7	4	17
Total	11	11	9	31

Key informants were selected on the basis of the strategic positions they held in their institutions, their roles and responsibilities. Respondents were drawn from top administration, administrative staff, teaching staff, health service providers and HIV and AIDS programme co-ordinators.

The interviews with the top administrators explored their experiences and perceptions of HIV and AIDS and the threat they pose; the predisposing factors that contribute to the transmission of the virus within their institutions; the impact it was having on their institutions; and their institution's response to the pandemic. With the selected deans, directors and heads of department, the interviews explored how the heads of units perceived and experienced HIV and AIDS within their faculties, schools and departments; how they perceived and discussed the challenge posed by the pandemic during board and staff meetings; and how the units were responding to these challenges. These interviews also explored what they considered to be some of the predisposing factors and threats posed by HIV and AIDS for the staff, students and their units and how they have responded as units. The interviews explored the existence, or absence, of HIV and

AIDS-specific programmes, plans, curriculum reforms and specific research conducted in the area.

Key informant interviews were also held with the medical personnel in both institutions on the assumption that, being staff involved in the provision of healthcare services for students and staff within the institutions, they would have some insight into the magnitude of the HIV and AIDS problem in the institutions. Based on their experiences, we were indeed able to get an idea of the extent of the problem of HIV and AIDS within the institutions, the services provided that were specific to HIV and AIDS, the utilization of these services by staff and students, how medical records were kept, and the ensuing challenges in providing medical services and keeping medical records within the institutions.

In-depth interviews were also conducted with co-ordinators and leaders of HIV and AIDS-related projects and programmes in the two institutions. The interviews explored the nature of the programmes and projects currently on offer in the institutions, their structure and management, financing and staffing, their target groups, their mode of delivery and their main emphasis, i.e. prevention, mitigation or care, their scope and coverage.

Focus group discussions (FGDs)

A total of 20 FGDs were conducted during the course of this study: five at the national teachers' college and 15 at Makerere University, five of which were held with support staff and the remaining 15 with different categories of students. A deliberate effort was made to include both males and females, from different categories of support staff such as cleaners, cooks, clerks, custodians, compound workers, security guards and messengers. Students were deliberately selected to represent different years, courses, residence (residential and non-residential), government- and privately-sponsored students, and interest groups such as religious organizations, cultural associations and student professional associations. Other FGDs were also conducted with student leaders, members of the Youth Alive Executive Committee

and student cultural leaders. The issues discussed were akin to those discussed in the in-depth interviews.

The discussions were conducted either in empty lecture rooms, in open spaces in the institution's building or outside under some shade (e.g. a tree). The venues had to have minimal disturbance and be suitable for tape recording. They lasted on average between one hour and one hour fifteen minutes and were conducted in English, with the exception of those held with the lower-cadre staff, which were conducted in Luganda – the *lingua franca*. The FGDs were moderated by two research assistants who were fluent in English and Luganda. Respondents were encouraged in each case to respond from their own perspectives and experiences. The questions raised included whether they thought HIV and AIDS posed a threat to their institution and why; what were the predisposing factors to the rapid spread of HIV within their institution; what impact HIV and AIDS had on the functioning and operation of the institution, and what were their responses to the pandemic.

Questionnaire

The questionnaire used in the survey was adopted from the *Education Sector Global HIV/AIDS Readiness Survey 2004*, which reviewed the comparative readiness of the education sectors in 71 countries to respond to, manage and mitigate the impact of HIV and AIDS. The survey did not adopt the entire questionnaire used, but selected questions that were relevant at institutional level, plus a few additional ones. The final questionnaire (see *Appendix 1*) mainly consisted of a series of Yes/No questions grouped into 10 themes.

The questionnaire was designed to be completed by top administrators within higher education institutions. In order to save time and to ensure that responses were obtained from all of the higher education institutions, two research assistants were recruited to travel around the country visiting the different institutions to introduce the study and ensure that the questionnaires were properly completed. This also helped to expedite the return of the questionnaires. The research assistants were given a cover letter from the Principal Investigator

introducing them to the institutions, together with a letter from the MoES, which introduced the study and the principal investigators.

3. Data analysis

All the interviews and FGDs were tape-recorded and later transcribed and word-processed in Microsoft Word. In addition, the researchers also made some hand-written notes. They were then edited and printed out, and copies were obtained for use in the later stages of analysis and write-up. Both electronic and paper files for each of the data sets from the different sources were established. Once this process was complete, the research team read through each of the transcripts to ensure that the records were complete. A data inventory to establish the amount of data available was then developed.

Having arranged data from different sources into different files, the research team embarked on re-reading it while, at the same time, highlighting related ideas with coloured highlighters. After categorizing data manually, all similar themes were put together by cutting and pasting them using the electronic versions. This process helped the researchers to develop themes and sub-themes from the data categories, which were later used in data analysis. A further manual analysis was carried out by the researchers by reading through each of the responses and mapping out similarities, differences and unique findings in order to develop themes and other issues for discussion in the report.

Once the data had been categorized and themes identified, a data matrix was developed in order to establish the relationships that existed between findings from different categories of respondents and sources. The researchers then returned to the research questions that guided the study in order to establish the existing relationships between the collected data and the research questions. The findings from this process are presented in the chapters that follow. The data from the survey were entered and analyzed using Statistical Package for the Social Sciences (SPSS) version 11.0.

4. Limitations of the study

First, records on HIV and AIDS within the institutions were either not available, or if they were, they were inadequate and incomplete. Second, at the college, data collection took place at the end of the semester when classes were finished and students were preparing for examinations. This made it difficult to see some of the lecturers who were away. Third, the study does not include the perspectives of in-service students because they were not in the college at the time of data collection. This was unfortunate because it was reported at the college that the majority of students who died of AIDS-related illnesses were in fact in-service students. Fourth, the views of the more mature students who study during the evening were not captured. Attempts to include them met with difficulties because they could not find time to be interviewed. Fifth, despite Makerere having many foreign students, it was not possible to interview this category. The issue of whether living and studying in a foreign country was a predisposing risk factor was thus never explored. Sixth, the quality of responses to the survey varied, with some institutions giving more detailed responses than others, especially in response to the open-ended questions. Some institutions responded in more detail and provided supporting information such as copies of policies and other relevant documentation than others.

III. THE NATIONAL TEACHERS' COLLEGE

This chapter presents a brief background of the NTC before going on to provide a description of staff and students' perceptions of the gravity of HIV and AIDS in the college, the key factors predisposing students and staff to HIV infection, HIV and AIDS-related morbidity and mortality among staff and students, and the perceived and known impact of HIV and AIDS on staff, students and the college as a whole.

1. Background to the NTC

The teachers' college selected as a case study is located in rural Uganda. It was opened in 1972 as a Grade 2 teacher training college, admitting students from primary seven to a four-year course in vernacular teaching. In 1981, it was upgraded to a Grade 3 primary teacher training college, admitting students who had completed senior four. In 1985, it was further upgraded to a Grade 5 national teachers' college, admitting students from senior six. In 1992, an in-service teacher-training programme for Grade 3 teachers was introduced. This programme brings in teachers for a two-year in-service training programme that leads to a diploma in primary education.

The college has four departments:

- the Department of Arts, which offers courses in history, geography, religious studies, language and music;
- the Department of Science, which offers courses in biology, physics, chemistry, physical education and mathematics;
- the Department of Vocational Studies, which offers business studies, art and design, agriculture and technological studies; and
- the Department of Professional Studies, which offers courses in the foundations of education, psychology, development studies and health education.

At the time of this study, the selected NTC had a total of 40 lecturers and 43 support staff, and was teaching over 800 students. The college has five halls of residence and an annex, two for females and three for males. Each of the female halls of residence accommodates 80 students.

Due to the increasing number of students, an additional hostel, referred to as the 'annex', was introduced in the 2004/2005 academic year. There were also a few non-resident students.

2. Perception of HIV and AIDS among college staff and students

Top administrators, academic staff and students generally felt that the college had other more pressing problems that needed more urgent attention than HIV and AIDS. Staff and student attrition resulting from HIV and AIDS was not visible within the college. Top priorities, according to college staff, included student accommodation, finances to run the college, and poor staff remuneration.

When asked to rank HIV and AIDS among the college's priorities, a member of the administrative staff explained:

> "I would rank HIV and AIDS as number four on my list of priorities. The college has several other urgent issues that need immediate attention. These include accommodation for students, lack of adequate resources to run the college, poor staff salaries, amongst others."

A member of the academic staff shared these sentiments:

> "How can HIV and AIDS be a priority when even our basic needs are not being met? We don't even know where food for students is going to come from! We have financial constraints. I would rank it as number six on my list of priorities."

Similarly, one head of department observed that HIV and AIDS were not a visible problem among academic staff within the college.

> "We do not perceive HIV and AIDS as a big problem here because we have not lost many members of staff due to AIDS. If we were losing many, it probably would be of concern to us."

Within the student population, HIV and AIDS appeared less visible because of the large number of students and also because infected students often withdrew from their studies and left the college. A majority of students, both male and female, did not perceive HIV and AIDS as their immediate problem. Rather, most were preoccupied with

buying books, stationery and other basic necessities while in college, as they could not afford them. Other major fears of more immediate concern included failing coursework, tests and final exams. Interestingly, some female students perceived unplanned pregnancy as a much more serious problem than HIV and AIDS. To them, an unplanned pregnancy was much more real than contracting HIV.

> "I believe AIDS comes last on the list of problems faced by students here, the girls are more worried about pregnancy than getting AIDS. You will never hear a girl expressing concerns about AIDS, their worry is about becoming a non-resident due to pregnancy." (First-year female student)

> "Students do not perceive HIV and AIDS as an immediate threat because there are many other things bothering them, e.g. coursework, tests, failing, lack of basic needs." (Second-year male student)

Support staff perceived AIDS as an immediate problem because they were aware of colleagues who were affected and infected. Others were suspected of being HIV-positive but were reluctant to state so openly for fear of stigmatization. One factor, which made it difficult to know exactly who was infected, was ART. The majority of the support staff did, however, acknowledge that AIDS was a problem surrounded by silence and denial.

> "While we consider HIV and AIDS to be a problem in the college, it is very hard for an individual to admit that they are HIV-positive. Even those cases we have mentioned, they died without accepting that they had AIDS." (Male member of the support staff)

This was an observation supported by others in the discussion group. Another male member of the support staff explained that some members of staff became defensive when their colleagues tried to advise them to seek medical help:

> "When you tell someone that [they] have lost a lot of weight, [and] should go for a blood test the person gets annoyed and starts quarrelling sometimes they ask you 'Are you a medical person to advise me to go for testing? Have I mentioned to you that I am sick?'"

The support staff observed that their colleagues who were HIV-positive experienced difficulties in accessing services such as VCT and ART. Part of their problem was the meagre salaries that they earned and the transport costs involved since they had to travel to the nearest town to access such services.

> "We earn so little that even if you are aware that there is free treatment at the nearest town to the college, you are unable to go there because of lack of money for transport, others go once and fail to go for follow-up visits." (Female member of the support staff)

It was evident that HIV and AIDS were not perceived as a problem, but rather as having the potential of becoming problematic. Most of the respondents interviewed thought the college had other more serious problems such as inadequate finances and facilities. For this reason, the college appeared to be postponing its response to HIV and AIDS.

3. Perceived predisposing risk factors to HIV and AIDS

Despite this general opinion that HIV and AIDS were not an immediate problem within the college, it was nonetheless believed that a number of factors predisposed both staff and students to HIV infection. The general view of staff and students interviewed was that students and support staff were at greater risk of contracting HIV than academic and administrative staff. The predisposing risk factors highlighted included the students' home and school backgrounds, poverty, alcoholism, lack of access to condoms, laxity in discipline in the halls of residence, pressure on female students to grant sexual favours to tutors and older men in exchange for better grades and money, and inadequate HIV and AIDS education.

Students' home and school backgrounds

A majority of staff and students suggested that students joining the college from rural backgrounds and single-sex schools were likely to be at much higher risk of contracting HIV than those joining the college from mixed urban schools. It was argued that such students were usually naïve and easily succumbed to peer pressure as soon as they started college. In their naivety, they yield to the pressures of having

unprotected sex with older men and women, thus exposing themselves to the risk of contracting HIV. That said, female students were perceived as being at a much greater risk than their male counterparts.

> "Students who come from rural areas and rural schools lack exposure to many things including the influence of the media. Some of them see a television or watch a film for the first time when they are here. These students are very easily excited and influenced by what they see. They are also very naïve and easy to confuse, so they are the ones who get carried away. Girls arrive here looking very innocent by the time they get to the middle of the semester they have changed completely." (Male member of the administrative staff)

Students explained that their fellow students who came from poor rural backgrounds had to change in order to fit into the college lifestyle, and for the girls this was an even greater challenge.

> "If you had seen some of us during our first year and first week here, some of us were very shabby and looked out of place. For the girls it is even worse, because if they do not work on themselves, like treat their hair and become smart, none of the boys will look at them. No one wants to be called a villager. So we have to change." (Second-year male student)

A second-year female student who joined the college from a mixed school said:

> "I pity girls who come from single-sex schools because when they get here, they are excited by the boys. They immediately get boyfriends; before you know it, they are sleeping with them. So, in a way, they are at a higher risk of contracting HIV than some of us who have been studying with boys throughout our lives. We learn their tricks and we are not so easy to deceive."

A majority of staff and students also perceived female students to be at a much higher risk than male students.

> "Given their age, they give in to advances by older men in order to get those things that they wish to have. In this college, there are alliances between female and male halls of residences. This especially affects

the first years where they experience advances from the males of certain halls." (Male member of the administrative staff)

"Due to peer pressure, girls are forced to take on boys from certain halls and this happens soon after they arrive in college. Moreover they lack the bargaining power for protected sex. In some cases, they use condoms at the beginning then later on they stop and girls do not insist because they do not want to lose the boys." (Female student leader)

A student leader also explained that both male and female students experienced incredible pressure to get partners once in college:

"When the male students are in second year they make sure that they get first-year female students, those who do not manage to get a partner are considered failures ... if a girl does not have a boyfriend, they ask her what is wrong with her so she also makes herself available to someone. The students are not very serious about their relationship. They do not go beyond this college as boyfriend/girlfriend relationship because they are equally poor; girls are just after a good meal and a Coca Cola. When the first years come in the boys rush for them and drop the second years that they have been having affairs with and that rush into relationships can put them at a great risk."

It was evident from the foregoing discussions that on joining the college, most students suddenly find that they have much more freedom and personal space than they were used to before. This increased freedom is often accompanied by peer pressure from older students. Students from impoverished rural backgrounds are pressured into adopting rather expensive lifestyles and a 'college culture', which encourages male-female relationships from particular halls of residence. It is for this reason that female students from rural, single-sex schools are perceived as being more vulnerable to HIV and AIDS than those from urban mixed schools.

Poverty

Poverty was highlighted as a key risk factor to both students and support staff. Students from poorer families were reportedly driven to engage in unprotected sex because of their socio-economic status. Such students would normally start college with no pocket money and in dire need of the basic necessities to be able to function. The only money they seemed to have would be just enough money to get home at the end of the semester.

> "When I was coming to college my mother had only ten thousand shillings and that was all she gave me. She told me that if she got more money she would send it, but she was unable to send it and the semester ended without her sending me any money ... I am not alone in this situation there are many others suffering like me. Some girls go into relationships not because they want to but because of poverty ... sometimes they do not even love the men." (First-year student)

The college ordinarily provides students with accommodation and food, but students are expected to provide their own bedding and other necessities such as stationery, books, toiletries, etc. Those without the means to purchase such items are then pressured into having sexual relations, often unprotected, with older men or women in order to afford these necessities.

> "The meals provided by the college are not that good and there are hawkers who sell food on the college campus from the surrounding community so those students who cannot afford enter into relationships with those who can afford who then finance their meals." (Male member of the administrative staff)

Second-year students explained that the government gives them only 30,000 shillings as an allowance for teaching practice, yet the costs incurred during teaching practice are much higher.

> "From this money each student is expected to rent a room for two months buy food and meet all other expenses such as stationery and transport." (Male students)

As a result, students explained that they had to look for alternative ways to supplement this allowance.

Student leaders also appeared to agree that female student are easily lured into sexual relations with multiple partners, including sugar daddies, due to poverty. One student leader, who was female, explained that:

> "The problem is money. Girls have to treat hair; they have to look nice. Most of those who come here do not have that money ... so the main issue is money."

As regards support staff, it was argued that their meagre salaries – payment of which was often delayed – coupled with often heavy financial responsibilities – such as feeding and educating huge families – led the women to engage in sexual relationships with multiple partners in exchange for money, food and other basic necessities, and the men to do likewise as a temporary escape from their financial problems.

> "We earn very little money and sometimes our salaries are delayed and some of us have families. So some people end up befriending their bosses in exchange for money and other basic necessities." (Female member of the support staff)

> "Some men just get so frustrated with their wives nagging them all the time about their lack of money and the poverty situation in their homes that they go and find solace in bars and end up sleeping with women who brew alcohol and who also sleep with many other men. All these problems are as a result of poverty." (Male member of the support staff)

From the foregoing, it is evident that poverty is a factor that pushes poor students and support staff into transactional sexual relationships, putting them at risk of contracting HIV. It lowers self-esteem, thus making it much more difficult to negotiate for safer sex.

Alcoholism

Another factor identified by staff and students interviewed as leading to unsafe behaviour was excessive alcohol consumption. Male

students and staff were singled out as being more vulnerable than their female counterparts, as they were the most alcohol-consuming. This was aggravated by the fact that men mostly went to drink outside the college premises, and then ended up having sex with women who brew and sell the alcohol. It was argued that in their drunken state, most of the alcohol abusers were highly unlikely to use condoms, therefore exposing themselves to possible HIV infection.

> "There are members of staff who go out and drink in the surrounding villages and get drunk. Those are at a higher risk because they end up sleeping around with partners whose history they do not really know." (A male member of the administrative staff)

> "Some students drink every weekend and sometimes sleep with girls from the village whom they do not know. These are the people who are at a high risk of getting HIV." (First-year female student)

> "There are students who drink every day they even have an association and I think that they are at a higher risk than the rest of us." (Second-year male student)

The majority of staff and students observed that many of those who engaged in alcohol abuse had other social and economic problems as well, such as debts to pay, family problems, and so on. They turned to alcohol in an attempt to temporarily forget about their problems, but in reality they were risking creating much greater problems if they lost their self-control and had unprotected sex.

Lack of access to condoms

A majority of students and staff interviewed pointed out that condoms were not readily accessible in college. This was confirmed by the college administration, which indicated that it was not the policy of the college to supply students with condoms. Students who needed condoms had to go to the shops outside the college to buy them, and even then they were sometimes out of stock. Occasionally, this would necessitate using public transport to go to the nearest town, and this was often more costly than the condoms themselves. Owing to this,

many students resorted to having unprotected sex, leading to a higher incidence of STDs, unwanted pregnancies and abortions.

> "Those who are sexually active engage in unprotected sex, despite the fact that I keep telling them to use condoms, they come here with STDs and having committed abortions." (A female member of the support staff)

> "We are sensitized about HIV and AIDS but we are not given condoms. Imagine going to the nearest town where the transport cost is one thousand shillings just to buy a pack of condoms for three hundred shillings." (Second-year male student)

> "We do not understand why the college administration has refused to make condoms available within the college. They know very well that students here are sexually active." (Second-year female student)

From discussions with students, it was deduced that it was common practice to have multiple sexual partners. It was observed that some female students kept two types of friends: a fellow colleague in the college as a prospective suitor and an outsider, often an older man, for financial gain. Since both multiple sexual partners and lack of protection increase the possibility of HIV infection, it would be prudent for colleges to consider making condoms readily available to their students.

Indiscipline in halls of residence

Findings from this study revealed that the growing number of students in the college had led to some laxity in enforcing discipline, especially within the halls of residence. As intimated earlier, a culture had evolved within the college, where male and female halls of residence were paired up so that students from a female hall of residence had friends from a particular male hall of residence. Another system assured that second-year male students got girlfriends who were in their first year, and when the second-years left, the female students who remained got other boyfriends. This enhanced the risk of HIV infection across different age cohorts.

The phenomenon of girls and boys spending nights in each other's halls was also reported to be common.

> "There are trial marriages in the collage. This is when a girl leaves the girls' wing on Friday and then goes to the males' hall of residence and comes back only on Monday to go for lectures." (Second-year female student)

The new hostel, referred to as the 'annex', was cited as an example where male students sometimes spent the night with their girlfriends. Failure to enforce the '10-to-10' rule (where students are forbidden to visit students of the opposite sex in their hostel between 10 p.m. and 10 a.m.) was cited as one of the factors that could accelerate the spread of HIV among students.

> "Girls stay in boys' hostels until very late. Even then no one checks to ensure that they have left. They are free to behave as they wish but responsibly." (Female lecturer)

However, during interviews with two resident tutors – one from a male hall of residence and another from a female hall – they both denied being aware of cases of male and female students sleeping in each other's halls of residence. We think, however, that they probably were aware of such practices but had to deny it so as not to indirectly admit that they were not doing their job as they ought. It would therefore appear that this laxity in the halls of residence allowed students to engage freely in sexual liaisons, and with limited access to condoms students were exposing themselves to the risk of contracting HIV.

Sexual favours and harassment

Discussions in the FGDs revealed cases of sexual harassment of female students by male tutors. Those involved usually submitted to it for fear of failing, and it was very difficult for them to report it to the administration for fear that nothing would be done or that they would create more problems for themselves if the lecturer found out that they had reported them.

> "Imagine a lecturer who is as old as your father comes and tells you that, 'I love you' and if you refuse his overtures you lose your

> Diploma. So some girls end up going in for those men. As students we are insecure because we know that the moment one refuses to give in, the Diploma is gone." (Female student leader, second year)

It is difficult to say how common such a practice is, as some cases undoubtedly remain unreported. One second-year student appealed to the top administration to take immediate action against lecturers if students reported them.

> "I am calling upon the top administrators, that if a female student comes to them with a problem that 'Mr. so and so is disturbing me and he gave me low marks and I am worried' they should take action against that lecturer immediately."

These allegations were, however, dismissed by a male member of the administrative staff, who explained that in most cases investigations found these to be no more than rumours spread by students without any evidence.

It was also revealed that some female students voluntarily offered sexual favours in exchange for money, better grades, or access to good teaching practice schools. Female members of the support staff also reportedly became prey to sexual harassment, and, from fear of losing their job, they too usually agreed to sex and were also reluctant to report it.

Such sexual relationships, which also involve power relations, potentially expose those involved to higher risks of HIV infection.

Inadequate HIV and AIDS prevention education

Nearly all the students interviewed explained that the college did not provide adequate HIV and AIDS prevention education – an opinion shared by the support and academic staff. College administrators did indicate that discussions on HIV and AIDS did sometimes occur during college assemblies and in health education classes, but most students felt that the amount of information thus imparted was inadequate. The academic and support staff interviewed also indicated that there were no such programmes for the staff. According to them, there seemed to be a general assumption among the Ministry of Education officials

that staff did not actually need HIV and AIDS prevention education. However, just like students, they felt that inadequate HIV and AIDS prevention education was a predisposing risk factor to HIV infection.

> "People are unable to make informed choices regarding their lives because they are not well informed. For example, they have now introduced treatment for HIV: we do not know what that means for those who are HIV-positive. There are so many questions we would like to ask but we lack the forums to ask them. Many of us may be acting in ignorance and thus indirectly exposing ourselves to the risks of contracting HIV. So, we need HIV and AIDS prevention education in this College for staff and for students." (Head of department)

The following are extracts from a FGD with first-year female students, which appeared to reaffirm that the college hardly provides students with HIV and AIDS prevention education:

> "They assume we know and yet we do not know."
> "They hardly talk about HIV and AIDS in this college."
> "There is no sex education, no guidance, no counselling and we lack access to condoms."
> "The college administration said no to condoms because it leads to reckless behaviour as a result the students engage in unprotected sex."

It was also felt that first-years could benefit from a more extensive orientation to college life, including information relating to HIV and AIDS and the risks that they would be exposed to in the college. It was generally felt that the warnings given in assemblies to be careful with their lives were really not adequate.

Given the nature of the predisposing risk factors, it was evident that the college needed to develop an institutional HIV and AIDS policy. This should include a comprehensive HIV and AIDS prevention education programme that focuses on first-year students as they arrive and continues throughout the two years of study. An HIV and AIDS programme is also needed for staff members, which discusses changes in symptoms, treatment education and how to deal with silence, denial

and stigma. Condoms should be made more accessible to students and staff.

4. Attrition among staff and students

Attrition among staff and students due to HIV and AIDS was perceived to be generally low within the college. While there were no records of deaths due to AIDS-related illnesses, members of staff who had been in the college for more than 10 years recalled some of their colleagues whom they suspected had died of an AIDS-related illness. The unconfirmed estimated number was six and three other academic members of staff were suspected to be HIV-positive. Student deaths, however, as previously noted, were much more difficult to establish, partly due to the fact that by the time the illness took its toll they had already left the college. Students spent only two years in college, which was a relatively short time. The college administration, however, did receive information from time to time that former students of the college had died of an AIDS-related illness.

Staff attrition

There was reluctance among staff to divulge information regarding HIV and AIDS-related illnesses or deaths among fellow staff. One head of department who had been at the college since 1996 recollected:

> "I recall only one case of the farm manager who died about four years ago."

Discussions with the support staff indicated a possibility that three others had also died. A male staff member that had been with the college since the early 1990s avidly remembered:

> "In 1994 one of the male lecturers passed away, and then the farm manager, then another male lecturer also died in 2000 and the caterer died in 2003."

There was also a mention by other members of staff of a nurse and a cook who had also died. According to a male member of the academic staff, more deaths had occurred among support staff than among academic staff. He also recalled that four out of the six members of staff

reported to have died of AIDS-related illnesses were members of the support staff.

When staff were asked if they were aware of any members of staff who were HIV-positive, there was always hesitation and reluctance to respond affirmatively to this question. The following are excerpts from a FGD with support staff:

> "Unless there is medical proof, we don't know."
> "You see, we have never gone for medical check-ups. So it is very difficult to tell, even if I am sick I cannot declare myself to be sick unless I have gone for the test."
> "Nobody has shown any symptoms, even if there are members who are sick."

A male member of the administrative staff observed that:

> "In the absence of VCT services in the college and in the vicinity, it is difficult to establish those that are HIV-positive. Those whom we suspected to have died of AIDS have just manifested certain symptoms associated with AIDS."

The majority of staff explained that with increased access to ART it was difficult to ascertain those who were HIV-positive unlike in the past when the physical symptoms for AIDS were known. The fact that the availability of treatment had made the problem of HIV and AIDS less visible was of concern to students and staff who feared that such people might continue infecting others.

> "There are staff members who are suspected to be HIV-positive and on medication so they continue teaching. They have the money to pay for treatment, this month he may look sick and the next month he looks very healthy. By the time first-year students come they will see a healthy looking man not knowing that he is HIV-positive." (Second-year female student)

> "Because of the treatment they receive some of those who are HIV-positive now look healthy and often die after a brief illness like pneumonia instead of a prolonged illness as was the case in the past." (Female support staff)

While attrition among staff and students was generally low there was general concern that increased access to ART made it possible for those living with HIV and AIDS to conceal their sero-status. It was also feared that this could lead to an increased spread of HIV within the staff and student populations.

Students' attrition

Students' attrition was much more difficult to establish within the college since there were no records kept of student withdrawals and deaths. The only available records showed the number of students that took examinations. These records indicated those students who had missing examination grades and had withdrawn from the college. Although the college occasionally received reports of students who had died, it was difficult to establish the actual causes of these deaths or their actual number. A male member of the administrative staff, who was responsible for student records, observed that deaths among students were high. He estimated that each year the college lost between two and five students, mostly among those admitted to the in-service teacher-training programme. However, this level of mortality could not be attributed to AIDS alone. There were no reports of students having died while at the college but there were indications that some could be HIV-positive.

A male member of the administrative staff reported that he was aware of two in-service students who had died and whom he suspected died of AIDS-related illnesses, but among the pre-service students he was not aware of any.

> "Among the students, on record, we have only known two cases in my time who were visibly HIV-positive, two cases since 1985. Both died, male and female at different times."

A head of department also reported that he was aware of three cases:

> "The cases I know well are three although there are some who have been dying but of course, I only hear rumours from people who knew them. All the three were in-service teachers. They come here

for only two academic years and I suspect that they came when they were already infected."

A male member of the administrative staff observed that:

"It has been very difficult to keep records of such attrition. Students, when withdrawing from the college, don't report to the administration why they are withdrawing. If they did, it would be very easy to establish why they left but they don't report. We only find out when we are compiling examination results that somebody is missing certain grades. And when we inquire, that is when we discover that the student dropped out. It is even difficult to trace when they dropped out. Later, we hear rumours that they died of AIDS."

This was confirmed by lecturers who claimed that, due to the number of pre-service students, it was difficult to notice whether one or two were missing, especially for those lecturers who taught foundation courses.

"In a class of two hundred students, you never get to know any of them personally and when one or two of them disappear, it is hard to know that they have left."

Students in the FGDs however reported that they were aware that some pre-service students had died of AIDS-related illnesses or were currently HIV-positive.

"There are those who came when they were already infected and have since died before completing the course. We had one last year, she died. Those who are infected at times fear to move in public because other students gossip about them so some of them just leave the college." (Female second-year student)

A student leader reported that:

"Last year, we had a student who was a first year. When we went out for teaching practice, she fell sick and we did not know that she had been married at one time and that the husband had died of AIDS ... the girl looked very healthy. But after our school practice, she died."

In brief, it was evident from the discussions with the students that some pre-service students were already HIV-positive and that a few had died. But the large number of students enrolled in the college made it difficult to keep track of them and to establish the level of student attrition. The absence of records on numbers of students withdrawing from the college, the reasons for withdrawal, the occurrence of AIDS-related illnesses, absenteeism and deaths contributed to making the problem of HIV and AIDS less visible.

5. Impact of HIV and AIDS

The impact of HIV and AIDS was selectively experienced within the college. Reports of the impact were made by staff members who had lost colleague, within their department, due to AIDS-related illnesses. The impact of the losses were experienced mainly in the form of: interrupted teaching, increased workload, poor performance by students in particular courses, financial loss as a result of continued payment of staff not working, and increased social and psychological pressures on those infected and affected by HIV and AIDS.

Interrupted teaching

Discussions with the top administrators and academic staff showed rather conflicting and sometimes contradictory perceptions of the impact of HIV and AIDS on teaching. Most thought it did not have an impact, whereas some staff in a few affected units did admit that it had an impact, even though it was not very visible to others outside the unit. A member of the administrative staff indicated that the impact was likely to be more acutely felt within the teaching ranks:

> "From my personal experience, I feel that the impact of HIV and AIDS is experienced more ... by colleagues who find themselves with increased teaching loads and by students who end up missing classes sometimes and performing poorly as a result of interrupted teaching."

Similarly another member of the administrative staff also explained that:

"The college lost a lecturer in history and it was very difficult to replace him. He died in 2001 and the college was only able to replace him in 2004. So, for three years, the colleague who remained in that department was forced to teach all the classes alone."

According to a lecturer in psychology:

"In the psychology department, when one of our colleagues died, it was very difficult to replace him so for some time I taught alone until a replacement was found."

From the foregoing, it would appear that the impact of HIV and AIDS on teaching was invisible to top institutional management since it was experienced only in a few departments, but a reliable system for monitoring the effects of HIV and AIDS on staff and students was missing altogether.

Increased staff workload

Academic and support staff who had lost colleagues to HIV and AIDS explained that even while their colleagues were still alive, they were forced to lend a helping hand, particularly when they were critically ill, and eventually they took over the full load once they died. This led to reduced teaching morale because the extra teaching workload was not compensated financially. In some instances, tutors would volunteer to assist a sick colleague, but in other cases the college administration would pressure them into giving assistance.

A male member of the administrative staff explained that because of the ban on staff recruitment, members of staff who lost colleagues sometimes ended up having to do their colleagues' work until the college was able to replace them.

"We are victims of something called staff sealing whereby when a member of staff dies, it is not easy to get a replacement."

Members of staff explained that they worked extra hours and took on extra responsibilities. As a result, they ended up overworked.

> "When one is overworked, after a while, inefficiency begins to creep in and eventually the quality of education on offer also begins to suffer." (Lecturer)

According to a male member of the support staff:

> "Since the college caterer died in 2004, he has not been replaced yet. As a result, the head cook, in addition to his own responsibilities, has now also taken on the responsibilities of the caterer and it is too much work for him and he is not being paid anything extra."

Increased workload among staff was one of the major impacts of HIV and AIDS in the college. However, as the college administration explained, this was not a problem that was easy to solve, especially as the Ministry had imposed the ban on recruitment. The college was therefore not at liberty to find staff replacements because staff were centrally recruited by the Ministry of Education and then deployed to the college. This recruitment policy did not appear to be sensitive and responsive to the challenges presented by HIV and AIDS to educational institutions. Unless the Ministry of Education is able to replace lost staff easily and fast enough, the quality of education in institutions that are hard hit is likely to be greatly compromised.

Poor performance by students

Discussions with staff members who had lost colleagues to HIV and AIDS revealed that the pandemic was impacting negatively on students' academic performance in specific subjects. Continued absence of sick members of staff and their eventual death had, according to lecturers in the affected units, contributed to poor performance of students in these specific subjects.

> "In 1995, a colleague was admitted in Mulago hospital for two months and when he returned to college, he taught for a week and then was re-admitted. Much of the time when he was sick he could not teach and this eventually contributed to poor performance of students in his subject because they were not taught." (Head of department)

> "Among those members of staff, who are ailing, there is loss of time, when somebody is sick they not only cannot cope with lecturing but

they also experience a loss of morale and this has a negative impact on the students' performance." (Male member of the academic staff)

The impact of HIV and AIDS on students' performance was more evident in the results of externally set and graded papers. Externally set exams are set on the supposition that the entire syllabus has been covered. Due to prolonged illness of infected and affected lecturers, students were, in some cases, unable to complete the syllabus and ended up performing poorly in those subjects.

Financial loss to the college

A member of the administrative staff and other members of the college all agreed that the college as an institution did not meet the medical expenses of individual members, but that it did, nonetheless, contribute to funeral expenses and pay for coffins. The college staff and one male member of the administrative staff therefore felt that HIV and AIDS did not have a direct financial impact on the college.

"Members of staff are expected to meet [the cost of] their own medical treatment. In case of death the college meets the costs for: transporting the body, the coffin and the food during the funeral. These expenses are recorded as part of the general expenditure but it has not cost the college much."

It was reported, however, that one of the staff members who had since died was admitted to Mulago hospital for a number of months before his death, during which time he was not teaching but was, nevertheless, being paid. A male member of the support staff, who had been at the college since the early 1990s, explained that this was a common practice whereby staff members who were sick and not working continued to receive their salary and other institutional benefits, such as staff accommodation, until they died.

Since the college administration only pays direct expenditures such as funeral expenses, and since the college had lost few staff members over the years, the college management did not consider HIV and AIDS to have significantly impacted on the institution's finances. They did

not seem to consider that an absent teacher receiving a salary meant a financial loss to the college and that financially they could not be replaced.

Social and psychological impact

Social and psychological impacts of HIV and AIDS were also reported among both infected and affected staff and students. Infected staff lost morale, became withdrawn, and some became defensive, short-tempered and depressed due to their preoccupations. Two groups of students were reported to be experiencing such impacts: those who had lost parents/guardians and spouses were said to be continually worried, and their academic work was suffering as they became disorganized and unfocused. Students and staff who had lost spouses became preoccupied with looking after their families while studying/lecturing at the same time. Others were pressured into leaving the college altogether.

A male member of the academic staff observed that the death of colleagues had its own psychological impact on the remaining staff:

> "Apart from the loss of manpower at work, the colleagues who remain [lose] morale because their colleagues are bedridden, most of them instead of going to work, they are contemplating on the situation and time is lost."

With regard to students, one of the heads of department explained that:

> "I have known of three cases of students who were having problems. Sometimes they wouldn't attend lecture and did not even do their assignments. When I noticed this I called them and we talked about it. They all said, 'We have problems'. I insisted and asked them to tell me what their problems were and explained that I would only be in position to help them if I knew their problems. So then they opened up. Two of them had lost parents to HIV and AIDS and the other had lost a wife."

Another lecturer also recalled one of his students having problems after his wife died:

"By the time I noticed that he was disturbed and was not concentrating on his studies, he had lost his wife but had not said anything to us. He was busy distributing his children to relatives so that he could continue with his studies. It seems he wanted to keep the problem to himself."

A lecturer reported that she once knew of a male student who was HIV-positive, had children and wanted to give up his studies:

"He wanted to give up his studies altogether, he said, 'After all, I am just wasting time.' Then I counselled him and told him that ... 'If you live positively, you will prolong your life and you will be able to cater for the needs of those children you have for a longer period of time rather than giving up.'

Students also reported cases of loss of morale, feelings of fatalism, depression and other forms of socially distractive behaviour among fellow students who were HIV-positive.

"I knew a student when we were in first year who suspected that he was HIV-positive so he used to drink all the time and sleep. Sometimes he would keep quiet and not speak to us for several days. When we broke off he did not return the following semester." (Second-year male student)

Staff and students who were HIV-positive, or who suspected that they might be, experienced great social and psychological stress. The foregoing evidence suggests that the college should try to introduce VCT services and try to make ART readily available in the college for both staff and students. The college should also try to put in place programmes that address issues of disclosure, stigma and discrimination.

IV. MAKERERE UNIVERSITY

This chapter presents and discusses findings from Makerere University. The chapter begins by giving a brief background of the university, then proceeds to discuss staff and students' perceptions of HIV and AIDS as a problem within the university, perceived risk factors to HIV infection within the university, attrition among staff and students due to HIV and AIDS, and the perceived impact of the pandemic on staff, students and the university as a whole.

1. Background to Makerere University

Makerere University is Uganda's largest university. It was established as a technical school in 1922, and in 1963 became the University of East Africa, offering courses leading to general degrees of the University of London. It became an independent national university in 1970, when the University of East Africa was split into three independent universities, namely the University of Nairobi (Kenya), the University of Dar-es-Salaam (Tanzania) and Makerere University. At the time of this study, 33,000 students enrolled in Makerere, nearly half of whom were evening students.

During the 1990s, Makerere University went through a reform process, which was characterized by drastic reductions in state funding and the introduction of a private student scheme. As a result of these reforms, there was a tremendous increase in the number of students amidst static infrastructure and without a proportionate increase in staffing due to the ban instituted on staff recruitment. This translated into bigger classes and more teaching, since evening classes were also introduced at around the same time, and increased workloads (marking and examining) for lecturers. To cope with this increased workload, more part-time lecturers were recruited, such that in some faculties there were more part-time than full-time staff.

Another consequence of the reform process was the increased number of non-resident students, which created a demand for student accommodation near the university. This resulted in the mushrooming

of student hostels in the slum areas around the university, known for such vices as prostitution and the brewing and selling of illicit alcohol.

2. Staff and students' perceptions of HIV and AIDS

A majority of the staff and students interviewed at the university did not perceive AIDS as an immediate problem for the university. Only those who had lost a close relative or colleague to AIDS or who, by their professional calling, were confronted with HIV and AIDS perceived this to be a problem. For example, a male member of the academic staff considered it a top priority.

> "HIV and AIDS should take first position, if not the second, on the list of university priorities. It is devastating not only our faculty but also the university as a whole. To me, it is an ethical obligation for us, as a university, to make ourselves available in trying to curb the impact that HIV and AIDS is having on our society. We in the Medical School and the hospital are at the epicentre of HIV and AIDS because patients come here and we interact with them daily. That's why I consider it a priority." (Top administrator)

Other top administrators interviewed acknowledged that HIV and AIDS were a problem in the university, but also indicated that there were other more pressing problems.

> "Our priority, as staff in Makerere for example, is the poor pay, poor working conditions, overcrowded classrooms and trying to get on with life. AIDS is not one of the things that keep people awake at night; but still, it is a problem. I would rank it number five on the list of priorities." (Member of the academic staff)

A member of the top management observed that during their two years in office, they could not recall a time when HIV and AIDS came up as an urgent issue in the university's top management meetings. Another member, who regularly attended both Senate and Council meetings, recalled that the issue of AIDS had come up in the two bodies from time to time but with no concrete follow-up action. To him, the university was faced with other acute problems that required immediate

and drastic action. He also reported that the university was working on an HIV and AIDS policy.

The majority of the support staff perceived HIV and AIDS as a serious problem for them and for the institution as a whole, and were concerned that the top administrators did not feel the same way.

> "HIV and AIDS is a big problem for us, we would, therefore, put it as number one priority but I think our bosses will put it as number ten. Many of us have died but no one seems to care except us." (Female support staff)

A long-serving male member of the support staff in another FGD expressed a similar view:

> "I think because many of the members of the top management are new they do not know what is happening amongst the lower cadre staff and how many of us have died of HIV and AIDS. I do not think they know because if they did, they would have, by now, put an HIV and AIDS programme in place for us. Perhaps it is because they themselves have not died in such big numbers."

Similarly, the majority of the students did not perceive HIV and AIDS as a big problem within the university. A few felt it was a problem, although not a very visible one. Those who perceived it as a problem had lost friends to AIDS while others knew of friends or fellow students in the university who were infected. But a majority of those interviewed felt there were other more pressing problems such as getting a good degree, paying tuition fees, and lack of money to buy basic necessities such as stationery, toiletries and paying for basic services such as photocopying. These were problems that they had to deal with on a more day-to-day basis as opposed to HIV and AIDS.

> "Among students, on a scale of 1-10, it would rank five, maybe four. Number one would be getting a good degree. Number two would be someone not failing to graduate because of a retake. Number three would be someone worrying about pregnancy because that is something very physical within nine months, everything is full blown and you are having to deal with the consequences, and AIDS

would come fourth on that scale and every other thing follows." (Student)

These findings suggest that there is a general lack of awareness of the potential havoc that HIV and AIDS can cause to institutions such as Makerere, which is in the meantime allowing the pandemic to continue spreading unabatedly. There is an urgent need, therefore, to sensitize the top administrators of the university to the potentially devastating consequences which HIV and AIDS can have on the institution.

3. Predisposing risk factors to HIV infection

The majority of staff and students perceived university students as being at greater risk of contracting HIV than the staff. Among the staff, however, the support staff were perceived as being at greater risk of contracting HIV than the academic and administrative staff. Among students, first-years were thought to be at greater risk than continuing students due to their tender age, naivety and the new-found freedom experienced on entering university, especially as most of them enrol directly from senior six, having studied in boarding schools under the close supervision of teachers or their parents. Many of them were said to be easily excitable and to partake in activities that put them at risk of HIV infection. Students already in the university were thought to be wiser, although they too were seen as easy targets for sexual exploitation by continuing students and by those outside the university who prey on young people.

"The university is full of young people who are not well guided by the institution. There is nobody to tell them about the real issues concerning HIV and yet this is the time when they need the information most because they are beginning to become more independent from their parents and are making decisions on issues like future partners and on establishing relationships which affect them in future." (Member of the administrative staff)

"The students enter the university at a sexually active age and some see the increased freedom as an opportunity to experiment with sex. Without proper guidance they expose themselves to HIV infection." (Member of the administrative staff)

> "Most of the students joining university now are quite young and their age pushes them to experiment with sex and, for many of them, it is the first time that they are really free from parental or school administration control. There are all sorts of people who are ready to exploit their innocence ... men induce girls with money and the girls eventually give in and it is hard for girls this age to insist that the man uses a condom. The young boys are also pursued by sugar mummies and their fellow female students who are well off." (Female counsellor, university hospital)

The majority of continuing students acknowledged having been reckless in their first year owing to the new-found freedom, naivety and peer pressure. In another FGD with female second-year students, the following observations were made:

> "Most of the first-year students are very young. When they come to campus they have all the freedom to do whatever they want. Many of them act irresponsibly due to peer pressure."

> "One may have a roommate who has a boyfriend and so this might put pressure on her to get one in the process. They then end up engaging in sex that, in most cases, is risky because it is unprotected."

> "I think there is a lot of liberty here; some students start taking alcohol and as you know when they get drunk, they lose control and can sleep with anyone or end up getting raped."

There is also a measure of anonymity that students enjoy on entering a big university in a big city.

> "The university is a very big place just like the city; students who come from all over the country are sometimes not known by anyone so they tend to behave as they like saying after all 'who knows me'. That is why some of them can be prostitutes at night and students during the day, the chances of being recognized are very limited indeed." (Female student leader)

Discussion with mainly second- and third-year male students revealed that they too had experienced incredible pressure to engage in sexual activity when they were in their first year at university. In a

FGD with second- and third-year male students, the following remarks were made:

> "Even if you are not interested, you will find someone try to challenge you to come out and prove your manhood and when one is young, you will always easily take up the challenge."

> "The majority of students here are 18-25 years and that is the age where people are most sexually active and here, they are independent of their parents."

> "If one does not take care, they can end up being driven into sex with any woman who is willing, if you indulge in such sex you are at risk of acquiring HIV or AIDS."

> "There is lots of pornographic literature around campus, and you know sex begins in the mind, so those pictures provoke students into trying to explore sex and do it practically."

These findings suggest the need for a comprehensive HIV and AIDS prevention programme specifically targeting those joining universities, so that very early on these young people are taught appropriate life skills which they can use to protect themselves from possible risks of HIV infection. This should be provided during the orientation week and should be reinforced throughout their stay at the university.

Attractions of urban life

A majority of staff and students appeared to see the urban lifestyle that students and staff are exposed to as a risk factor to contracting HIV. The city, with all its attractions, including nightclubs, casinos, cinemas and the latest fashion and hairdos, was regarded as irresistible to young people. However, all these attractions are expensive, and without money young people cannot enjoy them. There were reports that some students and staff got involved in transactional sexual relationships with older men and women (sugar daddies and mummies) for the sole purpose of getting money from them. This degree of susceptibility appeared to expose these young men and women to risks of HIV infection. Other male and female students engaged in prostitution to earn money to pay their fees and get them through university.

The following are extracts from FGDs with female and male student that seem to reaffirm the risks presented to students by the trappings of urban life.

> "The university is located in an urban area with night clubs, restaurants, cinemas, and other forms of entertainment where many young people want to hang out ... but the costs involved are very high, so young people end up getting partners who can give them money to enjoy these facilities."

Several staff members expressed similar sentiments. A member of the administrative staff observed that:

> "This university is in the middle of growing commercial spots like Bwaise, Wandegeya, Katanga and Mulago and they are inseparable from the university community. So students get girlfriends and boyfriends from in and outside the university. There are men and women who specifically target university students and are ready to woo them using whatever means especially money."

Female staff members, especially those in the lower cadre such as secretaries, clerks and teaching assistants, were also said to engage in inter-generational sex to pay for the latest fashions and other forms of urban entertainment. Some of the young women end up in relationships with their bosses, who in most cases are much older and married.

> "These young members of staff also want to look smart, with the latest hairdos, they want to eat well, go out to discos and films, and for that, they are willing to have extra-marital sex with their bosses." (Staff member)

Generally, it was considered that urban lifestyle and city attractions fuelled transactional sexual relationships between young students and older men and women, exposing these young people to risks of HIV infection.

Growing culture of materialism

Closely related to the urban lifestyle are what the majority of students and staff referred to as a growing culture of materialism and

consumerism among young people. Students at the university talked about the 'five Cs', which included *chips, chicken, cell phones, clothes and cars*. Examples were given of female and male students who willingly engaged in risky inter-generational sex in order to remain financially comfortable and maintain what they perceived to be a fashionable modern lifestyle.

This phenomenon was said to be much more prevalent among female students. In one FGD, students argued that:

> "Girls go out with 'sugar daddy' in order to lead a lavish lifestyle; others even have multiple partners. For example, they may have a student on campus that they hope will marry them when they complete and they also have a sugar daddy on the side that provides them with the money that they need to buy what they want."

> "There are girls who like to keep up with the latest fashion and hairdos. Such girls will sacrifice their lives to keep up with the latest fashion."

> "Some students feel that they must go to films and discos every weekend. This requires money so they find all kinds of ways of making this money."

Allegations were made that female students in particular were more materialistic and would go to greater lengths to acquire money to sustain such lifestyles. In an FGD with second- and third-year male students, it was observed that:

> "Some of these girls come from poor families in rural areas and when they join university and look at what other girls have, they feel they too want the same things."

> "Girls resort to going out with working men who can meet their material needs. What is unfortunate is that these same girls also have boyfriends who are students and in the end they may get infected from their men friend and in turn infect the poor male students."

Cases of male students having sexual relations with sugar mummies were also reported, but were not considered pervasive.

"Many times people just talk about the female students who go out with sugar daddies; no one is talking about the sugar mummies whom the male students go out with. There are businesswomen in this city who have a lot of money and who also get into relationships with young men. You know students cannot afford to drive cars but these women give them their cars to drive and they pose with them on campus."

"Some of these women are even married. They take out the students, buy them good meals and give them a good time. The students do not even know who else these women are sleeping with."

The above findings emphasize the need for more targeted HIV and AIDS prevention education programmes and life skills training to prepare young inexperienced students to face the challenges posed by urban lifestyle and materialism.

Risky physical environment around the university

The slums surrounding the university are well known for brewing and selling cheap alcohol and prostitution. Most of the support staff not accommodated in the university lived in these slums, and over the years, a growing number of student hostels have also mushroomed in the area. Staff and students living in these slums were perceived to be at greater risk of contracting HIV than those residing on campus due to their proximity to cheap alcohol and brothels that operate in the slums.

"Those living in the slums are exposed to a lot of alcohol that is sold around the place and with alcohol, there is unprotected sex. I think that it is high risk for the support staff especially because some of them are involved in brewing and selling alcohol including crude *waragi* [local gin] around the university." (A member of the administrative staff)

This suggests a need for the university to consider enhancing its capacity to regulate hostel accommodation by setting minimum standards for admissible accommodation.

Indiscipline in students' hostels

The recent massive expansion of university education in Uganda has contributed to a congestion of students in the halls of residence. A majority of students admitted at the university are now non-resident and many of them live in private hostels, some, as mentioned above, in the slum areas around the campus. There were, however, reports that unlike the halls of residence, which physically separate male and female students and where security is ensured, some of these private hostels are mixed and their costs vary depending on the type of security they offer and their location *vis-à-vis* the university. Students living in these private hostels were perceived to be uniquely exposed to the risks of contracting HIV for a number of reasons. First, some of the hostels do not have adequate lighting and security, which means that students, particularly female students, are prone to rape, especially at night. Second, some of these hotels accommodate both male and female students, which makes it easy for sexual relationships to quickly develop. Third, because these are privately rented hostels, the owners cannot impose discipline on the tenants to the same level as would probably be found in the university halls of residence. Fourth, these private hotels are sometimes congested in ways that do not afford adequate privacy to female or male student tenants.

> "In the hostel where I live, we share bathrooms and toilets with the female students, so we bump into each other when we are in our towels all the time and the situation is very tempting. Some boys have their girlfriends in the same hostel and this is tempting for the others." (Male student resident)

> "The student hostels vary in quality; the more expensive, the safer the physical location. Many of the hostels, unlike the halls of residence, are mixed. The cheaper hostels are physically located in the slums surrounding the university." (Male student resident)

> "To get to our hostel, we go past bars and the men who drink in those bars are always calling us as we walk past. If you drink alcohol, you can feel tempted and then what happens after that you will have little control over. Some students, especially male students, drink in those bars in the evening after classes and end up with the barmaids

from those bars and those women sleep with so many people so you can see they are at risk." (Female student resident)

It does appear that these privately managed hostels bring young female and male students into close contact, which creates room for relationships to develop and blossom. In the ultimate, the university administration needs to consider how best to assist students in ensuring safe and secure accommodation to minimize risks of HIV infection among students.

Lack of financial resources

A majority of students and support staff lack adequate financial resources, which heightens the risk of HIV infection. It was also thought that female students and support staff were much more vulnerable than their male counterparts. Students from impoverished family backgrounds, whose parents or guardians could not afford to pay their tuition fees and upkeep once they had started university, found themselves in a crisis. Some of these students easily resorted to prostitution or to transactional sex with relatively affluent elderly men and women.

Some students in the FGDs said the following:

"Girls go out on the streets at night and join other prostitutes and make money that way."

"Among the male students there is also a growing culture of homosexuality. There are places where they hang out and some of the men are very rich and pay highly for the services of young men. So some students, out of desperation for money, go and hang out in those places hoping to get one of those big men who are rich."

"I know a friend who does this (homosexuality) and he was introduced to it by another friend of his and he went into it just because he wanted the money. But it is risky for him because he says when you don't use a condom you get paid much more."

The foregoing demonstrates the need for public universities to prevent the further spread of HIV within the student population

by providing needy students with on-campus jobs to alleviate their financial difficulties. Another possible solution could be to provide students with grants or soft loans to finance their education as well as their daily needs while in college.

4. Staff and student attrition

Staff and student attrition at Makerere University was much more difficult to establish given the size of the university, with 33,000 students and 3,000 staff members, of which approximately a third are academic staff. Discussions with staff and students revealed some known cases of staff and student deaths due to AIDS-related illnesses in the past. There were also students and staff members who were known to be or suspected of being HIV-positive at the time of this study.

Staff attrition

Most of the staff interviewed, who had been with the university for more than 10 years, reported having seen the university lose a number of staff as a result of HIV and AIDS. Most of these deaths were reported to have occurred between 1990 and 1997. This was also around the time Uganda was experiencing a serious HIV and AIDS epidemic. A decline in deaths in the recent past has been attributed to availability of and increased access to ART by university staff.

A long-serving member of the academic staff reported that:

> "Most departments have lost one member of staff, but others have lost more than two staff members. I think there was a time between 1992 and 1995 when more staff members died but the numbers of deaths have since reduced."

A member of the administrative staff in the human resource department confirmed that the university had lost a number of staff due to AIDS, but pointed out that the university does not keep records of those who had died of AIDS-related illnesses. He further observed that an element of secrecy and denial still shrouds HIV and AIDS in the university:

"A number of staff members have died and we have suspected that they could have died of AIDS but we don't have evidence. Secondly, there is no one compiling the statistics, someone dies, they are buried and that's it. An announcement is put on the notice board."

Two other members of the academic staff shared a similar view. They both observed that it is rare that people declare that they have HIV or AIDS, and even when one dies it is not announced that the cause was AIDS-related.

A majority of the support staff were, however, more open and reported that several of their colleagues had died of AIDS while others were HIV-positive. In a FGD with the female support staff, one person reported that she was HIV-positive and on ART. She further indicated that there were many others suffering like her, but most were unwilling to openly announce it.

The Dean of Students, whose office was responsible for support staff working in the halls of residence (such as the cleaners, cooks, custodians and others), also confirmed that HIV and AIDS were a serious health problem in this category of staff.

"I can speak for support staff in halls of residence and say that this category of staff has been seriously affected."

Some students interviewed also indicated that they suspected some support staff members of being HIV-positive. During a FGD with third-year male students, they remarked that:

"If you look at some of the cleaners and cooks in our hall you will see that they are sick. They are weak and their skin has also changed colour."

Other students in the same discussion group remarked:

"It is not just the cleaners, one of our lecturers last year was sick, we all knew it. Sometimes he would come to the lecture looking very sick and sometimes he missed classes. This semester, I saw him looking better; he must be on medication."

It was evident that for more then 20 years now, the university has been losing staff to HIV and AIDS, and some are still suspected of being HIV-positive. What is difficult to establish is exactly how many have died; even within the faculties, members of the administrative staff opted to speak more generally and did not want to give numbers. Their explanation was that they had no proof that the staff members had died of AIDS-related illnesses since they died without disclosing their status to anyone. For the same reason, there was also reluctance to discuss those suspected of being HIV-positive. This makes it difficult to establish the true magnitude of the HIV and AIDS problem among staff. Interviews with a staff member at the university hospital revealed that although VCT services are available free of charge for staff and students, they are under-utilized. The staff at the university hospital reported that these services were now mainly utilized by the support staff and a few students, but not by the academic and administrative staff. So even there, it was not possible to ascertain numbers. What was clear, however, was that the number of staff dying of AIDS-related illnesses had greatly reduced since the 1990s.

Student attrition

Attrition among students was even more difficult to establish given the sheer size of the student population. Nearly half of the students who participated in this study were aware of at least one fellow student who was either suspected of being HIV-positive or who had died of an AIDS-related illness. Students also revealed that secrecy, silence, denial and fear of stigmatization characterized HIV and AIDS in the university. This, they claimed, was one of the reasons why it was so difficult to tell whom among them was HIV-positive. Attrition among students was also reported to have greatly reduced over the years, unlike in the early 1990s.

> "There was a time when the reported death rates among students were high, especially around the mid 90s but now those reports had reduced. This office is responsible for transporting bodies of any students who died while on campus. However over the years, the office has transported fewer bodies so I assumed that the rate had gone down." (Member of the administrative staff)

Members of the academic staff in the various faculties indicated that many students dropped out of the university due to a number of reasons, including ill health, but financial difficulties remained the main cause.

> "It is very difficult to separate those students who drop out due to illness from those dropping out due to other reasons." (Member of the academic staff)

A student leader observed that:

> "Generally the issue of HIV and AIDS on this campus is hardly openly discussed. Students do not want to accept the fact that it exists, not even if a student has all the signs. Even with the sensitization we have not had evidence of students coming out openly to say that – 'I have HIV and I am on ART.'"

During a discussion with female second-year students drawn from different faculties, one of them observed that:

> "During last year's graduation there were three students from our Faculty who graduated posthumously."

Other students did report being aware of students who were either HIV-positive or who had died of AIDS.

> "I have heard so far, about four students who have died before graduating and they were HIV-positive" (Third year male student)
> "It is not easy to single out a student who is HIV positive. A student can decide to stop attending lectures because he/she suspects that they could have HIV." (Third year male student)

> "The truth is that it is very hard to know who has HIV, those who are positive work hard to ensure that the symptoms do not appear." (Second-year female student)

An assessment by the Makerere University Hospital administration in March 2005 on students' uptake of HIV and AIDS counselling and testing services revealed that about 15 per cent of those who had gone for VCT were HIV-positive. The report did, however, note that this prevalence rate was lower than expected, since HIV prevalence was

perceived to be much higher amongst university students (Makerere University Hospital, 2005).

Generally the majority of staff and students acknowledged that there was attrition among students due to HIV and AIDS, but indicated that it was always difficult to establish the magnitude of student morbidity and mortality due to HIV and AIDS because of secrecy, silence, denial, fear of stigmatization, and the huge number of students involved.

5. Impact of HIV and AIDS

AIDS-related illnesses and deaths at Makerere were reportedly experienced more among the lower cadre staff than other categories of staff and students. The impact of HIV and AIDS were reportedly experienced in the form of increased workload, challenges of replacing highly trained and specialized staff, poor academic performance among students and financial losses as a result of retaining sick members of staff on the payroll for periods ranging from a few months to some years.

Impact on support staff

Most of those interviewed at the university suggested that HIV and AIDS-related attrition was highest among the support staff. Discussions with the support staff revealed a fear that if those who were HIV-positive and were continually absent from work were to be discovered by the top administrators they would be dismissed.

> "We fear that they will be dismissed from work once the central administration discovers that they are sick."

There was, however, a collegial strategy in the university, whereby the healthy staff protected their ill colleagues from dismissal by covering for them by doing their work. In so doing, they ensured that they remained on the payroll and that they and their families would not be deprived of an income.

> "Among the support staff in the halls of residence, it is very difficult to establish absenteeism, yet I am aware that it is an acute problem.

It is difficult to establish because colleagues cover up for those who are absent."

Despite this, support staff reported that, on occasions, they too get fatigued. There was also a feeling among support staff that because of their lower status within the university they were generally neglected by the top administrators and denied reimbursement of treatment costs, or were made to wait a long time for it. This usually caused them serious economic hardships.

"When they put in their medical claim, it takes a very long time to be attended to. So the person stays at home."

"They don't have the money and what they spend on themselves is not refunded."

"Only a few members of staff in this institution, who are close to the top administrators, actually get refunds for the treatment that they receive, but those not close to the administration don't get the money, so they fall sick constantly and are unable to take care of their families."

The university hospital provides free ART for staff, but this does not make the management of HIV infection and illness any easier because this cadre of personnel could hardly afford the nutritional requirements needed to complement the ART.

Male support staff also expressed concern about the slow replacement of those deceased members of staff. The following extracts from one FGD reaffirm this concern:

"The problem is that there are many of our colleagues who died but the university does not replace them so, we end up doing a lot of work to cover for the work of dead colleagues."

"There are only three of us now working in the compound, so if one of us dies which may not be long from now, we will remain only two."

Most of the support staff revealed that those who were HIV-positive did not wish to disclose their status for fear of losing their job. Yet, some

of them were sick often and were thus unable to continue working, and their colleagues who covered up for them were tired of doing this. In an FGD with female support staff, the following observations were made:

> "People die a very miserable and a painful death."
>
> "HIV and AIDS have had a great impact on us yet the university does not seem to care. Many of us are sick and so at times we lack the energy to come and work."

The majority of the support staff perceived the university administration as being insensitive to the plight of staff living with HIV or AIDS. This came out in a FGD where two of the members were HIV-positive:

> "My bosses know, for example, that I have AIDS and that I am on ART. I am not supposed to spend a day here without eating yet sometimes I spend the whole day without eating. So when I work for a full week without proper feeding, then I spend the next week bed ridden because the ARVs are very strong and require good feeding."
>
> "The university does not support us in any way .One time I went to my bosses and told them that I have AIDS and that I needed help. They told me that they will dismiss me from work. They have a way of retiring those whom they know or suspect to have AIDS."
>
> "As support staff we are not treated as other staff members, yet out there people think that all of us at Makerere are well paid."
>
> "HIV infection comes with poverty because you end up using all the money that you have."

A university counsellor working with the university hospital explained that HIV-positive staff often complained of stigmatization:

> "A boss or head of unit, once he or she discovers that one of the support staff is HIV-positive, they transfer them to another unit or faculty just to get rid of them."

In the absence of a HIV and AIDS workplace policy, members of the support staff within the university felt there was a need for the university to develop HIV and AIDS programmes that targeted them as

a group just as there were for students. They also felt the university ought to design a policy that addressed issues of treatment for staff and non-discrimination.

Increased workload

All members of the administrative staff and their deputies interviewed agreed that the impact of staff absenteeism and attrition at faculty and departmental level had been experienced in their faculties at one time or another. But they acknowledged that those who experienced the full brunt of it were those members of staff who had to shoulder the increased workload, which sometimes resulted in delays in marking course work and exams and the dissemination of results.

The workload of colleagues who were ill or who had died was normally redistributed among colleagues in the same department or faculty in order not to disrupt the running of the course. Members of the academic staff explained, however, that although colleagues were willing to take on this extra work while their colleagues were still ill, they expected the university to replace them immediately after they died. This was where the university failed because the recruitment process was very slow. It often took a year or more for a replacement to be found. So faculties have had to recruit part-time lecturers, many of who are not quite as qualified as those they replace. Teaching assistants, for example, are not supposed to teach full courses on their own without the supervision of another senior colleague, but owing to staff shortages at all levels, they end up teaching full courses unsupervised, as indicated by the following extractions from interviews with academic members of staff from different faculties:

"Several departments are suffering great shortages of staff."

"When we lose a staff member, we distribute the workload amongst the available staff so that the course can continue; this means that people's teaching load is increased and as you know this does affect the quality."

"The impact has been felt most in the amount of extra teaching that has to be done during the absence of a member of staff."

> "We have lost several senior academic members of staff and as a result, there is increase in work, there is delay in submission of results, there is delay in marking, you have more tutorials missed and so it is bad for the institution."

Failure to replace staff in the faculties was also impacting on the academic advancement of the colleagues who remained.

> "If somebody with a particular specialization dies, it is not easy to replace him or her from the street. At faculty level we are supposed to teach, do research and offer service and these depend on the number of academic staff available and on their qualification. The death of staff members has resulted in the stagnation of lecturers because they spend all their time teaching and end up not doing any research and therefore, cannot be promoted." (Member of academic staff)

A deputy dean in one of the faculties explained that the ban on recruitment of staff had made the staffing situation worse.

> "We have had difficulty replacing staff, as you may be aware, there has been a ban on recruitment at the university so it really takes long for us to recruit."

Other members of the administrative and support staff also highlighted this challenge. A female administrator working in one of the departments observed:

> "We have lost staff in this division and for years they have never been replaced. I started working here as permanent member of staff in the year 2000 and since then, the university has not recruited any replacements for those who have died."

This impact was being felt even among the non-teaching departments, as a female administrator in one of the departments explained:

> "When staff die, the university takes so long to replace them, which means that if you lose a member of staff, you now have to re-organize yourselves and take on that person's work despite the fact that even when that person was alive, we were already overworked. As a result of being overworked, we become short-tempered and that's why

some people complain about staff in this division that we are rude. We are extremely overworked."

According to one member of the administrative staff it was difficult to replace staff that had AIDS unless they died; as a result, his department was operating below capacity.

"There is this thing about AIDS where you cannot dismiss or terminate the services of somebody suffering from AIDS. You keep the person around but they are very sick; they cannot work; at the same time, you can't replace them. So you continue working with those who are healthy yet the numbers of those who are sick is increasing."

From the foregoing evidence, it is clear that the university did not have a system to rapidly replace staff lost to AIDS-related illnesses. The recruitment process was reportedly long, time-consuming, and almost insensitive to the plight of the faculties affected. Most faculties, members of the administrative staff explained, were operating below capacity in terms of staff, and in some cases more than 50 per cent of the staff in the faculty were part-time, recruited and paid by the faculties themselves from internally generated funds. Such a process of recruitment is likely to impact negatively on the quality of recruited staff because the central appointments board is not involved in the recruitment process, and this obviously has implications for the quality of the education on offer.

Challenges of replacing highly qualified staff

According to top university administrators, one of the areas where the impact of HIV and AIDS was experienced most severely in the university was in the replacement of very senior academic members of staff. University administrators and other members of staff observed that replacing staff that had died has been one of the greatest challenges. The rising student numbers and the ban on staff recruitment further aggravate this situation. But even in cases where the positions had been advertised, it had become increasingly difficult to find suitable replacements for some of the staff because they were very senior in both experience and qualifications.

A member of the top management observed that given the calibre of some of the staff members who had died, it was very difficult to replace them.

> "The university has lost some very senior members of staff and the programmes on which they taught have been affected very much because some staff members are not easy to replace".

Another member observed:

> "We have lost many members of staff to HIV and these members of staff were teaching and many of them haven't even been replaced. For example, doctors who are at the level of senior lecturers are a scarce human resource in this country, losing them has had a great impact on the functioning of the medical school."

Nearly all members of the top management interviewed observed that the difficulties of replacing highly trained staff had impacted on the quality of the education provided.

> "We get people to replace them but they are not as experienced and this affects the academic quality." (Member of the top management)

Similarly a dean in one of faculties explained:

> "Getting an experienced person who has the necessary specialization sometimes proves very difficult for the faculty. I would basically say that this faculty has been adversely affected just like any other faculties in the university."

A senior academic staff, who had been working with the university for more than 25 years, recalled that at one time some of the postgraduate courses had been suspended after the deaths of lecturers who were teaching them:

> "When I was serving on the Higher Degrees Committee in the early 1990s, some courses had to be temporarily suspended as a result of the death of some senior staff members."

It was evident from the discussions above that as a result of absenteeism and deaths due to HIV and AIDS and other causes, the

university is increasingly facing problems in finding suitable personnel to replace the highly trained staff. As a consequence, the university is recruiting less qualified staff, thereby compromising the quality of the education offered. The other consequence is that experienced staff take on extra teaching loads, resulting in a limited capacity for research and advancement in their academic careers.

Impact on students' academic performance

The majority of students and staff observed that HIV and AIDS impacted on the academic performance of students in several ways, including incomplete coverage of the syllabus as a result of missed lectures due to absenteeism and death of lecturers; interrupted study for some students arising from the loss of guardians/parents; some students have had to withdraw from university temporarily to look for paid work to pay their fees or even permanently. The academic performance of students who are HIV-positive or who suspect that they might be also suffers because they stop attending lectures and more or less give up on their studies, while others psychologically withdraw and suffer from depression.

> "Many members of staff, before they die, spend weeks and months away from work. Sometimes they come when they recover a bit and they go back again, they run a course partially and then fall sick again and sometimes they are in hiding and, therefore, not available to run the course. The impact of this is that lectures are missed, ward rounds are missed, and tutorials are missed so the entire education of students is suffering because of HIV and AIDS among our staff." (Member of the academic staff)

Nearly all members of the academic staff interviewed, as well as the students, admitted that students missed classes when their lecturers became sick, and in some cases had to change lecturers in the middle of the semester. It was explained that the lecturers who stepped in were, at times, not too sure where to start, and by the time the students got used to them it would be the end of the semester and time for exams. This certainly impacted negatively on the students' performance.

> "We had one lecturer suffering last semester and we missed a lot of lectures and this affected our studies very much." (Third-year male student)

Members of the administrative staff indicated that they were also aware of self-sponsored students who were struggling to complete their studies and others who had left without completing their course as a result of losing their parents or guardians to AIDS. They agreed that a growing number of orphaned students were leaving university prematurely due to financial constraints. It was also reported that many students were struggling because their parents or guardians were sick or because they had already died.

> "There are many private-sponsored students in this university who drop out each year, having lost their parents or guardians. Some then request for a temporary withdrawal hoping that they can eventually find a way to pay their fees. However, many of them never return or when they do, they have to change from the day programme to the evening programme so that they can work during the day to raise their fees. Many times it is not easy for them and this affects their academic performance." (Member of the academic staff)

Students also agreed that death of parents or guardians could be a major setback for the affected students.

"Last year, one of my friends lost her mother who was paying her fees at university. My friend was living in the same hostel as I was. Her father had died earlier on. When her mother became very sick, she had to move out of the hostel so that she could help at home and, at the same time, her mother could no longer pay for the hostel. She had only paid half of her tuition fees when her mother died. My friend tried to borrow the money from her relatives and some of her friends but she failed, so she applied for a year off. She has since not returned because she has completely failed to raise the money." (Female student)

Students also observed that those among them who were HIV-positive or who suspected that they might be sometimes developed fatalistic attitudes.

> "Some students once they suspect or discover that they are HIV-positive, they start drinking and sleeping with anyone who is willing to sleep with them. They give up their studies, their attendance of lectures becomes irregular while others attend but do not concentrate." (Third-year male student)

Other HIV-positive students were said to become withdrawn. Respondents in one of the FGDs said:

> "In our hostel, there was a girl, who once she discovered that she was HIV-positive, she stopped attending lectures. When we tried to persuade her she refused and at the end of the semester, she refused to do the exams."

> "There are also those who keep on missing classes and eventually they are discontinued after three semesters due to poor performance. That happened to a girl in our hostel who suspected that she might be HIV-positive."

Cases of HIV-positive students who used their tuition fees for ART were also reported, and this in turn affected their class attendance.

> "Some HIV-positive students use their fees to buy ARVs and then miss lectures as they try to get money to replace their tuition fees and in the process, they end up performing badly." (Second-year male student)

However, awareness of HIV and AIDS was perceived as having a positive impact, especially on the behaviour of some students. Some of those worried about contracting HIV reported becoming more focused on learning and avoided activities and/or behaviours that could put them at risk. Others had chosen to join anti-HIV lobby groups.

> "I think the positive side to this disease is that, some students have realized the danger of the disease and are trying to avoid it by concentrating on their books." (Female third-year student)

From the foregoing, the university needs to come up with a recruitment policy that allows easy recruitment to replace those staff that are sick, in a timelier manner. Such experts could be sourced from other public and private universities, or even from the private and

public sectors. There is also a need to encourage staff and students to make use of the available VCT services and to put in place support services for those who are HIV-positive and those who suspect that they are but are not sure.

Impact on the university's financial resources

The impact of HIV and AIDS on the university's financial resources was reported to have initially been experienced most in the form of increases in medical and funeral costs, especially during the 1990s when the university lost many members of staff. The university also experienced financial losses as a result of retaining sick members of staff on the payroll for periods ranging from a few months to some years. The magnitude of the financial loss, however, has not been quantified. The study found that over the years, the university has tried to regulate certain costs, such as funeral costs, by standardizing them. At the time of the study, fixed amounts of monies were designated for the purchase of coffins, transport costs and contributions to the bereaved family.

> "HIV and AIDS are costing the system although this cost is not being quantified. The individuals who are sick are not working for the salaries that they are getting and this is a drain on the institution's resources. In a few cases, the university contributes to treatment although this is not very obvious. It also provides transport for the body, a coffin and also makes a minimal contribution towards burial expenses." (Member of the administrative staff)

At the same time the university changed its health policy for staff from free medical treatment to a monthly medical allowance of 21 United States dollars per month.

V. INSTITUTIONAL RESPONSES TO HIV AND AIDS

This chapter discusses the opinions of staff and students with regard to their institutions' response to the HIV and AIDS epidemic.

1. Responses of the National Teachers' College

The general view of the majority of staff and students in the selected NTC was that the NTC's response to HIV and AIDS was limited. Some occasional talks and a few student-led activities in HIV and AIDS awareness were mentioned. The college had also tried to incorporate the subject into the health education curriculum; however, the level of integration was found to be wanting by both students and staff.

HIV and AIDS awareness

A member of the administrative staff of the college was reported to occasionally talk to students about HIV and AIDS during assemblies and to staff during staff meetings. However, these talks were not handled separately from all other information given at assemblies, nor were they systematically planned or exhaustive. As a result some students missed the information given in relation to HIV and AIDS, and claimed that they were not sensitized on the subject. The college staff expressed concern that while the MoES financially supported the use of music, dance and drama to address HIV and AIDS in schools and special talks at assemblies each week, the Ministry had not extended similar support to colleges to address HIV and AIDS.

A top administrator in the college reported:

"I talk to the students and staff about HIV and AIDS at every opportunity in the assemblies, in staff meetings mentioning the dangers associated with HIV and AIDS, warning that 'the next person you look at could be HIV-positive', therefore they should take care as they interact with other people."

Another member of the administrative staff explained that:

"Whenever there are assemblies, the administration makes it a point to speak to the students about HIV and AIDS. Assemblies are held

> at least twice every term so in an academic year there are about six assemblies where HIV and AIDS is addressed ... Students are told, 'Now that you are here, you should be careful, you are from different backgrounds, be aware that AIDS is not far away but here among us. So look after your lives.'"

During the discussions with first- and second-year students, they denied having been given information relating to HIV and AIDS as illustrated by the following observations:

> "We have never been sensitized about HIV and AIDS since we came here."

> "Nobody has sensitized us, not even in health education."

> "Since I came to this NTC and I have been a Minister on the outgoing Guild, no HIV and AIDS sensitization has ever been organized by the college for students."

> "The only meeting that I know of that addressed HIV and AIDS was organized by the Nakasero Blood Bank people, who have been here twice."

Some second-year students, however, recalled that the college had addressed them on HIV and AIDS. In one FGD with second-year students, it was observed:

> "During the orientation week, they told us to be aware of HIV and AIDS."

> "They said 'you have been admitted here for a Diploma, but remember the three D's i.e. Diploma, Disease and Death.'"

It was evident that a member of the administrative staff and other staff members gave occasional talks on HIV and AIDS to students. These were, however, more like cautions than educational sessions. This suggests the need for well-structured HIV and AIDS prevention programmes for students and staff, so that they can be given accurate factual information relating to HIV and AIDS.

Student-led activities

The majority of staff and students indicated that there were many student-led activities to raise students' awareness about HIV and AIDS. These activities, however, relied on the initiative of individual students and therefore lacked continuity. These were also one-off activities with no clearly developed programme or strategy.

A member of the administrative staff said that the college did encourage student-led associations to deal with HIV and AIDS:

> "One is called 'Change' and the other, is 'Say it straight and save the nation'. Another association is the 'Young Christian Society'. These associations organize concerts, which advocate for safe behaviour. They are also involved in counselling of students. Students belonging to YCS educate their colleagues about how to avoid contracting HIV."

Students mentioned several other cultural associations that addressed HIV and AIDS, including the Basoga Nsete Cultural Association, the Christian Union, Musajja Gyagenda Baganda Cultural Association and the Northern Uganda Cultural Association.

Student leaders in halls of residence also reported speaking to first-year students on HIV and AIDS.

> "We talk about AIDS when we are addressing new students. We usually tell them that, 'you people have joined this institution but there are risks of getting AIDS.'" (Student leader)

A majority of students, however, indicated that these HIV and AIDS talks were neither regular nor in-depth. This suggests the need for more organized institution-based programmes that can have a meaningful impact on students' lives.

Activities run by other agencies

The majority of staff and students in the college mentioned only one other agency that addressed HIV and AIDS within the college: the Uganda Red Cross Society. This society occasionally runs HIV and AIDS prevention education seminars for students and staff at the college,

but, as the students explained, although the seminars were open to all, only those who are members of the Uganda Red Cross Society usually attended them.

Students who attended the seminars had this to say:

"They address the causes and prevention of HIV and AIDS."

"Sometimes, they distribute condoms as well to those willing to take them."

"They take time and advise you briefly on AIDS as far as blood is concerned."

"They always encourage us to go for blood tests so that we can be certain of our HIV status ... then we can try to avoid engaging in high risk sexual behaviour."

While these seminars were useful in terms of disseminating factual information relating to HIV and AIDS, most students did not attend and, therefore, remained relatively uninformed about the importance of testing and early detection of HIV infection, which were discussed in detail in these seminars.

Integration of HIV and AIDS education into the curriculum

Both staff and students reported that some topics relating to HIV and AIDS were covered in health education. However, there was also a feeling that the coverage of HIV and AIDS education within the health education curriculum was inadequate. The college administration also acknowledged that HIV and AIDS education had not yet been systematically integrated into the college curricula. Equally, while lecturers in different disciplines indicated that they taught HIV and AIDS during their classes, they did, nonetheless, agree that this was not done in any organized or systematic way. One member of the administrative staff also observed that the college had made efforts to incorporate HIV and AIDS prevention in health education, but agreed that this had not been organized in any serious manner.

> "HIV and AIDS are taught as part of professional studies to every student. On the time-table health education is a one-hour lecture each week. HIV and AIDS are not taught as separate topics but are brought in when we discuss life skills for example, and also when discussing diseases. In first-year for example, we have life skills and, one of the objectives is to enable students to acquire life skills in order to avoid HIV infection. When we discuss sexually transmitted infections, we also include AIDS because it is one of them." (Head of health education)

Students felt that the coverage of HIV and AIDS in terms of content was very limited, as some of them remarked during the FGDs:

> "I remember the lecturer talking about AIDS together with other STDs that is all I don't even think that they went into detail."

> "I only remember the part of prevention because I was wondering if the use of condoms is one way of preventing the spread of HIV and AIDS why does the college not distribute them."

> "It is taught together with other health problems it is not a topic on its own."

Student leaders suggested that it would be more useful to have comprehensive HIV and AIDS as a stand-alone programme in the college that addressed not just prevention education, but also other important topics like VCT and ART.

> "Nearly all discussions on HIV and AIDS centre on prevention, what about if you are already infected or suspect that you might already be infected what should you do? No one talks about that in this college. I think that is why those who suspect that they are infected withdraw and eventually leave altogether." (Student leader)

The lack of a comprehensive HIV and AIDS programme was quite evident in the college. Not only was the prevention education available to the students and staff very limited, there were no VCT services or ART available nearby, and no condom distribution on the college premises. In the absence of such services, the college students and staff could, at least, benefit from a comprehensive prevention programme and

guidance services that would enable them to make informed decisions and to access services.

2. Makerere University

The assessment by the majority of staff and students at the university was that its response was very limited, both in terms of scope and coverage.

In the early 1990s, the university set up an Anti-AIDS Task Force to respond to the pandemic. However, according to former members of the task force, it failed since the necessary support needed to carry out its work was not provided. As a result, the task force ceased operation after a year, despite having drawn up a five-year development plan. Since then, the university has only recently developed an HIV and AIDS institutional policy, which has yet to be adopted and implemented. While the university supports some HIV and AIDS activities for students, these are implemented on a small scale and are intermittent. Other HIV and AIDS-related programmes within the university are supported by agencies outside the university. VCT and ART services are offered free of charge at the university hospital; however the staff at the university hospital reported that they were under-utilized by both staff and students.

Makerere University Anti-AIDS Task Force (MUAATF)

The majority of staff who had been at the university for 20 years or more observed that during the 1990s it was clearly evident that both students and staff were dying of AIDS-related illnesses at an alarming rate. They recalled concern, at the time, expressed both in Senate and the Council of the impact that HIV and AIDS was likely to have on the university as a whole. This concern culminated in the formation in 1992 of a Makerere University Anti-AIDS Task Force (MUAATF). MUAATF was made up of 50 members who were representatives of different faculties, non-academic staff and students. The introduction to the proposed MUAATF Five-Year Development Plan captured the severity of the HIV and AIDS problem within the institution at the time, and the urgent need to intervene.

> "Uganda is one of the worst hit countries in Africa. Makerere University has not been spared. Many staff members and students have died and many others will continue to get infected unless the university institutes an effective intervention programme. As many people die the functioning of the university will be increasingly threatened and the effects of AIDS on the university will be hard to handle. The Senate after realizing the impending catastrophe agreed in principle to set up an organ that should be concerned with AIDS control at the university and possibly beyond through outreach activities." (MUAATF Five-Year Development Plan, 1992: 1)

Discussions with some of the former members of the Task Force revealed that it was short-lived and that the proposed five-year plan was eventually never implemented, mainly due to lack of commitment of funds by the university.

> "The university administration at the time failed to implement [the] Senate's decision of setting up an organ within the university to specially deal with HIV and AIDS. With no full-time staff committed to MUAATF work and no funds allocated specially to address HIV and AIDS we lost morale and MUAATF died a natural death." (Former academic staff member of MUAATF)

For an HIV and AIDS initiative to be successfully implemented within an institution, there is a need for commitment on the part of the top administration. This commitment should be evident in terms of both human and financial resources for the implementation of HIV and AIDS-related policies and programmes. Fourteen years elapsed between the initial attempts by the university to form a Task Force and the more recent development of an institutional HIV and AIDS-related policy. This, to some extent, reflects the lack of commitment on the part of the top administrators to respond to HIV and AIDS within the university.

Institutional HIV and AIDS-related policy

An institutional HIV and AIDS-related policy for Makerere University was drafted in 2005, but is still awaiting discussion by Senate and final approval by Council before it can be implemented. The majority of the staff believed that the university administrators were aware of the HIV

and AIDS problem within the university, but were reluctant to deal with the problem head-on because of the financial implications involved.

> "You see it would not be correct to say that the top administrators within this university are not aware that HIV and AIDS is a problem within the university; they are aware. I think that the university has been reluctant to put in place an HIV and AIDS policy because by so doing it would be committing itself to dealing with the problem directly and this would have serious financial implications for the university as a whole. Since the late 1990s the university has been facing a financial crisis as a result of reduced government spending on higher education. The university has had to deal with impending strikes by both students and staff, the need to expand the infrastructure and so on. So I feel that the delay in developing an HIV and AIDS policy has been deliberate." (A senior academic member of staff)

In the absence of an institutional policy and an institutional strategic plan of action, Makerere University lacks a unified institutional response for implementing HIV and AIDS-related programmes.

HIV and AIDS programmes organized in collaboration with the university

Most of the staff and students indicated that the only area in which they were aware the university has played a role was provision of HIV and AIDS awareness for students. The university runs a few prevention programmes in collaboration with the Office of the Dean of Students, the Gender Mainstreaming Division and St Augustine Chapel. The programmes centre on raising awareness on HIV and AIDS, life skills development, peer education and prevention education, and were organized mainly for students. Students reported that an orientation week was organized for new students by the Students' Guild in conjunction with the Dean's office and the university hospital.

A student leader in charge of health explained, in relation to the orientation week, that:

"The orientation takes a full week, during which time student guild officials move from hall to hall and also within the hostels, giving the new students information about the university and about available services within the university. It is during this time that information relating to HIV and AIDS prevention education is also distributed and discussed."

He further explained that AIDS symposiums were organized on World AIDS Day. The Students' Guild usually marks the World AIDS Day celebrations and more often than not they adopt the global theme for that year. The AIDS symposiums are organized yearly on 1 December, financed by the university, and usually involve students from different universities meeting and discussing issues pertaining to AIDS. The university's Students' Guild also organizes some health-week activities annually; they dedicate a week to health awareness campaigns, during which they usually address AIDS and other STDs. A female student leader explained that there were also other seminars organized specifically for female students.

"We organize seminars that address cross-generation sex. The main message of these seminars, which are organized mainly for female students, is that when they have sex with older men, they are exposing themselves to HIV and AIDS infection."

Discussions with students also revealed that St Francis Chapel and St Augustine Chapel at the university organized a special orientation week for freshmen and women in the university.

"The orientation is general and does not focus only on HIV and AIDS. It does, however, cover issues relating to HIV and AIDS transmission and prevention. Other topics discussed with the new students include relationships, drugs and alcohol abuse. The new students are also cautioned on relationships within the university." (Male student, member of St Augustine Chapel)

A male third-year student, involved in this orientation during his first-year, explained that it was very beneficial:

"Our involvement in such activities helped some of us avoid some of the risky behaviours like alcoholism."

Students also reported that, during the orientation week, St Augustine Chapel's student community organize dramas aimed at depicting university life and some of the lifestyles that expose students to HIV and AIDS. They also produce a play called the CAMPUS GAME. A member of the St Augustine student community explained:

> "The CAMPUS GAME brings out various aspects of university life ... like the relationships between boys and girls on campus, and how girls extort money from boys in exchange for sex and so on. In the end, it depicts what happens to girls and boys who are promiscuous and materialistic. It basically brings out the whole AIDS situation on campus and everyone gets the picture."

While the university was, to some extent, involved in HIV and AIDS prevention programmes for students, the majority of staff expressed concern that none were organized for staff.

> "The HIV and AIDS-related programmes on this campus address only students, there seems to be a general impression that as staff working in higher education we are informed about HIV and AIDS and therefore we do not need any specific programmes that address HIV and AIDS prevention." (Member of the academic staff)

> "The fact that there are staff members dying of AIDS within the university is evidence enough that staff members also need access to programmes that address HIV and AIDS. The question perhaps is what kinds of programmes would be most appropriate for staff?" (Member of the administrative staff)

> "I work at the swimming pool and over the weekend Pastor Sempa organizes 'Prime Time' but it is only for students ... I wish similar programmes were also organized for support staff." (Female support staff)

It was evident that the university has been involved in funding and, in some cases, organizing HIV and AIDS prevention programmes for students. The programmes involved the Students' Guild and at times, other student organizations to reach out to students, especially first-year students. It was clear, however, that most of these activities took place during the orientation week and there was no evidence that

they continued throughout the year. Students need to be continually reminded of the predisposing risk factors that expose them to HIV and AIDS. This means that there is a need for longer-term HIV and AIDS prevention education programmes within the university and not one-off activities. Staff members also pointed out a need for HIV and AIDS programmes that address staff.

Externally initiated HIV and AIDS programmes in the university

Students and staff mentioned outside organizations involved in HIV and AIDS-related activities within the university. Population Services International (PSI), in collaboration with Makerere University's Gender Mainstreaming Division, runs the Go Getters, which is a peer education programme. Youth Alive also runs a peer education programme in collaboration with the St Augustine Community, and Makerere Community Church runs Prime Time in collaboration with students. All these initiatives involve students as peer educators and as organizers of the HIV and AIDS prevention programmes.

> "Go Getters was initiated by Population Services International (PSI), which first trained some of the students as peer educators. In order to become a peer educator, one had to undergo training. The training covers facts and myths about HIV and AIDS transmission and prevention, risk perceptions, dangers of cross-generational sex, life skills, thinking skills, relationship skills and management skills. " (Focal Point Officer, Go Getters)

The Focal Point Officer explained that a manual had been developed to assist the peer educators to carry out this work. Workshops are organized for students three times a year, as one of the student trainers explained:

> "We organize three very intensive workshops for students every year. The first one is around May, that's when we recruit students. We equip them with training skills, we also give them notes on topical issues, like HIV and AIDS, how to dress observing protocol, coping with campus problems, how to concentrate on their studies and how one can build their career. We emphasize the idea of staying

safe on campus and going out with a good degree and with a healthy body. We give them reading materials and invite experts to talk to them on various topics."

The student peer educators now run this programme.

"At first, we were the ones facilitating the training but now that we have trained two generations of peer trainers, we have left them to handle most of the topics ... They have their own language, which they use which appeals to them, which somehow sends the message home." (Focal Point Officer)

Students interviewed, who were involved in this programme, were very excited about it and explained that they had benefited a lot from it:

"When we had just joined university, we were not aware about the challenges of cross-generational sex (sugar daddy and sugar mummy relationships). But when meetings were held in our halls of residence, we were sensitized as female students about how we can avoid such relationships because they are damaging to our lives. Alternatives ways of meeting our basic needs were given, because some girls explained that they get the sugar daddies because of financial problems. It has helped me a lot because now I am in my third year and have kept away from sugar daddies." (Third year female student)

Youth Alive is an organization running a peer education programme on HIV and AIDS that is referred to as the Behaviour Change Programme. The peer educators meet every Monday, at the beginning of the semester, to work out a programme for that particular semester. Resource persons are invited to come and speak to the peer educators on topical issues, and sometimes debates are organized. The programme introduces students to how HIV is contracted and how to prevent it and the development of AIDS, and discusses the challenges of being at university and the risk factors involved.

"These meetings have greatly raised our awareness about HIV and AIDS and they have enabled us to go out and spread the same information to our peers. Sometimes inter-denominational meetings

are held which draws together student leaders of different religious denominations." (Youth Alive member)

"The leaders are taken through a course on HIV and AIDS prevention and control methods and they are trained as trainers and are tasked with the responsibility of going and carrying out peer education." (Youth Alive co-ordinator)

Prime Time is another HIV and AIDS prevention education programme run within the university by Makerere Community Church, and which, according to FGDs with students, is one of prevention programmes that draws the largest numbers of students.

"Prime Time is an AIDS prevention programme that provides education and entertainment meetings at the university as an alternative to sexualized entertainment like discos and nightclubs ... it promotes abstinence and discourages the use of condoms." (Prime time co-ordinator)

Prime Time also runs a drop-in youth centre called the White House. Here, both students and former students offer counselling to current students. According to the co-ordinator, all Prime Time activities are geared towards providing support and enhancing behaviour change amongst university students. Plans are on the way to start VCT services, which are more youth-friendly than those offered by the university hospital. Prime Time also encourages the formation of small peer groups (currently there are 80) that meet together often. According to the co-ordinator, the idea is to promote a feeling of accountability among students. One of the female students who reported that she attends Prime Time regularly explained:

"During Prime Time, students run the programme. There is drama, talks and music, which are all geared towards equipping students with life skills and encouraging them to stay safe."

A male student who also attended regularly explained:

"Prime Time focuses on specific themes, for example, on how to resist demand for sex or how to deal with pornography, or promiscuity. So, a drama scene is acted where a student in a hall of residence or

hostel deals with pornography, or a scene is shown portraying how to say no to a boyfriend who is demanding for sex and so on."

Prime Time also produces a newsletter, which is free for students. It discusses different challenges faced by university students and provides solutions to some of them.

Current programmes being run by external organizations, though very innovative, seem to cover only a small number of students. The university could take advantage of some of these and expand them to include more students, and staff where possible. The peer education programmes and life skills training were considered by students to be effective in communicating the message of HIV and AIDS.

VCT and HCT services

The university hospital offers free VCT services as well as ART to staff, students and the community within the precincts of the university. However, a report of a mini-assessment carried out by the hospital administration in March 2005 on students' response to the VCT services found that they were under-utilized by both students and staff.

The mini-assessment observed in part that:

"As result of the workshop organized for peer mobilizers, more [than 529] students ... went for HCT services within a period of four months in comparison to an accumulative total of less than 300 individuals who were served during two academic years (2002/2003 and 2003/2004) at the hospital (see Makerere University Hospital, 2005).

This was attributed to a general lack of awareness of the existence of these services among both students and staff, and to the fact that the more senior members of staff preferred obtaining such services at other centres in the city of Kampala where anonymity and confidentiality were assured. The university hospital, in conjunction with the Students' Guild, had, however, organized a workshop for peer mobilizers hoping to persuade their fellow students to use the services.

During the discussions, the majority of the students reported that they were not aware of the existence of such services or that they had only recently learned they were available free of charge and that there were advantages to using them. The following extracts from the discussions with second- and third-year female students illustrate this very well:

> "I was not aware that there were any such services."
>
> "It is very recently when I learnt from one of the students in my hostel that such services exist."
>
> "Many of us thought that people pay for those services that is why we have never gone for the tests; now that we know that they are free, we will go for them."

It is evident, therefore, that lack of awareness of the availability of these services and of the advantages of using them were some of the reasons for their under-utilization.

The majority of the senior staff, however, felt that their colleagues would most likely prefer to go elsewhere for such tests. A member of staff at the university hospital explained:

> "I suspect that the more senior members of staff, even if they are aware that these services are available free of charge at the university hospital, would most likely prefer to go elsewhere where they are not known. At the university hospital, you run the risk of running into your colleagues and students and you can never be sure that confidentiality will be observed. So to minimize such risks people go elsewhere."

The assessment report noted the ongoing challenge to bring the university staff on board and persuade the university administration to commit to the initiative. This suggests, as previously discussed, a need for more comprehensive HIV and AIDS prevention education programmes that specifically address different categories of staff within the university. There is also, perhaps, a need to train the university's top management, staff and students on HIV and AIDS-related issues in order to make them more responsive to the services that are now available.

Integration of HIV and AIDS in the curriculum

The majority of staff and students interviewed indicated that the subject of HIV and AIDS had been integrated into some of the course units. In the social sciences, the subject was covered in courses such as social work and psychology, and to a limited degree in agriculture. However, there was a general feeling that the information given was rather shallow, except in courses such as medicine and public health.

On the whole, there has been very limited integration of HIV and AIDS as a subject in the university curricula. Where any teaching existed, it was rather shallow and cursory. However, it was said that the university was organizing a course on HIV and AIDS within the School of Education.

Student and staff perceptions of the university's response

The majority of students and staff perceived the university's response to HIV and AIDS as limited. The top administrators within the university were perceived as having shied away from HIV and AIDS and having turned a blind eye to its impact on the university. Faculties also felt that the top university organs were not responding fast enough to the problems of staff recruitment to replace those who died. University administrators were perceived as insensitive to the plight of those diagnosed with HIV or AIDS, as evidenced by the university health policy. It was felt that the university perceived HIV and AIDS as a personal rather than an institutional problem.

> "The university administration has left individual departments and faculties to develop their own home-grown solutions to the epidemic. The university has not responded as an institution to the problem; rather, certain individuals within the institutions try to play their part in the fight against AIDS." (Senior academic member of staff)

> "Previously, when a member of staff was sick or other immediate members of his or her family, the university hospital provided free treatment. This was for both senior and junior members of staff. Now

> the university administration decided to change its medical policy, so that instead of providing free treatment for staff they instead pay a monthly medical allowance. For us junior members of staff, it is only 15,000 shillings a month (less that 10 US$ per month)." (Female support staff)

Support staff living with AIDS found this university health policy unfair and insensitive. The majority of the staff expressed great dissatisfaction with this meagre allowance, which for support staff was as little as 21 US$. This barely meets the costs of medical treatment for those suffering from HIV or AIDS, making it very difficult to access adequate healthcare.

> "Even if the university hospital now provides free ART to staff, one has to pay for the treatment of opportunistic infections from the 15,000 shillings we receive a month, which is not enough. Secondly, to be able to start on ART there are certain tests that have to be carried out; these again cost a lot of money. So there are many other costs that the individual who is HIV-positive has to bear before they even begin receiving the free treatment." (HIV-positive support staff)

Other support staff members pointed out that some people reacted badly to ART and needed to be hospitalized for further treatment. If this did happen, the patient or their family was expected to pay for the extra treatment.

On the whole, a majority of the staff were of the opinion that the university had not been very dynamic in tackling HIV and AIDS or in addressing their impact on the university. Instead, the university had acted most cautiously by allowing sick members of staff to stay on without terminating their services so that they could continue to receive their salaries even when they were not working. By giving to all staff a standardized minimal medical allowance and a standardized amount of money for funeral expenses to bereaved members of staff, the university had minimized its expenditure on HIV and AIDS. This suggests the need for more proactive responses. There is need, for example, for an institutional HIV and AIDS workplace policy that clearly stipulates the rights of staff members affected by HIV and AIDS and the obligations of the university as an institution, which is currently lacking.

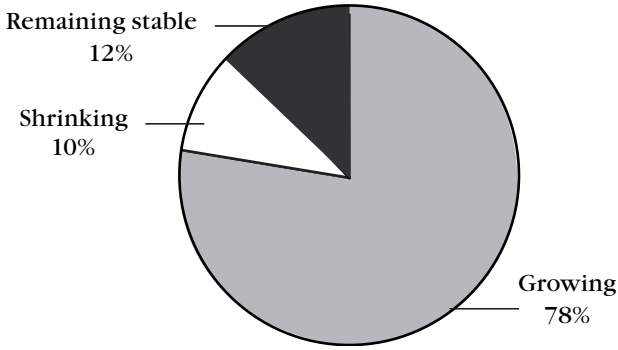
VI. FINDINGS FROM THE SURVEY OF OTHER HIGHER EDUCATION INSTITUTIONS

A survey was conducted in the remaining 58 higher education institutions as a way of validating the findings from the National Teachers' College and Makerere University (used as case studies) and to gain a general overview of how higher education institutions in Uganda have responded to HIV and AIDS. More specifically, the survey sought to establish whether student enrolments in higher education institutions in Uganda were growing, diminishing, or remaining stable. It also explored the extent to which higher education institutions have established institutional HIV and AIDS management structures; created an enabling environment for an effective response to HIV and AIDS; mainstreamed HIV and AIDS within their institutions; adapted their human resource policies to take into account the impact of HIV and AIDS; implemented workplace HIV and AIDS programmes; integrated HIV and AIDS and life skills into their curriculum; responded to the needs of those infected and affected by HIV and AIDS; developed partnerships in response to HIV and AIDS; and conducted research to guide their responses to HIV and AIDS.

1. Institutional enrolment

After three decades of the existence of HIV and AIDS in Uganda, one would probably expect that it would have, by now, impacted on the demand for higher education, resulting in declining student enrolments in higher education institutions. The survey therefore sought to establish whether the total student enrolments were growing, shrinking or remaining stable. A surprising 78 per cent of the institutions reported that their student enrolments were growing, as can be seen in *Figure 6.1*.

Figure 6.1 Institutional enrolments in higher education institutions



These findings suggest that HIV and AIDS have not yet impacted on student enrolments in higher education institutions.

2. Institutional HIV and AIDS structures

In exploring whether higher education institutions had established institutional HIV and AIDS management structures, institutions were asked whether:

1) they had a committee or management unit responsible for co-ordinating their response to HIV and AIDS;
2) their institution had staff members who dealt only with HIV and AIDS-related issues, and if so were these staff members permanent and how were their positions financed;
3) they had structures responsible for implementing institutional responses to HIV and AIDS.

Like Makerere University and the National Teachers' College, none of the other higher education institutions in the survey had a management unit specifically set up to deal with HIV and AIDS within their institutions, and none of them had full-time staff dealing only with this issue. More than a third (36.2 per cent), however, reported having committees responsible for co-ordinating their responses to HIV and AIDS, and in nearly all of them these same committees were also responsible for

the implementation of these responses. A third (34 per cent) of the institutions reported having identified focal point staff responsible for co-ordinating the institutions' HIV and AIDS-related activities, but these activities were in addition to their other responsibilities within these institutions.

The committees responsible for HIV and AIDS in the various institutions had varying names and responsibilities. The committee at Muni NTC, for example, was called the President's Initiative on AIDS Strategy for Communication to the Youth (PIASCY) Committee. It was made up of six lecturers and was responsible for HIV and AIDS sensitization among students and group employees on a monthly basis. The PIASCY Committee was also responsible for distributing materials such as leaflets and posters, and had an outreach HIV and AIDS awareness programme, which was implemented in the community surrounding the college.

Unyama NTC had a committee referred to as the AIDS Awareness Workplace Committee, made up of three lecturers, two support staff and three student members. This committee was mainly responsible for public health within the college and for identifying those who were HIV-positive, encouraging them to go for VCT, and linking them with support organizations.

At Gulu University, members of the Medical Unit within the Faculty of Medicine were reportedly the focal points responsible for co-ordinating the institution's response to HIV and AIDS. They ran HIV and AIDS awareness and prevention activities and supported services. They also provided condoms, carried out medical check-ups and conducted compulsory HIV testing for all first-year students.

Nagongera NTC had an HIV/AIDS Desk Officer and an AIDS Committee that co-ordinated both the PIASCY initiative and the Education Sector Workplace Implementation project (ESWAPI). ESWAPI was a collaborative project between the MoES and the World Bank. The AIDS Committee had representation from all members of the college community including lecturers, students, non-teaching staff and support staff. The HIV/AIDS Desk Officer, together with the HIV and AIDS Committee, co-ordinated both PIASCY and ESWAPI activities

and were involved in sensitizing students and staff to AIDS, and offered counselling, which involved how to live positively with AIDS, where to go if infected, and the use of ARVs. The committee was also responsible for organizing HIV and AIDS awareness activities such as drama, and for inviting keynote speakers. Under the ESWAPI project, lecturers and non-teaching staff attended a weeklong workshop where they developed a Draft Work Plan for HIV and AIDS-related activities for their college. ESWAPI is supported by USAID, through the MoES and World Vision.

The Uganda Christian University Mukono had a Health and Awareness Committee, which comprised the Dean of Students, the Director of Medical Services in the university, two students, and two staff representatives (one representing the non-teaching staff and the other the teaching staff). The Deputy Vice-Chancellor and representatives from Finance and Administration and the Information Technology Department were also members of this committee. The committee's purpose was to draft HIV and AIDS-related policies and implement them, evaluate the health status of the university, and raise awareness on health-related issues including HIV and AIDS, malaria and sanitation.

The Aga Khan University in Kampala had an HIV and AIDS Committee responsible for implementing an HIV and AIDS policy that was developed by the Aga Khan Development Network for all of its institutions. The committee was also responsible for overseeing all HIV and AIDS-related activities in all Aga Khan institutions.

Kabale NTC had a PIASCY Guidance and Counselling Committee. Its activities included dissemination of information on HIV and AIDS relating to prevention, community-based activities like caring for the sick, and mobilization of resources needed for running its activities.

In the Mbarara University of Science and Technology, the HIV/AIDS Policy Development Committee, comprising all heads of academic and administrative departments, faculty deans or their representatives and the Director of the Hospital, was responsible for co-ordinating HIV and AIDS-related activities within the university.

The Uganda Management Institute had a committee made up of the human resources section and composed of three people. They were responsible for handling issues of deployment, HIV treatment and counselling.

Mubende NTC had a committee of nine people, comprising two focal persons plus seven others trained in HIV and AIDS. Its activities included the revision of the curriculum to include HIV and AIDS awareness, and the creation of a resource room for documentation on HIV and AIDS, also used for counselling. Both lecturers and students had been trained as peer educators. The committee was also involved in community outreach activities and organized 'AIDS week', to which facilitators from the district are invited to participate. The committee also co-ordinated training in HIV and AIDS, actively sought related materials and organized seminars.

Bugema University had a health committee handling all health issues, including HIV and AIDS. The committee was comprised of one student, the rest being faculty and staff. It was headed by a medical officer, through whom the committee invited trained persons from The AIDS Support Organisation (TASO) to come and give pre-test and post-test counselling. At the beginning of the semester, students were given an orientation, during which the medical officer informed students about the programmes and services available at the health centre and other programmes carried out by the health committee. The orientation also involved discussions on HIV and AIDS and other health problems. Students were cautioned about the use of drugs and the problems of alcoholism. TASO was also invited to offer voluntary counselling, but not testing. Testing was not offered at the university; students were encouraged to go for testing where they felt comfortable.

Nkozi NTC had an HIV and AIDS Committee responsible for organizing HIV and AIDS sensitization sessions for students and staff of the college. The committee, made up of three staff members, included the chairperson, a reportedly qualified counsellor attached to TASO and actively involved in an AIDS outreach organization. The committee brought into the college people living with AIDS, TASO and other counselling agencies to speak to and counsel students. One sensitization

session was normally organized each month and two VCT sessions were organized each academic year.

Mulago Paramedical Schools had an HIV and AIDS desk and committee responsible for co-ordinating HIV and AIDS-related activities within the institutions.

The Health Tutors College (Mulago) had a Welfare Committee that, among other issues, addressed HIV and AIDS. Committee members included part-time lecturers who were members of the Governing Council and administrators from Mulago Hospital and neighbouring tertiary institutions. It provided some guidelines to students on how to prevent the development of AIDS. It also identified and sent some students to attend short courses on HIV and AIDS. The committee was also responsible for putting up posters and distributing information related to HIV and AIDS.

While dedicated management structures to co-ordinate institutional responses to HIV and AIDS are universally recognized as important for the sustained co-ordination of HIV and AIDS-related activities, the majority of higher education institutions had neither committees nor focal point staff at the institutional level responsible for co-ordinating HIV and AIDS. The value of such management structures at the institutional level cannot be over-emphasized. In the higher education institutions, where they existed, they played a vital role in focusing attention and building partnerships between the institutions, the community, NGOs and health services. They also played an important advocacy role. It was evident, however, that many higher education institutions in the country seemed to treat HIV and AIDS as a part-time problem, and did not recognize it as a long-term, systemic management problem deserving of full-time attention.

3. Enabling environment for an effective response to HIV and AIDS

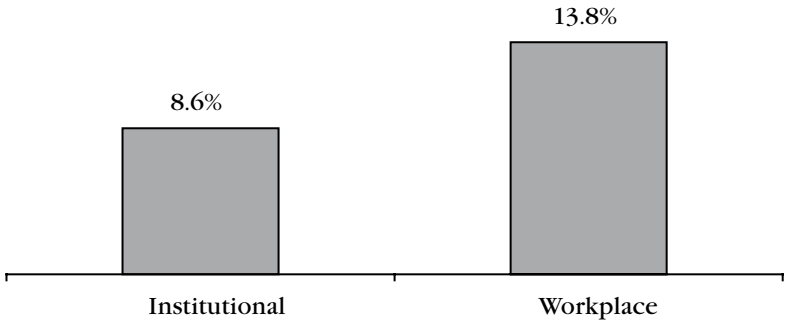
The survey further explored whether higher education institutions had created an enabling environment for an effective response to HIV and AIDS in terms of institution-specific HIV and AIDS policies, including workplace policies, rules and regulations governing relationships between students and between staff and students, and whether rules

and regulations within the institutions had been reviewed in light of the impacts and implications of HIV and AIDS.

HIV and AIDS-related policies

Less than a tenth (8.6 per cent) of the institutions reported having institution-specific HIV and AIDS policies, as shown in *Figure 6.2*. These included Nkumba University, Mbarara University, Uganda Management Institute, Aga Khan University and Gulu School of Clinical Officers. Others reported that they were in the process of developing such policies.

Figure 6.2 Institutions with HIV and AIDS-related policies

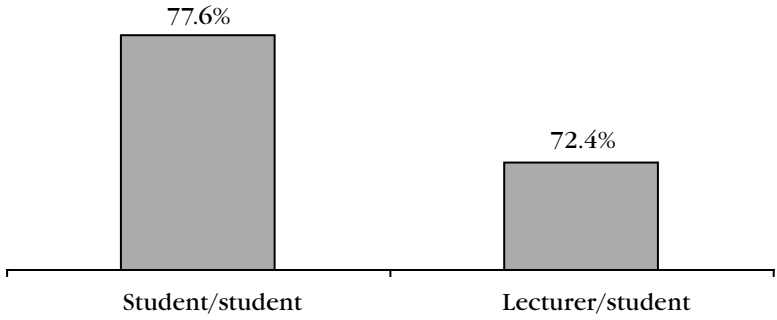


Less than one fifth (13.8 per cent) of the institutions reported that they had a workplace policy relating to HIV and AIDS. The national teachers colleges reported being guided by the HIV and AIDS Education Sector Policies. The majority of higher education institutions, therefore, had not yet developed institution-specific HIV and AIDS policies.

Rules and regulations governing student-student and student-tutor/lecturer relationships

More than three quarters (77.6 per cent) of the higher education institutions reported having rules and regulations governing student-student relationships, and a similar 72.4 per cent reported having rules and regulations governing staff-student relationships (as shown in *Figure 6.3*).

Figure 6.3 Institutions with rules and regulations governing interpersonal relationships



Institutions with religious affiliations and most of the teacher training colleges and paramedical schools reported having strict rules and regulations governing student-student relationships. It was even found that several institutions required students to sign an agreement with these rules and regulations on admission to the institution. However, most public universities reported that although they had such rules and regulations, they were not strictly enforced because they respected the students as adults and did not want to treat them like school children.

Some of these rules and regulations had been reviewed in light of HIV and AIDS, for example, regarding visiting hours in halls of residence for members of the opposite sex. Sometimes visits were even prohibited, as at Uganda Christian University, Bishop Braham Campus in Kabale, where students also had to sign in and out when leaving the campus and inform the Dean of Students and the Warden how long they intended to be away. In Arapai Agricultural College in Soroti, female students were not allowed in male halls of residence, and female students found to be pregnant were dismissed. The Soroti School of Comprehensive Nursing reported that female students were not allowed to visit male students after 10 p.m. The Islamic University reported that the institution regulated interactions between male and female students. No interaction was allowed between male and female students, with the exception of in-group discussions. If students were caught or reported to be involved in sexual relationships, they were

either suspended or discontinued. The Hotel and Tourism Training Institute in Jinja reported that pregnancy was not tolerated. Once a student was found to be pregnant, she was immediately expelled. The female students' hostel was out of bounds for male students, and *vice versa*. The Africa Bible College, being a Christian institution, forbade extra-marital sexual relations within the college, the practice of which led to immediate expulsion.

Whether or not these rules and regulations were enforced and respected is an issue that findings from Makerere University and the National Teachers' College bring into question. However, it must also be mentioned that some of the institutions admitted that the rules they applied needed to be updated.

Rules and regulations governing student-lecturer/tutor relationships

A similar number of institutions (72.4 per cent) reported that they had rules and regulations governing student-lecturer/tutor relationships. The NTCs reported that these rules were enshrined in the professional and moral code of conduct. The colleges of commerce reported that they used the Education Service Commission Rules and Regulations, which defined ethics between students and staff. Mbale School of Hygiene reported that relationships between students and tutors were governed by the health professional ethics and teachers' code of conduct and practice. Other institutions also had regulations that governed interactions between students and their lecturers stipulating that the latter could only meet the former in lecture rooms. When meeting in the lecturer's or tutor's office, the door should remain open. Students were also prohibited from going to lecturers' homes.

At Bishop Stuart University, Mbarara, it was reported that the rules and regulations were being reviewed in order to make them more rigorous. Being a Christian university, concern was expressed regarding what were referred to as "unhealthy relationships between students and staff". Staff members had to be married in church to one person and were required to uphold Christian moral standards such as not indulging in extra-marital affairs. Disciplinary action was taken against

those in student-staff relationships. Nkumba University also had a code of conduct and a regulations and disciplinary committee to handle cases of inappropriate student-staff relationships. Bugema University had a faculty and staff handbook that stipulated some of the rules and regulations governing staff-student interactions.

Findings from the National Teachers' College and Makerere suggest that while rules and regulations governing relationships did exist within higher education institutions, the major weakness was their enforcement. As previously discussed, students in both institutions revealed cases of sexual harassment, which in most cases went unreported due to fear of the possible repercussions. There were also cases of exchange of marks etc. for sexual favours. Such incidences seemed to suggest that more needs to be done in terms of enforcing rules and regulations governing student-lecturer/tutor relationships.

Rules and regulations reviewed in light of the impact and implications of HIV and AIDS

Less than a tenth (6.9 per cent) of the institutions reported reviewing rules and regulations within their institutions in light of the impact and implications of HIV and AIDS. Uganda Technical College at Elgon reported that they were far stricter now when enforcing rules such as prohibiting visits to halls of members of the opposite sex. Nagongera NTC reported introducing new rules to enforce non-discrimination against those infected by HIV and AIDS. Nkumba University reported reviewing all other institutional policies in order to ensure that they complied with the institution's HIV and AIDS policy. The reviewed policies now included regulations such as non-discrimination of students infected and affected by HIV and AIDS on admission, ensured by the University Secretary and Academic Registrar.

Policies on HIV and AIDS are foundations for meaningful and sustained responses to the epidemic. They provide an enabling environment and framework within which suitable responses to the challenges of HIV and AIDS can develop and evolve. The majority of the higher education institutions in Uganda, however, have neither an institutional HIV and AIDS policy nor a workplace policy. This has undoubtedly stifled the

development and evolution of suitable responses to the challenges of HIV and AIDS. The lack of an institution-specific policy in the majority of the higher institutions should be an issue of major concern, as the Education Sector Policy Framework or set of guidelines cannot adequately deal with the specific needs of the institution. This should be considered a priority issue for intervention and development. In view of the impact and implications of HIV and AIDS, higher education institutions should review many of their rules and regulations. However, only 6.9 per cent claimed to do so. This may be directly linked with the lack of institution-specific HIV and AIDS policies and illustrates the impetus they would provide for the review of such regulations.

4. HIV and AIDS mainstreaming

Acceptance of HIV and AIDS as a mainstream issue is at the heart of policy, planning, implementation, delivery, monitoring and reporting. The survey tried to establish whether higher education institutions in Uganda had developed, or were in the process of developing, HIV and AIDS strategic plans, and whether they considered HIV and AIDS in their planning process.

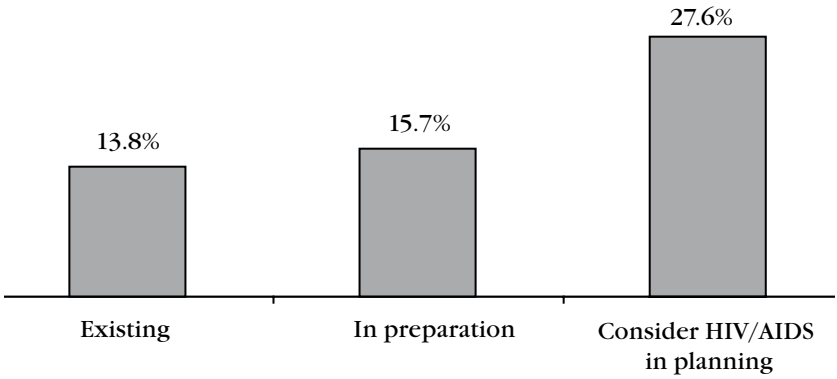
HIV and AIDS strategic plan

Less than a fifth (13.8 per cent) of the institutions had developed a HIV and AIDS strategic plan and 15.7 per cent were in the process of doing so. More than a quarter (27.6 per cent) of them reported that they considered HIV and AIDS during their planning process, as show in *Figure 6.4*.

Mbarara University of Science and Technology reported having an HIV and AIDS strategic plan for 2006 to 2010, which the university was implementing with difficulty because of inadequate funding. Nkumba University reported incorporating an HIV and AIDS strategic plan into the 2003-2008 strategic plan. Those that reported being in the process of preparing an HIV and AIDS strategic plan included Unyama National Teachers' College; Soroti School of Comprehensive Nursing; Busitema National College of Agricultural Mechanization; Kyambogo University, Bishop Barham Campus Kabale; Uganda Christian University;

Uganda Technical College, Bushenyi; Masaka Registered Comprehensive Nursing School and Mulago Paramedical Schools.

Figure 6.4 Institutions with HIV and AIDS strategic plan



Institutions reporting that HIV and AIDS were considered in their overall planning process indicated that budgetary provisions were made in the overall institutional budget primarily for HIV and AIDS prevention activities and services. The paramedical and nursing schools reported that HIV and AIDS were an important consideration in their institutional level plans because of the nature of training in which they were involved. Prevention and protection information and protective materials were budgeted for to ensure that students were not infected with HIV during practical sessions. Most institutions reported that HIV and AIDS-related activities and services were normally integrated into the overall institutional plans and not planned for separately as such.

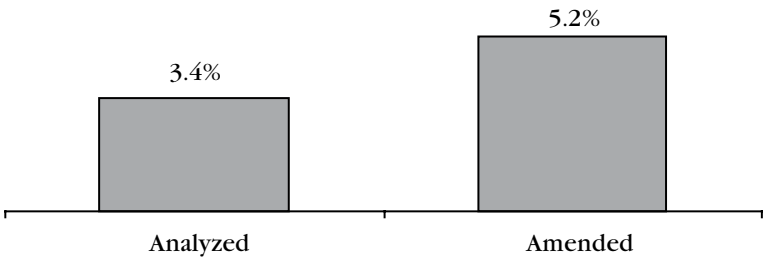
The majority (70.5 per cent) of the higher education institutions had no HIV and AIDS strategic plan, were not in the process of formulating one and did not consider HIV and AIDS in their planning process. These findings are similar to those for Makerere and the National Teachers' College, where it was explained that the institutions had more pressing problems to deal with.

5. Human resource adaptation to the impact of HIV and AIDS

Human resources are central to the delivery of sustained and sustainable quality learning and teaching. The survey investigated key human resource issues with the aim of establishing whether higher education institutions in Uganda had adapted their human resource procedures and functions in response to the impact of HIV and AIDS. Institutions were asked whether human resource policies had been amended to address issues of vulnerability and whether HIV and AIDS impact assessments had been undertaken within the institutions. The survey also explored whether guidelines had been developed for staff and students for dealing with HIV and AIDS at institutional level.

Only 5.2 per cent of the higher education institutions reported having amended their human resource policies to minimize vulnerability and susceptibility to HIV and AIDS, and even less (3.4 per cent) had conducted studies to assess the impact of HIV and AIDS, as shown in *Figure 6.5*.

Figure 6.5 Amendment of human resource policies



Uganda Christian University and Bishop Braham Campus Kabale reported amending human resource policies to the effect that there were now restrictions relating to the recruitment of male members of staff who could only be employed if they had one legal wife. Nkumba University, which had an HIV and AIDS policy, reported amending their human resources policies in light of the epidemic to the effect that any member of staff who was HIV-positive and missed work was replaced during his/her absence. The sick staff member would not be penalized. Gulu University reported developing rules/guidelines for teaching and non-teaching staff to the effect that those infected with

HIV and AIDS should not be given heavy workloads and were not to be harassed when absent or late due to illness. There were also regulations regarding maintaining confidentiality for those who disclosed their status to the administration.

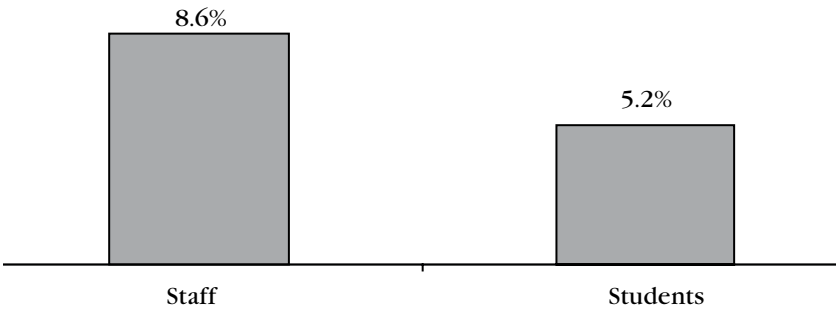
Only two institutions reported that they had conducted an analysis of the impact of HIV and AIDS: Uganda Management Institute (UMI) and Nkumba University. UMI reported that the research had been carried out in order to inform and guide them on how to respond to the epidemic.

These findings, like those from Makerere and the National Teachers' College, revealed little formal monitoring of HIV and AIDS taking place at institutional level. As a result, very few institutions have amended their human resource policies in light of the AIDS scourge. Findings from Makerere and the National Teachers' College showed that the two institutions were slow in their response to staff attrition, and this resulted in delayed recruitment of replacements, which then resulted in increased workload on the remaining staff, loss of moral and efficiency, and eventually poor quality teaching. This is an area where higher education institutions in Uganda need intervention and technical support.

Guidelines for staff and students on dealing with HIV and AIDS at institutional level

Less than a tenth (8.6 per cent) of the higher education institutions had guidelines for staff and students dealing with HIV or AIDS at institutional level, as shown in *Figure 6.6*.

Figure 6.6 Guidelines for staff and students dealing with HIV and AIDS at institutional level



Some guidelines developed for staff on dealing with HIV and AIDS at the institutional level included giving talks to students about HIV and AIDS during assemblies and non-discrimination of those infected with HIV and AIDS. The paramedical and nursing schools reported additional guidelines on minimizing the risks of HIV infection during training.

Only four institutions (5.2 per cent) reported that they had adopted new guidelines and practices for students to deal with HIV and AIDS at the institutional level. The Uganda Christian University, Bishop Barham Campus Kabale reported introducing new restrictions regarding movements between female and male halls of residence and reduced visiting hours. Ndejje University reported that new practices had been adopted, making condoms accessible in the institution. Although this was not official, the nurse prepared budgets, which included money for the purchase of condoms at the beginning of each academic year. The condoms were then supplied to staff and students.

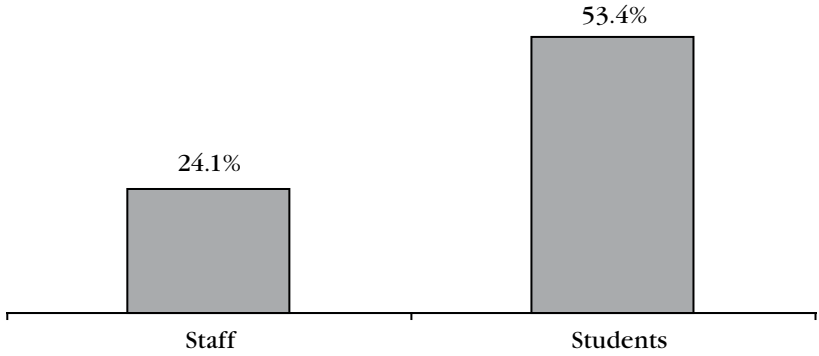
6. Workplace HIV and AIDS programmes

This survey also sought to establish whether higher education institutions had HIV and AIDS awareness programmes for all their staff and students, policies for non-discrimination among staff and students and whether they enforced confidentiality of information about staff and students affected by HIV and AIDS.

HIV and AIDS awareness programmes for staff and students

Less than a quarter (24.1 per cent) of the institutions reported having HIV and AIDS awareness programmes for their staff, while more than double (53.4 per cent) reported having them for students (*Figure 6.7*).

Figure 6.7 HIV/AIDS awareness programmes offered to staff and students



Like Makerere and the National Teachers' College, the majority of institutions in the survey had more HIV and AIDS awareness programmes for students than for staff. Such programmes for staff were, in most cases, in the form of talks – sometimes seminars organized by enthusiastic members of staff in collaboration with outside agencies such as TASO and the Red Cross. Bugema University reported that they invited doctors and other facilitators to address staff every semester. The majority of institutions claiming to have HIV and AIDS awareness programmes for students indicated that they had orientation programmes for new students, which included an HIV and AIDS awareness talk at the beginning of each academic year. There were also ongoing HIV and AIDS awareness programmes often organized by the institutions in collaboration with the student bodies.

Only a fifth (20.7 per cent) of the institutions reported having developed guidelines for implementing universal precautions for use by all staff in their institutions. These were mainly the paramedical and

nursing schools, which reported having universal precautions including the dissemination of infection control guidelines covering issues such as first aid, basic prevention practices and infection control. A few of the universities mentioned making available, within their institutions, literature on universal precautions with regard to HIV and AIDS.

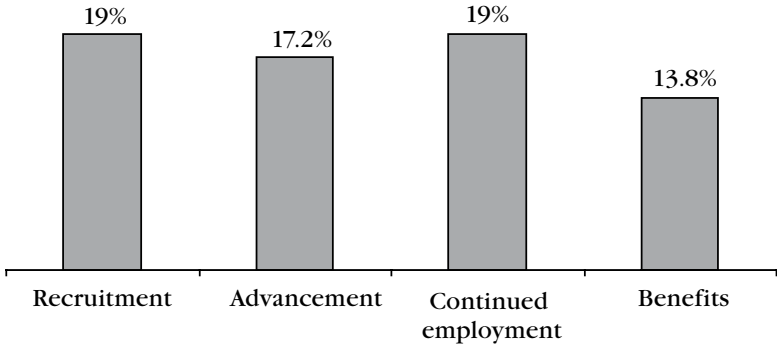
More than 40 per cent (46.6 per cent) of the institutions had neither HIV/AIDS awareness programmes for staff or for students. When they did exist, they focused more on students than on staff. Makerere and the National Teachers' College yielded similar findings and concern was expressed within the two institutions as to the lack of such programmes that target staff. There is a need for institutions to design awareness programmes that specifically target staff.

7. Non-discrimination policies with regard to staff

Less than a fifth (19 per cent) of the institutions reported adopting non-discrimination policies with regard to recruitment, advancement, continued employment and benefits of staff (*Figure 6.8*).

The National Teachers Colleges and Colleges of Commerce reported that these non-discrimination policies were enshrined in the MoES HIV and AIDS policy. Institutions also reported no mandatory HIV testing required prior to recruitment by the Education Service Commission, and candidates were not required to disclose their HIV status before they were recruited. With regard to continued employment, institutions reported that most staff members with HIV or AIDS remained on institutional payrolls until they died and their families received their terminal benefits. So in as far as the majority of institutions were concerned they practiced non-discrimination towards staff with HIV and AIDS, even though these policies were not written down on paper.

Figure 6.8 Non-discrimination policies for staff with HIV and AIDS



Non-discrimination policy for students affected by HIV and AIDS

More than a tenth (12.3 per cent) of the institutions reported policies of non-discrimination with regard to recruitment, continued attendance/study and benefits for students affected by HIV and AIDS. Other institutions argued that while they had no such written down policies, in practice non-discrimination was enforced. No mandatory testing was required prior to their admission, and for as long as they remained healthy, students were free to continue with their studies up to completion. There were, however, no special provisos for those affected with HIV and AIDS. Nkumba University reported that students who missed exams due to illness reported to the clinic, where the information was recorded in their confidential files. When they were better, arrangements were made for them to sit the examination at no extra cost. Those who were identified by the clinic as being ill due to AIDS were also recommended a special diet, which the university provided at no extra cost. Students who were sick were allowed to apply for leave and rejoin the university when they were better.

Enforcement of confidentiality of information

Almost 57 per cent and 53 per cent of the institutions reported that they enforced confidentiality of information about employees and students/trainees affected by HIV and AIDS respectively.

More than 80 per cent of the institutions had no written non-discrimination policies with regard to those infected and affected by HIV and AIDS in their institutions. However, the majority argued that though unwritten, such policies were implemented. They argued, for example, that those who had AIDS were not dismissed, but were normally left on the payroll until they died. Findings from Makerere University, however, seemed to suggest that when such policies remained unwritten, those with HIV or AIDS did experience certain forms of discrimination. For example, some of the lower-cadre staff expressed concern that when some of the immediate supervisors discovered that someone had AIDS, they transferred the person to another department or dismissed him or her on the grounds of absence from work. As a result, the colleagues of those with AIDS had to cover up for them. In the absence of written non-discrimination policies, those affected by HIV and AIDS were left at the mercy of their immediate bosses within institutions.

Very few institutions had written non-discrimination policies regarding students with HIV and AIDS. It was evident from the discussions with students and staff at the National Teachers' College and Makerere that these students struggled without much help in higher education institutions, and in most cases they left without completing their studies. According to the ILO Code of Practice (2001), HIV is a workplace issue, and should be treated like any other serious health condition as it not only affects the workforce, but also the workplace. Higher education institutions should, therefore, endeavour to put some of these policies in place.

8. HIV prevention and the curriculum

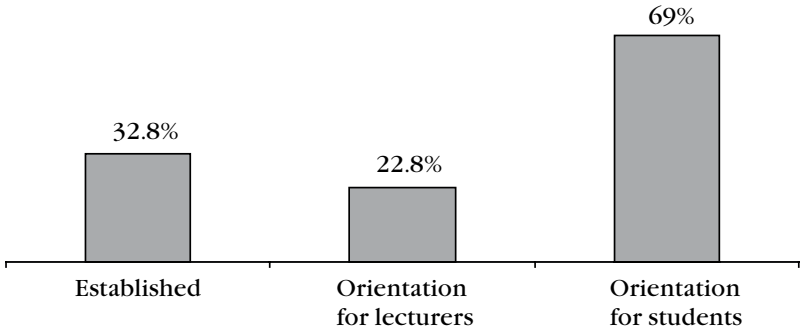
This survey also tried to establish whether curricula within higher education institutions had been adapted in response to the impact of HIV and AIDS. It explored whether life skills programmes had been

introduced within institutions, and whether students and lecturers had been oriented to the programme. The survey also explored whether HIV and AIDS had been integrated into the curriculum and whether institutions had HIV prevention materials available for all students.

Life skills programmes

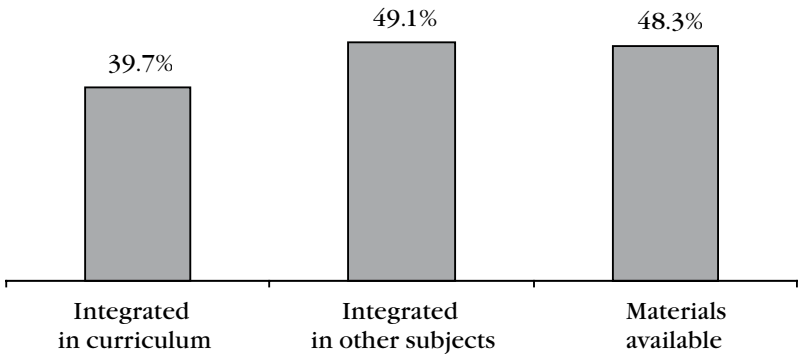
Only a third (32.8 per cent) of the higher education institutions reported having an established life skills programme, and 61 per cent reported that they considered issues relating to gender. While more than two thirds of these institutions reported conducting an orientation for students, less than a quarter reported conducting an orientation for lecturers (*Figure 6.9*).

Figure 6.9 Life skills programmes



Almost 40 per cent of the institutions reported that they had an integral component of HIV and AIDS and life skills in their curriculum for the professional preparation of students. Just under half (49.1 per cent) reported that they had integrated HIV and AIDS in other subjects and had developed HIV and AIDS materials which they made available to all students within the institution (*Figure 6.10*).

Figure 6.10 Integration of HIV prevention in curriculum



More than a third (37.9 per cent) of the institutions reported having outreach programmes that included communities around their institutions in life skills and HIV/AIDS awareness efforts.

Just over half (51.9 per cent) of the institutions did not address HIV and AIDS within their curriculum and two thirds (67.2 per cent) had no life skills programmes. Findings from Makerere and the National Teachers' College were similar: neither had mainstreamed life skills and HIV and AIDS education in the curricula. Findings from the two case studies further revealed that both staff and students were exposed to various risk factors that required critical life skills. If higher education institutions in Uganda are to rise to the multiple challenges posed by the HIV and AIDS epidemic, they must accept that their mandate now includes educating young people about HIV and AIDS, and teaching negotiation, conflict resolution, critical thinking, decision-making and communication competencies. These and other critical life skills need to be integrated into the curriculum and co-curricula activities in order to develop the self-confidence of learners and ensure that they have the ability to make informed – indeed, potentially life-saving – choices.

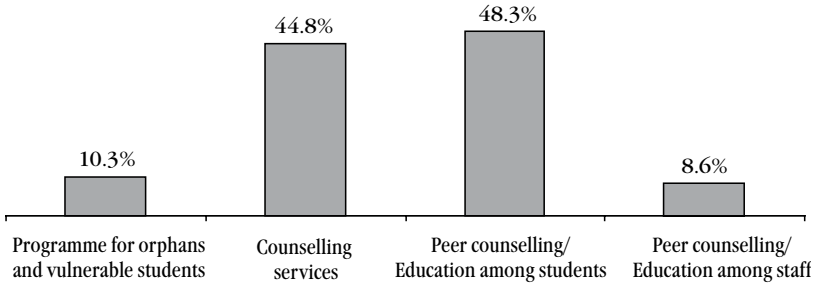
9. Responses aimed at the infected and affected

In order to establish institutional responses aimed at those infected and affected by HIV and AIDS, higher education institutions were asked whether they had institutional regulations relating to admission and

fees for students infected and affected by HIV and AIDS; whether they had programmes for orphans and other vulnerable students and staff; and whether they offered counselling services and peer counselling and education for students and staff. None of the higher education institutions had any institutional regulations relating to admission and fees for students infected and affected by HIV and AIDS and only 10.3 per cent reported that they had programmes for orphaned and vulnerable students.

As shown in *Figure 6.11*, less than half (44.8 per cent) of the institutions had counselling services and peer education programmes (48.3 per cent) designed for those affected and infected by HIV and AIDS.

Figure 6.11 Programmes and services for affected and infected



While the scope of services that provide care, support and treatment to those infected and affected is wide, counselling services and peer counselling and education represent the bare minimum and are vital for those infected and affected by HIV and AIDS in institutions. Findings from Makerere and the National Teachers' College showed that both students and staff infected and affected by HIV and AIDS suffered socially and psychologically, yet the institutions seemed to be unaware of or oblivious to their suffering. There were reports of reckless behaviour, withdrawal and alcohol abuse, to mention but a few. There is a need, therefore, to introduce counselling services and peer education in all higher education institutions.

10. Partnership development in response to HIV and AIDS

Partnerships are critical to widening and reinforcing the response of higher education institutions to HIV and AIDS, and to providing support to them. The institutions were asked whether efforts had been made to identify possible partners to tackle HIV and AIDS within the institution, and more than half (53.4 per cent) claimed to have identified partners. Most of these partnerships, however, were informal and normally took the form of the institution inviting organizations such as TASO, the Red Cross and the Ministry of Health to give seminars and talks to students and staff about HIV and AIDS. This could be more formalized in future.

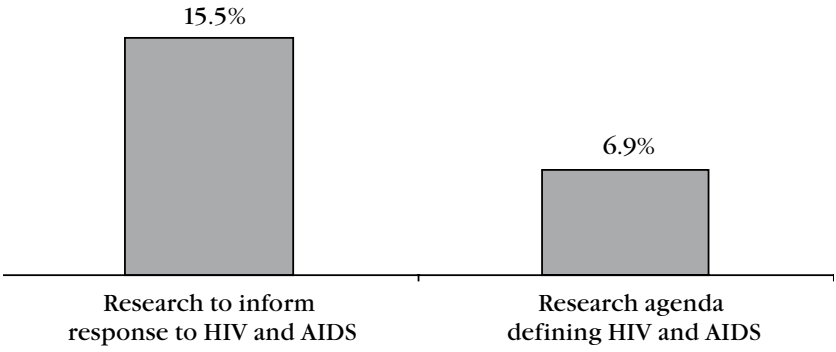
In the two case studies, Makerere had a few examples of formalized partnerships with PSI, Youth Alive and Makerere Community Church, through which longer-term peer education and life skills training were offered along with other HIV and AIDS awareness programmes. Higher education institutions, therefore, need to forge more partnerships with agencies involved in HIV and AIDS in order to strengthen their own responses.

11. Research guiding the response to HIV and AIDS

Institutions were asked to indicate whether a research agenda had been defined that prioritized gaps in knowledge relating to the impacts of and response to HIV and AIDS. Fifteen per cent of the institutions reported that research had been commissioned to inform the institutions' response to HIV and AIDS, and almost 7 per cent reported that they had a research agenda defining priorities and gaps in knowledge, as shown in *Figure 6.12*.

From the findings, it is evident that higher education institutions could benefit from developing a framework of priorities that function to guide, focus and co-ordinate HIV and AIDS research within their institutions. This would also ensure that the problem of HIV and AIDS is addressed systematically in terms of the most pressing issues.

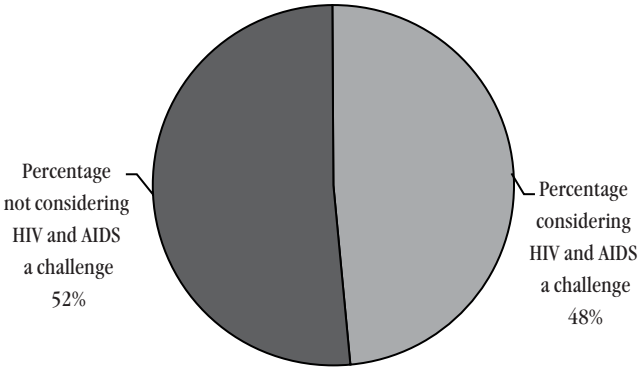
Figure 6.12 Responses informed by research



12. Extent to which HIV and AIDS were perceived as a challenge

Slightly less than half (48.3 per cent) of the institutions reported that HIV and AIDS constituted a challenge to their institutions. Among the challenges reported as being a result of HIV and AIDS were staff absenteeism from work due to prolonged illness; death of staff members, which resulted in some courses not being taught and others being taught by less qualified staff; increased workload; and loss of morale (see *Figure 6.13*).

Figure 6.13 Extent to which HIV and AIDS were considered a challenge in institutions



At Mulago Paramedical Schools it was reported that:

"We have lost staff of all categories including cooks, secretaries, gatekeepers and teaching staff. This was especially before ARVs [ART] become available. Within the dental school, one of the dental assistants has been sick for a long time, she is on and off from work most of the time and at one time she was bedridden for three months but we cannot replace her. We have already lost two other dental assistants. Last year, we lost two cooks, two gatekeepers and a receptionist. The two dental assistants and the receptionist have not yet been replaced. Prior to 2002 we lost two members of the teaching staff in the dental school. So out of the five permanent teaching staff only two remained and one was already on study leave. Last year, we also lost the principal tutor of the school of radiography. This resulted in increased workload for those who remained. At the time when the principal tutor died, there were only three permanent teaching staff, one had gone on study leave so only one remained and the MoES hasn't recruited replacements. Both these schools are now using part-time staff."

Bukalasa Agricultural College reported:

"We lost two members of the teaching staff here ... This loss of staff created a vacuum. The students missed lectures for some time and there was an increased workload for other members of staff. We recruited staff on contract who because they were employed elsewhere taught students only when they had the time. In a few instances, some subjects were not taught. They had to be suspended until further notice. We couldn't replace or employ lecturers because of the government policy."

At Muni National Teachers College it was reported that:

"The cause of death is normally not stated when people die. I am aware of four lecturers [who] died in the early 1990s. When they died, their posts were left vacant and this created a vacuum. Students were not being taught those particular subjects and it took a long time to replace them. In the interim, the college hired part-time staff to replace the staff members who had died but they were not

qualified. They were just brought in so that students did not go without being taught."

Arapai Agricultural College reported:

"In the last 10 years that I have been here, we have lost about 20 students and 5 members of staff. Two were lecturers, the other three were members of the support staff. The number could be a little more than that. There was a lady who died from the Economics Department; she was the Dean of Students and the only female lecturer. She died in 2004 and has not been replaced yet. In 2001, another lecturer teaching Agricultural Extension in the Agricultural Department also died and he too has not been replaced as yet."

The Soroti School of Comprehensive Nursing reported:

"We have lost two members of staff during the last 10 years. The loss of manpower created a very big gap since they have never been replaced. They had just undergone training and the school had invested a lot in them. One of them had specialized in midwifery and was very good at it."

At the National Teachers' College, Nagongera, it was reported that:

"We have lost secretaries, lecturers and caterers. Two lecturers passed away and about 10 or more non-teaching staff. There are also those who are currently suffering from AIDS. For example, one member of the teaching staff has told me in confidence that he is HIV-positive and several of the non-teaching staff have also told me openly that they are HIV-positive. Two of them are already symptomatic."

At Kyambogo University a medical doctor working at the sick bay explained:

"AIDS is a very big challenge here. There are lecturers, some of them are heads of departments, and they are HIV-positive. They are on and off from work most of the time. AIDS is among the major causes of morbidity, absenteeism from work and mortality in this institution."

At Uganda Technical College, Masaka, it was reported that:

"We have lost five teaching staff due to AIDS and it is very difficult to replace them. We only have six appointed lecturers paid by the government. What we did initially, was to share the workload but this is now a problem because some of the lecturers now already have the maximum 20 contact hours a week so taking on an extra five hours becomes too much. So, we have had to recruit part-time staff that we have to pay from internally generated funds. Staff members who died between 1996 and 2002 have not been replaced to date because there was a ban on recruitment and the officials from the MoES take their time in recruiting replacements ... Five tutors have died from a total of 19 teaching staff, that is almost a quarter of the teaching staff. There are some who are sick, at least one, and others I can't confirm. The one who is sick will make the total six when he dies. Six people out of 19 will bring the total almost to a third."

The Health Tutors' College, Mulago, reported:

"We train and pass out tutors but the rate at which they die is embarrassing ... We lost a principal and it was difficult to replace her because her Deputy was not qualified to replace her and a person who is not qualified to run an institution, if put in charge can have a negative impact. We are only two permanent staff, if the Director was here, we would be three. Our workloads are heavy. We have lost three part-time lecturers from Makerere University, one was teaching philosophy, the second one management and the third one statistics. We had them for a long time, they knew our problems and even when we delayed with their payments they understood our situation. So replacing such people has not been easy."

Findings from the survey were very similar to those from Makerere and the National Teachers' College, which suggests that HIV and AIDS were experienced as a challenge within the institutions only in departments and units that had lost members of staff. These challenges, however, were not perceived to be affecting the overall functioning of the institutions, thus leading top administrators to conclude that HIV and AIDS were not an immediate challenge for their institutions. Several institutions in the survey reported, however, that they had lost members of staff to HIV and AIDS and that this had created an acute

shortage of staff, resulting in increased workload on the remaining staff and the suspension of some of the courses. It was also reported that the part-time lecturers and tutors recruited locally were in most cases less qualified than those that they were recruited to replace. Institutions were forced to pay these part-time staff because they were not recruited centrally and were therefore not on the official MoES payroll.

VII. CONCLUSIONS AND RECOMMENDATIONS

1. Emerging issues

This chapter discusses some of the more critical issues emerging from the two case studies and the survey, as well as conclusions. Findings from this study show that despite a lack of systematic data on incidence and prevalence of HIV in institutions of higher education, there is anecdotal evidence that HIV and AIDS present a formidable challenge to these institutions. In terms of ranking, HIV and AIDS are, however, surpassed by other problems within the institutions that are perceived to be more pressing and deserving of urgent attention.

The lack of information on the occurrence of AIDS-related illnesses, absenteeism or death among staff and students has not only perpetuated the silence that surrounds HIV and AIDS within the institutions, but also a misplaced view that HIV and AIDS do not constitute a serious problem. The two case studies and institutions included in the survey did report HIV and AIDS-related attrition among both staff and students. However, the impact of HIV and AIDS is more acutely felt in the loss of academic staff, as in most cases this negatively impacts on the quality of teaching and on students' academic performance. The loss of staff also results in increased workload and stress, and loss of morale and efficiency.

Another problem is the difficulty experienced at institutional level when highly trained and highly specialized staff has to be replaced, usually by less experienced and less qualified staff. Nearly all affected institutions had increased the recruitment of part-time staff to bridge this deficit. Although all staff shortages were not directly attributable to HIV and AIDS, they have aggravated the problem of staff shortages, leading to a sharp fall in the quality of education, an issue that is now a subject of Ugandan public media.

Staff and students interviewed in the case studies perceived the responses of their institutions to HIV and AIDS as inadequate. The problem for the top administrators was that their institutions had other more pressing issues that needed more urgent attention. It was evident that the top administrators needed to see a clear relationship between

the problems that their institutions were currently facing and HIV and AIDS. They also needed to be helped to understand why a more proactive and comprehensive approach to HIV and AIDS prevention and treatment is necessary at institutional level and where else they can look for support to help them address the problem.

Silence on HIV and AIDS

HIV and AIDS remain a silent challenge within higher education institutions. The majority of staff and students in the two case studies and nearly half of the institutions in the survey revealed that HIV and AIDS, though not very visible, were having a negative impact on staff, students and on the core functions of the institutions. This was more evident within the units that had lost staff and was also experienced more by staff who had lost colleagues. However, it was also evident in both case studies that HIV and AIDS were affecting the lower-cadre staff more severely. This may partly explain why others in the institutions, including the top administrators, did not perceive it as a serious threat to their institution, and as a result it was continually perceived as a problem that could be postponed. The danger with this is that it also gives HIV and AIDS the opportunity to continue spreading unrestrained.

Increased risk of HIV transmission in higher education institutions

A number of predisposing risk factors were highlighted in the two case studies that exposed both staff and students to the risk of contracting HIV. The majority of staff and students felt that students and support staff were at a higher risk of contracting HIV than the more senior members of staff, and that female staff and students were more vulnerable than their male counterparts. The risks of students contracting HIV were greatly increased by their youth, naivety, poverty, accommodation and the growing culture of materialism. Female members of the support staff and female students were perceived to be more vulnerable due to their lower status, resulting in their inability to negotiate safe sex.

Lack of sound information

The lack of sound information on the HIV and AIDS situation within higher education institutions has been alluded to in literature on HIV and AIDS, and higher education in sub-Saharan Africa (Kelly, 2001; Chetty, 2001). Not only did the two case studies lack information relating to HIV and AIDS within their institutions, they were also not engaged in any systematic impact or risk assessment. Findings from the survey revealed that only 15.5 per cent of the institutions reported that they were involved in risk assessment. Neither case study had information on the occurrence of AIDS-related illnesses, absenteeism or death among academic or non-academic staff or students. Even where records of staff deaths were available within the faculties or departments, they did not stipulate the cause of death. This lack of information relating to the HIV and AIDS situation in the institutions and failure to recognize the magnitude of the problem are probably among the reasons why top administrators consider it a problem that can be put on hold.

Fear of disclosure

Even with the passing of years there is continued reluctance on the part of staff and students to speak openly and address issues relating to HIV and AIDS because of fear and shame. It was evident, especially at the university, that this silence continues to make it difficult for students and staff to freely access counselling and treatment for HIV and AIDS, even where it is provided free of charge, as is the case at Makerere. Discussions with students, and more particularly with support staff, revealed that those who are HIV-positive preferred to hide their sero-status because they feared stigmatization. They did not want to risk losing their friends, jobs, housing, or miss out on educational or other opportunities if their condition was publicly known. There is a need, therefore, to seriously tackle shame, discrimination and stigma at the institutional level and to introduce policies of non-discrimination with regard to those infected by HIV and AIDS.

Staff attrition and performance

While findings from the two case studies revealed that, from the early 1990s to date, staff attrition due to HIV and AIDS has continued, there were also reports of a decrease in deaths. As previously mentioned, with the lack of systematic record keeping of AIDS-related deaths, the magnitude of the problem and its impact on the two institutions could neither be measured nor quantified. This study found that the impact of HIV and AIDS was experienced more at departmental level than at institutional level, with members of staff within units that had lost staff experiencing increased workload, loss of morale and a decline in efficiency. The findings also showed that staff attrition had been experienced more among the lower-cadre staff than among the academic staff. Their situation was worsened by low wages and lack of access to adequate treatment of opportunistic diseases. This has also resulted in increased workload, fatigue and demoralization among the available staff.

Impact of HIV and AIDS on students

Evidence showed that it is much harder to track students' than staff deaths in higher education institutions. Most student deaths normally occurred outside of the institutions, following their withdrawal from studies. Students who suspected that they might be HIV-positive or who knew it as a fact responded in different ways, such as withdrawal from social interactions with others or development of an 'I don't care attitude', which in some cases resulted in their engagement in self-destructive behaviour such as excessive drinking, smoking, engaging in indiscriminate sex, etc. Their education suffered the most in that some stopped attending lectures and their academic performance dropped. Other students suffered psychological stress. The study also found that students' performance suffered as a result of their parents or guardians falling sick and dying of AIDS-related illnesses. Students in such circumstances reportedly missed lectures to nurse sick parents. With the death of parents and guardians, some students were forced to find a means of surviving on their own. Those who were self-sponsored suffered most, with some having to drop out altogether in order to find work. As previously discussed, staff attrition also impacted on students'

academic performance, especially in cases where they missed lectures continually as a result of their lecturer being ill or dying. All these factors reportedly impacted on students' academic performance.

HIV and AIDS policy responses

More than 90 per cent of higher education institutions did not have HIV and AIDS policies in place at the time this study was conducted, but it was reported that some of them, including Makerere University, had draft policies in place. The Strategic Plan for Higher Education 2003-2015 (NCHE, 2003) underscores the fact that there have been no deliberate efforts by higher education institutions to manage the HIV and AIDS scourge in higher education institutions, yet the population in these institutions is exposed to the risks of HIV transmission. The strategic plan for higher education in Uganda noted that the age group of the students in these institutions was the most sexually active and, therefore, possibly at greater risk than other age groups. Higher education institutions need to recognize this threat posed by HIV and AIDS and need to lay out interventions to prevent and control the spread of HIV and AIDS in their institutions through the development of comprehensive prevention strategies.

Inadequate institutional responses

Both staff and students in the two case studies perceived their institutional responses to HIV and AIDS as inadequate. In both institutions, student bodies were more actively involved in organizing HIV and AIDS-related activities than the institutions themselves. These activities, however, were most of the time one-off activities and were not well documented. While some prevention programmes and services have been introduced at institutional level, they have been limited in coverage and generally lack co-ordination. Both institutions lacked well-developed action plans, and there was heavy reliance on the initiative of a few interested and committed students and members of staff. Both the literature review conducted during phase one and the survey revealed that the responses of most higher education institutions in Uganda were limited in both coverage and scope and mostly revolved around HIV and AIDS awareness-raising, even then these were

sometimes one-off activities rather than ongoing programmes. The programmes themselves were not very comprehensive and focused mostly on students.

Integration of HIV and AIDS education into teaching curricula

Findings from the two case studies and the survey showed that minimal efforts had been made to integrate HIV and AIDS into the formal curricula. At the NTC, the subject of HIV and AIDS was handled in health education, while at Makerere University only two faculties reported that they had tried to integrate it into their curricula, namely the Medical School and the School of Education. The survey revealed that half of the institutions had integrated HIV and AIDS in other subjects and fewer still had mainstreamed HIV and AIDS in their overall curricula. Bugema University reported that it had a compulsory core course on HIV and AIDS and reproductive health for all university undergraduate students.

2. Recommendations

The need for HIV/AIDS institutional policies

The study demonstrated that academic, administrative and support staff in institutions of higher learning can be adversely affected by lack of comprehensive workplace HIV/AIDS-related policies. For example while ART is offered free of charge, the treatment of opportunistic infections and psychosocial support for infected and affected persons was not free at the university hospital.

In pursuance of the establishment of an HIV/AIDS policy, emphasis should be placed on providing staff and students affected with HIV and AIDS with the necessary care and referral. HIV and AIDS infected staff, their families and students should be referred to suitable treatment sites as appropriate. The study also demonstrated high levels of stigmatization and thus the need for a non-discriminatory HIV/AIDS policy while at the same time taking necessary steps to insure the safety of individuals who may be at risk of exposure to infection through the course of duty and nature of academic programmes.

The HIV/AIDS policies and strategies should be harmonized with and significantly contribute results to the priority areas established in the National Strategic Plan for HIV/AIDS 2007/2008-2011/2012. In so doing, it will be possible to obtain funding from national and international sources.

The study established the challenge of implementation of similar policies in higher institutions of learning. It is therefore recommended that just as a gender mainstreaming division was established at Makerere University to ensure success of the gender mainstreaming policy, an HIV/AIDS division also needs to be established in such institutions to ensure that management structures, systems and programmes are in place and that the requisite human and financial resources are assured for effective institutionalization and operationalization of the HIV/AIDS policy.

The need for an HIV/AIDS management information system

As observed in the report, most higher education institutions are not yet undertaking systematic institutional HIV/AIDS impact and risk assessment. The lack of impact and risk assessment within institutions made it difficult to establish the magnitude of the problem and to make projections of future losses of staff and students. It was also difficult to project what the increasing attrition meant for these institutions in future. The study concludes therefore that data are a critical requirement for any form of intervention and are an ideal stimulus to act on a problem, and that there is an urgent need to establish HIV and AIDS impact assessment indicators consistent with international conventions.

It is therefore strongly recommended that institutions of higher learning, such as those included in the case study, put in place and institutionalize HIV/AIDS management information systems. The introduction of such a system would help bring to light the magnitude of problems related to HIV and AIDS within the institutions, and would also sound warning bells to the planners and policy makers on how best to plan for the future.

The need for a comprehensive HIV/AIDS prevention programmes

The case studies indicate that there are highly sexually active populations in higher education institutions. This was reflected in the observed high levels of pregnancy, abortions and STDs amongst students. In addition there was an observed reluctance on the part of most of the staff to disclose whether there were any colleagues on the staff whom they suspected might be HIV positive. Discussions with students in both institutions also indicated a similar reluctance, which indicates that secrecy, silence, denial, fear of stigmatization and discrimination continue to surround HIV and AIDS within the institutions.

Although the case studies indicated that some effort was being made by groups/NGOs like Youth Alive, it is recommended that institutions – and line Ministries, for example Ministries of Education and that of Health – establish comprehensive AIDS prevention programmes to provide current, accurate, complete, appropriate, and scientifically factual information on HIV and AIDS to all students and staff. However, it is important not to alienate any category of people.

The need for comprehensive HIV/AIDS services

The two case studies show that HIV-related services are either lacking, or where they were in place they were under-utilized. There is a need therefore to facilitate access to VCT, treatment of opportunistic infections, ART, and psychosocial support for infected and affected persons. The Uganda Business Coalition (UBC) on Wampewo Avenue, Kampala, has a good approach to providing executive AIDS services for senior staff members who may not wish to use those available through their institutions. UBC may be able to provide guidance on developing HIV/AIDS work place programmes within higher education institutions if approached.

As is reflected in the Makerere University draft HIV and AIDS policy, institutions should, through the provision of HIV care, assist the HIV infected persons to remain active and be able to perform as normally as possible. Secondly, continuing education, treatment, and emotional support for HIV positive students and staff should be provided. In

addition, information that may preserve the health of the patient and prevent transmission of the disease should be provided to those found to be HIV positive. In so doing, because of the observed secrecy and stigmatization, confidentiality of medical conditions of both students and staff should be assured.

Higher education institutions should work with organizations such as TASO and AIC to strengthen HIV and AIDS services within their institutions. TASO has vast experience in the areas of treatment and positive living. It also has a training centre for developing the skills of counselors, medical staff and others who work on prevention and treatment. Similarly, the Uganda AIDS Information Centre is a valuable resource for counseling, information and testing, and specializes in youth services, which would be ideal for students in higher education institutions.

The need for funding

The problem of financing HIV and AIDS programmes within higher education institutions was mentioned in most institutions. The five-year HIV and AIDS strategy drawn up in 1992 by the Makerere University Anti-AIDS Task Force failed because the university did not provide funding for the programme. The study recommends that higher education institutions explore both national and international options, particularly for ART and medical issues. PEPFAR, for example, could be approached to fund a prevention/access to treatment programme for higher education in Uganda. The Global Fund to Fight AIDS, Tuberculosis and Malaria is another possible source of funding on condition that proposals for higher education conform to the National Strategic Plan for HIV/AIDS.

The need for training of institutional heads and administrative staff

The study recommends training institutional heads and administrative staff on the importance of having an HIV and AIDS institutional policy and a workplace policy that address the problem of HIV and AIDS in their totality. There is also need to build capacity

for providing basic skills in AIDS education, sensitization, training, counseling and communication. The university also needs to review the current human resource planning, management and development policies in order to make them more responsive to HIV and AIDS. The Association of African Universities and IIEP could be approached to provide support in this area.

The need to mainstream HIV and AIDS education in curricula

Very few university departments were found to be offering course units relating to HIV and AIDS. The study therefore highlights the urgent need to mainstream and integrate HIV and AIDS and life skills education into the curricula of all formal and non formal education and training programmes offered by the different faculties and departments. Staff training in HIV and AIDS is paramount since currently there is very little being done in this area. The development of HIV and AIDS related curricula and research on HIV/AIDS education should be promoted at faculty level.

Programmes for vulnerable groups

There is need to plan for and design HIV and AIDS prevention programmes that address the needs of vulnerable people in these institutions. Female students and members of the support staff in particular have been identified as being vulnerable to HIV infection; there is a need to re-examine factors that contribute to their vulnerability.

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APPENDIX 1. SURVEY QUESTIONNAIRE

Phase III: action research study on the impact of HIV/AIDS on higher education/tertiary institutions in uganda

Institutional enrolment

1a. Is the total enrolment in your institution
- growing
- shrinking
- or remaining stable?

Institutional HIV/AIDS structures

2a. Do you have a committee or management unit that is responsible for co-ordinating your institution's response to the HIV/AIDS epidemic?

1. Yes **2. No**

If yes, please explain in some depth

3a. Are there staff who are dealing only with HIV and AIDS-related issues?

1. Yes **2. No**

b. Are the staff permanent? **1. Yes** **2. No**

c. How are the posts financed?

4a. Do you have structures responsible for implementing your institution's response to the HIV/AIDS epidemic? (*Established structure for co-ordinating HIV and AIDS-related responses designated with a co-ordinator, with a timetable for running HIV/AIDS programmes.*)

1. Yes **2. No**

b. If yes, please explain in some depth .....

Enabling environment for an effective response to HIV/AIDS

5a. Do you have institutional regulations in terms of admissions and fees regarding those infected and affected by HIV/AIDS?

1. Yes **2. No**

b. If yes, please specify .....

6. Do you have any institutional specific HIV/AIDS policy?

1. Yes **2. No**

7a. Do you have a workplace policy relating to HIV/AIDS? (*A workplace policy is a document of intent describing the objectives in relation to HIV/AIDS in the workplace, addressing issues such as non-discrimination, safety in the workplace, prohibitions of compulsory HIV testing, confidentiality, openness, acceptance, care and support for infected employees, benefits, dismissals and the development of a workplace programme.*)

1. Yes **2. No**

b. Do you have rules and regulations governing student-student relationships?

1. Yes **2. No**

Do you have rules and regulations governing teacher/tutor-student relationships?

1. Yes **2. No**

8a. Do you have other rules and regulations within the institution that have been reviewed in light of the impacts and implications of HIV/AIDS? (*e.g. rules and regulations that ensure that there is no discrimination against infected staff in relation to issues such as promotion and placement and that there is no zero tolerance of sexual abuse.*)

1. Yes **2. No**

b. If yes, please specify .....

HIV/AIDS mainstreaming

9a. Does your institution have an HIV/AIDS strategic plan?

1. Yes **2. No**

b. Does your institution have an HIV/AIDS strategic plan in preparation?

1. Yes **2. No**

10a. Is HIV/AIDS considered when making institutional level plans?

1. Yes **2. No**

b. If yes, in what ways?.....

Human resources adaptation to the impacts of HIV and AIDS

11a. Have human resource policies been amended to minimize vulnerability and susceptibility to HIV and AIDS (*e.g. deployment of lecturers away from their families*)

1. Yes **2. No**

b. If yes, give examples.....

12. Has an analysis of the impact of HIV and AIDS on human resources been conducted at institutional level?

1. Yes **2. No**

13a. Have guidelines been developed for staff on dealing with HIV and AIDS at institutional level?

1. Yes **2. No**

b. If yes, can you give details.....

c. Have guidelines been developed or new practices adopted for trainees/students on dealing with HIV and AIDS at institutional level? (*e.g. amount of time they should be away from college during normal class time/weekends.*)

1. Yes **2. No**

d. If yes, can you give details? .....

Workplace HIV/AIDS programmes

14a. Does your institution have an HIV/AIDS awareness programme for all its employees? (*e.g. lecturers attending briefing sessions on signs, symptoms, management of HIV and AIDS, peer counselling.*)

1. Yes **2. No**

b. Does your institution have an HIV/AIDS awareness programme for all its students/trainees? (*e.g. students attending briefing sessions on signs, symptoms management of HIV and AIDS, peer counselling.*)

1. Yes **2. No**

15. Have guidelines for implementing universal precautions been developed for use by all staff in your institution? (*e.g. development and dissemination of infection control guidelines covering issues such as first aid, basic prevention practices and infection control.*)

1. Yes **2. No**

16a. Does your institution have a policy of non-discrimination with regard to:

Recruitment of staff	1. Yes	2. No
Advancement of staff	1. Yes	2. No
Continued employment of staff	1. Yes	2. No
Benefits for personnel affected by HIV/AIDS	1. Yes	2. No

b. Does your institution have a policy of non-discrimination with regard to:

Recruitment of staff	1. Yes	2. No
Promotion of students	1. Yes	2. No
Continued attendance/studying	1. Yes	2. No
Benefits for students affected by HIV/AIDS	1. Yes	2. No

17a. Does your institution enforce confidentiality of information about employees affected by HIV and AIDS?

1. Yes **2. No**

b. Does your institution enforce confidentiality of information about students/trainees affected by HIV/AIDS?

1. Yes **2. No**

HIV/AIDS and the curriculum

18. Is there a life skills programme established in your institution? (*A life skills programme covers issues such as health promotion, family planning, health and family life education, personal and social development, religious education, physical education, HIV/AIDS awareness.*)

1. Yes **2. No**

19. Does the life skills programme consider issues relating to gender?

1. Yes **2. No**

20. Have orientation programmes been undertaken for lecturers in life skills and HIV/AIDS?

1. Yes **2. No**

21. Has there been an orientation process for students regarding life skills programmes in your institution?

1. Yes **2. No**

22. Are HIV and AIDS materials available to all students within the institution (e.g. *information education communication, materials, condoms)?*

1. Yes **2. No**

23a. Are HIV/AIDS and life skills integral components in the curriculum for the professional preparation of all students/trainees?

1. Yes **2. No**

b. Is HIV/AIDS education infused or integrated in other subjects?

1. Yes **2. No**

c. If yes, which subjects and why?.....

24a. Have efforts been made to include outreach programmes for communities around the institution in your life skills and HIV/AIDS awareness efforts?

1. Yes **2. No**

b. If yes, in what ways?.....

Responses aimed at infected and affected persons

25a. Does your institution have a programme to address the needs of orphaned and vulnerable students in the institution?

1. Yes **2. No**

b. Explain in some depth.....

26a. Are counselling services, by trained counsellors, available at your institution?

1. Yes **2. No**

b. Is there peer counselling/education among students?

1. Yes **2. No**

c. Explain in some depth (what category of students do it, how it is done etc.).....

d. Is there peer counselling/education among lectures/instructors?

1. Yes **2. No**

e. Explain in some depth (what category of lectures do it, how it is done etc.).....

Partnership development in response to HIV/AIDS

27a. Has an effort been made to identify possible partners for the fight against HIV/AIDS at institutional level (*e.g. external*)?

1. Yes **2. No**

b. Who are these partners? (*e.g. NGOs, civil society*).....

28. Does the education sector have a shared strategy for responding to AIDS?

1. Yes **2. No**

Research guiding the response to HIV/AIDS

29. Has any research been commissioned to inform the institution's response to HIV/AIDS?

1. Yes **2. No**

30. Has a research agenda been defined that prioritizes gaps in knowledge relating to the impacts of and response to HIV/AIDS within the institution?

1. Yes **2. No**

31a. What impact have HIV and AIDS had on the institution? (*Probe for attrition of students/trainees and staff, absenteeism from work due to prolonged illness, increased medical expenses and other costs such as funeral expenses, loss of manpower, heavy workload, staff replacements, etc.*)

.....

b. Are HIV and AIDS a challenge to this institution?

1. Yes **2. No**

Please explain .....

32. What has been the institutional response to the challenges posed by HIV and AIDS?

APPENDIX 2. TABLE SHOWING TERTIARY INSTITUTIONS REGISTERED AND RECOGNIZED BY THE NATIONAL COUNCIL FOR HIGHER EDUCATION (60)

	NAME OF INSTITUTION	DISTRICT
A	**PUBLIC UNIVERSITIES l (4)**	
1.	Makerere University (Phase II)	Kampala
2.	Mbarara University of Science and Technology	Mbarara
3.	Gulu University	Gulu
4.	Kyambogo University	Kampala
B	**PRIVATE UNIVERSITIES (17)**	**DISTRICT**
1.	Islamic University	Mbale
2.	Ndejje University	Luwero
3.	Uganda Martyr's University-Nkozi	Mpigi
4.	Bugema University	Luwero
5.	Busoga University	Iganga
6.	Nkumba University	Wakiso
7.	Uganda Christian University	Mukono
8.	Kampala International University	Kampala
9.	Agakhan University	Kampala
10.	Kampala University	Kampala
11.	Kumi University	Kumi
12.	Kabale University	Kabale
13.	Mountains of the Moon University	Kabarole
14.	Uganda Pentecostal University	Kabarole
15.	African Bible College	Lubowa(Kampala)
16.	Bishop Barham University College	Kabale
17.	Bishop Stuart University	Mbarara
C	**PUBLIC DEGREE AWARDING OTHER TERTIARY INSTITUTIONS (2)**	**DISTRICT**
1.	Makerere University Business School	Kampala
2.	Uganda Management Institute	Kampala
D	**PUBLIC TERTIARY INSTITUTIONS-NATIONAL TEACHERS' COLLEGES – NTC l (7)**	**DISTRICT**
1.	Mubende NTC	Mubende
2.	Kaliro NTC (Phase II)	Kamuli
3.	Nagongera NTC	Tororo
4.	Kabale NTC	Kabale

5.	Unyama NTC	Gulu
6.	Nkozi NTC (now private)	Mpigi
7.	Muni NTC	Arua
F	**UGANDA TECHNICAL COLLEGES – UTC (5)**	**DISTRICT**
1.	Masaka UTC	Masaka
2.	Elgon UTC	Sironko
3.	Lira UTC	Lira
4.	Bushenyi UTC	Bushenyi
5.	Kichwamba UTC	Kabarole
G	**UGANDA COLLEGES OF COMMERCE – UCC (5)**	**DISTRICT**
1.	Aduku UCC	Apac
2.	Kabale UCC	Kabale
3.	Pakwach UCC	Nebbi
4.	Soroti UCC	Soroti
5.	Tororo UCC	Tororo
H	**AGRICULTURAL COLLEGES (5)**	**DISTRICT**
1.	Busitema National College of Agricultural Mechanisation	Busia
2.	Bukalasa Agricultural College	Luwero
3.	Arapai Agricultural College	Soroti
4.	Fisheries Training Institute-Entebbe	Wakiso
5.	Uganda Co-operative College, Kigumba	Masindi
I	**OTHER COLLEGES l (4)**	**DISTRICT**
1.	Uganda Wildlife Training Institute	Kasese
2.	The Hotel and Tourism Training Institute	Jinja
3.	Nyabyeya Forestry College	Masindi
4.	National Meteorological Training Centre - Entebbe	Wakiso
J	**PARAMEDICAL AND HEALTH COLLEGES (11)**	**DISTRICT**
1.	Mbale School Hygiene	Mbale
2.	Mbale Clinical Officers' School	Mbale
3.	Gulu Clinical Officers' School	Gulu
4.	Fort Portal Clinical Officers' School	Kabarole
5.	Medical Laboratory Technician School	Jinja
6.	Mulago Paramedical Schools	Kampala
7.	Masaka Registered Comprehensive Nursing School	Masaka
8.	Soroti Comprehensive Nursing	Soroti
9.	School of Ophthalmic Officers	Jinja
10.	Public Health Nurses' College School-Kyambogo	Kampala
11.	Health Tutors College- Mulago	Kampala

APPENDIX 3. SUMMARY TABLE OF FINDINGS FROM THE SURVEY

Is the total enrolment in your institution?	Frequency	Percentage
Growing?	45	77.6
Shrinking?	6	10.3
Remaining stable?	7	12.1
Total	58	100.0

Do you have a committee or management unit that is responsible for co-ordinating your institution's response to the HIV/AIDS epidemic?	Frequency	Percentage
Yes	21	36.2
No	37	63.8
Total	58	100.0

Are there staff who are dealing only with HIV/AIDS-related issues?	Frequency	Percentage
Yes	1	1.7
No	57	98.3
Total	58	100.0

Are the staff permanent?	Frequency	Percentage
No	58	100.0

Do you have structures responsible for implementing your institution's response to the HIV/AIDS epidemic?	Frequency	Percentage
Yes	10	17.2
No	48	82.8
Total	58	100.0

Do you have institutional regulations in terms of admission and fees regarding those infected and affected by HIV/AIDS?	Frequency	Percentage
No	58	100.0

Do you have an institutional specific HIV/AIDS policy?	Frequency	Percentage
Yes	5	8.6
No	53	91.4
Total	58	100.0

Do you have a workplace policy relating to HIV/AIDS?	Frequency	Percentage
Yes	8	13.8
No	50	86.2
Total	58	100.0

Do you have rules and regulations governing student-student relationships?	Frequency	Percentage
Yes	45	77.6
No	13	22.4
Total	58	100.0

Do you have rules and regulations governing teacher/tutor-student relationships?	Frequency	Percentage
Yes	42	72.4
No	16	27.6
Total	58	100.0

Do you have other rules and regulations within the institution that have been reviewed in light of the impacts and implications of HIV/AIDS?	Frequency	Percentage
Yes	4	6.9
No	54	93.1
Total	58	100.0

Does your institution have an HIV/AIDS strategic plan?	Frequency	Percentage
Yes	8	13.8
No	50	86.2
Total	58	100.0

Does your institution have an HIV/AIDS strategic plan in preparation?	Frequency	Percentage
Yes	8	13.8
No	50	86.2
Total	58	100.0

Are HIV/AIDS considered when making an institutional plan?	Frequency	Percentage
Yes	16	27.6
No	42	72.4
Total	58	100.0

Have human recourse policies been amended to minimize vulnerability and susceptibility to HIV/AIDS?	Frequency	Percentage
Yes	3	5.2
No	55	94.8
Total	58	100.0

Has an analysis of the impact of HIV/AIDS on human resources been conducted at institutional level?	Frequency	Percentage
Yes	2	3.4
No	56	96.6
Total	58	100.0

Have guidelines been developed for staff on dealing with HIV/AIDS at institutional level?	Frequency	Percentage
Yes	5	8.6
No	53	91.4
Total	58	100.0

Have guidelines been developed or new practices adopted for trainees/students for dealing with HIV/AIDS at institutional level?	Frequency	Percentage
Yes	3	5.2
No	55	94.8
Total	58	100.0

Does your institution have an HIV/AIDS awareness programme for all its employees?	Frequency	Percentage
Yes	14	24.1
No	44	75.9
Total	58	100.0

Does your institution have an HIV/AIDS awareness programme for all its students/ trainees?	Frequency	Percentage
Yes	31	53.4
No	27	46.6
Total	58	100.0

Have guidelines for implementing universal precautions been developed for use by all staff in your institution?	Frequency	Percentage
Yes	12	20.7
No	46	79.3
Total	58	100.0

Does your institution have a policy of non-discrimination with regard to recruitment of staff?	Frequency	Percentage
Yes	11	19.0
No	47	81.0
Total	58	100.0

Does your institution have a policy of non-discrimination with regard to advancement of staff?	Frequency	Percentage
Yes	10	17.2
No	48	82.8
Total	58	100.0

Does your institution have a policy of non-discrimination with regard to continued employment of staff?	Frequency	Percentage
Yes	11	19.0
No	47	81.0
Total	58	100.0

Does your institution have a policy of non-discrimination with regard to benefits for personnel affected by HIV/AIDS?	Frequency	Percentage
Yes	8	13.8
No	50	86.2
Total	58	100.0

Does your institution have a policy of non-discrimination with regard to admission of students?	Frequency	Percentage
Yes	7	12
No	51	88
Total	58	100.0

Does your institution have a policy of non-discrimination with regard to promotion of students?	Frequency	Percentage
Yes	7	12
No	51	88
Total	58	100.0

Does your institution have a policy of non-discrimination with regard to continued attendance/study?	Frequency	Percentage
Yes	7	12
No	51	88
Total	58	100.0

Does your institution have a policy of non-discrimination with regard to benefits for students affected by HIV/AIDS?	Frequency	Percentage
Yes	7	12
No	51	88
Total	58	100.0

Does your institution enforce confidentiality of information about employees affected by HIV/AIDS?	Frequency	Percentage
Yes	33	56.9
No	25	43.1
Total	58	100.0

Does your institution enforce confidentiality of information about students/trainees affected by HIV/AIDS?	Frequency	Percentage
Yes	31	53.4
No	27	46.6
Total	58	100.0

Is there a life skills programme established in your institution?	Frequency	Percentage
Yes	19	32.8
No	39	67.2
Total	58	100.0

Does the life skills programme consider issues relating to gender?	Frequency	Percentage
Yes	14	60.9
No	9	39.1
Total	23	100.0

Have orientation programmes been undertaken for lectures in life skills and HIV/AIDS?	Frequency	Percentage
Yes	14	24
No	44	76
Total	58	100.0

Has there been an orientation process for students regarding life skills programmes in your institution?	Frequency	Percentage
Yes	40	69.0
No	18	31.0
Total	58	100.0

Are HIV/AIDS materials available to all students within the institution?	Frequency	Percentage
Yes	28	48.2
No	30	51.8
Total	58	100.0

Are HIV/AIDS and life skills integral components in the curriculum for the professional preparations of all students/trainees?	Frequency	Percentage
Yes	23	39.7
No	35	60.3
Total	58	100.0

Is HIV/AIDS education infused or integrated in other subjects?	Frequency	Percentage
Yes	28	48.2
No	30	51.8
Total	58	100.0

Have efforts been made to include outreach programmes for communities around the institution in your life skills and HIV/AIDS awareness efforts?	Frequency	Percentage
Yes	22	37.9
No	36	62.1
Total	58	100.0

Does your institution have a programme to address the needs of orphaned and vulnerable students in the institution?	Frequency	Percentage
Yes	6	10.3
No	52	89.7
Total	58	100.0

Are counselling services, by trained counsellors, available at your institution?	Frequency	Percentage
Yes	26	44.8
No	32	55.2
Total	58	100.0

Is there peer counselling/education among students?	Frequency	Percentage
Yes	28	48.7
No	30	51.3
Total	58	100.0

IIs there peer counselling/education among lecturers/institutions?	Frequency	Percentage
Yes	5	8.6
No	53	91.4
Total	58	100.0

Has an effort been made to identify possible partners for the fight against HIV/AIDS at institutional level?	Frequency	Percentage
Yes	31	53.4
No	27	46.6
Total	58	100.0

Does the education sector have a shared strategy for the fight against AIDS?	Frequency	Percentage
Yes	21	36.2
No	37	63.8
Total	58	100.0

Has any research been commissioned to inform the institution's response to HIV/AIDS?	Frequency	Percentage
Yes	9	15.5
No	49	84.5
Total	58	100.0

Has a research agenda been defined that prioritizes gaps in knowledge relating to the impacts of and response to HIV/AIDS within the institution?	Frequency	Percentage
Yes	4	6.9
No	54	93.1
Total	58	100.0

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