THE REPUBLIC OF UGANDA

ACTIONS TAKEN BY MINISTRY OF EDUCATION AND SPORTS TO COPE WITH THE IMPACT OF HIV/AIDS

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A PAPER DELIVERD DURING A WORKSHOP ON THE IMPACT OF HIV/AIDS ON EDUCATION

LIST OF ABBREVIATIONS

ABEK	-	Attentive Basic Education For Karamoja
AIDS	-	Acquired Immune Deficincy Syndrome
BEUPA	-	Basic Education for Urban Poor Areas
CBO	-	Community Based Organisation
COPE	-	Complementary Opportunity for Primary Education
DFID	-	Department for International Development
ESIP	-	Education Sector Investment Plan
GDP	-	Gross Domestic Product
NGO	-	Non Governmental Organisations
NRM	-	National Resistence Movement
NTC	-	National Teachers' College
STD	-	Sexually Transmitted Diseases
UCC	-	Uganda College Of Commerce
UNESCO	-	United Nations Educational Scientific Cultural Organisation
UPE	-	Universal Primary Education
USAID	-	United States for International Development
UTC	-	Uganda Technical Colleges
UTV	-	Uganda Television

1.0 BACKGROUND

1.1.1 HIV/AIDS is still a big health and developmental problem. In Uganda close to 2 million people have been infected with the HIV virus infection. Young people are particularly vulnerable. HIV infections are now occurring in young people in the 10-24 age group. In Uganda, young people in schools at different levels are approximately 9 million.

The age group most affected (15-50) years also occupies a very critical position in families and communities as a whole as heads of households, labour force and leaders in society. As a result HIV/AIDS has touched on every aspect of national life and development including individual behavior, the roles and functions of the family, communities, the economy, care and support systems.

In Uganda, like in many other countries the concern over the HIV/AIDS epidemics stems primarily from its unique features. HIV is one of the current epidemic whose principal route of transmission is through sexual contact. The epidemic mainly affects the sexually active population. Sexually activity is the main defining risk factor for the variation of its incidence and prevalence. Since socio-cultural values and economic relations underlie sexual interaction between individuals, they have a strong bearing on the spread of HIV/AIDS.

1.1.2 Currently AIDS is responsible for up to 12% of annual deaths among individuals aged 15-49. It is estimated that approximately 10% of the adult population is HIV infected (WHO 1999).

By the end of 1998, there were 54712 cumulative reported AIDs cases (STD/ACP - MOH 1999). Of these Aids cases 50,757, 928 per cent were adults aged 12 year and above while 3955 (7.2 percent were females).

According to STD/HIV surveillance report (1999) young women aged 15-24 years are at a higher risk of HIV infection than men of the same age group owing to an earlier age at first sex. Overall about 54% of the reported AIDS cases are females.

AIDS is the 4th leading cause of death among the under five children. Recent Analysis indicate that if spread of HIV is not contained further AIDS may increase the infant mortality rate (I.M.R.) by 70% and under five childhood mortality by 1000% (UNAIDS 1996).

In Uganda, the major route for its transmission is through heterosexual contact and hence the risk factors that are closely associated with the frequency of unprotected sex with infected partners. Like in other countries the risk factors for heterosexual HIV infection are:

- unprotected sex with an infected person
- high number of reported life time sexual partners
- the presence of an STD
- sexual contact with a menstruating partner and
- sexual intercourse before sexual organs are mature

1.1.3 In Uganda there has been reported decline in HIV/AIDS infection particularly in urban areas. This is possibly due to high awareness levels attained in those areas.

Available data from sentinel sites suggest that the HIV prevalence has been declining significantly since 1992.

Notable in this decline is among pregnant women especially those attending ante natal clinics in urban sites. Similar results have also been observed in Lacor (Gulu) and Fort Portal Hospitals (Sandro at 1998) and in the population - based cohort studies carried out in the District of Masaka and Rakai (MRC/UVRI, 1997).

However overall HIV prevalence rate seem to have stagnated at about 10%.

The decline is particularly pronounced among urban pregnant women, those aged 15-19, followed by women aged 20-24. In one of the sites in Kampala HIV prevalence rate was 29.5 percent in 1992 to 14-10% in 1996 and stagnated thereafter.

Surveys on knowledge attitudes and practices conducted by Ministry of Health also indicate an increase in the age of first sex; a reduction in number of casual sex partners, and an increase in general condom use especially between casual sexual partners. These findings suggest that the decline in HIV prevalence in Uganda is likely to be casually linked to changes in high risk behavior.

1.2 Impact of HIV/AIDS on Learners and School Environments

The HIV/AIDS epidemic is directly affecting learners, teachers and administrators inclusive. Although it has not yet been clearly documented the number of these people who have died is significantly big.

1.2.1 In Uganda the Government Policy of UPE has helped a situation from becoming disastrous in the face of HIV/AIDS. Most children in primary level are able to attend school.

Those in "child headed households" where the entire family is made of children cannot also manage to attend. Sometimes the elder ones have to stay at home and look after the young ones.

In Uganda the girl child is exceptionally vulnerable to HIV/infection.

Girls in the age bracket of 14-19 are six times more infected by HIV than their counterparts the boys. This affects their access to schooling. In belief that they are HIV free they face increased risk of sexual harassment on their way to and from school. At another level this has led to increased defilement cases. The situation is pathetic at secondary level. Whereas most of all those impoverished by AIDS and the orphans are able to attend Primary Education because of the UPE policy the majority cannot proceed to secondary level.

The underlying reason of this drop out rate is the inability to pay school fees. This inability is AIDS related in most cases AIDS causes loss and extra of dependable source of income spending to take care of the sick members of the family.

It is very clear therefore that AIDS will affect the demand for education due to fewer children attending school. It is also possible that few children will want to attend school properly because of the traumas they suffer through the experience of AIDS in their families, partly because they have to work to generate income for family support or are needed to care for the sick or for the young ones.

Children from families affected by AIDS see little value in education as a way of surmounting their problems. This has tremendously increased the number of street children on the urban streets.

1.3 Impact on Teachers and Administrators

Uganda has not come up with a concrete data on the impact of HIV/AIDS on Teachers. In terms of how many have died or are sick. However studies to address this short fall are being planned.

Indirectly a significant number of teachers, school Administrators and Education Policy makers have been affected by the epidemic.

This has affected supply of education due to increased death and sickness of teachers. Productivity of particularly the sick teachers has decreases and hence the quality of teaching and learning reduces.

The policy on HIV/AIDS spell out non-discrimination or stigmatisation on ground of HIV/AIDS. So services of sick teachers or Head teachers cannot be terminated.

Due to this, the system will get overwhelmed soon by a very large number of non-productive persons who have to be paid. This situation has increased in teaching loads of other teachers.

Therefore apart from loss and costs of the initial training of these teachers on public, there is also loss of their valuable experience hence replacements costs.

1.4 Impact of HIV/AIDS on Parents and School Community

In Uganda education is heavily supported or sponsored by parents.

Unfortunately however HIV/AIDS affects parents and the resources available for education. There is reduced availability of resources due to decline in family incomes due to AIDS mortality of family members or diversion of family resources to palliative care of the sick ones.

In the process a lot of man labour is lost in looking after the sick, in mourning and burials.

Other avenues of private resource reduction includes:

- Reduced due to loss of production labour owing to the AIDS related decline in National incomeandincreased allocation to health and AIDS - related interventions.
- The funds that are tied down by salaries for sick unproductive teachers
- Reduced community ability to contribute labour for school developments related debilitation or increasing claims on time and work capacity because of active community members.

1.4.1 Orphans

One of the most severe impact of HIV/AIDS is the increasing number of orphans.

In Uganda we now have approximately 1.9 million orphans out of which close to 1.5 million are AIDS related orphans.

The growth in the number of orphans is taxing the coping strategies of families and society at large. The extended family that has been coping economically is now being overwhelmed.

The number of child headed households is also on the increase. In one district of Rakai there are more than 450 children headed. Many have to work to support themselves or the young ones who depend on them. Some are so traumatized by what they experienced when a member of their family died of AIDS that they cannot learn. A significant number of them have joined risk undertakings like prostitution and theft in order to earn a living.

2.0 MAIN ACTION TAKEN BY MINISTRY OF EDUCATION TO COPE WITH THE IMPACT OF HIV/AIDS

The Ministry of Education and Sports in Uganda has since the inception of the epidemic put in place the following interventions:

2.1 Ministry of Education launched major campaign against the epidemic from 1986. Seminars are being conducted at different levels including tertiary institutions like Makerere University.

2.2 Other HIV/AIDS Interventions in the Education have been thefollowing:

- Radios, UTV and the Newspapers were used in the late 1980's to carry the message to the youth.

2.3 AIDS drama were conducted to sensitize the children and adolescents at Primary and Secondary levels about the disease.

2.3.1 In 1991 - AIDS drama for Primary Schools entitled Riddle was conducted at zonal, Sub-county, county, regional and National levels over 8,500 primary schools participated.

2.3.2 In 1992 - The MoES through School Health Education Project conducted the AIDS drama for secondary schools entitled the Hydra.

2.3.3 In 1993, The Hydra was translated into 12 local languages and 6 major local music drama groups acted the translated Hydra to the entire country.

2.3.4 In 1994 - The Primary Schools wrote their own scripts for AIDS drama and acted on different levels up to National theatre.

2.4 National Strategic Framework for HIV/AIDS activities in Uganda for the period 200/1 - 2005/6 was developed. This policy document is a review of past performance and a statement of the Nation's planned response to the HIV/AIDS problem. Framework for a protracted process of consultation among a wide range of stake holders involved in the spread of HIV/AIDS in Uganda. The Education Sector is one of the stakeholders that were involved in the process.

2.5 The Education Sector is involved as a lead actor. Activities have included:

Promote AIDS Education and counselling in schools, colleges and institutions of higher learning. Activities under this have included:

- Conducting Advocacy Seminars for AIDS Education and
- Counselling in Schools, Colleges etc.
- Producing and distributing AIDS manuals/materials to schools.
- Training Trainers fro Teachers in AIDS education and counseling.
- Equipping one lecturer/teacher per school with techniques and skills of providing AIDS information to student/children.

2.5.1 HIV/AIDS was in 1986 included in the Primary School Curriculum, as part of health education.

2.5.2 The AIDS Unit for Primary with posters and schemes of work was produced and distributed to all the primary schools in Uganda. In 1992 the curriculum of Health Education for the PTC containing AIDS Education was written.

2.5.3 In 1993 AIDS Unit for Secondary Schools were designed and printed and distributed to all secondary schools in Uganda.

2.5.4 The syllabus for secondary schools was produced but not implemented due to the fact that the School Head Education Project was winding. However plans have been made to have it implemented.

From 1995 to 2000, Life Skills Education aimed at equipping the individuals with abilities to meet the challenges of everyday life was initiated by UNICEF/GOU Country Programme. The aim of Life Skills is to protect the adolescents from HIV/AIDS when they make informed decisions and take healthy choices.

Like skills is to help the adolescents change their behavior. Life Skills manual for out of School children was written and is being used by NGOs.

2.5.5 Also in Life Skills Education,15 children's rights and 5 responsibilities are well stipulated.
The 49 PTCs, 7 NTCs have been sensitized about life skills and children's rights and responsibilities.

2.5.6 HIV/AIDS is in the curriculum for Non-formal education initiatives.

Complementary Opportunity for Primary Education (COPE) operating in 10 districts. Alternative Education for Karamoja (ABEK), Basic Education for Poor Areas (BEUPA). These are Non-formal programmes for children found in different circumstances and cannot be rescued.

2.5.7 The Ministry through the department of education Planning has embarked on the process of collecting data on the death of teachers and students.

2.5.8 To concretise all activities under taken, the ministry has prepared HIV/AIDS Action Plan for he education sector. The plan contains objectives, outcomes and strategies to achieve the objectives.

The major objective outcomes and strategies of the plan are presented below:

Objective 1: To promote the development and implementation of policies relevant to the HIV/AIDS epidemic in the education sector.

Outcome 1: By the year 2005/6, HIV/AIDS policies pertaining to the education sector would have been adopted and implemented at various levels.

Strategies:

1. Initiate and foster policies that are relevant to HIV/AIDS in the education sector:

   (a) Establish an AIDS policy review committee in the education sector

   (b) Hold consultative meetings with all relevant stakeholders.

   (c) Review in existing sector policies and identify gaps vis-a-vis the AIDS epidemic.

   (d) Develop and discuss the policy proposals within the sector

   (e) Re-write the agreed upon policy statements and submit them to Cabinet or approval

   (f) Reproduce and distribute approved policies to educational institutions.

   (g) Carry out an assessment on implementation of AIDS policies in the various institutions.

Objective 2: To intensify advocacy for HIV/AIDS educational institutions including universities.

Outcome 2: By the year 2005/6, an HIV/AIDS advocacy strategy for the education sector would have been developed and implemented.

Strategies:

1. Strengthen advocacy for children's rights and needs in the context of AIDS:

   (a) Identify advocacy needs pertaining to the epidemic in the sector.

   (b) Develop an HIV/AIDS advocacy strategy for the education sector.

   (c) Develop and distribute comprehensive list of the rights and needs of children to educational institutions.

   (d) Hold sensitisation seminars for ministry officials regarding children's rights and needs.

   (e) Hold sensitisation seminars for heads of educational institutions regarding children's rights and needs.

   (f) Form and support child rights protection and advocacy clubs.

   (g) Develop a mechanism for reporting and following up cases of child abuse at various levels.

2. Advocate for increased teacher's/student's participation in community activities relevant to the AIDS epidemic:

   (a) Establish anti-AIDS clubs in educational institutions.

   (b) Advocate for incorporation of HIV/AIDS activities in student's clubs and societies.

   (c) Advocate for provision of HIV/AIDS activities in the annual budget estimates for educational institutions.

   (d) Develop a schedule for communal work relevant to AIDS in the neighbouring communities.

   (e) Carryout voluntary/communal work by students in the households heavily affected by AIDS.

Objective 3: To incorporate HIV/AIDS issues into the curriculum for all education institutions.

Outcome 3: By the year 2005/6, at least 90 % of the educational institutions in Uganda would have taught and examined students on topics ertinent to the HIV/AIDS epidemic.

Strategies:

1. Review curriculum for the various categories of educational institutions (primary, secondary, technical, business/vocational, etc.) in Uganda:

   (a) Establish curriculum review committees for the different categories of educational institutions.

   (b) Conduct consultative/review meetings with stakeholders on curriculum

   (c) Compile list of topics or areas related to the epidemic that require incorporating into curriculum.

   (d) Identify and commission consultancy to revise the curriculum.

   (e) Hold meetings to review and adopt the revised curriculum.

   (f) Develop and reproduce revised curriculum.

(g) Distribute the revised curriculum to all stakeholders/educational institutions.

(h) Develop HIV/AIDS information Kit for children in the non-formal education.

(i) Reproduce and distribute .... HIV/AIDS kits to children in the nonformal education (ABEK/COPE/PEUPA/ACCESS/EDGE).

(j) Incorporate HIV/AIDS issues in reading materials/books developed under TDMS.

Objective 4: To promote skills-based teacher training in HIV/AIDS education (AIDS problem comprehension, and how to communicate about and/or relate with persons with AIDS).

Outcome 4: At least 90 % of the teacher training colleges would have introduced skills-based modules that are relevant to HIV/AIDS in their teacher training curriculum/program by the year 2005/6.

Strategies:

1. Initiate skills-based training relevant to AIDS in all teacher training colleges:

(a) Undertake an assessment of the skills needed by teachers in AIDS education.

(b) Develop training modules for teachers on skills needed.

(c) Hold sensitisation seminars on use of skills-based modules.

(d) Pilot test the training modules in 45 teacher training colleges.

(e) Revise and reproduce the skills-based training modules.

(f) Identify and train one tutor from each TTC on use of skills-based training modules.

(g) Distribute modules to all TTCs.

(h) Monitor and evaluate application of skills entailed in the modules during the after teaching practice.

Objective 5: To promote AIDS education, counselling and services in all schools, colleges and institutions of higher learning including universities.

Outcome 5: At least 80 % of schools, colleges and institutions of higher learning including universities would have introduced AIDS education, counselling and health services by the year 2005/6.

Strategies:

1. Intensify AIDS education in all educational institutions:

(a) Carry out needs assessment.

(b) Review existing manuals for trainers of peer educators and counsellors.

(c) Finalise and reproduce training materials for TOTS.

(d) Identify and recruit 45 trainers for trainers of peer educators and counsellors.

(e) Identify and recruit teachers from each district to be trained as trainers for per educators and counsellors (ToTs).

(f) Conduct ToTs workshops.

(g) Carryout continuous training for peer educators and counsellor.

(h) Develop and distribute AIDS education materials (poster, brochures, flyers, handouts, etc.)

(i) Develop and commission two plays on AIDS.

(j) Develop and distribute list of topics on AIDS for debate/discussion/competition.

(k) Hold inter-class/house/hall music and drama competitions focusing on AIDS.

(1) Hold drama competitions focusing on AIDS at district, regional and national level.

(m) Carry out essay writing competitions for various levels of education.

(n) Carry out one national debate on HIV/AIDS.

(o) Design and reproduce certificates for best performers.

(p) Procure and distribute awards (T-shirts, Trophies, Shields, etc.) to outstanding competitors/performers.

(q) Encourage students to write articles about AIDS.

(r) Collect HIV/AIDS articles written by student and compile them into a booklet.

(s) Publish good articles in an AIDS newsletter/magazine for school children.

(t) Develop/collect educational tapes pertaining to HIV/AIDS.

(u) Carry out educational video/film shows in educational institutions and neighbouring communities.

(v) Conduct AIDS talks/discussions/quiz on TV radios involving school children.

(w) Conduct parent-child and child - parent talks/testimonies relevant to aids during the annual parents day.

2. Intensify life skills training for psychosocial development in educational institutions:

(a) Develop materials and messages geared towards life skills and psychosocial development.

(b) Reproduce and distribute relevant life skills development materials.

(c) Introduce areas/time for discussions/information sharing on AIDS.

(d) Teach/train students how to avoid risky situations.

3. Introduce counselling, testing and care relevant to AIDS in educational institutions:

(a) Carry out an assessment of the counselling and care needs for children in educational institutions.

(b) Develop manual on AIDS counselling and care.

(c) Produce and distribute manual on AIDS counselling and care.

(d) Identify and train health service providers in schools in AIDS counselling and care.

(e) Recruit school counsellors.

(f) Sensitise students on VCT and AIDS care.

(g) Jointly carry out VCT outreaches in educational institutions.

(h) Equip school dispensaries/health units with appropriate AIDS preventive facilities kits.

(i) Provide support supervision for AIDS education, counselling and care services.

Objective 6: To promote the welfare of AIDS orphans in educational institutions including universities.

Outcome 6: At least 50 % of the educational institutions in Uganda would have introduced a welfare/support scheme for AIDS orphans by the year 2005/6.

Strategies:

1. Initiate and foster a welfare scheme for needy AIDS orphans in educational institutions including universities:

(a) Carry out assessment of educational needs for AIDS orphans.

(b) Establish an institutional conditional grant for the education of AIDS orphans.

(c) Appeal for financial and material support/donations towards education for AIDS orphans.

(d) Lobby for a 50 - 100% subsidy on the fees/tuition requirements for AIDS orphans in public and private educational Institutions.

(e) Identify AIDS orphans who are very needy and give them short -term jobs during holiday breaks.

(f) Procure and supply scholastic materials to AIDS orphans.

Objective 7: To promote/build partnership with NGOs/CBOs and other stakeholders for effective implementation of AIDS orphans who are very needy and give them short-term jobs during holiday breaks.

Outcome 7: An increase in the number of government and non-governmental organisations undertaking AIDS activities in the education sector by the year 2005/6.

Strategies:

1. Initiate and foster partnerships with other stakeholders for effective implementation of AIDS education, counselling and care in educational institutions.

(a) Establish a consortium composed of representative form key organisations involved in AIDS education, counselling and care in the education sector.

(b) Convene meetings and identify areas of collaboration and organisations with the capacity to implement such activities.

(c) Develop an agreement for collaboration and partnership with these organisations.

(d) Contract organisations with the comparative advantaged to implement some of the planned activities like AIDS preventive supplies, educational drama and film shows, etc.

(e) Conduct quarterly consultative and review meetings.

Objective 8: To promote HIV/AIDS research on various aspects that are relevant to the educator sector.

Outcome 8: At least 5 major studies focusing on various aspects of HIV/AIDS in the education sector would have been undertaken by the year 2005/6.

Strategies:

1. Initiate and foster research relevant to HIV/AIDS in the education sector:

(a) Establish an AIDS information and research committee in the sector.

(b) Conduct meetings to review/identify gaps in all research done in the sector that is relevant to AIDS.

(c) Develop and distribute a comprehensive list of research topics to relevant institutions.

(d) Set aside financial resources for funding research in priority areas.

(e) Carry out a survey on the impact of the AODS epidemic on the Education sector.

(f) Funding students undertaking research in the identified priority areas.

(g) Collect, collate and disseminate HIV/AIDS research results pertain to the sector.

Objective 9: To promote joint planning, coordination, monitoring and evaluation of HIV/AIDS activities in the educator sector

Outcome 9: A functional committee and defined mechanism for joint planning, coordination, monitoring and evaluation of HIV/AIDS activities in the education sector.

Strategies:

1. Strengthen the capacity for planning, coordination, monitoring and evaluation of AIDS activities in the education sector:

(a) Establish an AIDS planning, coordination, monitoring and evaluation committee in the sector.

(b) Train 50 ministry staff (including on a in each district) in planning, monitoring and evaluation of AIDS interventions.

(c) Conduct joint quarterly meetings to review implementation of the plan.

(d) Develop monitoring and evaluation tools.

(e) Develop and distribute to stakeholders guidelines on monitoring and evaluation of planned activities.

(f) Conduct quarterly support supervision and monitoring visits to 45 implementation sits.

(g) Prepare quarterly review meetings reports on implementation of activities.

(h) Hold annual review meetings on progress in implementation.

(i) Carry out mid-term and end of term evaluation studies.

3.0 DIFFICULTIES ENCOUNTERED IN DESIGNING AND IMPLEMENTING POLICIES TO DEAL WITH THE EPIDEMIC

The nature of HIV/AIDS itself. Because of the long incubation period, infected persons retain a healthy appearance and continue to function for several years before succumbing to the disease. This created a false sense of security. In addition, the epidemic does not strike all at once in one concentrated outbreak, but spreads itself over time and over geographical areas. This results in its detrimental effects being experienced in piecemeal fashion, through the loss now of one person, now of another. It was only relatively late in the epidemic that the cumulative impact of this steady, constant erosion of human resources drew attention to the urgent need for national action.

The initial conception that HIV/AIDS was essentially a health issue that should be dealt with by health ministries.

The absence of a sense of urgency, arising in part out of early erroneous expectations that, though catastrophic, the disease would spread much more slowly than has in fact been the case.

Pressing socio-economic needs that appeared to have greater urgency and that commandeered the attention of over-strained government departments. Government response has tended to be similar to that of individuals. For many individuals, responding to survival needs gets a higher priority than taking action to prevent HIV infection. Likewise, for many governments, responding to national economic and security needs got higher priority than strategies for dealing with the HIV/AIDS epidemic.

Major economic problems, related to structural adjustment programmes and debt servicing obligations, consumed the attention of national leaders.

Different forms of political transition - frequently accompanied by major outbreaks of civil strife - with the ensuing of politicians and policy-makers. In addition to Uganda's emergence from a civil war.

Difficulties on the part of the planners by the failure to collect any or accurate data on HIV respondents are un-willing to provide data which is other wise considered personal.