

**STUDY OF AFRICAN UNIVERSITIES' RESPONSE TO HIV/AIDS:
CASE OF KENYA**

**Report for the
Association for the Development of Education in Africa (ADEA)**

by

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HIV/AIDS BILLBOARD AT KENYATTA UNIVERSITY



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LIST OF ABBREVIATIONS

AAU	Association of African Universities
ACU	Aids Control Unit
ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
CCMB	Centre for Complimentary Medicine & Biotechnology
HIV	Human Immunodeficiency Virus
JAB	Joint Admission Board
KUSAAG	Kenyatta University Staff Anti-Aids Organization
KUSACO	Kenyatta University Students Anti-Aids Control Organization
MOH	Ministry of Health
NACC	National Aids Control Council
NASCOP	National AIDS/STD Control programme.
NGO	Non-governmental Organization Organisation
PLWHA	Person Living with HIV/AIDS
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WEUCO	Western University College of Science And Technology
WHO	World Health Organization

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My special thanks goes to Alice Sena Lamptey, Coordinator, WGHE who invited us to conduct this project.

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EXECUTIVE SUMMARY

Acquired Immune Deficiency Syndrome (AIDS) is a tragedy of devastating proportions in sub-Saharan Africa. In Kenya, the cumulative number of deaths due to HIV/AIDS may rise to 2.6 million by the end of 2005 if no interventions are introduced. Most Aids death occur between the ages of 25 and 35. This has resulted into serious socio-economic impact, particularly in Universities.

It is for this reason that the Africa America Institute (AAI) in collaboration with its partners the Association of African Universities (AAU) and the Working Group on Higher Education (WGHE) of the Association for the Development of Education in Africa (ADEA) decided to undertake case studies on the impact of HIV/AIDS on individual universities in 12 Global Aids Initiative countries (Kenya, Botswana, Ivory-Coast, Ghana, Zambia, Ethiopia, Mozambique, Namibia, Nigeria, Rwanda, South Africa, & Tanzania) and to document the responses and HIV/AIDS management strategies adopted by Universities in these countries.

The aim of this case study was to inventory the Policies and strategies that 8 selected Kenyan universities (Kenyatta, Nairobi, Maseno, Jomo Kenyatta University of Agriculture and Technology, Catholic, Kabarak, Moi and Western University college) have developed to address the HIV/AIDS pandemic.

The study has critically looked at how these universities have responded to HIV/AIDS, with respect to administrative policies, academic programmes, and involvement with national policy and community based organizations. This report also presents the main findings and recommendations on the impact of HIV/AIDS on selected universities.

The study was of a descriptive nature and relied mostly on qualitative methodologies such as personal interviews, group discussions and the analysis of existing documents.

The main findings, recommendations, constraints, way forward and conclusion are summarized below:-

A. FINDINGS

(1) National statistics on HIV/AIDS

Available data shows that about 1.5 million Kenyans have died of Aids since 1984, and leaving behind more than 970,000 orphans. About 500 Kenyans die each day from aids, as shown in Chapter 2.

(2) National Response to HIV/AIDS

Chapter 3 focuses on the governments' response to HIV/AIDS pandemic. Because Aids is a multidimensional problem, the Kenyan government has a National Aids policy and a strategic plan based on a Multi-sector/decentralized approach. The approach facilitates the investment of significant amounts of resources at district, community and household levels.

The Plans Principle objective is to reduce the impact of HIV/AIDS by 20% - 50% by 2005, and has been re-enforced by the recently gazetted HIV and AIDS Prevention and Control Bill, 2003.

(3) HIV/AIDS Policy for education Sector

The Ministry of education has developed an education sector policy with funding from USAID. The Ministry of education, through the commission of Higher Education, now encourages Universities and Teachers service Commissions to develop and implement specific HIV/AIDS institutional policies. Chapter 3 outlines some of the guidelines given to Universities with respect to implementation of HIV/AIDS programmes. They include the need to have HIV/AIDS Policies, participation in outreach programmes, collaboration with other players and, provision of VCT, among other things.

This chapter also indicates that Kenyatta University, Moi University, Maseno University and Jomo Kenyatta, Universities actively participated in the development of education sector policy on HIV/AIDS.

(4) University academic programmes and Student population

Chapter 4 summarizes the different categories of universities authorized by the Commission of Higher education (CHE) to offer degree courses. Academic programmes of these institutions are outlined in the text.

NO.	UNIVERSITY	NO. OF STUDENT
1	Kenyatta University - (National)	12,600
2	Moi University - (National)	12,000
3	Maseno University - (National)	6,591
4	Jomo Kenyatta University - (National)	3,000
5	Kabarak University - (Private)	160
6	Nairobi University - (National)	21,129
7	WEUCO University - (Constituent College)	500
8	Catholic University - (Private)	2,000

(4) Incidence of HIV/AIDS in universities

All the Universities, except Kabarak University, Catholic University and Western University College (WEUCO), reported that HIV/AIDS has a significant impact on the institution, particularly on lower cadre staff whose monthly salary is about US\$ 50.

University of Nairobi has an average death rate of two (2) staff members per week, while Maseno University records 7 deaths annually. At Kenyatta University, 10-15% of those tested in 2001 were HIV positive, while 11.7% of Jomo Kenyatta University staff are HIV positive.

In case of death of a staff member, the impact of such death on the operations of the university is higher because other staff members have to be involved in making arrangements for travel and burial of their fellow staff members.

At Moi University, staff and student deaths are 0.03 –0.28%. In all those cases, the figures are estimates. About 48% of students at Kenyatta University indicated that Aids has negatively affected teaching and research, and were concerned with reckless sexual behaviour for “ fun” among male students.

University of the Day - WEUCO

This University has no HIV/AIDS Policy, No data on impact of HIV/AIDS, No Aids Control Unit, No budget for aids activities and has only 500 students (400 males and 100 females) – Dr. Olela – Dean of Students.

It is believed that the low pay encourages “alternative” means of survival such as prostitution and careless sexual contacts within the nearby slum areas, resulting into HIV infections. – student (Kenyatta University)

Information about members of the university community who may have been confirmed to be HIV positive is never made public. PLWHA have however never come out in the open to express their wish to be involved in the university management of the epidemic. – Director aids Control Unit, Kenyatta University

(5) HIV/AIDS Policies

A key question in the survey requested information on the existence of institutional policies for HIV/AIDS. Kenyatta and Nairobi Universities have HIV/AIDS policies while Maseno have a draft.

University like Jomo Kenyatta University of Agriculture and Technology, Catholic, Kabarak, Moi and WEUCO, have no HIV/AIDS policies.

Lack of institutional support and negative attitude from academic staff has derailed HIV/AIDS programmes and policy formulation at Moi University- Dr. P. Kavuu, Moi University Director, ACU

Kenyatta University policy has been officially approved by Senate and the University council.

Kenyatta University Policy was developed by all Departments and the Senate. The initiative came from the Vice-Chancellor and was implemented by the Director Aids Control Unit.

Kenyatta University policy emphasizes capacity building, Voluntary Testing and Counseling, protection from unfair discrimination, confidentiality about HIV/AIDS status, provision of Care and Support and peer education, among others.

(6) Mainstreaming HIV/AIDS into the curriculum

Among all the universities surveyed, only Kenyatta University has clear policies on teaching of HIV/AIDS. The policy says, in part “*all students shall have access to HIV/AIDS education and information*”. The university offers a compulsory course (HIV/AIDS and drug abuse) to all undergraduates and also offers certificates, diploma and post -graduate degrees in HIV/AIDS.

Over 40 units on HIV/AIDS are taught, with female students performing better than their male counterparts. The university has also introduced herbal medicine to treat staff and students of opportunistic infections associated with HIV infections.

At Moi University, one HIV/AIDS course has been developed, but the role of professors was “*insignificant*”. At Maseno University, a core course is being

developed, while some units like Reproductive and Sexual Health offered to B.Sc. have some elements of HIV/AIDS. Catholic, and Kabarak Universities have not mainstreamed HIV/AIDS into their curriculum.

(7) Aids Control Units HIV/AIDS Management Boards and Outreach Programmes

Not all Universities reported the establishment of Aids Control Units (ACUS). These units typically perform functions including coordination of seminars and workshops HIV/AIDS awareness, provision of education materials, provision of medical advice, promotion of voluntary testing, distribution of condoms, and establishment of peer education programmes.

At Kenyatta University, an HIV/AIDS management Board, chaired by the Vice-chancellor, was established in 2001. The Registrar (Academic) is the Secretary. All Departments are represented at the Board, that guides the director aids Control Unit on Policy issues.

In Maseno University, University of Nairobi, and Kenyatta University, students have generated a very creative array of outreach activities in response to the HIV crisis. They include the establishment of peer-to-peer counselling programs. They also use a variety of outreach methods, such as skits, songs and dances, and artwork, and production of educational materials. They also produce videos, newsletters, magazines, and posters. Maseno University's Peer education club (MUPEC), for example, organizes activities such as an aids campaign Day, trains selected students as counsellors, and publishes a magazine called "Private eye." MUPEC partners with students in Communications and media technology in order to use media creatively and improve the "packaging" of its messages for more effective dissemination. MUPEC helps to fund itself by organizing movie nights and making a pool table available for a fee.

Kenyattta University has developed cultural theatre teams that advocate for behaviour change through drama, puppetry, music and dance. The teams are recognized both locally and internationally. They will be performing at duke University (U.S.A) between 25th March to 3rd April 2004.

University of Nairobi students have also organized an AIDS Awareness Campaign, featuring events including a beauty contest to attract interest, and combining this feature with an AIDS talk and dissemination of educational materials. University of Nairobi students coordinate their activities through a variety of student groups that do not necessarily focus exclusively on AIDS, but incorporate an HIV/AIDS focus into their particular group activities, for example by holding a competition among the groups for best aids campaign.

(8) Peer counselling Service and VCT at Kenyatta University

At Kenyatta University, the students are organized to offer Peer Counselling services. Originally the Peer group was established to deal with student pregnancy but now focuses largely on HIV/AIDS. Prospective counsellors are screened in a multi-stage process and then trained extensively by professionals for 8 hours a day for ten (10) days before going to the field.

The Peer Counselling Project at Kenyatta University was established to help students acquire knowledge and skills, which contribute to healthy lives and responsible behaviour among students. To this extent, the project endeavours to reduce incidences of unplanned pregnancies, sexually transmitted diseases and exposure to HIV/AIDS infection. It was also established to help curb incidences of drug and alcohol abuse and dependence among university students - Dean of students.

With funding from Pathfinder International, the peer program has seen pregnancy rates drop from 61% in 1986 to 1% in 2001 among 1st year students.

The Peer Counsellors offer orientation programs to 1st years, conduct Door-to-Door counselling, give public talks and debate, promote condom use and family life education and give advice on VCT and operations of HIV/AIDS clubs.

Peer counsellors also produce a timely magazine with articles that address HIV/AIDS among other issues.

Peer Project has been successful and students can no longer wait for peer counsellors to knock on their rooms. Instead, students are the ones hunting for peer counsellors when they are in need of guidance and counselling services - Peer Counsellor.

There is tremendous improvement on VCT tests among students. The number of students going for the test has risen from 7 a month (2001) to 43 a month (February 2003) - Director, ACU.

(9) Student risky social life

All the universities, except Catholic and Kabarak Universities, experience similar socio-economic problems among the students. Poverty appears to be the root cause of all the recorded high-risk income-generating activities, which include prostitution and drug abuse.

The Boxes Below gives a reflection of social life in various Universities as a reported in the local newspaper ; the Standard on March 18th 2004.

The situation has been so severe that student life, full of mischief, was highlighted in one of the dailies in March 2004. Cases of cohabitation, drug abuse, and prostitution are now rampant (see chapter 9).

Thirty per cent of students at Kenyatta University go to KM, a shanty village near the campus for meals where food is cheaper. – Kenyatta University Student.

The KUSA chairman also laments the increase in pregnancies, especially after the lecturers strike. He discloses that there was a lot of cohabiting among students but it has eased following a recent crackdown.

**A UNIQUE CASE
OF DISCIPLINE** →

Nakuru's Kabarak University is not a place for smokers and drunkards. Students, too, must dress decently. Mini-skirts, tight jeans, slit dresses and "tumbo cuts" have no place on the campus.

Last year, four were expelled when they were found "drunk disorderly". The university, which is founded on Christian principles, attaches great importance to discipline and good morals.

When we visited rooms at Moi University -Chepkoilel campus at lunch hour, many students were busy preparing meals. The students described life as hard, frustrating and demoralising. Their major complaints ranged from financial difficulties, congestion in halls of residence to social problems - Standard Newspaper Journalist.

"some female students depend on their male friends for financial help," a male student said. But for students who take life in its stride, cheap brew is a big relief.

(10) Collaboration with NGO's

Universities are working closely with other government department and NGO's in the fight against HIV/AIDS. Pathfinder International funds Kenyatta University Peer project, while USAID funded the formulation of education section policy at the Ministry of education. I choose Life (ICL), an NGO, is a now training 200-peer educators at Kenyatta University. The National Aids Control Council (NACC) released 6.2 million to the commission of Higher Education (CHE) for HIV/AIDS activities in all public and private universities. Donors such as UNESCO, UNICEF, DFID, CDC, have funded different projects in different universities.

More recently, Mrs. Lucy Kibaki, the 1st Lady of the Republic of Kenya committed her self in writing and promised to build an HIV/AIDS Complex at Kenyatta University.

B. CONSTRAINTS IN HIV/AIDS IMPLEMENTATION

1. Understaffed and under funded aids Control Units makes HIV/AIDS activities less vibrant.
2. There are no forum for universities to share experiences and enrich each others programmes
3. Most universities, except Kenyatta University and Nairobi University lacked institutional policies on HIV/AIDS.
4. The Universities deal with young adults (18-25) years who are sexually active and more prone to HIV infection. Inadequate funding has driven some into prostitution.
5. Most ACUs do not stand on their on. Some are under existing Department rendering ACU activities invisible, e.g. at Maseno University.
6. Lack of adequate **funding** for HIV/AIDS programmes
7. **Religious conflicts** over the use-condoms, particularly among the non Catholics.
8. Culture: **Some cultures encourage multi-sexual partners** and there is the feeling also that HIV/AIDS is not "real" but a curse from god.
9. Commercial sex: Is being used as alternative means of survival among students, making implementation of HIV/AIDS Programs difficult.

C. OBSERVATIONS, RECOMMENDATIONS AND WAY FORWARD

1. Care & Support

While a lot of emphasis has been put on curriculum review and outreach, **there is less attention on care and support**, an area which needs a lot of resources and man-power. Plans for Care and Support should include

- assessment of education needs for HIV/AIDS orphans left behind by members of staff.
2. Universities such as Kenyatta University and Nairobi have advanced in their HIV/AIDS programmes while **others don't even have policies to guide the institutions**. Affected universities should be encouraged to give policy formulation the 1st priority.
 3. **Student allowances** from the higher education loans Board should be increased so that students don't go to the street for "alternative" ways of survival.
 4. All Universities must take **steps to reduce levels of isolation**, stigma and discrimination associated with HIV infection.
 5. All universities should **conduct an impact assessment** on effects of HIV/AIDS on the institution.
 6. Each university to **determine factors that pre-dispose its staff and students to HIV** infection and take appropriate actions to minimize the impact.
 7. Universities must have **links with other sectors** e.g. Ministry of Health for qualified staff in areas such as ARV provision, VCT etc.
 8. HIV/AIDS related materials and **courses should be evaluated** regularly for content and relevance.
 9. **Incentives:** Universities should **give incentives to HIV/AIDS research**. Kenyatta University gives 7000US\$ for excellent research proposal, a practice that should be emulated by other universities.
 10. Universities should **expand their HIV/AIDS programs to secondary schools**, from where they get their students. This will ensure that those joining Universities are HIV/AIDS literate.
 11. Students should be **encouraged to access VCT off campus** in order to be assured of privacy and confidentiality, with advice that they inform the University of the outcome, for purposes of planning.
 12. Female students are in particular **need of guidance towards empowerment in** relation to males. There is good evidence that many female students are often pressured into un-wanted sexual relations with male students and male staff.

D. CONCLUSION

(1) There is a growing number of efforts to reverse the impacts of HIV/AIDS in Universities. The success of these efforts will only be realized if the following are given priority:

- Strong political and institutional leadership
- The setting up of dedicated AIDS programmes at every university.
- The broadening of the response to include civil society, religious organizations the private sector and networks of people living with HIV

- A reduction of stigma and discrimination faced by those infected with HIV and
- The protection of groups particularly vulnerable to infection.

(2) The current study reveals that most Universities are assembling these building blocks into stronger aids responses. As they do so, the Kenya government and the International Community must provide more financial resources along with reinforced human and technical capacity. AIDS is now recognized as one of the largest impediments to education sector. The extent to which HIV/AIDS affects all of our futures will depend on the actions we take today, particularly in institutions of Higher Learning.

(3) Finally, Universities have not done enough, given that the HIV/AIDS pandemic was first diagnosed in 1980's. Vice-chancellors, Dean's staff and students must unite to win the global war against HIV/AIDS.

(4) Some universities have no HIV/AIDS policies, no records on HIV/AIDS prevalence and lack structures to deal with HIV/AIDS as a workplace concern. This is an indication that some university leaders have not given HIV/AIDS the attention that it deserves, and must be compelled to do so. HIV/AIDS is an enemy and all Universities must be in the war front.

1.0 CHAPTER ONE: INTRODUCTION

1.1 Background

Acquired Immune Deficiency Syndrome (AIDS) is a tragedy of devastating proportions in sub-Saharan Africa. In Kenya, the cumulative number of deaths due to HIV/AIDS may rise to 2.6 million by the end of 2005 if no interventions are introduced. Most Aids death occurs between the ages of 25 and 35. This has resulted into serious socio-economic impact, particularly in Universities.

It is for this reason that the working Group on Higher education (WGHE) of the association of the development of education in Africa (ADEA) decided to undertake case studies on the impacts of HIV/AIDS on individual universities in Africa and to document the responses and HIV/AIDS management strategies adopted by these institutions.

The universities were from Global Aids initiative countries which are:- Kenya, Botswana, Ivory-Coast, Ghana, Zambia, Ethiopia, Mozambique, Namibia, Nigeria, Rwanda, South Africa, and Tanzania.

The aim of this case study was to inventory the Policies and strategies that 8 selected Kenyan universities have developed to address the HIV/AIDS pandemic. These universities are: Kenyatta University, Jomo Kenyatta University of Science and Technology, Nairobi University, Moi University, Maseno University, Kabarak University, Catholic University of East Africa and Western University College of Agriculture and Technology.

1.2 Terms of Reference/Objectives

The terms of reference can be summarized as follows:-

- (a) To document various universities in Kenya and assess the impacts of HIV/AIDS on the institutions
- (b) Document how various Universities have responded to the HIV/AIDS pandemic
- (c) Determine whether or not the Kenyan Universities have developed HIV/AIDS policies

- (d) List the steps that have been taken by Universities in Kenya to limit the spread of HIV/AIDS
- (e) Document HIV/AIDS related teaching research and curriculum review in Kenyan Universities
- (f) Assess the impact of HIV/AIDS on parameters such as student enrolment, staffing and university finances among others
- (g) assess internal and external constraints that hinder effective implementation of HIV/AIDS Programmes in universities
- (h) Document collaborative research between universities and Governments, NGO's etc.

1.3 Study Methodology

(a) Mapping Survey

A brief survey questionnaire was distributed to seven (7) universities and four other institutions, which included Ministry of Education, Ministry of Culture and social services, and Pathfinder International (K). The aim of the survey was to document institutional perceptions of the impact of HIV/AIDS on institutions and also to gauge the level of university response as indicated in the terms of reference. The respondents were staff, students, and workers.

The universities surveyed were purposefully selected to represent the diversity of institutions (Public, private) and also to include those in geographical regions most affected by HIV/AIDS e.g. Maseno University.

A key question in the survey requested information on the existence of institutional policies for HIV/AIDS and to identify key elements of the policy.

Respondents were asked to give an assessment of the impacts of HIV/AIDS on their institutions and to locate where they believed implementation responsibilities lay for Universities, governments and non-governmental organizations in the fight against HIV/AIDS.

Provision for education and HIV/AIDS awareness is another area that was addressed during survey. Information on condom use by staff and students, provision of HIV/AIDS courses and curriculum reform were collected.

More importantly, respondents were asked to indicate whether they collaborated with other bodies or groups in the fight against HIV/AIDS. The bodies included churches, NGO's, community based organizations etc.

Finally, respondents were asked to list constrains faced by their organizations in implementing HIV/AIDS programmes.

(b) Data Collection

In general both quantitative and qualitative approaches were used in data collection. Key informants were:

- (i) Vice-chancellor, Professors, Deans and students in universities
- (ii) Government Department and NGO's e.g. Ministry of Education, etc. Information on staff illness and mortality, prevalence of HIV/AIDS, students absenteeism, student drop out etc were also collected.

Documents on national statistics prepared by agencies such as UNAIDS, UNICEF, USAID, UNDP and government Department were also consulted. In addition, various M.Sc. projects on HIV/AIDS available at Kenyatta University were also used.

Additional information was gathered from the Ministry of Education workshop on HIV/AIDS that took place at Mount Kenya Safari Club from 1-5 March, 2004, organised by USAID, and one organized by the Ministry of Culture Gender, sports and social Services at Mombasa between 14th -18th March, 2004.

(c) Bottlenecks

- (i) University strike: This lasted for 3 months (November - February 2004). Most staff members were absent and students were given questionnaires in March 2004!
- (ii) Time: Time given to respondents to return questionnaires and to consult with the University was not adequate

- (iii) Reluctance: Some members of staff were reluctant to fill the questionnaires saying that they were getting nothing out of it.
- (iv) Records: were either absent, or not up to date in most universities
- (v) Stigma: most students and staff were reluctant in giving information that touches on their personal integrity.

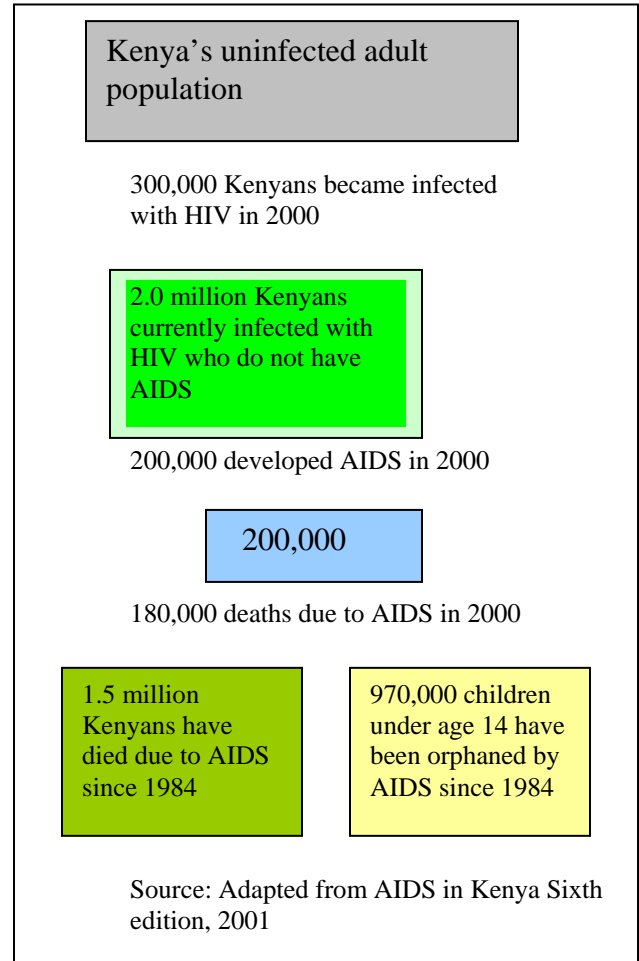
Despite these shortcomings, the data collected is sufficient for this report and a bigger project should be organized along the same theme.

2.0 CHAPTER TWO: HIV/AIDS SITUATION IN KENYA

2.1. Introduction

Fig. 1: Reservoirs of HIV and AIDS in Kenya's Population

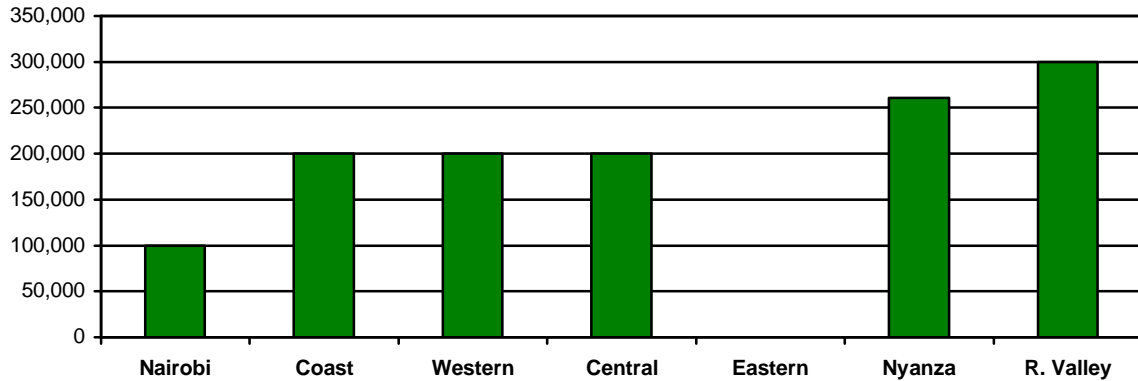
More than 13 million children under 15 years of age have lost one or both parents to AIDS globally, 11 million of them being from Sub-Saharan Africa. In Kenya current estimates indicate that 2.2 million Kenyans are HIV positive; 1.5 million have died leaving behind about 1.3 million orphans under 18 years of age (Kenya National Strategic Plan 2002-2005). With HIV prevalence rate of 13 and mortality rate of 700 per day among adults of reproductive age, the country is producing orphans at an alarming rate (AIDS in Kenya, 2001). The orphan figure is projected by United Nations Children's Fund (UNICEF) to reach 1.8 million by the year 2005. (Fig. 1-5)



The prevalence of HIV in urban areas is estimated at 17 - 18 per cent and 12-13% in rural areas. Available evidence suggests that HIV prevalence is still on the increase almost everywhere in the country. The national HIV prevalence is projected to rise to 15 percent by the year 2005 and stabilize at that level (Baltazar et al, 1999: 20-21). If HIV prevalence does increase 15 percent by 2005, then the population of HIV positive people in the country will increase to 3.0 million by 2005. The cumulative number of AIDS deaths will also increase to 2.7 million by 2005 (Baltazar et al, 1999: 21).

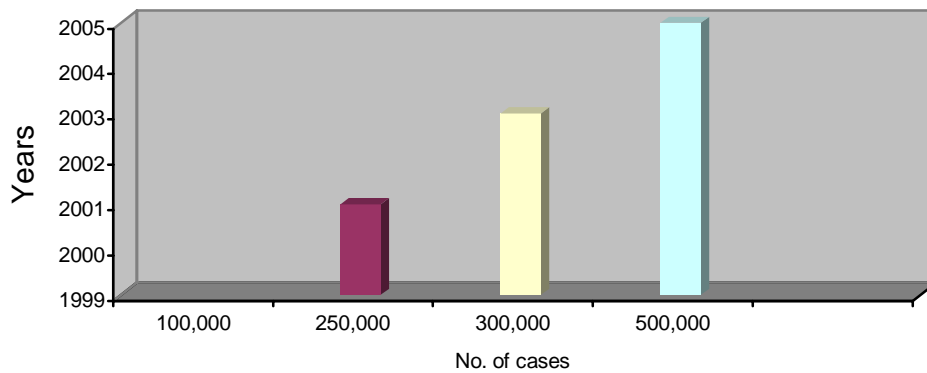
Current estimates show that about 500 Kenyans are dying daily from HIV/AIDS and AIDS related illnesses and this number could rise to 740 deaths per day by 2005 (Baltazar et al, 1999: 22).

Fig. 3: Orphans by Province - Kenya



Source: UNICEF Kenya county office, OVC situation analysis overview, 2000

Fig. 4: Number of children under age 15 who have lost both parents to AIDS is increasing in Kenya



Source: UNICEF Kenya county office, OVC situation Analysis Overview, 2002

Fig. 5: Estimates of people living with HIV/AIDS: 1999 and 2001

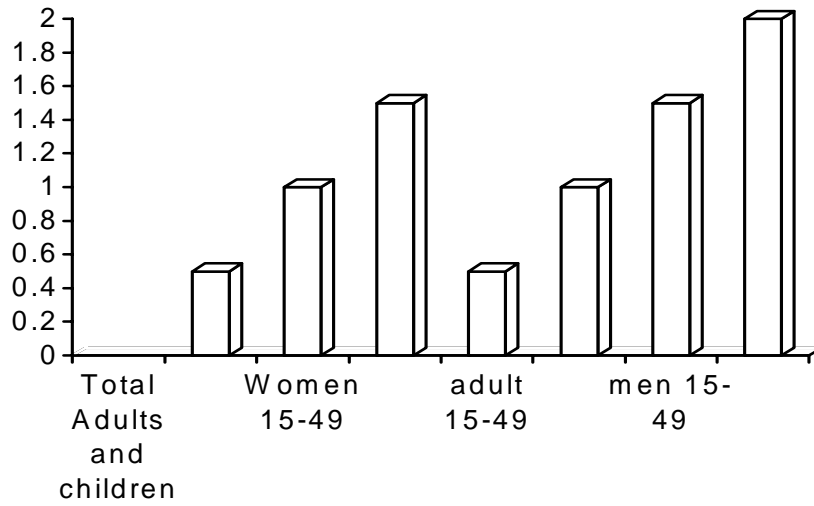
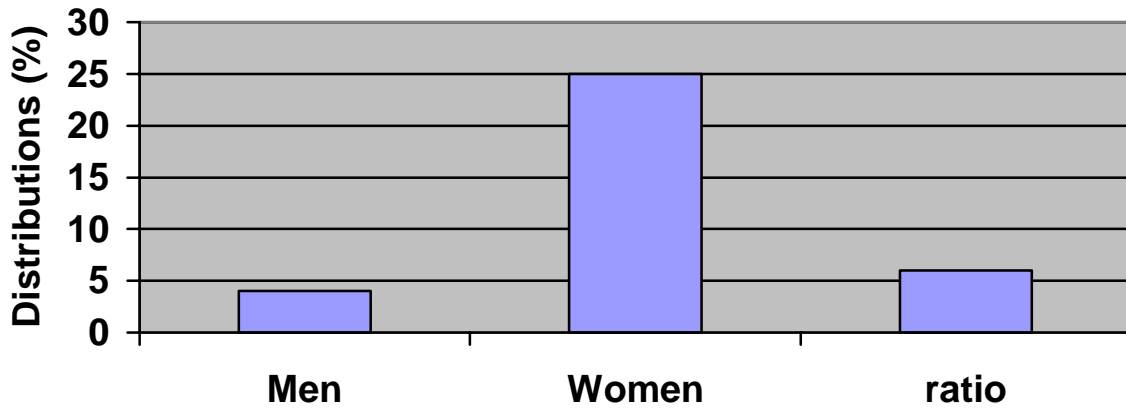
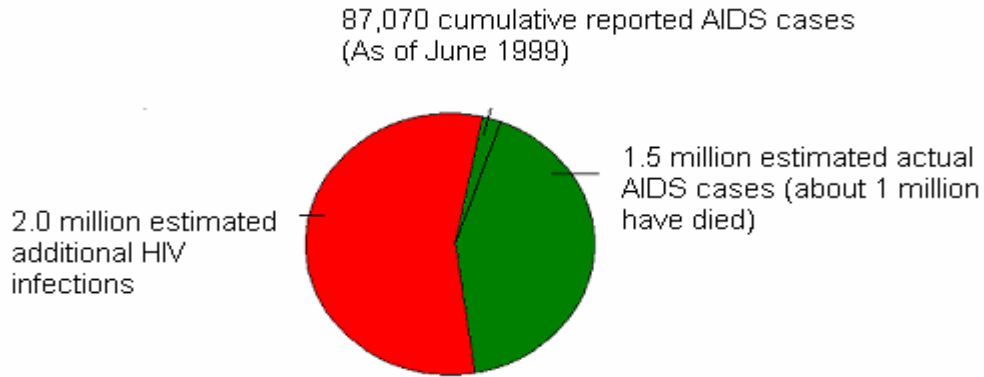


Fig. 6: HIV/AIDS Prevalence in Kisumu district by age and sex in 1997



Source: Adapted from Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan, 2000-2005

Fig. 6: Cumulative, reported, estimated and future Aids cases in Kenya



2.2 Government Response to HIV/AIDS: HIV/AIDS Policy and Strategic Plan

2.2.1 National Policy on HIV/AIDS

The Government of Kenya has a National AIDS Policy and a Strategic Plan

The HIV/AIDS Plan addresses priority areas for the control of HIV/AIDS, as well as mechanisms for the mitigation of the socio-economic impacts at individual, family, community, sectoral, and national levels. Because AIDS is a multi-dimensional problem/ the Plan is based on a multi-sector/ decentralised approach. This approach facilitates the investment of significant amounts of resources at district/ community and household levels/ where both the main determinants and the main impact of the disease lie. The Plan identifies priority activities whose implementation requires partnership among all stakeholders.

The Plan is based on five priorities:

- Prevention and advocacy
- Treatment/ continuum of care and support;
- Mitigation of socio-economic impacts
- Monitoring/ evaluation and research and
- Management and coordination.

The Plan's principle objective is to stop the epidemic and reduce its impacts on Kenyan society and economy by:

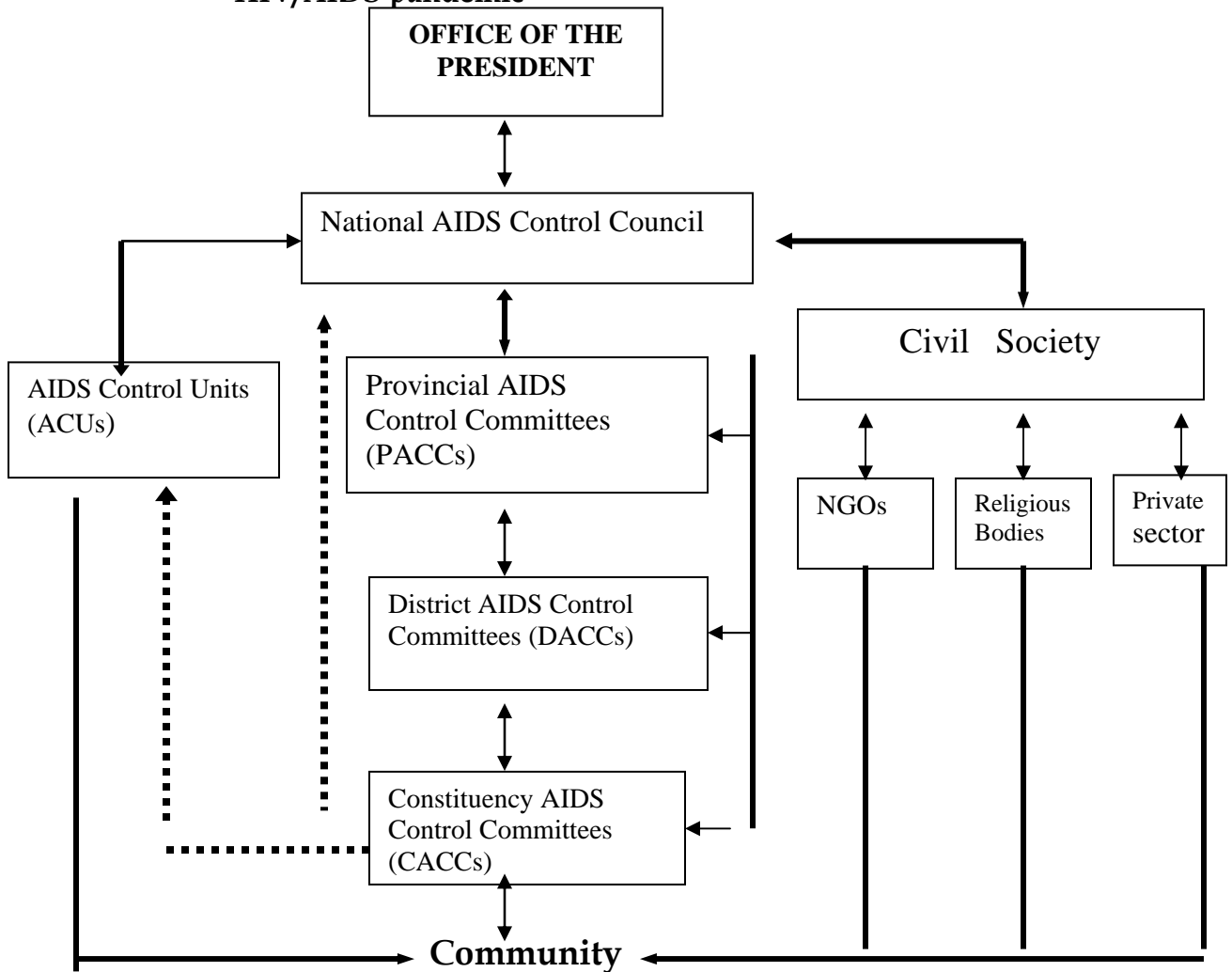
- Reducing HIV prevalence in Kenya by 20 to 30 percent among the youth by 2005

- Increasing access to care and support for people infected and affected by HIV/AIDS in Kenya
- Strengthening response capacity and coordination at all levels (Ministry of Health, 2001).

2.2.2 Management and Coordination

Successful implementation of this multi-sectoral Strategic Plan requires effective management and coordination of a large number of diverse stakeholders. Resources need to be marshalled from a variety of sources, and interventions must be implemented at the district level and below. The institutional framework includes the National AIDS Control Council (NACC) and constituent bodies such as the Ministry of Education and Universities (ACUs).

Fig. 7: Coordinated multi-sectoral approach to the war against the HIV/AIDS pandemic



Source: National Strategic Plan, 2000-2005

3.0 CHAPTER THREE: EDUCATION SECTOR RESPONSE TO HIV/AIDS.

3.1 HIV/AIDS Policy for Education sector

In response to the National Policy on HIV/AIDS, the Ministry of Education developed an Education Sector Policy on HIV/AIDS in 2003, with funding from USAID. The Ministry is now encouraging Universities, Teachers Service Commissions, Higher Education Loans Boards etc to develop and Implement Institutional Policies on HIV/AIDS to address their specific needs. While most of Universities in Kenya have started developing institutional policies, it is only Kenyatta University and University of Nairobi that has their policies finalized and approved by Senate.

3.2 Strategic Plan

Draft Education Sector HIV/AIDS Policy implementation Plan was developed on 5 March 2004 with support from USAID. Kenyatta University fully participated in this process.

3.3 Why are Universities/Higher Education motivated to implement HIV/AIDS Policies?

Higher education institutions in Kenya are motivated to address to HIV/AIDS on the basis of the following reasons:

- HIV/AIDS is a development issue, which concerns teachers, researchers, students and staff in tertiary and higher education.
- HIV/AIDS will have an impact on both individuals and institutions, which are highly, prized national resources. The core business of these institutions: teaching and learning, research and community outreach will be affected over time.
- HIV/AIDS affects human resource development. Most students in this sub sector are amongst the most talented and skilled in the young adult population of Kenya and therefore likely to make up the high skill base of Kenya's economy.

In Universities, most students are sexually active and therefore at serious risk of HIV/AIDS infection.

- The response to HIV/AIDS requires new knowledge and skilled professionals which are the key contributions of higher education and the colleges
- Lastly, universities and colleges train future leaders in society and the economy and also provide important centres of leadership in the community.

Leadership is critical to the success of the education sector response to HIV/AIDS.

3.4 Role of the Commission of Higher Education (CHE) on HIV/AIDS Policy Implementation

The Commission for Higher Education was established by an Act of Parliament in 1985 and mandated to, among other things, promote the objectives and coordinate the long term planning of university education in Kenya.

The Commission for Higher Education deals with both public and private universities and is therefore strategically placed to coordinate HIV/AIDS control activities in universities. An ACU has already been established in the Commission for this function.

At the regional Vice-Chancellors' workshop on strategic planning and resource management for universities, organized by the Commission for Higher Education (CHE) in July, 2001, the Vice Chancellors recognized that the HIV and AIDS pandemic constituted one of the most formidable challenges to humanity and noted that the pandemic will have devastating impact on the planning and management of universities in Africa.

The Vice-chancellors underscored the need to factor HIV and AIDS into universities' strategic plans and apply regional and international co-operation in the provision of human and technical resources to deal with the pandemic.

They resolved to work with and support governments in the implementation of national responses in their individual countries, factor issues on the pandemic into university curricula and teaching activities, and create strong formal organs within universities through which the pandemic can be addressed.

3.5 HIV/AIDS Implementation by universities: Bottlenecks

Reports by universities at a training of trainers (TOT) workshop organized by the Ministry of Education, Science and Technology (MOEST) for institutions of higher learning, at the Stem Hotel, Nakuru in April, 2002, revealed that:

- i. Although most universities had started AIDS control activities, the activities remained relatively small, were under-funded and understaffed.

There was no forum/opportunity for universities to share experiences and enrich each others programme

- ii. Universities generally lacked institutional policy and strategic plans to guide the implementation of HIV and AIDS prevention and control programmes.
- iii. ACUs needed well-trained human resource to be able to deal with HIV and AIDS.
- vi. The university community represents a high-risk population and should.

3.6 Priority areas for HIV/AIDS Implementation

In view of the foregoing, the Nakuru workshop identified the following as areas requiring action:

- a) Formulation of policies to guide ACU activities in universities
- b) Setting up functional ACUs by all universities
- c) Funding for AIDS control activities
- d) Development of institutional strategic plans
- e) Human resource development
- f) Collaboration and networking
- g) Development of a curriculum and IEC (Information, Education and Communication) materials
- h) Development of workplace policies.
- i) Provision of Voluntary Counselling and Testing (VCT) services for University communities and environs

3.7 Way forward

As the way forward, the workshop recommended that:

- (1) Each university should:
 - Appoint a senior person, who is committed to the cause of HIV and AIDS, to head the ACU and mainstream AIDS control activities in the university activities

- Form a multi-disciplinary committee to advise the ACU.
- Membership to
- the committee should represent the university community and departments
 - Adequately fund, staff and equip the ACU

The ACU should be a stand-alone unit as opposed to being tacked under an existing department. This would eliminate misconception of the functions of the ACU

- (2) The Commission for Higher Education in collaboration with MOEST should organize a workshop(s) to formulate a policy, develop a strategic plan and come up with a curriculum outline for institutions of higher learning. This would guide and ensure comprehensive coverage of issues on HIV and AIDS in all institutions.
- (3) There should be a forum for networking for university ACUs
- (4) For effective resource mobilization, institutions should develop linkages and partnerships with each other. This way, they would have greater negotiation power in partnership than as individual institutions.
- (5) In accordance with Government policy that all Ministries, institutions and Government departments allocate some of their budgetary allocations to the control of HIV and AIDS, universities should allocate a portion of their funds to HIV and AIDS. In addition, universities should develop innovative and sustainable fundraising strategies.
- 7) There was need to form a consortium of universities to undertake the preparation and marketing of research proposals developed by universities.
- 8) All institutions should desist from mandatory pre-testing before recruitment as the practice is discriminatory and stigmatizing
- 9) Peer counselling, outreach programmes and communication for behaviour change (BCC) should be intensified.

The observations by Vice-Chancellors and by participants of the Nakuru workshop is an expression of an urgent need and call for action to prevent and control HIV and AIDS in universities

4.0 CHAPTER 4: UNIVERSITIES AND THEIR ACADEMIC PROGRAMMES

Kenyan Universities and their Programmes

The commission of higher education, a body corporate, established by the universities act, 1985 Cap 21 DB, and responsible for the advancement of university education in Kenya, has authorised the following institutions to offer university level education:

(i) **Public Universities**

There are seven public university institutions in the country. These are those established by acts of parliament. They are:

University of Nairobi, Kenyatta University, Jomo Kenyatta University of Agriculture and Technology, Moi University, Egerton University, Maseno University, and Western university College of Science and Technology.

(ii) **Private Universities**

These are the universities established in accordance with the universities Act 1985 and Legal notice No. 56, the universities establishment, standardisation, accreditation and supervision rules, 1989. They fall into three categories:

1. **Chartered Universities:** They have been fully accredited and are six i.e. University of Eastern Africa (Baraton, 1991); Catholic University of Eastern Africa (1992); Daystar University (1999); Scott Theological College (1998); United States International University (1999); and Nazarene University (2002).
2. **Universities with Letters of Interim Authority:** they applied for their establishment and fulfilled requirements as stipulated in the Universities Rules. 1989 and were subsequently issued with letters of Interim Authority, i.e. Kenya Methodist University (1997); Kabarak University (2000); Kiriri Women University of Science and Technology (1999); Aga Khan University (2002); and Strathmore University (2002).
3. **Private Universities with Certificates of Registration:** they were offering degrees before the establishment of the commission of higher education and were issued with Certificates of Registration in 1989 e.g. East Africa School

4.1 KENYATTA UNIVERSITY

Kenyatta University College started in 1965 and admitted its first batch of 200 students in 1972 to pursue studies leading to the Bachelor of Education (B.Ed) degree of the University of Nairobi.

Two years later, the University College started offering a two-year undergraduate diploma course in education. The diploma programme was aimed at alleviating an

acute shortage of teachers of science and special subjects in secondary schools. Kenyatta University Act received presidential assent in August 1985, thus making the institution a full-fledged university. Consequently, the institution was renamed

Kenyatta University. The Act became operational on September 1st 1985 and the new university was inaugurated on December 17th 1985. Kenyatta University now offers a wide range of undergraduate and post-graduate programmes.

Objectives of The University

- To provide directly or in collaboration with other institutions of higher learning, facilities for university education including technology and professional education and research.
- To provide and advance university education and training to appropriately qualified candidates leading to the award of degrees, diplomas and certificates and such other qualifications as the University Council and Senate shall from time to time determine and in so doing contribute to the manpower of Kenya.
- To conduct examinations for and to grant such academic awards as may be provided for in the statutes.
- To determine who may teach and what may be taught and how it may be taught in the University.
- To play an effective role in the development and expansion of opportunities to Kenyans wishing to continue with their education.
- To provide service to the community through extension work & Research.

Academic Programmes:

1. HIV/AIDS Control Unit

This was established to Coordinate and formulate programmes for the management of the HIV/AIDS crisis within the University and the University neighbourhood. The **mission** and **vision** of ACU is to “Promote activities that will lead to a relatively HIV/AIDS free environment and to Develop Healthy and Productive Human Resource for the Nation”.

Through ACU, campaigns against HIV/AIDS, HIV tests (VCT), seminars and Workshops have been organized. The Unit has over the years been involved in community improvement projects, Training Community Leaders and Youth in HIV/AIDS, Mainstreaming HIV/AIDS into the Curriculum and formation of Kenyatta University Staff and students Anti-Aids Group (KUSAAG).

The University has developed an HIV/AIDS Policy and formed HIV/AIDS management Board for Policy implementation. The Policy has four (4) components:-

- Rights and responsibilities of staff and students affected and infected by HIV/AIDS;
- Integration of HIV/AIDS into teaching, research and service activities of all Departments/Units of the University.
- Provision of institutional prevention, care and support services for HIV/AIDS.
- Implementation of HIV/AIDS policy and monitoring the effects of HIV/AIDS on teaching, research and resources mobilization, institutional methods, and course evaluation.

2. School Of Education And Human Resource Development

From its inception, Kenyatta University has earned a reputation in the training of professional educators. The University has the largest school of education and Human Resource Development in Eastern and Central Africa with about twenty (20) departments offering various specializations.

3. School Of Pure And Applied Sciences

The University has very large School of Pure and Applied Sciences with about twenty (20) departments offering physical and human sciences. Attached to the School of Pure and applied science is Centre for Complimentary Medicine and Biotechnology and Centre for Environmental Education Research and Extension.

4. School Of Humanities And Social Science

The School of Humanities and social Sciences has recently been set up to undertake training of graduates in Humanities and Social sciences. The School has four Institutes and three Centres. These are Institute of Business Studies, Institute of Music, Institute of Arts and Social Sciences and the Institute of Kiswahili Research. The existing Centres are the Centre for performing and Creative Arts, Centre for Entrepreneurship and Entrepreneurial Development and the Centre for Gender Studies.

5. Types Of Students And Modes Of Delivery

(a) Regular students

Most students at Kenyatta University are high school leavers and they reside on campus. They are admitted through Joint Admission Board (JAB).

(b) School Based students

There are students who are full time teachers but come and reside at the University during vacation. Most of them hold diploma certificate and come to Kenyatta University to pursue their Bachelor of Education and Master of Education degrees.

(c) Open Learning Students

These are students who do not reside at Kenyatta University but undertake their studies through distance education programme.

(d) Africa Virtual University Students

These are students who take Diploma and Degree courses virtually. Courses are transmitted to Kenyatta University via satellite from universities in the United States and United Kingdom.

(e) Self sponsored students

Students who come under Self Sponsored Programme sponsor themselves fully and they are taught just like regular students. This was meant to increase access to many students who would otherwise lose the opportunity to have university education.

Table 1: Kenyatta University Staff

		FEMALE	MALE	TOTAL
1.	Academic Staff	224	465	689
2.	Non-Academic Staff	706	922	1628
	TOTAL	930	1387	2317

Table 2: Under-graduate student population

SCHOOLS	UNDERGRADUATE	POSTGRADUATE		TOTALS
		MASTERS	PH.D	
School of Humanity and Social Sciences	2160	337	25	2522
School of Education & Human Resource Devt.	4664	268	13	4945
School of Pure and Applied Sciences	1904'	237	44	2185
TOTALS	8728	842	82	9652

Table 3: Special Degree Student Enrolment

PROGRAMMES	UNDERGRADUATE						
	Cert.	Dip.	P.U.	Bachelors	Pg.Dip.	Masters	Totals
Continuing Education	-	-	175	2027	-	233	2435
P.G.D.E.	-	-	-	-	310	-	310
MBA (Part-Time)	-	-	-	-	-	98	98
M.Ed. (Part-Time)	-	-	-	-	-	143	143
Mgt of HIV/AIDS	47	153	-	-	47	-	247
Music	10	27	-	57	-	15	109
Totals	57	180	175	2084	357	489	3342
GRAND TOTAL							12,994

4.2 CATHOLIC UNIVERSITY OF EASTERN AFRICA

The Catholic University of Eastern Africa, like most other Universities started in a modest way. It started as a graduate school of Theology known as the Catholic Higher Institute of Eastern Africa (CHIEA). The Institute (CHIEA) was founded in 1984 by the regional ecclesiastical authority known as the Association of Member Episcopal Conferences in Eastern Africa (AMECEA).

CUEA has developed Four faculties: the Faculty of Theology, the Faculty of Arts and Social Sciences, the Faculty of Commerce and the Faculty of Science. The centre for the Social Teaching of the Church has also been recently launched to specifically address the issues of justice and peace in the democratisation process of Africa. There are about 2,000 students.

4.3 JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

Jomo Kenyatta University of Agriculture and Technology (JKUAT) is situated at Juja, 36 Kilometres northeast of Nairobi. The institution was started in 1981, as middle level college, awarding diploma certificates in Agricultural Engineering, Food Technology, Horticulture, Civil, Mechanical and Electrical Engineering. In 1988, it became a constituent college of Kenyatta University and in 1994; the college was transformed into a University through an Act of Parliament. The University has since expanded with regard to the diversity of academic programmes on offer and the number of students enrolled.

Currently, the University has three Faculties and a School. The Faculties are: - Agriculture, Engineering, Science and the School of Architecture and Building Sciences (SABS). It also has several institutes such as The Computer Science and Information Technology (ICSIT), Human Resources Development (IHRD), Tropica Medicine and Infectious Diseases (ITROMID), Energy and

Environmental Technology (IEET) and that of Biotechnology Research (IBR). In addition, it also has several centres such as; JKUAT - Information Technology (IT) (formerly JKUAT-MMS IT), Nairobi Centre and the Continuing Education Programmes (CEP), all of which offer market-driven courses mainly, Purchasing, Information Technology and Actuarial Sciences.

In response to the changing market demands, new undergraduate programmes have been developed in various faculties to meet the challenges. The new curriculum is, Geomatic, Mechatronic, Electronics and Computer Engineering. Others are, Food Science & Nutrition, Biomechanical & Processing Engineering, Soil, Water & Environmental Engineering and Ornamental Science & Landscaping.

4.4 MASENO UNIVERSITY

Maseno became a full-fledged University in January 2001 through Maseno University Act 2000. The university boasts as the only institution of higher learning in the world that is located on the Equator and being only 15 km off the shores of Lake Victoria, the second largest fresh water lake in the world. The actual location of the university is at Maseno Township along Kisumu-Busia road, some 25 km Kisumu City and 400 km from Nairobi. Maseno University student population currently stands at approximately 5000 en-rolled in various academic programs ranging from Diploma to ph.D.

The University offers Undergraduate and postgraduate Programmes which include among others: B. Sc. in Biomedical Science & Technology, Environmental studies Applied Statistics, B. Sc. Textile Design & Merchandizing; B. A in Communication & Media Technology, African Languages, BA Housing & Interior Design; B. Ed. In French and special Education; M.Sc. in Cell & Molecular Biology, and pure mathematics; Ph. D. in various basic and applied Sciences Arts and Education. Masters degrees in different disciplines of which public Health and Community Development is one the largest additions.

There are also bridging, Certificate, Diploma and Postgraduate Diploma courses in specific areas. The programs are offered through flexible study schemes, which are geared to meet the varying needs of the learners. The schemes include full time/ sandwich programs and evening classes. The sandwich courses are usually offered during the school holidays i.e. in April, August and December.

Table 4: Maseno University Staff and Student Population

Category	Male	Female	Total
Teaching Staff	-	-	500
Non-Teaching Staff	-	-	300
Students	2,667	1,333	4,000

4.5 MOI UNIVERSITY

Moi University was established in 1984 following the recommendation of a presidential working party on the need a second university in Kenya. The University has grown since from a single faculty institution, to a leading centre of excellence, research, scholarship and outreach. Over the years it has expanded and today there are fourteen faculties, schools and institutes.

Academic Programmes

The university has some of the unique academic programmes in the region. The programmes are offered both at undergraduate and at postgraduate levels as follows:

Faculty of Agriculture: B.Sc. (Horticulture). MPhil. and DPhil. in Soil Science, Crop production and Seed Technology, Agricultural Resource Economics and management, Rural Engineering and Seed Science and Technology, Postgraduate Diploma in Agricultural Mechanisation.

Faculty of Education: BEd (Science, Arts, Home science &Technology, Technology Education, Early Childhood & Primary Education, Guidance and Counselling). M.Phil in: Educational Psychology, Educational Communications and Technology, Administration, Planning and Curriculum Development and Education Foundation. DPhil. in Educational Communications and Technology. Faculty of Forest Resources and Wildlife Management: B.Sc. (Forestry), B.Sc. (Wildlife Management), B. Sc. (Wood Science and Technology) and B. Sc. (Fisheries). M.Phil in: Forestry, Wildlife Management, Wood Science and Technology and Fisheries. Faculty of Health Sciences: Bachelor of Medicine and Bachelor of Surgery (MB. CH.B), B.Sc. (Environmental Health and B.Sc. (Nursing). Faculty of Information Sciences: B. Sc. (Information Sciences). M.Phil, in Information Sciences and D.Phil, in Library and Information Sciences. Faculty of Law: Bachelor of Laws (LL.B.). Faculty of Science: B.Sc. (Chemistry) and B.Sc. (Computer Science). M.Phil and D.Phil. in Mathematics.

4.6 UNIVERSITY OF NAIROBI

In 1970, the University College, Nairobi, transformed into the first national university in Kenya and renamed University of Nairobi. The other countries of East Africa similarly instituted their national universities, namely: - Makerere University in Uganda and University of Dar-es-Salaam in Tanzania. In 1985 the University under-went a major restructuring resulting in decentralization of the administration by creation of six Campus Colleges headed by Principals. The six colleges are: -

- (i) College of Agriculture and Veterinary Sciences located at Upper Kabete Campus,
- (ii) College of Architecture and Engineering located at the Main Campus,
- (iii) College of Biological and Physical Science located at Chiromo Campus,

- (iv) College of Health Sciences located at the Kenyatta National hospital Campus,
- (v) College of Humanities and Social Sciences located at the Main Campus (Faculty of Arts), Parklands Campus (Faculty of Law) and Lower Kabete Campus (Faculty of Commerce) and
- (vi) College of Education and External Studies.

The degree, diploma as well as certificate programmes are faculty based with the following faculties, institutes and schools running the programmes: Faculty of Architecture, Design and Development, Faculty of Arts, Faculty of Commerce, Faculty of Education, Faculty of External Studies, Faculty of Engineering, Faculty of Law, Faculty of Medicine, Faculty of Dental Sciences, Faculty of Pharmacy, Faculty of Science, Faculty of Agriculture, Faculty of Veterinary Medicine, Faculty of Social Science, Institute of African Studies (IAS), School of Computing and Informatics (SCI), Population Studies Research Institute (PSRI), School of journalism (SOJ), Institute of Development Studies (IDS), Institute of Diplomacy and International Studies (IDIS) and Institute of Nuclear Science (INS) and Housing and building Research Institute (HABRI).

4.7 KABARAK UNIVERSITY

Kabarak University is a spacious quiet and beautiful campus with adequate learning and residential facilities in a moderate climate. It is situated 20 Km from Nakuru town along the Nakuru-Eldama Ravine road on tarmac. The University was granted a letter of Interim authority by the Commission for Higher Education, Kenya, on 16th October 2000 and admitted its first batch of students in September 2002. The setting up of the institution was because of the forward vision of the Sponsor, His Excellency former President Daniel T. arap Moi who wanted to set up a reputable Christian Liberal Arts, Science and Technology University.

4.7.1 Degree Programmes

Kabarak University offers academic programmes from the three faculties outlined below: Faculty of Science, Communication and Technology; Bachelor of Science in Computer Science.

Faculty of Business and Economics studies; Bachelor of Commerce, with options in Accounting, Finance, Marketing and Human Resource Management

Faculty of Theology, Education and Arts; Bachelor of Theology
Bachelor of Education (CRE and Music)

4.7.2 Certificate Courses

Bridging Certificate in Mathematics, Certificate in Computer Applications; Certificate in Networking and Systems Administration; Certificate in Web Design and Administration; and Certificate in Computer Programming

The Bridging certificate course is an eight-week intensive programme and is offered in March-April and June-July of every year. The Computer certificate programmes are offered in April, August and December of every year.

4.8 WESTERN UNIVERSITY COLLEGE OF SCIENCE AND TECHNOLOGY (WEUCO)

The college was established as Western College of Science and Applied Arts (WECA) in 1972, to provide technical and vocational education. In 2002 Western University College of Science and Technology (WEUCO) was established as a constituent college of Moi University by a legal notice under the Moi University Act (Cap 21 OA). The college is located in Kakamega, the provincial capital of Western Province off Webuye-Kisumu road. Kakamega is about 400 km from Nairobi and borders the only Surviving equatorial rain forest in Kenya.

The University College has two Faculties, Science & Engineering, and Education & social Sciences, offering degree programmes. Faculty of Science and Engineering offers four-degree programmes: B. Tech Civil and Structural Engineering, B. Tech in Mechanical and Production Engineering, B. Tech Electrical & Communication Engineering, and B.Sc. Computer Science while Faculty of Education and Social Sciences offers three degrees programmes: BED (Sc) in Science Education, BED (Arts) in Arts Subjects, and BBM (Bachelor of Business Management). The university continues to offer diploma and certificate programmes in several areas of applied sciences and arts such as Computer Science and Accountancy.

5.0 CHAPTER 5: HIV/AIDS SITUATION AT KENYATTA UNIVERSITY

5.1 The Incidence of HIV/AIDS in the University

Nobody has data on HIV prevalence rates within the University. However, in 2002, 10-15% of those tested (staff and students) were HIV positive according to Dr. Owuor Head of Health Unit. According to funeral records, most deaths occur among non-teaching staff (lower cadre) but could not be attributed to HIV/IDS due to stigma and uncertainties surrounding the disease.

“Most deaths occur among the lower cadre but cannot be attributed to HIV/AIDS with certainty”. However, 10-15% of those tested in 2002 (staff and students) were HIV positive.

It has become a common trend among both students and staff to speculate over the deaths of a colleague and the likelihood that such death may have been caused by Aids.

*“Just look at the skin rashes all over his or her body”
“The persistent cough and significant reduction in body weight says it all”*

In most cases, HIV/AIDS deaths in universities are camouflaged by attributing them to a “long illness” (Nzioka 2000)

5.2 Impact of HIV/AIDS on Kenyatta University

About 48% of the students felt that HIV/AIDS has some impact on the University. No student indicated that HIV/AIDS has no impact on their institutional operations. (Table 5)

Table 5: Student opinion on Impact of HIV/AIDS

NO.	RESPONSE	NO. OF STUDENTS	%
1	No Impact	0	0
2	Slight impact	36	36
3	Has Impact	48	48
4	Major impact	6	6
5	No Idea	10	10

(i) Impact of HIV/AIDS on Personnel and finance

Staff members were asked to rate the impact of HIV/AIDS on personnel and finances.

From the total number of staff responses (100) it was clear that HIV/AIDS had some impact on financial planning, excellence in teaching and learning and on retention of academic and non-teaching staff. (Table 6).

Table 6: Impact of HIV/AIDS on personnel

No.	Response	Level of impact (%)			
		Finance	Excellence in teaching	Retention of teaching staff	Retention on non-teaching staff
1.	No. Impact	0	3	6	4
2.	Slight Impact	30	28	41	20
3.	Has Impact	30	26	31	26
4.	Major impact	40	42	20	50
5.	No. Idea	0	1	2	0

On Personnel, the data indicates that HIV/AIDS had major impact (50%) on retention of non-teaching staff and a slight impact (41%) on teaching staff. All staff members interviewed indicated that HIV/AIDS has impacted negatively on finances. 40% indicated major impact of HIV/AIDS on University financial planning base.

A further 42% revealed that HIV/AIDS had a major impact on quality of teaching (Table 6).

When asked to give comments on impacts of HIV/AIDS on finances, one officer in finance division said.

“We have no figures to show how HIV/AIDS affects our expenditure. All I know is that costs associated with funerals, transport, medical supplies have increased tremendously for the last 3 years”.

(ii) High risk sexual behaviour among students for personal gain & for grades

A recent preliminary survey on attitudes and sexual behaviour among students revealed that most students engaged in high-risk sexual mischief. These included un-protected sex, exchange of sexual partners, sex for financial gain, prestige of multiple partners as well as sex for “good grades”

*One masters students, who publicly revealed existence of sex for “good grades” and reported to the press was recently subjected to University disciplinary committee. The student had the following to say:
 “Female students are engaged in sex for good grades and degrees. At this rate, our educational system will produce half baked graduates with poor moral standing”*

In the current study, agreement rates among student focus groups (Table7:) indicates that financial gains account for 50% of high-risk sexual behaviour among female students, while 60% of male students to it for fun and to relieve “study stress”

Table 7: Focus group discussions on high-risk sexual activities on campus

No.	Statement	Agree	Disagree (%)	Not sure (%)
1.	To relieve study stress	60	10	30
2.	For fun	60	25	15
3.	Financial gains	50	40	10
4.	Peer pressure	45	50	5

*On abstinence one student respondent had this to say:
 “ No one can abstain; we should stop pretending”*

(iii) Absenteeism and withdrawal from the University

It was difficult to obtain data from University records on student absenteeism. Focus group opinions were used to document various reasons why students absentee themselves from the university, and for how long.

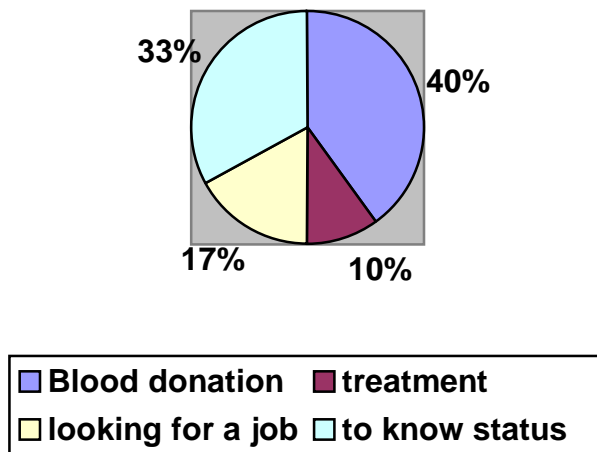
Table 8 Agreement (%) from focus group discussions concerning the impact of HIV/ AIDS on student attendance at the University

NO	STATEMENT	AGREE	DIS-AGREE	NO SURE
1.	HIV/AIDS infected/affected students don't attend classes regularly	10	60	30
2.	Students affected by HIV/AIDS withdraw from the University	30	40	30
3.	Students whose friends and relatives are affected by HIV/AIDS are often absent from the University	22	18	60
4.	Students who have to look after their relatives affected by HIV/AIDS stay longer in the University to compensate time loss	45	5	50

(vi) Voluntary Counselling and Testing (VCT) Tests

Most students 70% revealed that they take HIV tests to know their status and for blood donation.

Fig. 8 Distribution of respondents according to reasons for taking Voluntary Counselling and testing (VCT)



(ii) HIV/AIDS Deaths

It is not clear how many staff members have died of aids. However, most deaths occur among the lower cadre, whose deaths

have been attributed to low income. A worker, grade I/II earns a maximum of Kshs4, 590 (US\$45) an amount that is too low to sustain a living (table 9). In the nearby university (JKUCAT), 11% of staff are infected. Infection at Kenyatta University could be close to this figure.

It is believed that the low pay encourages “alternative” means of survival such as prostitution and careless sexual contacts within the nearby slum areas, resulting into HIV infections.

Table 9: salaries and house allowance within the Administration Divisions and equivalent Grades of Kenyatta Universities (KSH) (1 US\$ =KSH 75)

	Salaries		House allowances (Kshs.)	
	US \$	Kshs.	Former	Current
Grade I/II	41.93	3145	2000	3000
Grade III/IV	67.8	5085	3000	3500
Grade A/B	97.08	7280	5000	5500
Grade C/D	144.6	10845	9000	10000
Grade E/F	198.87	14915	11000	12000
Assistant	229.30	17197	18000	24000
Registrar	286	21450	19000	40000
Senior Asst. Reg.	352.79	26459	21000	40000
Deputy Registrar				

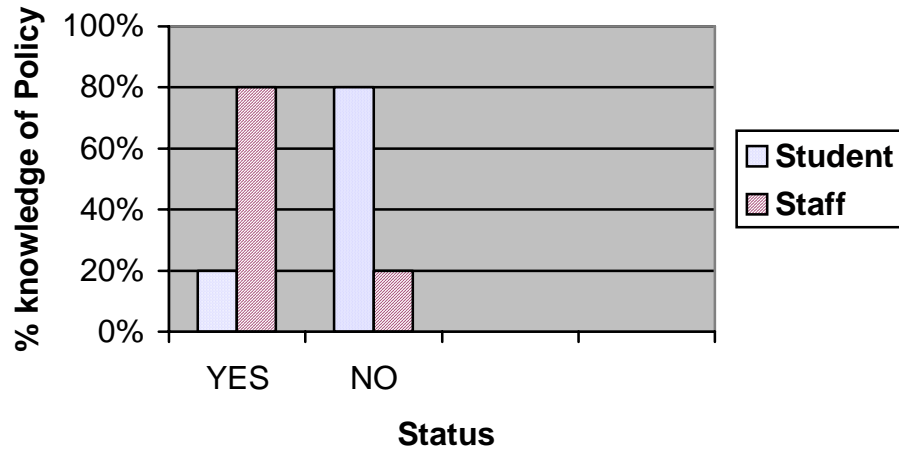
NB: This pattern is similar in all the Public Universities

Source: Kenyatta University Staff Salary Records.

(v) Knowledge of HIV/AIDS Policy

About eighty percent of students had no idea that Kenyatta University has an HIV/AIDS Policy. This was not surprising because the official launching of the policy, a forum to educate both staff and students on the document has not been organized. Over 80% of the staff were aware of the policy since they participated in its formulation at departmental level. (Figure 9)

Fig. 9: Staff and Student Knowledge on existence of HIV/AIDS Policy at Kenyatta University

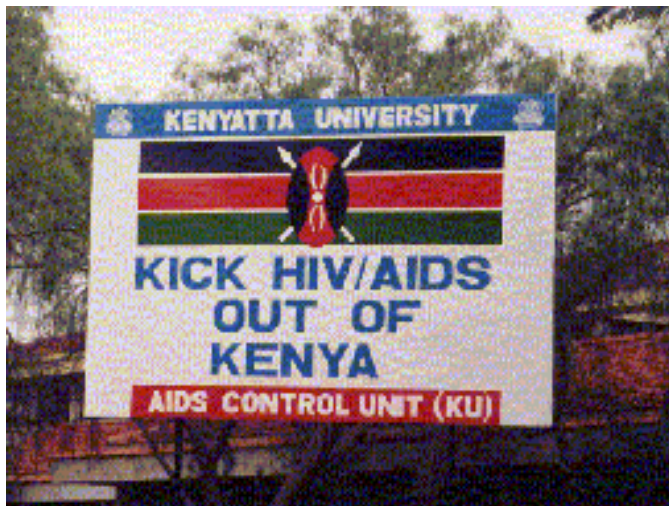


5.3 Kenyatta University Response to HIV/AIDS

The University has responded in the Following Ways to HIV/AIDS.

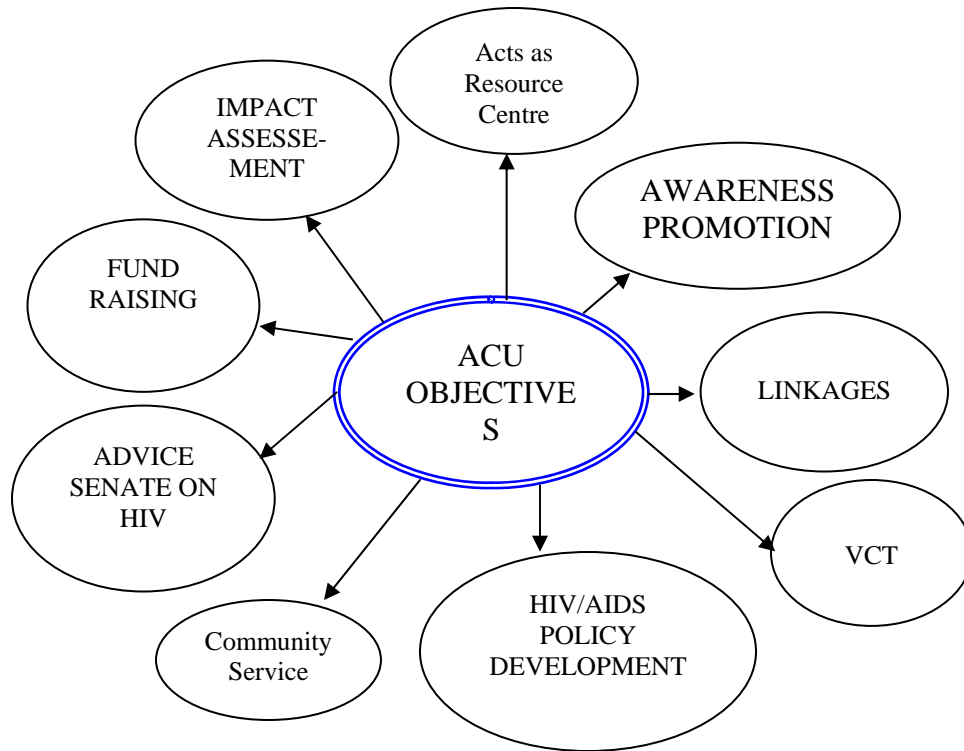
1. Establishment of the Aids Control Unit (ACU).

This was established to Coordinate and formulate programmes for the management of the HIV/AIDS crisis within the University and the University neighbourhood. The **mission** and **vision** of ACU is to *“Promote activities that will lead to a relatively HIV/AIDS free environment and to Develop Healthy and Productive Human Resource for the Nation”*. Through ACU, campaigns against HIV/AIDS, HIV tests (VCT), seminars and Workshops have been organized.



Aids Control Unit (ACU) BillBoard

OBJECTIVES OF AIDS CONTROL UNIT (ACU)



2. Involvement in Community improvement projects.

Kenyatta University plays a key role in mobilizing communities through its ACU and Organization Kenyatta University Outreach Project (OKUO).

Through OKUO, students, Staff and Local Community have participated in HIV/AIDS self-help projects, tailoring, family care, etc.

Last year, Peer Counsellors joined Duke University team and visited children's Homes and development projects by widows.

3. Training Community Leaders and Youth in HIV/AIDS

The university leadership is involved in spearheading the training of community leaders so that they are sufficiently informed in order to minimize the spread of HIV/AIDS.

The community has diverse membership and the HIV/AIDS programme at Kenyatta University cannot succeed without working with the Local Community.

This month, 180 students and staff are being trained by I Choose Life (K), an NGO specialising on HIV/AIDS

4. Mainstreaming HIV/AIDS into the Curriculum.

The University is offering a wide variety of HIV/AIDS related courses at the certificate; diploma and post graduate levels, as well as a compulsory core unit (HIV and drug abuse) to all students. (See Chapter 7)

5. Peer Counsellors Project and Kenyatta University Students Aids Control Organization (KUSACO).

The KU peer project began in 1987 as a collaborative project between Kenyatta University and Pathfinder International, while KUSACO was formed in 1996. Both organizations address the problem of unwanted pregnancies, drug abuse, sexuality, HIV/AIDS on campus, VCT, condom use, abstinence etc. We have 20 student clubs on HIV/AIDS (see Chapter 6).

6. Kenyatta University Staff Anti-Aids Group (KUSAAG)

This was formed in 2001 to ensure that Non-teaching staffs are also actively involved in HIV/AIDS activities.

About 20 staff have been nominated as members. They will be trained from 3rd – 7th May 2004 with support from DAAD (German support).

7. HIV/AIDS Policy:

Kenyatta University has recognized the need to develop Policy Guidelines on prevention management and control of HIV/AIDS in the institution. It is guided by the fact that unless its employees are educated on ways and means of preventing HIV/infection the number of victims is likely to increase. The purpose of the HIV/AIDS policy is to provide a framework of information and action that will guide the University community to address national, International and personal challenges that HIV/AIDS poses, and to develop appropriate management strategies and response to HIV/AIDS.

This policy therefore commits Kenyatta University to mitigate the impact of the disease on students, staff and their dependants as well as on the wider community through its well-established outreach programmes and community service.

By developing HIV/AIDS policy guidelines, the university hopes to build a caring and socially engaged community based on the integrity of, and respect for the human person.

(i) Components of Policy

Kenyatta University HIV/AIDS policy have 4 components:

- Rights and responsibilities of staff and students affected and infected by HIV/AIDS;
- Integration of HIV/AIDS into teaching, research and service activities of all Departments/Units of the University.
- Provision of institutional prevention, care and support services for HIV/AIDS.
- Implementation of HIV/AIDS policy and monitoring the effects of HIV/AIDS on teaching, research and resources mobilization, institutional methods, and course evaluation.

(ii) Examples of the HIV/AIDS Policy Statements

- Ensure that those employees living with HIV are treated compassionately
- Collaborate with relevant authorities and the community in the fight against HIV/AIDS pandemic
- Prolong, to the extent possible, the employability of those suffering from HIV before they succumb to full-brown AIDS
- Ensure, where possible, availability of anti-retroviral drugs to employees at affordable prices
- To join forces with other organizations to counter HIV/AIDS and alleviate its impact by sharing the results of our internal research and supporting their efforts where appropriate.

(iii) Collaboration on Policy

Kenyatta University collaborates with the Government of Kenya on HIV/AIDS Policy development. Education Sector Policy and the National HIV/AIDS Strategic Plan was development with full participation of the Aids control Unit.

8. HIV/AIDS Programmes in Districts (Open Learning)

We have opened eight centres in eight (8) Districts of Kenya to co-ordinate Open Learning teaching programmes. They will also form a Link between Kenyatta University and the community in HIV/AIDS Management and Control.

Each district has student Alumni representatives for HIV/AIDS implementation at community level. There are 2500 students registered.

9. Civic Responsibility, Community Service & Joined Training on HIV/AIDS

Kenyatta University collaborates with its local/regional community in striving to achieve best practice in the management of HIV/AIDS, and in containing the spread of the epidemic. The University works collaboratively and shares its experience of best practices and, where practicable, its skills and resources, with its sister universities in the Commonwealth – regionally, nationally and internationally.

Existing linkages are: Duke University, and Kiel University Germany who are now training our staff. We also collaborate with I Choose Life (ICL), a local NGO on training of students. Today, 180 students have been short listed for training. Prof. Britta Thege of the Institute of Gender Studies Kiel Germany, will be training staff on crisis prevention and capacity building on HIV/AIDS between 3-7, May 2004.

10. Formation of HIV/AIDS Management Board for Policy Implementation

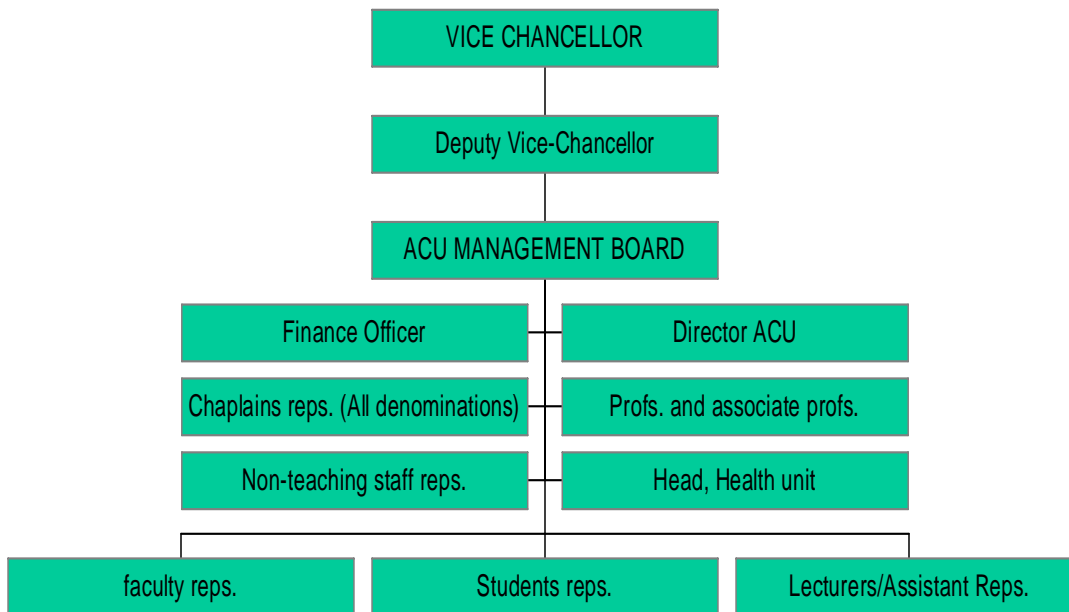
To implement HIV/AIDS Policy, we have a management Board (ACU Bulletin, 2002).

The overall responsibility for implementation of the HIV/AIDS Policy lies with the University Vice Chancellor, the Senate, members of the management Board (MB), deans of faculties, heads of departments, the Student Representatives, Peer Counsellors, and the Aids Control Unit.

The ACU Board comprises of the Vice Chancellor, Deputy Vice Chancellor (Academic), Director ACU, a representative from each School, 3 student representatives, Head of Health Unit, Chaplains, 4 non-teaching staff, 3 Peer

Counsellors, Registrar Academic, Legal Officer and Director, Centre For Complementary Medicine and Biotechnology (CCMB).

STRUCTURE OF HIV/AIDS MANAGEMENT BOARD AT KENYATTA UNIVERSITY



11. Centre for Gender Studies

The University provides gender sensitisation programmes through the Department of Gender Studies to ensure that the students and staff are aware not only of the rights and vulnerabilities of women but also of the HIV/AIDS related implications of sexual abuse and violence. The Centre is headed by a Director.

12. Provision of Education and Training for Staff

Kenyatta University provides to its staff and students HIV/AIDS education and information. It is hoped that such education and information should, in the long term, have a positive influence on social attitudes and the development of appropriate intervention strategies.

Between 3rd – 5th May 2004, over 20 staff will be trained by experts from KIEL University, Germany.

13. Research, Intellectual Leadership & Incentives

Kenyatta University has an obligation to provide leadership in the battle to combat HIV and AIDS and to ensure that programmes are effective and successful.

According to Kenyatta University Policy on HIV/AIDS, specific encouragement are given to HIV/AIDS related research that:

- Better inform the university's and society's efforts to reduce/mitigate the impacts and spread of the disease
- generate debate and stimulate creative responses to the epidemic within the university, the state and civil society

The University gives up to US\$ 7,000 for good projects on HIV/AIDS under the Vice-Chancellors Award Scheme.

6.0 CHAPTER 6: PEER HIV/AIDS EDUCATION PROGRAMMES AT KENYATTA UNIVERSITY

The Association of African Universities (AAU) observed at its General Conference in February 2001, that the HIV/AIDS epidemic has significantly affected the Education sector and resolved that African Universities must be in the forefront of research and education to take an action against HIV/AIDS crisis. As a result of this, all Universities were asked to set up Aids Control Units and to establish peer education programmes. – ACU Bulletin, 2002.

At Kenyatta University, students in liaison with Aids Control Unit play an active role in HIV/AIDS awareness campaign. This is mainly done through Kenyatta University Family Welfare and Counselling Project, which is a joint effort between Kenyatta University and Pathfinder International. The primary responsibility of the project is to train and support peer counsellors – Director, Aids Control Unit.

6.1 What Is Peer Group?

Peer group refers to persons of about the same age, needs and interests. In Kenyatta University, peer group refers to students between 19-26 years. Since peers freely interact with one another, a group of regular students are professionally trained to help other students make informed decision with regard to life and HIV/AIDS. These students are called peer counselors.

6.2 Why Was Per Counselling Established?

The Peer Counseling Project was established to help students acquire knowledge and skills, which contribute to healthy lives and responsible behaviour among students. To this extent, the project endeavours to reduce incidences of unplanned pregnancies, sexually transmitted diseases and exposure to HIV/AIDS infection. It was also established to help curb incidences of drug and alcohol abuse and dependence among university students - Dean of students.

6.3 Recruitment Of Peer Counsellors

An advertisement for peer counsellors is put up on notice boards. Application letters are scrutinized to determine those with qualities

required by the project. After scrutinizing the letters, short listed applicants are invited for an interview. Those who pass this stage are invited for oral interview. Successful candidates then undergo intensive training before graduating to become peer counsellors.

6.4 Method Of Training

Professionals from different sectors are invited to train peer counsellors. They include doctors, psychologists, sociologists, philosophers and educators.

Training is done during holidays. It is usually 8 hours per day for 10 days. The training method encompasses lectures, small and large group interactions, use of video and power point, handouts, illustrative games and community work.

After training, students go for a one-week attachment in the halls of residence with the company of a trainer who oversees the learner practicing the acquired skills. After successfully undergoing the training, the students graduate and consequently given the power to counsel.

6.5 Identification of Peer Counsellors

Peer counsellors are identified through talk shows, their resource centre, hostel circulation desks, T-shirts, peer magazines and identification cards.

6.6 Peer Counsellors' Interventions on HIV/AIDS: Implementation Strategies

Kenyatta University, just like other institutions of higher learning in Kenya has HIV/AIDS as one of the leading causes of HIV/AIDS among students and staff. It is against this background that several measures have been put in place to respond to the HIV/AIDS situation of Kenyatta University. Peer counsellors facilitate nearly all these activities. The methods put in place comprise:

(i) Orientation

Wherever "freshers" or new students are admitted, peer counsellors orientate them to campus life for a week. Since most of them have little information on HIV/AIDS, the peer counsellors do a lot of spadework not only to inform them and educate them, but also to tell them of the situation of HIV/AIDS within and outside the University. During the orientation week, peer counselors address students on one on one basis.

Also, time is set aside to sensitize the freshmen on what they expect at the university. In addition, the first year students are informed about the university and what the society expects out of them. It is throughout this week that the students are told about the nature and existence of clubs and societies within the university.

(ii) Door-to-Door Counselling

This is an important outreach to students, and especially to those who do not attend public functions.

During these visits, peer counsellors share testimonies with the students. As a result many students open up to share their personal life experiences.

It is through this that the peer counsellor have interactive environment with the students, and therefore cater for individual needs.

(iii) Public Talks and Debate

Public talks and debates on HIV/AIDS and other issues that impact on students' lives are organized on a monthly basis. Speakers for these functions are drawn from various sectors ranging from HIV/AIDS researchers, microbiologists to people living with HIV/AIDS to economists, career counsellors and politicians. These *debates and public shows* provide a forum through which students express their views and feelings on HIV/AIDS.

(iv) Family Life Education Quizzes and Variety Shows

Quizzes on *Family Life Education and variety shows* are usually organized within the university. All these activities are topped up with small presents, which are awarded to best speakers and correct answers to questions asked. This is usually a rich source of enlightening students on Family Life Education on HIV/AIDS pandemic.

(iv) Promote the Availability of Condoms

Another intervention, which has been accepted to curb spread of HIV/AIDS is the promotion and the availability of *condoms*, de-mystifying the myths surrounding condoms and free access to condoms at hostel level.

In the hostel, depot holders are given the responsibility to make condoms available to students when they need them.

As such, condoms are supplied in all tuck shops. Besides that, there are retail condoms of different colours and flavours sold in those tuck shops.

(v) Print and Electronic Media

To help facilitate learning, peer counsellors use *video, pamphlets, posters and handouts* to communicate to the students on the latest issues surrounding HIV/AIDS. Peers are usually acquainted with the latest information from *Internet* points around the University. Besides, they read from *latest publications* on HIV/AIDS.

Peer counsellors also produce a timely magazine with articles that address HIV/AIDS among other issues.

All these services are rendered free of charge. In order to have effective and efficient distribution of awareness materials, peer counsellors have a *resource centre*, which is assessable to both students and non-students. Besides this, they have a *counselling room* where clients are met. Peer Counsellors also participate in outreach programmes, Voluntary Counselling and Testing (VCT) Tests and organization of clubs.

The Directorate of Students' Affairs together with AIDS Control Unit monitors all these activities with the assistance from peer counselors.

Achievements

- (1) Reduction of Pregnancy Rates: One of the greatest achievements of the project has been the reduction of pregnancy rate among the first year students in 1986 from 60 to less than 1 in February 2003.
- (2) Door-to-door Counselling: This has been successful and students can no longer wait for peer counsellors to knock on their rooms; students are the ones hunting for peer counsellors!
- (3) Public Talks, and Family Life Education (FLE) Quizzes: Due to high demand from students, FLE quizzes are these days held per semester, not the traditional way of having FLE once per year.
- (4) Video Shows and Poster Campaign - skill development: All peer counsellors are at this time able to show video, set up and dismantle a power point show, and over and above all shoot and edit videos. They also produce their own magazine and newspapers.
- (5) Increased Access to VCT: The number of students going for the test has risen from 7 a month (2001) to 43 a month (February 2003).

- (6) Outreach Work: Peer counsellors are at least having an outreach activity every weekend. The outreach activities encompass schools, colleges, youth groups, churches, and public functions like fund raising, etc.
- (7) Job Placement; The numbers of jobs created per year in Kenya are fewer than those graduating from learning institutions, but peer counsellors do find it easier to get jobs even before graduating from university.

6.6.1 Highlights

Peer counselors have helped many students cope up with academic life alongside co-curriculum activities. They have helped many students make informed and responsible choices on over a broad spectrum of issues.

One of the greatest achievements of the project has been the reduction of pregnancy rate among the first year students in 1986 from 60% to less than 1% in February 2001.

Peer Project has been successful and students can no longer wait for peer counsellors to knock on their rooms. Instead, students are the ones hunting for peer counsellors when they are in need of guidance and counseling services – Peer Counsellor.

There is tremendous improvement on VCT tests among students. The number of students going for the test has risen from 7 a month (2001) to 43 a month (February 2003) - Director, ACU.

Bottlenecks / Hardships

(i) Attitude: First, there is still negative attitude by students, which seem predominant and this contributes to the mystification, stigmatization and perpetuation of inappropriate fears of HIV/AIDS.

(ii) Religion: Some Religions seem not to be playing a useful role as far as the promotion HIV/AIDS awareness is concerned,

(iii) Culture: Some students are conservative; they still hold to their traditional culture, which encouraged multi - sexual partners in the name of polygamy,

(iv) Commercial Sex: Some female students cannot help being lured into commercial sex due poverty,

(v) Financial Constraints: In view of the fact that peer counselling project is a non-profit making project, it faces major financial constraints bearing in mind that it has a lot of financial - related expenses. This makes the peer counsellor unable to undertake large proportion of assignment because certain services are not offered owing to financial limitation

Benefits associated with Peer Project

(1) Students address issue of drugs, alcohol pregnancies etc that pre-dispose them to infections

(2) Peer counsellors guide each other on issues that affect their lives and ability to read and engage in creativity.

(3) By developing videos, newsletters etc they improve learning by maximising use of resources.

(4) The training of peers by pathfinder international provides the knowledge and experience that is needed for student survival.

(5) Students are critically engaged with the community on issues of environment and health.

(6) Efforts to reduce pregnancies is an ethical issue students are addressing.

(7) Students form clubs that work with other institutions e.g. presentations at SENCER in 2001-2003.

Home Economics Club provide information on the role of Nutrition in the management off HIV/AIDS - for improvement of immunity. They plant and grow traditional food stuffs, in collaboration with the rural community.

CONCLUSION

The problem of HIV/AIDS requires concerted efforts to address it using multi-sectoral approach. It should not be seen as a health problem, but rather a social problem whose effect has impact on all sectors of life. Therefore, all institutions should be encouraged to have peer counsellors of all age groups.

7.0 CHAPTER 7: TEACHING OF HIV/AIDS COURSES AT KENYATTA UNIVERSITY AT CERTIFICATE, DIPLOMA AND POST GRADUATE LEVEL

7.1 Mainstreaming HIV/AIDS Into The Curriculum.

The University is offering a wide variety of HIV/AIDS related courses at the certificate, diploma and post graduate levels, as well as a compulsory core unit (HIV and drug abuse) to all students. These programmes are increasingly popular among students – Director, Centre for Complementary Medicine.

These courses are offered because the university has a responsibility to prepare students to play a role in responding to the HIV/AIDS epidemic. They will also ensure that students are given the opportunity:

- to benefit from intellectual debate about the medical, social, demographic and economic issues relating to HIV/AIDS.
- to learn about the implications of managing HIV/AIDS in the workplace. This will enable them to enter the workforce reasonably equipped to manage HIV/AIDS programmes.
- to understand the potential impact of HIV/AIDS on the economic and social development of their country/region.
- to develop an understanding of different social groups and attitudes; and a caring, tolerant and non-discriminatory approach to people living with HIV/AIDS.

7.2 Advantages of Mainstreaming HIV/AIDS into The Curriculum

- Helps minimize impact of HIV/AIDS on staff and students.
- Contributes to preventing HIV/AIDS spread.
- Contributes to culture of understanding, respect, Protection and support of those affected/infected.
- Helps to counteracts tendency to discriminate and stigmatize.
- Ensure exposure of all students.
- Break the silence on HIV/AIDS.
- Correct erroneous understanding.
- Production of HIV/AIDS competent graduates.

We now offer the following units on HIV/AIDS:

7.3 HIV/AIDS Courses

These courses were developed by involving members of staff from all departments. They are taught at Certificate, Diploma and Postgraduate Levels. Most students are teachers in Secondary Schools. However, there are some core units which are taught to all undergraduates e.g. HIV/AIDS and Drugs.

Below is a summary of the Units that are offered.

(a) Course Units

ECM 010: Introduction to human anatomy, physiology and immunity

ECM 011: Introduction to medical microbiology and Parasitology

ECM 012: Sexually transmitted infections including HIV/AIDS

ECM 013: Socio-economic and cultural factors in HIV/AIDS

ECM 014: Socio-psychological disposition and HIV/AIDS

ECM 015: Counselling in HIV/AIDS

ECM 016: Management and care of HIV/AIDS patients

ECM 017: Ethical and legal issues in HIV/AIDS

ECM 018: Introduction to communication and control of HIV/AIDS (similar to ECM 006).

ECM 019: Performing and creative arts, sport and leisure activities in control of HIV/AIDS.

UCU 105: HIV/AIDS and Drugs

Course Description

ECM 012 - Sexually Transmitted Infections

Including HIV/Aids

Introduction to pathogenic groups and clinical types; sequelae, pathology and epidemiology HIV and AIDS: origin, historical associations, viral characteristics, transmission, clinical presentation, body responses, diagnosis and epidemiology.

ECM 013 - Socio-Economic And Cultural Factors In

Hiv/Aids

Role and impact of culture, traditional beliefs and value systems in the control of sexuality among the youth and adults. Adolescence in socio-cultural settings: sexual maturation, boy/girl relationships, safe sex and related issues.

Socio-economic factors: poverty, tourism and cross-cultural contacts. Rehabilitation and income generating opportunities for HIV/AIDS-affected and infected individuals. Substance abuse: factors associated with the youth and abusive substances including drugs; vulnerable groups; impact on youth, adults and sexuality. Impact of AIDS on the individual, family, society, nation and the world.

ECM 014 - Socio-Psychological Disposition

Importance of modern and traditional beliefs among the youth and adults, values and ethics of courtship, sexuality; use of alcohol and other social drugs. Adolescence: physical, emotional and personality development. Self image creation. Peer pressure: importance and consequences. Aging, socialization career/occupation as predisposing factors in adulthood to high risk sexual behaviour. Psychological problems of people living with HIV/AIDS.

ECM 015 - Counselling In Hiv/Aids

Basic counseling and psychotherapy theories: principles and approaches. Client behavioural change from counseling: principles, stages, techniques and associated problems. Special problems with HIV screening tests; pre-test and post-test counselling; Communicating HIV-test result to a client. Counselling families and communities to accept and support HIV/AIDS affected and infected individuals. Pastoral care and spiritual support for HIV/AIDS patients and their immediate families.

ECM 016 - Management And Care Of Hiv/Aids

Patients

Basic nursing care, hygiene and precautions. Home based care. Clinical management: history taking, physical examination, diagnostic and laboratory tests; chemotherapy of sexually transmitted and opportunistic infections. Nutritional rehabilitation and special diets for patients in health facilities and home/community-based centres. HIV/AIDS care-providing organizations: visits to selected major national, regional, public and private centres for life testimonies and rehabilitative support. Advances in clinical management: combination therapy, new antiviral drugs, ethno pharmaceuticals, vaccine development.

ECM 017 - Ethical And Legal Issues In HIV/Aids

Legal issues and policies on HIV/AIDS. National and International legal initiatives on HIV/AIDS. Ethical foundations of legal issues on HIV/AIDS. Law and morality; nature of tort; general defenses in tort; joint tort feasons. Litigation and the problem of HIV/AIDS:

Negligence, defamation and criminal liability. Major legal problems of people living with HIV/AIDS including discrimination and abuse of human rights. HIV/AIDS and the ethics of care.

ECM 018 - Introduction To Communication And Control Of HIV/Aids (Similar To ECM 006)

to special groups and across culture and gender barriers. Power relations in the prevention of HIV/AIDS. Control of HIV/AIDS: an overview of the role of the role of performing and creative arts; sport and leisure activities, religious groups, NGOs and community-based organizations. Prevention of HIV/aids: Skills in communication; Effective Information, Education and Communication (IEC), Communication (IEC), development of IEC materials

ECM 019: Performing And Creative Arts, Sport And Leisure Activities In The Control Of HIV/Aids

Performing and creative arts: definition; various branches including theatre, dance, music, poetry, prose. Use of music, drama, poetry and dance in communication. Creation of songs, plays, skits, poems and dances addressing HIV/AIDS related issues. Methods and approaches of using performing and creative arts health education: community theatre, drama in education, music in society, poetic expression. Participatory sport and leisure activities: age structure, peer Influence and leisure preferences. Advocacy through sport and leisure: factual information and myths. Demographic characteristics of selected active sports personalities: family, ethnic cultural origin, gender, religious, regional, social and sexual values, behaviour. Impact of HIV/AIDS on sport and leisure activities: economic, social, rank performance, population, and facilities

UCU 105: HIV/Aids And Drugs

Adolescent development, fertility, pre-marital pregnancies: adolescent problems; abortions STDs; drug use and abuse; hard drugs; sex tourism and trade, child marriage. Definition of AIDs, demystifying AIDS; origin, classification and spread of the virus, management of AIDS; living with AIDS, impact of AIDS on families, organizations and institutions. Social and cultural beliefs and practices, HIV/AIDS and the law, confidentially, attitudes, poverty and urbanization. Participatory education mode, communication skills, mass media approach, peer education approach model; preventative counseling and services; storage and use of condoms; hospitals visits and reports.

**ECM 010 - Introduction To Human Anatomy, Physiology
And Immunity**

Definitions: Anatomy, physiology and immunity. An overview of the structure and functions of major human body organs and systems: skin, skeletal, muscular, nervous, digestive, respiratory, blood and reproductive systems. The immune system: components, structure and functions in body protection against infections and diseases.

**ECM 011 - Introduction To Medical Microbiology And
Parasitology**

Definitions: Microbiology and Parasitology, Disease and Health. . Disease causing agents: viruses, bacteria, fungi, parasitic protozoa and helminths. Causes of immune depression: Overview of opportunistic viral, bacterial, fungal and protozoal diseases of major body organs and systems in immunocompromised hosts.

HFN 517: Nutrition And HIV/Aids

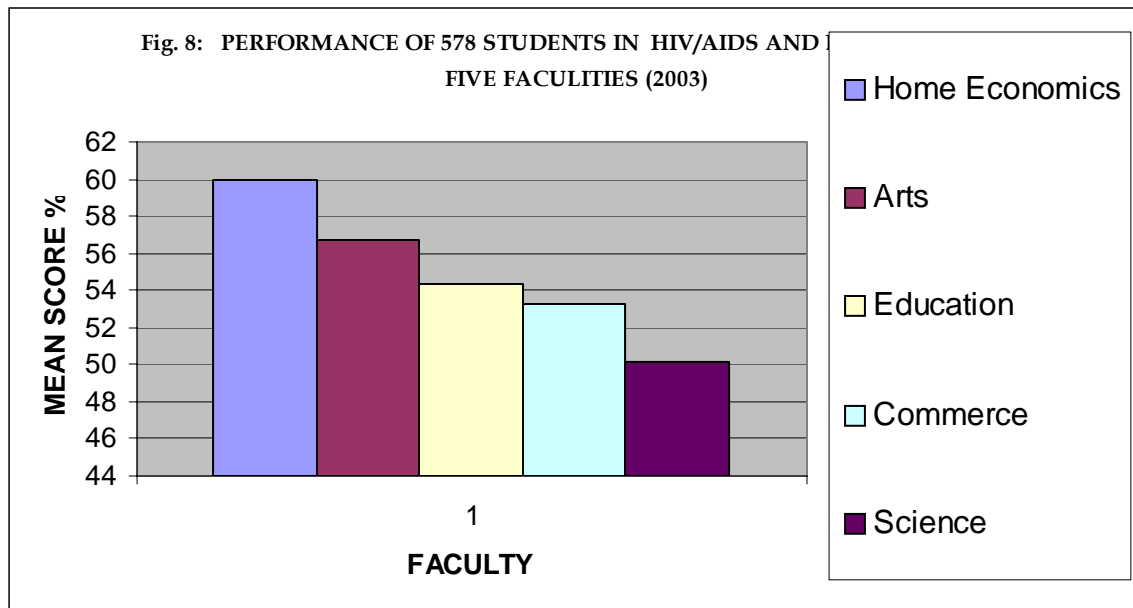
Nutrition and effects during different stages of HIV/AIDS progression. Breastfeeding for HIV/AIDS mothers. Nutrition effects and implications for HIV/AIDS in different physiological states. Nutrition in maintenance of the immune system.

POST Graduate Course Units

- ECM 501:** Medical microbiology and parasitology
- ECM 502:** Advances in Sexually transmitted infections and HIV/AIDS
- ECM 507:** Ethical and legal issues in HIV/AIDS (similar to ECM 017)
- ECM 510:** General research and reporting methods
- ECM 511:** Introduction to statistical data processing
- ECM 512:** Research Project (2 units)

7.4 Performance of Students on HIV/AIDS Courses/Units

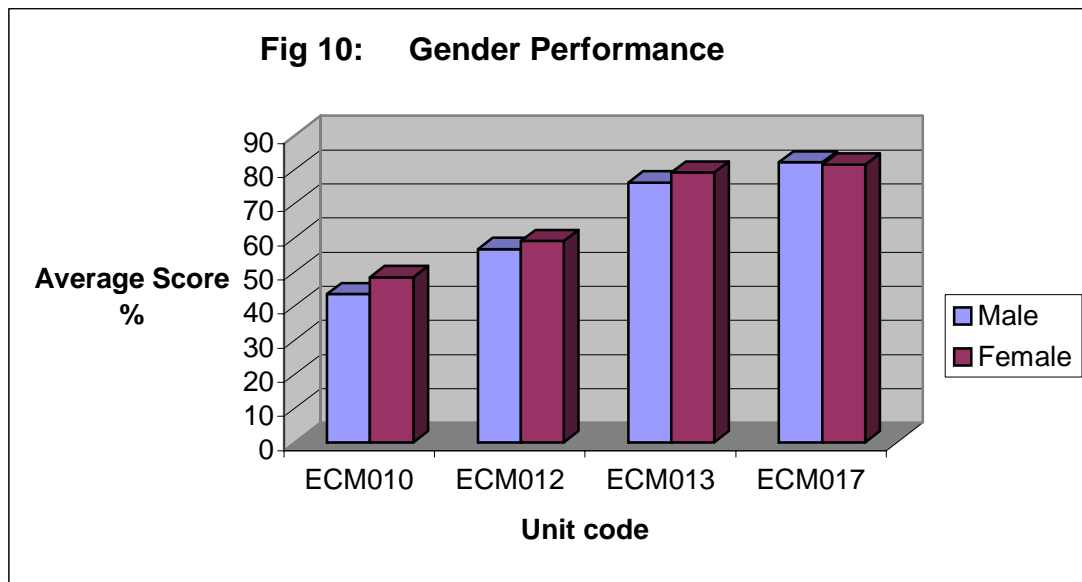
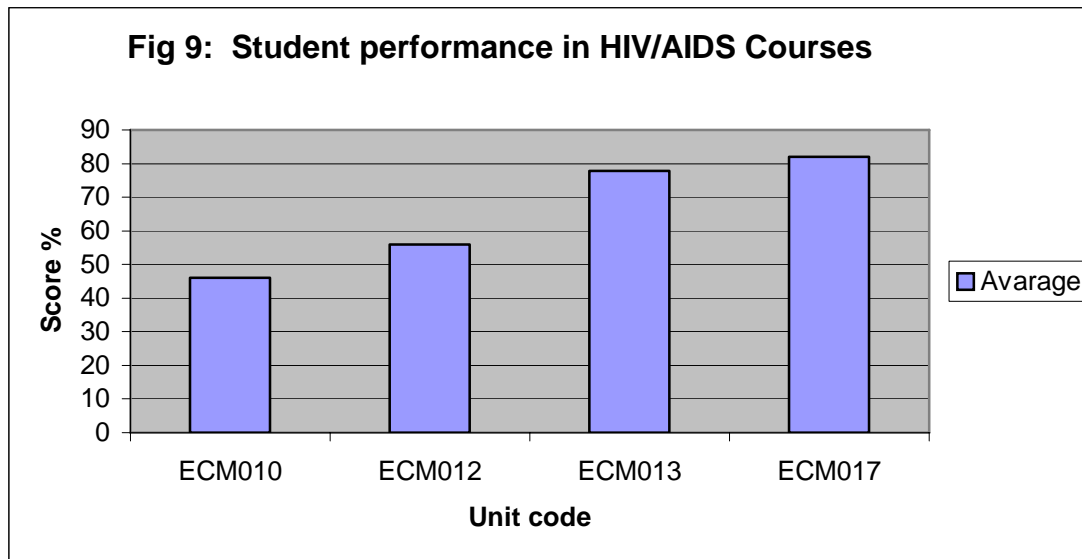
The students performance on HIV/AIDS courses are evaluated periodically (Figure 8 - 10).



Highlights:

- Science Students - Mean score 50%
- Home economics - Mean Score 60%

The performance of science students is relatively lower than those of Arts and Education students. This is not surprising because the Unit is purely an Arts oriented course. However, there are cases science students do much better in Art subjects than the Art students.



KEY: ECM010; Introduction to human anatomy, physiology, and immunity.
 ECM012; Sexually transmitted infections including HIV/AIDS
 ECM013; Socio- economic and cultural factors in HIV/AIDS
 ECM017 Ethical and legal issues in HIV/AIDS

Female students perform better than males, in all HIV/AIDS units but in general all students seem to perform poorly in the Human Physiology & Anatomy Unit than in the Arts oriented course, such as Ethical and legal issues in HIV/AIDS.

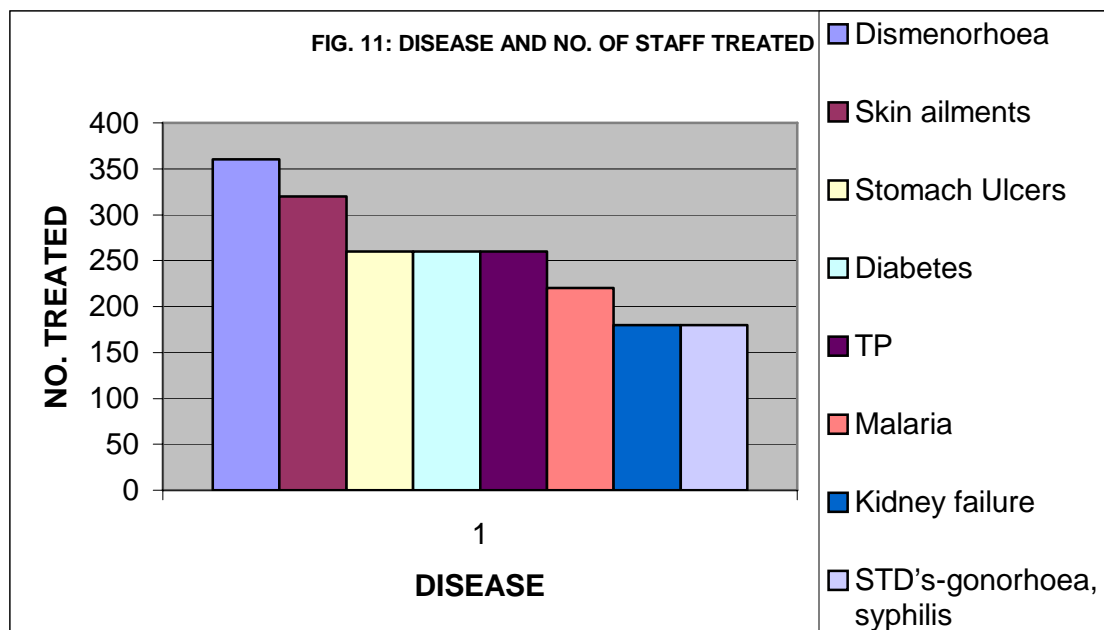
7.5 Herbal Medicine and Opportunistic infection.

Kenyatta University recognizes HIV/ AIDS as a threat to development of education. Infected individual usually develop high range of opportunistic infections.

We focus on the use of herbal medicine in the treatment of these ailments. Most of the herbs have very little or no side effects (Table 10).

Table 10: Demand for Herbal Medicine, since 2003

NAME OF DISEASES	STAFF	STUDENTS	OTHERS	TOTALS
High Blood Pressure	150	120	220	490
Stomach Ulcers	260	110	180	550
Amoebiosis	125	115	170	410
Typhoid	168	210	96	474
Malaria	220	140	250	610
Herpes	110	80	120	310
Diabetes	260	40	210	510
Cancer of the prostate	60	-	40	100
Sickle cells anaemia	30	-	9	39
Leukaemia	12	1	4	17
Kidney failure	180	14	120	314
Skin ailments	320	210	280	810
STD's-gonorrhoea, syphilis	180	260	210	650
Arthritis and gouts	120	-	80	200
Dismenorrhoea	360	2	250	612
Increase sexual Libido	180	2	250	432
Uterus Prolapse	70	-	96	166
TB	260	160	240	660
TOTAL	3,065	1,464	2,825	7,354



For purposes of enhancing knowledge on herbal medicine, the University has employed five herbalists. In addition, course on African Herbal Medicine have also been developed as shown below: -

Most of the herbs have proved to be effective against various opportunistic infections associated with HIV/AIDs.

Courses On African Herbal Medicine

These Include:

- HCM 01:** Integrates Science, Anatomy and Physiology
- HCM 02:** Herbal pharmacology
- HCM 03:** Basic Pathology
- HCM 05:** Philosophy and History of Traditional systems of Medicines
- HCM 06:** clinical methods I
- HCM 08:** Introduction to Herbal Therapeutics in a Health Care
- HCM 09:** Herbal Manufacturing

8.0 CHAPTER 8: HIV/AIDS SITUATION IN OTHER UNIVERSITIES

8.1 UNIVERSITY OF NAIROBI (UoN)

8.1.1 HIV/AIDS Situation At University of Nairobi (UoN)

The University of Nairobi is losing two people in AIDS related deaths each week from among its teaching, non-teaching and student population. This translates into 100 people every year. The most affected are the low cadre staffs who live in slum areas. – Vice-Chancellor.

Reports on HIV/AIDS in Nairobi University are based on previous data collected by Dr. Nzioka and information from staff members. No body filled the questionnaires that I gave out.

8.1.2 Impact of HIV/AIDS on the University

Personnel: Cases of HIV/AIDS related illness and deaths have had a notable impact on both students and staff at the university.

The Special Student Advisor notes that at least 3 out of 5 problem cases that are brought forth by students to his attention are AIDS related. Most are cases of AIDS orphans who can no longer pay fees. According to the office, such cases are currently on the increase. Says the advisor

"Although we ask the students to produce deaths certificates, we are aware that the certificates can never state emphatically that deaths were caused by AIDS. However the increasing number of cases, especially among students from regions known to have high HIV/AIDS prevalence could be an indication that such deaths could be HIV/AIDS related" – Special student advisor, UON.

A large number of students are unable to sustain themselves at the university following the deaths of their parents or guardians due to HIV/AIDS. Such students have had to look for alternative means of financial support. For girls this includes prostitution.

This year, several female students were arrested by police due to sexual mischief and published in all newspapers!

HIV/AIDS has also increased level **of morbidity** within the university community with a corresponding strain on the university health services hence reducing the quality of health care. Cases of recurring disease episodes due to opportunistic infections are on the increase, leading to shortage of drugs in the University Health Services. Many students and staff members are to be found lining up for medical attention in the various university clinics and speculations are rife that most of the diseases are HIV/AIDS related. Between 1995 and 1999, the number of cases of patients handled at the University Health Services (UHS) has almost doubled. Whereas partly this is due to the increase in the number students enrolled in the university over the years, it also reflects an increase in morbidity in the university.

Prolonged staff and student sicknesses which results in increased emaciation and possibly death is often speculated to be HIV/AIDS related. Further, it has been observed that some of the victims of this prolonged sickness rarely use university medical facilities. One of the reasons advanced for this has been that some of them have either suspected or confirmed themselves to be HIV positive and would wish that this status remains confidential.

Information from the University Health Services (UHS) show that there is an increase in the cases **of tuberculosis pneumonia**, and other HIV/AIDS related diseases - especially amongst students. In 1995, the monthly average number of cases of tuberculosis reported at the University Health Service (UHS) was 2 patients. However, currently this number has increased to about 6 cases a month. Students diagnosed with STDs are, however, reluctant to be subjected to thorough clinical medical tests for fear of being found HIV positive and stigmatisation.

Absenteeism from lectures among students due to illnesses is becoming rampant. Students may absent themselves due to personal or a relative or family members sickness, but this gets known to the staff and authorities only if the student misses an exam or a continuous assessment test (CAT). Equally, staff members experiencing prolonged sickness are unable to function effectively. However, the impact of staff absenteeism (where it occurs) is felt more acutely among the senior academic or administrative staff rather than among the lower cadre levels.

There has been tendency for those students suffering from prolonged sickness to relocate from university residence to living with close relatives and friends in the city estates. This makes attendance of lectures increasingly difficult. Those who do not have relatives within the city are forced to go to their rural homes. Such student absenteeism due to prolonged sickness sometimes raises speculation that they are HIV/AIDS victims especially if such sickness ultimately leads to death.

The University of Nairobi has also experienced increased absenteeism due to funeral attendance. In cases of student death, some members of staff get involved in arranging for transport and have to accompany the body of the deceased to the rural areas for funerals. The members of staff, who would normally be from the community from which the student came from or from one of the departments where the student was learning, would normally represent the Vice-Chancellor at the funeral. Most funerals and burials in Kenya occur during the weekends so they cause minimal disruptions of the normal operations of the University.

In case of death of a staff member, the impact of such death on the operations of the university is higher because other staff members have to be involved in making arrangements for travel and burial of their fellow staff members.

Increased deaths within the University have also contributed to lowered morale among staff in the transport department. This results from increased workload due to transporting the dead to their homes - often located hundred of kilometres from the city. Whereas funeral related transport accounted for only 7% of the total transport requests in 1991, this percentage has risen to about 22% in 1999, indicating a surge in the number of deaths. Pressure on them is even more intense for cases of student deaths whereby their colleagues would demand for transport even when it is not readily available. An official in the transport office expresses this clearly when he says:

"When a student dies, his colleagues threaten to burn our offices demanding for transport. There was an incident where a mob of students threatened to lynch me and even went a head to commandeer a faulty bus to take them to a colleagues funeral".

There is also an increase in the number of applications for financial assistance from the University staff Savings and Credit Society known as CHUNA SACCO. The society has had to create a special fund to accommodate the needs of bereaved families. This fund is known as Chuna Members Benevolent Fund (CHEMBEFU) is aimed at catering for funeral and burial needs. (Table 9).

Besides, because the amount of money given to each family through CHEMBEFU is limited, there is also a marked increase in applications for 'emergency' loans. These are loans secured on short notices in cases of emergency such as sudden death, illness or accident. Such applications are putting pressure on the Society's staff through naggings from applicants. The CHUNA officials suspect that some of the loan application could have something to do with HIV/AIDS particularly those that relate to payment of medical bills. The amount of money disbursed by CHUNA as emergency loans rose from Kshs. 13,427,000 in 1995 to Kshs. 34,191,200 in 1998. The proportion of these emergency loans that was reported to be related to medical and funeral bills rose from 42 in 1995 to 63 in 1998 as show in Table 11 below

Table 11 : Chuna Medical/funeral Related Loans

Year	Total Emergency Loans (Kshs)	Medical/funeral related loans (Kshs)	Percentage of medical/funeral expenses (%)
1995	13427000	5639340	42
1996	19020200	9700302	51
1997	29220100	17532060	60
1998	34194200	21540456	63

Similarly, me amount of money spent in funeral expenses plus that lost as written off loans due to the death of members rose from Kshs. 531, 733 in 1995 to Kshs. 3,169,148 in 1998 as shown in Table 12.

Table 12 : CHUMBEFU Funeral Expenses and Written-of Loans

Year	Amount (Kshs)	Percentage (%)
1995	531733	Base year
1996	1902093	258
1997	2166222	14
1998	3169148	46

8.1.3 Impact on Core University Operations:

The core operations of the University of Nairobi as outlined in the University of Nairobi Act, 1985 are *inter alia* ' to participate in the discovery, transmission and preservation of knowledge and to stimulate the intellectual life and cultural development of Kenya' (University of Nairobi, 1987:13). HIV/AIDS would appear to have affected the quality of teaching albeit in a negligible way. The number of academic trips carried out annually have decreased by about half during the last five years (1995 -2000). Students are now being forced to pay in order to organize for some academic trips.

Teaching

Due to illness, death or non - availability of some members of teaching staff, some teaching programmes have had to be entrusted to other relatively junior lecturers in the respective departments. Some lecturers have had to take up more teaching to cover for their indisposed colleagues. This has always complicated matters for some departments which have a large number of registered students.

There have been some cases where course attendance and submission of work have been affected by student illness. Whereas this has not been a major problem, lecturers have sometimes been forced to give affected students extra time in which to submit their work. Those who miss Continuous Assessment Tests (CATs) as they are locally known have also had to be given make-up tests, often taking the lecturers extra time.

Supplementary Exams

There have always been cases where students have had to sit supplementary examinations after missing their examinations due to their own illnesses and/or sickness or that of a close relatives or even due to their inability to pass in the major examinations. Very few students have had to abandon programmes completely due to prolonged illness but perhaps this unnoticeable effect is due to the large number of students in the university. It has been noted that many students who are unable to raise fees due to deaths of parents or guardians waste a lot of time at the start of semester making arrangements to raise the fees. It becomes very difficult for such students to match the rest on resumption of studies,

8.1.4 Financial Costs of HIV/AIDS

Increased deaths within the university have had adverse financial implications to the institution. One of the most affected sectors of the university is the transport department. In case of death of a student or staff member, the institution has to provide transport vehicles, fuel, as well as allowances for crew and members of staff officially accompanying the body. There are cases where extra vehicles have had to be hired due to the fact that most vehicles have now been run-down. Most of such vehicles are donor funded hence rare models whose spares are very expensive.

Due to the ever-increasing transport costs, there has been an increase in the annual financial allocation for the transport department from 12 million in 1997 to 20 million in 1999. This allocation is however not adequate as funds have had to be injected to the department from other sources. In 1999, the total expenditure for the transport department was approximated at Kshs. 25 million, this is higher compared to Kshs. 15.5 million in 1997 and Kshs. 13.5 million in 1995.

Due to die financial problems currently facing the university, it is becoming difficult to make replacements for staff members who die. If any, replacements are done for the teaching staff only. For die case of the non-teaching staff, usually there is upgrading of some employees in me respective areas in order to take over die responsibilities of those who die. This upgrading is preferred because it has minimal financial implication to the university since what is required is an upward adjustment of the upgraded staff. The Pensions Manager acknowledges the fact that mere have been very few cases where staff have had to be retired on medical grounds. Most of those who suffer from long illnesses eventually die while still in university employment hence a financial burden to the university. Apart from the fact that such individuals can not perform their duties, yet on salary, the university shoulders part of their medical bills and eventually funeral expenses. It has also been noted that expenditure in terms of terminal benefits for staff has been increasing annually.

The university has also lost some students on university scholarships. Other victims have either secured Loans and Bursaries through the Higher Education Loans Board (HELB).

8.1.5 University Community Response to HIV/AIDS

University Medical Staff.-The University administration acknowledges that its personnel (students/staff) just as the rest of the members of the society are at risk of HIV infection. University medical staff are considered as those at special risk of HIV infection. To protect such personnel the University has responded by improving working conditions for medical staff. Equipment and materials used in handling surgical operations that may increase the risk of HIV infection have been in a larger supply than before. The fact that this is being undertaken despite the financial constraints facing the university, shows the concern of the administration. There has also been an attempt to streamline management of the operations of the university medical facilities as regards procurement.

Medical and Dental Students: In the past, there was a general complaint amongst students in the medical and dental faculties in particular that they operate within poor conditions. This was especially the case for students from the University's Medical School located within Kenyatta National Hospital grounds. Currently they report that the university authorities are continuously monitoring their working conditions to ensure that HIV infection risks in their working environment are reduced. This is ensured through a closer working relationship between the university and Kenyatta National Hospital administration.

Welfare Associations: With their own initiative, through the coordination by office of the Dean of students, students have been encouraged and assisted in forming associations that would help in exchange of ideas, promote peer support, and increase their awareness and knowledge of AIDS issues. These student groupings can be found on virtually all campuses of the university where they hold regular meetings, organize workshops and get involved in AIDS awareness activities both within and out of the university. Leading among them is the University of Nairobi AIDS Society.

Awareness Creation .-The university medical services have also taken a leading role in promoting AIDS awareness amongst personnel through educative materials such as posters in their facilities. Some members of the medical staff have always received invitations from student associations to participate in their AIDS awareness activities. Student associations or welfare groups which were not initially meant to address HIV/AIDS issues are currently being encouraged to include some AIDS education activities on their agenda. Incoming students are educated on the seriousness of HIV infection in the context of their social life at the

University. The Vice-Chancellor for instance addresses AIDS issues in his speeches to incoming students. There has also been an attempt to incorporate HIV/AIDS messages in some sporting activities such as rugby and soccer. These sporting activities are sometimes used to spread HIV/AIDS preventive messages and condom use. The Dean of students' office also organizes forums where speakers are invited to discuss AIDS issues with students.

Condom Distribution.-The university has also tried to establish AIDS related services such as condom distribution and counselling. Condoms are readily available free of charge at the university health clinics. However the condoms have very few outlets. At the university clinics there is information to encourage students to take advantage of the freely available condoms. One is also likely to find AIDS education materials on condom use at the clinics. Information gathered reveals that it is mostly students who collect condoms but not other personnel. Kiosk owners within the halls of residence are allowed to stock condoms which they sell to students. Such kiosk owners, especially those of the male halls of residence have reported that they sell a lot of condoms to male students especially at night when they cannot access university clinics.

Counseling/Chaplaincy: To enable students to make daily life adjustments and/or cope with major emotional difficulties, the office of the Dean of Students maintains a regular counselling service on each campus. The service is staffed by professionally trained officers who provide confidential services, as well as make referrals to outside consultants. These officers admit that they have not necessarily been involved in AIDS counselling. However they have had to deal with cases of students who have lost relatives etc. They offer general support and guidance while drawing attention to spiritual values within various faiths;

Staff Replacements: The University of Nairobi has suffered enormous losses due to impact of deaths or prolonged sickness on its staff. Replacements have, however, not been easy for two reasons. First, there has been a freeze of employment in most government agencies including public universities. Second, the major impact of HIV/AIDS has been on the teaching staff. According to the Vice-Chancellor:

"The greatest loss has been at the senior academic levels. It takes many years to produce a professor or even a lecturer. Training a person to the PhD also involves lots of public and private resources. So, the loss of a member of the teaching staff is particularly disturbing. So it is at this level where the university is experiencing the biggest loss. But at the lower levels, one could cynically say, AIDS has a positive impact because it is helping the university to retrench and this is particularly so because at that level there has been over-employment"

It is on very rare occasion that the university has been able to hire new staff members to replace those who have died or incapacitated. The current economic realities facing the university are continually making such replacements difficult to make and this may further be complicated further by the looming retrenchment process in public universities in which staff members especially the junior cadres are poised to lose their jobs.

Flexible Programmes and Bursary Allocation: There is a provision within the university regulations to allow students withdraw from studies and possibly resume later particularly if this is caused by sickness. Such cases include inter alia mental breakdowns due to examination phobia. The university is also trying to ensure that financial assistance is given to poor students who lose their relatives/guardians in the form of bursaries to enable them continue with studies. This is done through collaboration between the **Higher Education Loans Board (HELB)**, and the special university student advisors' office, which as reported earlier, has to deal with many such cases.

People Living With HIV/AIDS (PLWHA): As regards people living with HIV/AIDS (PLWHA), there has been respect on the part of the university administration for such persons' wish that their status remains confidential.

Information about members of the university community who may have been confirmed to be HIV positive is never made public. PLWHA have however never come out in the open to express their wish to be involved in the university management of the epidemic.

This may not necessarily be done to victimization and discrimination on the part of the university administration but the anticipated response of the other members of the university community who may not have open acceptance of the disease.

8.2 Maseno University

The Maseno University community has suffered a major setback due to HIV/AIDS in form of increased morbidity, absenteeism from work and increased mortality. This reflects poorly on general work output and academic performance of the community, which also suffers from the diseases like malaria, cholera, tuberculosis, dysentery and typhoid common in Western Kenya.

The information available from the University Health Services suggests that there have been an average of 7 deaths per year presumably arising from HIV/AIDS related ailments. Dr. Ouko, Head, Health Unit.

Out of the student population of 4500 about 90% are in the 20-25 years age group, which is the most vulnerable group. However, there is unprecise data about the infection rate and death rates among the students as it is likely that infected students generally progress to full blown AIDS after leaving the University.

8.2.1 HIV/AIDS Situation at Maseno: 1991-2001

According to Sigot (2001), 51.5% of staff of age group 30-40 years were infected in 2001.

8.2.2 University anti-HIV/AIDS Initiatives

Though the University has had no previous elaborate commitment to address HIV/AIDS problems within its and the surrounding communities there has been some notable efforts. A course called Reproductive and sexual Health is being offered by Institute of Public Health and Community development to B.Sc (Biomedical sciences) students. This course covers some aspects of HIV/AIDS. A few departments have also made efforts to have topics related to HIV/AIDS included in some courses. These have been in courses related to media and communication, community nutrition and development, community partnership and development, population and fertility. There is an ongoing research on management of ailments arising from HIV/AIDS infection using herbal medicines. There is a peer group run by students, Maseno University Peer educators club, (MUPEC) which was initiated in 1990 for peer counselling among students, handling issues dealing with public health and HIV/AIDS among students and community outreach. It has organized several activities related to HIV/AIDS awareness campaigns and counselling among students. On days reserved as Aids Campaign Days MUPEC has always invited or visited other institutions like schools and colleges to talk about the pandemic and conduct plays about it and has encouraged such institutions to form ant-HIV/AIDS clubs. In addition MUPEC has worked with the civil society from the neighbouring communities through working with community based organizations, church groups and community aids committees.

Within the University Health Services, the following **services** are being offered to the staff and the students:-

- (i) Counseling

- (ii) Training on syndromic management of sexually transmitted infections
- (iii) Increased supply and distribution of condoms
- (iv) Sexually transmitted infections drugs dispensing
- (v) Prevention of mother-to child transmission through and counselling and treatment of sexually transmitted infections
- (vi) Provision of health information to staff and students.

Recently the University administration has also established aids control Unit with objective of reducing acquisition and the spread of HIV/AIDS and therefore leading to improved health and productivity. The aim of the unit is to establish voluntary counselling, testing, education and awareness. It is also to improve access to health care and support for people living with HIV/AIDS, acquisition of antiretrovirals, home based care for people living with HIV/AIDS and better policies on management of the members of the University community and the neighbouring communities.

According to Dr. R. O. Onyango who is the Head of Public Health, HIV/AIDS has had significant impact on the University, and a policy is being to address the issue.

8.2.3. HIV/AIDS Policy

According to Dr. R. O. Onyango, HIV/AIDS has significantly affected Maseno University, with staff death of seven (7) persons per year. An HIV/AIDS Policy is being developed to guide the University in dealing with the crisis. Students, staff and administrators are involved in Policy formulation.

This approach is similar to Kenyatta University model where all Senators were asked to contribute and to participate in the development of the policy.

*One major challenge facing the institution is how to deal with aggressive sexual behaviours among the 4500 students. It is even more worrying because the university is located in a region with the highest HIV/AIDS in Kenya (NACC, 2000) says **Dr. Ouko – Head, Department of Health Sciences***

The Maseno policy focuses on HIV testing, Peer Education, provision of ARVs', and community service.

8.3 Jomo Kenyatta University of Agriculture and Technology (JKUAT)

8.3.1 HIV/AIDS Situation

Information from JKUAT Hospital indicates that, currently there are 130 to 150 **(11.7 to 13.5%) staff members infected** with HIV. Approximately 11 of academic staff, 13 of middle level personnel and 12 of ancillary staff are living with HIV.

These prevalence estimates on hospital records collected in 2000 by Prof. Magambo, current Director, school of Public Health.

According to the JKUAT Hospital information pregnancies and sexually transmitted infections (STI) have been on the decline. Data collected from focus group discussions and in-depth interviews, conducted with undergraduate, postgraduates and student halls caretakers (mature females) in 2000 (Adea Report) revealed that majority of the students are sexually active, 100% know what HIV/AIDS is and still engaged in risky unprotected sex. The students estimate that 10-15 of their colleagues are HIV-positive. The female students felt that about 10 of the female student population engage in sexual relationships because of poverty, peer pressure, looking for emotional support and sense of security. Some young females also do not enjoy relationships with their age mates, because they consider them immature. **Every year at least 8 (2) of female students are pregnant.** This indicates the existing levels of unsafe sex.

According to the UNDP 1997 Human Development Report, poverty "offers a fertile breeding ground for the epidemics spread and infection sets off a cascade of economic and social disintegration and impoverishment".

8.3.2 Tuberculosis and HIV/AIDS

Closely linked to the HIV/AIDS epidemic is the tuberculosis (TB) epidemic. At JKUAT Hospital, records show that between January to June 2000, there were only 7 cases of TB. On average the hospital treats 1700 patients per month. In Kenya, TB is the most frequent cause of death for people infected with HIV. In JKUAT Hospital the TB prevalence rate appears to be low 0.4. According to Harries (1990) in the absence of HIV infections, the number of new TB infections would be limited to about 0.2 of the population. This indicates that even at JKUAT Hospital there is an increase in TB cases (Adea Report by Magambo).

8.3.3 Sexually Transmitted Diseases.

There is compelling evidence of importance of both ulcerative and non-ulcerative STDs as major determinants of HIV transmission. At JKUAT Hospital, approximately 1.4 of patients treated have urinary tract infections. STDs contribute to higher rates of HIV transmission.

8.3.4 Aids-Related Deaths

Available information indicates that at least 2.1 million Kenyans are HIV-positive and 1.1 million Kenyans have so far died due to AIDS. On average close to 500 people in Kenya die daily because of AIDS (R. Muga,, DMS 2000).

It is estimated that between 1995 and August 2000, 22 staff members at JKUAT died of AIDS related diseases of these 12 were females, average age at death 31 years and ten males average age at death 38.4 years old. Eighteen were ancillary staff, three middle-level and one academic. AIDS will increase the death rate in all cadres. However, the impact is now felt in the lower cadre of staff and among young adults.

Although, AIDS does not spare the elites or middle class, it appears that, currently in this university, the most affected are the poorly educated with low income. It is possible that poor people are often unable to seek treatment for STDs. And poor women may need to resort to casual sex to provide for their families.

Currently 130-150 (11.7 to 13.5%) JKUAT personnel are infected with the HIV, their body's immune system is weakening. Majority of these persons are in their prime age (30-40 years) and with young families.

About 70 (6) persons living with HIV are in the academic and professional grades. This is the group the university has invested in their long-term training either abroad or locally. These individuals are or soon will be suffering from opportunistic infections. The infected individuals will eventually die leaving orphans behind.

8.3.5 Impact of HIV/AIDS

Table 13: From 1995 to August 2000, the University lost 22 persons to AIDS - related diseases.

Year	Male	Female	Total
2000	2	0	2
1999	2	1	3
1998	2	7	9
1997	1	3	4
1996	2	1	3
1995	1	0	1
Total	10	12	22

Source: Magambo, 2000. Jomo Kenyatta University response to HIV/AIDS. Pg 67

HIV/AIDS is more prevalent in the lower grades. Of 22 AIDS - related deaths, 18 were unionisable staff in grades I-IV, three from middle level grades A-F and one from the academic group.

It is estimated that the University paid approximately Ksh. 550,000 as terminal benefits and Ksh. 840,000 as funeral expenses during that period. If a member of staff dies, the University contributes Ksh. 5,000/= towards the cost of the coffin. A vehicle is also provided to carry the body and another one to carry the immediate family members to the funeral. Alternatively, one vehicle with the capacity for both purposes is provided. If a dependant of a member of staff dies, the University provides a vehicle to carry the body and the immediate family members to the funeral (Cortesy, Prof. Magambo).

In the University there is no attempt at present moment to collect AIDS - related information from staffer students. In Kenya, HIV surveillance studies are conducted in district and provincial hospitals, and involve donor blood as well as groups such as women attending antenatal clinics. The information from these studies may not reflect the reality on the ground. These reported AIDS cases represent the visible part of the epidemic. However, the truth is that not all AIDS cases are reported. This can happen even in the University hospital for several

reasons: some members of staff and students never seek hospital care for AIDS or opportunistic infections.

Some Doctors may not want to record a diagnosis of AIDS because of the stigma attached to AIDS, some people with HIV infections may die of other

diseases before they are diagnosed as having AIDS, and some rural health care facilities may not have the capacity to test for HIV infection.

On costs of health care, Forsythe et al 1992 estimated that the cost of hospital care for AIDS patients average about Ksh. 27,200 during the course of their illness. If that expenditure rate remained constant then the total JKUAT hospital costs for AIDS care expressed in 1992 Kenya shillings would be Ksh. 3.5 million to Ksh. 4.1 million. From 1994/95 to 1997/98 the JKUAT Hospital budget has increased from Ksh. 12 million to Ksh. 19 million. If the University hospital is treating all the estimated 130 to 150 members of staff infected with HIV for:

- Palliative US \$2800
- Opportunistic Infections.
 - (i) The inexpensive drugs US\$4200
 - (ii) Expensive drugs US \$ 28000
 - (iii) Anti-retroviral therapy \$1,400,000 - 2,800,000.

This is equivalent to Ksh. 98 million to Ksh. 196 million to care for all the staff members infected with HIV per year. Some of the best - educated people, young and holding responsible teaching or administrative positions are living with HIV. When they start succumbing to AIDS the impact in the University teaching and administrations are likely to be significantly felt.

8.3.6 The Response of the University Community to HIV/AIDS

(a) Staff Welfare Facilities

The following aspects of staff welfare have been developed by the University and are in full operation;

- i) Staff housing
- ii) Staff catering services
- iii) Medical services
- iv) Nursery and primary school

(b) Staff Housing

The University operates two Housing systems and members of staff are required to opt for either housing allowance or subsidized institutional house. This policy enables spouses to live together.

(c) University Health Services.

The University offers Health services to all students, members of staff and their Families through the University Hospital. This quality service has now been extended to the outside community at an affordable fee.

(d) Preventing the Transmission of HIV in the University Community

The impact of AIDS will be severe in the University if HIV infection continues to spread at the current rapid rate. However, there are several things that the University is doing to slow the spread of HIV. In Kenya majority of HIV infections are transmitted through heterosexual contact.

(e) Promoting the use and Availability of Condoms.

Prevention of HIV transmission through behaviour change, condom promotion and STD treatment is many times more cost-effective than either providing hospital treatment for AIDS patients or trying to prevent the spread of the virus with anti-retroviral therapy.

The University hospital on regular basis supplies adequate condoms in the student halls of residents, and, in all the toilets in the University. In the hospital, Family Planning Clinic, there is a complete section fully stocked with condoms and accessible to anyone anytime.

Use of Condoms

Year	Condoms Used
January-August 2000	27,668
1999	20,322
1998	34,810
1997	39,702
1996	34,440
1995	35,990

According the JKUAT Hospital records the supplies of condoms has led to tremendous reduction of STDs and pregnancies among the students. The hospital is properly equipped to detect and treat STDs.

(f) Promoting Abstinence, faithfulness

Beyond treatment of diseases and illnesses, the University hospital staff provides other integrated programmes aimed at preventing diseases, promoting good health and protecting the University community and surroundings from environmental, industrial and other health risks.

The strategies for mitigating the impact of HIV/AIDS includes mobilizing students, staff and local communities to recognise their strengths and weaknesses in handling AID-related concerns; stimulation of communities to identify and to participate in community based programmes (e.g. eradication of illicit alcohol brewing and drinking)

(g) Peer Education and Counseling.

Because of the need for a multi-disciplinary approach to AIDS prevention and control, the importance of effective mobilisation, and the co-ordination of activities and resources of the various departments, the university, through the hospital encouraged the students to form a AIDS Awareness Club. The Club enjoys support from the University management. In consultation with the hospital staff and Dean of students, the Club organizes "AIDS DAY" and on such a day students from other Universities are invited and participate in educational drama, dance, song or walks. Workshops, seminars, debates or video show talks, which are conducted by invited guests, are held regularly; On yearly basis the Club publishes "STUDENT'S DIGEST" containing information about HIV/AIDS. The copies are distributed at the beginning of each year to all the students in the University, and some copies are given, to the secondary schools and other universities. This is a very effective way of passing HIV/AIDS information to the young people.

The first volume of the "Student's Digest" was printed in 1998 and was funded by the Family Life International. Second volume 1999 and third volume 2000 were funded by the Ford Foundation.

Articles are prepared by the club members in consultation with the Club patron and sponsors. This is a very popular booklet and demand from all the universities, polytechnics and secondary schools cannot be met. However, the club supplies enough copies to all the university libraries, polytechnics and nearby secondary schools.

About 20 students were trained as peer counsellors and this team has helped to breakdown the taboo on discussing HIV/AIDS in the University community. The peer educators are effective in reaching most students.

8.4 MOI UNIVERSITY.

Moi University, which lies 300 km from Nairobi, has initiated some activities on HIV/AIDS. With a student population of 12,000, staff deaths stand at 0.03% annually. Below are highlights on its AIDS Programmes

- (i) HIV/AIDS Policy is Non-Existent
The University has no HIV/AIDS policy.

This has been attributed to "lack of proper coordination, and institutional support says Dr. P. Kavu, Director, of HIV/AIDS Control Unit.

- (ii) Student Activities and Teaching
Voluntary Testing and counselling (VCT), Research and Teaching of HIV/AIDS units is done in some departments. There are well-established HIV/AIDS committees and clubs.
- (iii) Leadership and Role of Professors on HIV/AIDS Programmes
Moi University collaborates with many organizations and the Government. However, funding has not been forthcoming. According to Dr. Kafu, Lack of Institutional support and negative attitude from academic staff has derailed HIV/AIDS programs.

The participation of professors, Deans and students in curriculum change has been insignificant, adds Dr. Patrick Kafu, Director, Aids Control Unit.

Lack of commitment from University administration, inadequate resources, and negative staff attitudes are the major problems at Moi University.

8.5 WESTERN UNIVERSITY COLLEGE OF SCIENCE AND TECHNOLOGY (WEUCO)

This National University has a student population of 500 (400 males and 100 females). There are no post graduate students and academic staff members are only 50.

The University has no HIV/AIDS policy, no data on impact of HIV/AIDS on the institution, No Aids control Unit, and no budget for AIDS activities.

However, some attempt is being done to mainstream HIV/AIDS into the curriculum - says Dr. Olela - Dean of Students

8.6 CATHOLIC UNIVERSITY

This is a private university managed by Catholics. The University has formed HIV/AIDS committees among staff and students. It conducts Voluntary Counselling and Testing (VCT) and Aids awareness. A core course is being developed on HIV/AIDS, according to the Dean Dr. Atheru. There is no information on impact assessment, and no policy, though an HIV/AIDS coordinator has been appointed, says Prof. Muchoki Macharia, Deputy Vice-chancellor in charge of administration.

Recently, the University requested Kenyatta University AIDS Control Unit to train its staff and students on HIV/AIDS-, which was effectively conducted and certificates issued.

9.0 CHAPTER NINE: STUDENTS LIFE AT KENYAN UNIVERSITIES

Source: East African Standard, March 18th 2004 Special Report: Life on Campus

Hard times have hit public, universities in Kenya since students' allowances were discontinued in the early 1990s. Fees and a system where students buy their own food were introduced. But the difficulties that have emerged from this have shown another side of the students – business enterprise.

I. UNIVERSITY OF NAIROBI

(i) Sharing of rooms

At the University of Nairobi, the most recent development in campus life is the emergence of **student landlords**. This is likely to surprise parents, guardians and the public. But to a number of students, it is a common means of survival. Mr Makokha Wanjala, the secretary-general of the Students' Organisation of Nairobi University, said the money given to students by the Higher Education Loans Board is inadequate, The board gives a maximum loan of Sh52,000 and a minimum of Sh30,000 in an academic year. Part of the money is directly sent to the university to cover fees, while the rest is deposited in a student's account to pay for accommodation and upkeep.

I hardly know the students who get the full loan. The most common arrangement is where students **share their rooms with outsiders for a monthly fee**. Others vacate their rooms for tenants and instead live with friends. The latter is common among women students who move in with their boyfriends.

(ii) Cohabitation

Some students have resorted to cohabitation. Some women, whose list of basic needs goes beyond food and clothing, rely on their male counterparts for support.

"Most of the relationships are money-driven and never last a semester," says a student. "This is evident in the high frequency of break-ups and attempted suicide. Once the men can no longer provide, they almost always call it quits," says a student.

(iii) Small-scale enterprises

Though doing business in the hostels is illegal, the Students' Welfare Authority of Nairobi University recently waived the regulations to enable needy students raise income. "SWA works with the Dean of Students' office to vet applications to determine who is needy. A successful applicant pays Shs.2,500 in rent and can only run the business for a semester. The hostels are now one big market where

students deal in a wide range of goods and services a far cry from the exclusive boarding facilities of the 1960s to 1980s.

Popular items on sale include food, electric appliances and mobile phones. And right inside the small partitions are to be found printing, photocopy, typing, CD-writing and telephones services. Students also run tuck shops, barbershops and beauty salons. But the view that many students do not manage their loans properly is fast gaining ground. An official blamed some students for living beyond their means.

II. KENYATTA UNIVERSITY Excessive Hunger and drug abuse

The KUSA chairman Mr. G. Kariuki says 60 per cent of students at the university make their own meals. "The students use electric coils which are very unsafe," he says. "Besides, most eat ugali and sukuma wiki day in day out."

Thirty per cent go to KM, a shanty village near the campus for meals where food is cheaper.

The remaining 10 per cent eat at university kitchens. Says Okoth: "KM food is not the best as cafes are dirty. But what are the options?"

There are more than 10 chang'aa dens at KM. Bhang peddlers also operate from there. "What is shocking is that the brewers are arrested and released almost the same day," says the students' boss, Mr. G. Kariuki.

The students are not spared by the police either. "Recently, 13 students were netted in a swoop and taken to the police station. I had to plead with the station boss for their release," Mr. Chege discloses. A post-graduate student, Mr. Gichuki Ngubwa, discloses that drinking is many students' pastime. "Even girls drink cheap brews. This never used to happen before," he says. But it is not just students who partake of the brews. Three lecturers join them regularly at KM.

However, not all students have been reduced to misery. Those from wealthy backgrounds go to better entertainment spots. Still many do not drink, while others are religious and spend their free time at the chapel.

The KUSA chairman also laments the increase in pregnancies, especially after the lecturers strike. He discloses that there was a lot of cohabiting among students but it has eased following a recent crackdown.

III. KABARAK UNIVERSITY

Nakuru's Kabarak University is not a place for smokers and drunkards. Students, too, must dress decently. Mini-skirts, tight jeans, slit dresses and "tumbo cuts" have no place on the campus.

Kabarak also prohibits male students from visiting the women's hostels and vice versa. The students detest the rules, saying they are harsh. They have appealed to the university to allow them to be like "our counter-parts in other universities".

They are young, they say, and should be allowed to enjoy the thrills of their age and times. A student who did not want to be named said: "Other Christian universities are not as strict as Kabarak." A female student said Christianity is not about how one looks or what one wears but "the heart and morals". Adventurous students who go on drinking sprees and expect to stagger back in the wee hours of the morning are often in for a shock.

Last year, four were expelled when they were found "drunk disorderly". The university, which is founded on Christian principles, attaches great importance to discipline and good morals.

Kabarak recognises the importance of personal spiritual growth and it is mandatory for students to attend Sunday service at the university's chapel. Kabarak aims to become a centre of excellence. It offers undergraduate courses in computer science, commerce, theology and education in CRE and music.

IV. MOI UNIVERSITY

Student at Eldoret's Moi University prefer cooking to dining at the cafeteria. They have even turned their rooms into kitchens. Many students have bought stoves, electric heaters, sufurias and food.

A student said, "it is cheaper to cook because we do not have enough money to eat at the cafeteria. "For only Kkshs.30, they can prepare a day's meals but at the cafeteria, they would need more than double that.

When we visited rooms at Chepkoilel campus at lunch hour, many students were busy preparing meals. The students described life as hard, frustrating and demoralising. Their major complaints ranged from financial difficulties, congestion in halls of residence to social problems - Standard Newspaper Journalist.

A fourth year student at the university screens video shows at weekends for a fee, while others run kiosks selling household items and food.

“some female students depend on their male friends for financial help,” a male student said. But for students who take life in its stride, cheap brew is a big relief.

At the main campus, the neighbouring mabatini market, fondly referred to as Mabs, is the source of the brews. As seeking accommodation off campus is cheaper, many students pool resources and rent rooms.

However, not all students have financial difficulties. Those from affluent families afford to eat at the University Guest House patronised by senior lecturers. To accommodate the large student population, common rooms have been turned into hostels.

V. MASENO UNIVERSITY

Life at Maseno University revolves around survival, relationships and class work. The first two weeks of a new semester are full of fun. Students are “loaded” with money from the Higher education Loans Board (HELB), parents or sponsors. It is common to find students guzzling beer at Maseno club and other places in Kisumu town.

The drinking sprees are punctuated by feasts of delicious nyama choma. A “gold rush” is also in high gear, with older students pairing up with first years. Female students in third and fourth years are shunted as male students spend fortunes luring “freshers” into relationships. Sexually transmitted diseases and unwanted pregnancies are the outcome of the “gold rush”.

The more adventurous take their catches on romantic getaways. The religious ones spend their time taking black tea in their rooms or at religious fellowships.

At this time, libraries are virtually empty, save for a few bookworms. But as the semester progresses and pockets become depleted, life changes. *Chang’aa*, *busaa*, and *kulta* (Local brews) become the order of the day. Students frequent nearby *chang’aa* dens. As poverty begins to bite, *nyama choma* (Roasted meat) becomes a luxury but the demand for *matumbo*, *ugali*, *mboga* and *omena* rises. Students flock to makeshift and dilapidated kiosks behind Siriba campus for lunch and supper.

The most expensive meal – ugali and chicken – cost s Shs 70. Wouldn’t it be cheaper to eat at the university dining hall? One student said: “There are times when quantity is more important than quality.”

Accommodation is a major problem at the university. Getting a room is a nightmare. If you are lucky to get one, be prepared to share it with three others whose lifestyles might be the exact opposite of yours. A male student explained: "Many times you end up with a habitual drunkard or religious fanatic who wakes up in the night to pray."

Students who do not get accommodation rent rooms at nearby villages. Most of the houses are semi-permanent and have no electricity. Many of the students are accommodated at Siriba campus, 3.5km from the main college. They walk the distance to attend lectures at the main college. Bicycle taxis (boda boda) are the most popular means of transport. Students pay Sh10 from the hostels to the main college. But some take the university shuttle and are charged shs.5. Those who do not have money walk to class.

10.0 CHAPTER TEN: ORGANIZATIONS COLLABORATING WITH UNIVERSITIES IN THE FIGHT AGAINST HIV/AIDS

Recent survey shows that most universities have collaborative HIV/AIDS activities with local and International Organizations in areas of prevention, research, management, teaching and outreach. Below are the organizations and areas of collaboration.

Collaboration with NGO's

Universities are working closely with other government department and NGO's in the fight against HIV/AIDS. Pathfinder International funds Kenyatta University Peer project, while USAID funded the formulation of education section policy at the Ministry of education. I choose Life (ICL), an NGO, is now training 200 peer educators at Kenyatta University. The National Aids Control Council (NACC) released 6.2 million to the commission of Higher Education (CHE) for HIV/AIDS activities in all public and private universities. Donors such as UNESCO, UNICEF, DFID, CDC, have funded different projects in different universities.

More recently, Mrs. Lucy Kibaki, the 1st Lady of the Republic of Kenya Committed her self in writing and promised to build an HIV/AIDS Complex at Kenyatta University.

Conclusion

(1) There is a growing number of efforts to reverse the impacts of HIV/AIDS in Universities. The success of these efforts will only be realized if the following are given priority:

- Strong political and institutional leadership
- The setting up of dedicated AIDS programmes at every university.
- The broadening of the response to include civil society, religious organizations the private sector and networks of people living with HIV
- A reduction of stigma and discrimination faced by those infected with HIV and
- The protection of groups particularly vulnerable to infection.

(2) The current study reveals that most Universities are assembling these building blocks into stronger aids responses. As they do so, the Kenya government and the International Community must address specific gaps:

- More financial resources are needed, along with reinforced human and technical capacity.

- Basic prevention and treatment initiatives are inadequate in most Universities. Prevention strategies not only contain the epidemic, but also provide a solid base for care and treatment. For example, provision of ARV's reduces human suffering, and should be provided to allow people living with HIV to continue contributing to their families, communities, and the economic well-being of their universities and Nations
- AIDS is now recognized as one of the largest impediments to education sector. The extent to which HIV/AIDS affects all of our futures will depend on the actions we take today, particularly in institutions of Higher Learning.

(3) Finally, Universities have not done enough, given that the HIV/AIDS pandemic was 1st diagnosed in 1980's. Vice-chancellors, Dean's staff and students must unite to win the global war against HIV/AIDS

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APPENDIX I: Questionnaire for Administrators

**KENYATTA UNIVERSITY
OFFICE OF THE DIRECTOR AIDS CONTROL UNIT**

P.O. Box 43844
29th April 2003
Nairobi, Kenya
TEL: 810901 EXT 57444
E-mail: acb@avu.org
30th January 2004

Dear Sir,

SUBJECT: WORKING GROUP ON HIGHER EDUCATION

Association of African Universities and Colleges (AAU) with support from USAID, would like to document HIV/AIDS scenario in Private and Public Universities, NGOs, Private sectors, and Religious Organisations in Kenya. We would greatly appreciate if you could fill the following questions to help in the survey. Your participation in this exercise will go along way into making this research project a success.

Please send the completed questionnaire before 28 February 2004 to
Dr. Philip O. Owino, Director Aids Control Unit, Tel. (020) 810901
Ext. 444, E-mail: philipowino@yahoo.com.

Physical address: Kenyatta University Aids control Unit, Nigeria 7 Avenue Box 43844 -00100
Nairobi.

**Dr. Philip O. Owino
DIRECTOR, AIDS CONTROL UNIT
KENYATTA UNIVERSITY**

Survey of HIV/AIDS activities and the Response by African Tertiary Institutions

INTRODUCTION

Association of African Universities and Colleges (AAU) would like to document HIV/AIDS scenario in Private and Public Universities, NGOs, Private sectors, and Religious Organisations in Kenya. We would greatly appreciate if you could fill the following questions to help in the survey. Your participation in this exercise will go along way into making this research project a success.

SECTION 1 DETAILS ABOUT YOUR INSTITUTION

Name of respondent:

Position of respondent:

1. Name of Institution:
2. Address:
Telephone:
Telefax::
Email:
3. What are the main objectives of your Institution in relation to HIV/AIDS?
4. Type of Institution: Public
 Private
5. How many Students/Staff do you have?
 - (a) Total Student/population
 - (b) Number of male Students
 - (c) Number of female students
 - (d) Number of undergraduate students
 - (e) Number of postgraduate students
 - (f) Total Staff population
 - (g) Number of teaching staff
 - (h) Number of non-teaching staff

Do you have some idea on incidence of HIV in your University? Give statistics.

SECTION II HIV/AIDS POLICY

6. Has HIV/AIDS had a significant impact on this institution?
 - (a) Yes (b) No
7. If Yes, in what ways has this institution been affected by HIV/AIDS? e.g.
Insurance costs
Costs of training
Staff and students deaths (%)
Loss of man-power
Funeral expenses etc.
8. Does this Institution have a written HIV/AIDS policy?
 - (a) Yes (b) No
9. If Yes, what procedures were followed in developing it (e.g. were academic staff, students and workers involved in developing it?).
10. Who provided funding for drawing up the institution's HIV/AIDS policy?
11. What are the principal components of the policy? (If any)
12. If you have no policy, is a draft HIV/AIDS policy being development?
 - (a) Yes (b) No.

12(b) Do you participate in National Policy formulation? Explain how.

SECTION III. INSTITUTIONAL RESPONSE TO HIV/AIDS (POLICY IMPLEMENTATION AND EVALUATION)

13. Do you have an HIV/AIDS Control Unit? (a) Yes (b) No
14. Who is the key person/unit/department responsible for implementation of the HIV/AIDS policy in the institution?
15. Does the institution have a budgetary allocation and / strategic plan specific for HIV/AIDS?
(1) Yes (2) No
16. What structures (e.g. committees, students bodies, clubs, task groups) exist for dealing with issues of HIV/AIDS in the institution?

17. Please tick all the activities undertaken by the institutions to address HIV/AIDS?

1. Voluntary Counselling and Testing (VCT)
2. HIV/AIDS education and awareness.
3. Integration of HIV/AIDS in curriculum
4. Work place programmes
5. Research
6. Community outreach programmes
7. Students clubs
8. Teaching HIV/AIDS
9. Incentives to HIV/AIDS researchers
10. Others (specify)

18. Give statistics on the following Deaths, absenteeism, days off and loans given to staff and students

19. Does the institution have HIV/AIDS awareness programmes for its staff?

1. Yes 2. No

20. Does HIV/AIDS data (for example on prevalence) exist in the institution?

1. Yes 2. No.

21. How does the institution collect information on the HIV/AIDS situation (e.g. HIV/AIDS prevalence, behavioural change among students, basic facts on HIV/AIDS)?

22. What partner institutions, organizations and donors is the institution working with in addressing HIV/AIDS? Specify the areas of collaboration.

23. What are the main challenges the institution faces in addressing HIV/AIDS?

24. Outline the role of your local clinic in dealing with HIV/AIDS?

SECTION IV: HIV/AIDS, CURRICULUM DEVELOPMENT, TEACHING AND RESEARCH

25. Has HIV/AIDS been integrated into the institution's curriculum? Yes No

26. If Yes, was it integrated as (tick all that apply)

- i. Core course (for all first year students)
- ii. Foundation course
- iii. Stand alone course
- iv. Elective module
- v. As projects and workshops
- vi. Others (specify)

27. If No, are efforts underway to mainstream HIV/AIDS course into the curriculum?

- (a) Yes (b) No.

28. How many students have you trained on HIV/AIDS?

29. (a) How was your HIV/AIDS curriculum developed? By experts? Staff?

Please explain:

(b) Briefly state the role (if any) played by Deans, professors and students in mainstreaming HIV/AIDS into the curriculum, and working with local community in HIV/AIDS

30.Does your institution play some role formulating HIV/AIDS policies at National level? (e.g. in education sector)

SECTION V: GENERAL

31.Outline five major obstacles that hamper implementation of HIV/AIDS programmes in your institution.

32.Provide a personal assessment of your institutions present response, to the HIV/AIDS epidemic (focusing on strengths, weakness a suggestion for improvement..

Acknowledgement: We appreciate your financial support provided by USAID through AAU for this project.

Please send the completed questionnaire before 10 February 2004 to Dr. Philip O. Owino, Director Aids Control Unit, Tel. (020) 810901 Ext. 444, E-mail: philipowino@yahoo.com

Physical address: Kenyatta University Aids control Unit, Nigeria 7 Avenue Box 43844 - 00100 Nairobi.

APPENDIX II: Questionnaire for NGO's, Churches

KENYATTA UNIVERSITY AIDS CONTROL UNIT NAIROBI

Survey of HIV/AIDS activities and the Response by NGOS, CHURCHES, AND PRIVATE SECTOR

Association of African Universities and Colleges (AAU) with support from USAID would like to document HIV/AIDS scenario in Private and Public Universities, NGOs, Private sectors, and Religious Organisations in Kenya. We would greatly appreciate if you could fill the following questions to help in the survey. Your participation in this exercise will go along way into making this research project a success.

PART 1: YOUR DETAILS

Name:

Position:

Address (Official and Private):

Telephone:

Telefax :

Email:

Cell phone:

18. Type of Institution: Public
 Private
 Church

19 What are the main objectives of your Institution in relation to HIV/AIDS?

20. How many staff members do you have?
- (a) Number of male staff (%)
 - (b) Number of female staff (%)
 - (c) Number of female staff less than 42 years (%)
 - (d) Number of male staff less than 42 years (%)
 - (e) What proportion of your staff are HIV positive
Negative (%)

PART 2: WORKPLACE HIV/AIDS POLICY

21. Has HIV/AIDS had a significant impact on this institution?

(1) Yes (2) No

22. If Yes, in what ways has this institution been affected by HIV/AIDS? e.g.

- Insurance costs
- Costs of training
- Staff deaths (%)
- Loss of man-power
- Funeral expenses etc.

23. Does this Institution have a written HIV/AIDS policy?

(a) Yes (b) No

24. If Yes, what procedures were followed in developing it (e.g. were staff, and other workers involved in developing it?).

25. Who provided funding for drawing up the institution's HIV/AIDS policy?

26. What are the principal components (areas or topics covered in the Policy) of the policy? (If any)

27. If you have no policy, is a draft HIV/AIDS policy being development? (a) Yes No.

- (b) If you have no Policy, (only for those who have none) give reasons why you never developed one.

PART 3: INSTITUTIONAL RESPONSE TO HIV/AIDS

27.(a) Do you have an HIV/AIDS Control Unit? Yes No

28.If Yes, outline its major objectives Who is the key person/unit/department responsible for implementation of the HIV/AIDS policy in the institution?

29.Does the institution have a budgetary allocation and / strategic plan specific for HIV/AIDS?

(1) Yes (2) No

30.What structures (e.g. committees, clubs, task groups) exists for dealing with issues of HIV/AIDS in the institution.

31.Please tick all the activities undertaken by the institutions to address HIV/AIDS?

-
- a. Voluntary Counselling and Testing (VCT)
 - b. HIV/AIDS education and awareness.
 - c. Integration of HIV/AIDS in curriculum
 - d. Work place programmes
 - e. Research
 - f. Community outreach programmes
 - g. Staff clubs
 - h. Incentives to HIV/AIDS researchers
 - i. Others (specify)
32. Does the institution have HIV/AIDS awareness programmes for its staff?
1. Yes 2. No
33. Does HIV/AIDS data (for example on prevalence) exists in the institution?
1. Yes 2. No
34. How does the institution collect information on the HIV/AIDS situation (e.g. HIV/AIDS prevalence, behavioural change among students, basic facts on HIV/AIDS)?
35. What partner institutions, organizations and donors is the institution working with in addressing HIV/AIDS? Specify the areas of collaboration.
36. What are the main challenges the institution faces in addressing HIV/AIDS?
37. (a) What kind of help would you need to intensify your responses to HIV/AIDS?
(b) Identify some of the institutions that can offer such assistance.

PART 4: CARE AND SUPPORT

38. What care and support do you offer to those affected and infected?
39. If Yes, do you have Donor support for these programmes?
40. What advisory and medical services do you offer to your staff that are HIV positive?
41. How is the response of your staff to VCT?

PART 5: COLLABORATION AND HIV/AIDS ACTIVITIES AT NATIONAL LEVEL

42. Does your institution play some role in formulating HIV/AIDS policies at National level? e.g. in education sector, private sector, churches etc.
43. Which organizations/institutions do you collaborate with in HIV/AIDS? what are the main areas of focus in these collaboration (if any)

PART 6: GENERAL

44. Outline five major obstacles that hamper implementation of HIV/AIDS programmes in your institution.

45. Give an estimate of what your institution has used on HIV/AIDS related treatments during the last 2 years.
46. Who are the main beneficiaries of your HIV/AIDS programmes?
47. Provide a personal assessment of your institutions present response, to the HIV/AIDS epidemic (focusing on strengths, weakness a suggestion for improvement.
 - (a) Strengths:
 - (b) Weaknesses:
 - (c) Suggestions for improvement:

Please send the completed questionnaire before 10 February 2004 to Dr. Philip O. Owino, Director Aids Control Unit, Tel. (020) 810901 Ext. 444, E-mail: philipowino@yahoo.com

Physical address: Kenyatta University Aids control Unit, Nigeria 7 Avenue Box 43844 - 00100 Nairobi.

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APPENDIX III

DOCUMENTATION OF HIV/AIDS SCENARIO IN UNIVERSITIES

QUESTIONNAIRE FOR UNIVERSITY STAFF

1. Name of the University:
2. Your name:
3. What attempts are made by your University in curbing HIV/AIDS? Briefly outline the steps.
4. Has HIV/AIDS been integrated into your University?
5. What are some of the HIV/AIDS units taught at your university?
6. Did you participate in formulating HIV/AIDS units?
7. How many times have you been consulted by the government/NGO's on HIV/AIDS issues?
8. Which NGO's do you collaborate with on HIV/AIDS related research?
9. What do you consider as constraints to your effective participation on HIV/AIDS issues?
10. In your opinion, what need to be done to increase your participation in HIV/AIDS issues?
11. Mention challenges in the efforts to reduce and mitigate the impact of HIV/AIDS?
12. What do you think are the impacts of HIV/AIDS on University operations? Outline.

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Physical address: Kenyatta University Aids control Unit, Nigeria 7 Avenue Box 43844 Nairobi.

APPENDIX IV:

KENYATTA UNIVERSITY AIDS CONTROL UNIT NAIROBI

SURVEY OF HIV/AIDS ACTIVITIES AND THE RESPONSE BY UNIVERSITY STUDENTS AND NON-TEACHING STAFF

STUDENT QUESTIONNAIRES

PREAMBLE:

HIV/AIDS is a threat to our existence. It is for this reason that we would like to get your opinion on its impacts and suggestions for action. These information will be useful for planning at the University level and at National level. The association of African Universities (AAU) is keen in getting student views on HIV/AIDS on campus.

Please fill the following questionnaires, but do not write your name anywhere on the sheet.

PART 1: BACKGROUND INFORMATION

1. What is your age?
 - Less than 24
 - 24 - 26
 - 26 - 35
 - Over 35
2. Indicate your religion, Faculty, years of study and marital status.
 - (i) Religion
 - (ii) Faculty
 - (iii) Year of study
 - (iv) Marital status
3. Do you belong to an HIV/AIDS Club?
Yes No
4. If Yes, which one
5. If Not, give reasons why you belong to none
6. How many HIV/AIDS trainings have you attended (If any)
7. If Yes, what was the theme of the training?
8. Outline the main HIV/AIDS activities that you have participated in the last 3 years.

PART 2: KNOWLEDGE, STATUS AND ACTIVITIES ON HIV/AIDS

9. How many girl/boy friends do you have?
10. How often have you had sex in the last two months?
 - Daily
 - Twice a week
 - Other specify
11. Do you know your HIV status? Yes No
12. What is your opinion concerning the use of condoms? Have you ever used a condom?
13. What are some of the factors that may pre-dispose students and staff to HIV/AIDS infection on campus?
 - (a)
 - (b)
 - (c)
 - (d)
 - (e)
 - (f)
14. Is there any relationship between student sexual behaviour on campus and student allowances?

15. Have you ever participated in Aids Control Unit activities in your University?
16. If Yes, outline the activities.
If No, give reasons

PART 3: IMPACT OF HIV/AIDS

17. In your opinion how has HIV/AIDS affected the following:-
 - (i) Students participation in class and academic performance.
Staff productivity
 - (ii) Student expenditure on meals, drugs etc (if any).
 - (iii) Spending by the University on medical bills, funeral expenses etc.
18. In which other ways has HIV/AIDS affected you as an individual?

PART 4: ROLE OF VICE-CHANCELLOR AND OTHER UNIVERSITY STAFF

19. What do you think should be the role of the following in addressing HIV/AIDS issues?
 - (i) Vice-chancellor:
 - (ii) Deputy Vice-chancellors:
 - (iii) Deans:
 - (iv) Director Aids Control:
 - (v) Professors and Lecturers:
20. In your opinion, what do you think the University should do (in the area of HIV/AIDS management) to minimize the impact of these scourge on the institution, students and staff?
21. Does your University have qualified Doctors at the Health Clinic to deal with infected/affected staff and students?
Yes No

PART 5: SPREAD OF HIV/AIDS ON CAMPUS

22. In your opinion, do you think HIV/AIDS is a problem on your campus?
Yes No
23. If Yes, What are some of the factors that predispose (make students/staff vulnerable) to HIV and other STIS.
24. What should the University management do to minimize the spread?
25. Outline at least six (6) cultural beliefs that could be responsible for the spread of HIV on campus.

PART 6: HIV/AIDS POLICY

- Does your University have an HIV/AIDS Policy?
Yes No
I have no idea
26. If Yes, indicate some of the key areas covered in the policy.
 27. Were you involved in policy formulation?
 28. What was your role?
 29. What does the policy say as regards the following:-
 - (i) Community outreach
 - (ii) Research
 - (iii) ARUS provision and distribution
 - (iv) Condom use and VCT
 - (v) Sexual abuse
 - (vi) Care and support

PART 7: GOVERNMENTS AND COLLABORATIONS WITH NGO'S

30. Do you collaborate with NGO's, Governments and other Universities on HIV/AIDS issues? Yes No
31. If Yes, list the NGO's and indicate the areas of collaborations?
32. Give suggestions on other areas of collaboration that you feel are appropriate for University students and other youth in HIV/AIDS Management, Control and Awareness.
33. Do you collaborate with churches? Yes No
34. If Yes, in which areas?

PART 8: HIV/AIDS RESEARCH, TEACHING AND CURRICULUM DEVELOPMENT

35. Has HIV/AIDS been integrated into the institutions curriculum? Yes No
36. If Yes, indicate the units that you take.
37. In your opinion, is integration of HIV/AIDS into the curriculum of significant importance to you? Give reasons.
40. Do you know of students who have conducted research and written projects reports on HIV/AIDS? Yes No
List some of the researches conducted.

PART 9: GENERAL

41. Outline major strengths, weakness and solutions to your HIV/AIDS Programmes with the University

Please send the completed questionnaire before 10 February 2004 to
Dr. Philip O. Owino, Director Aids Control Unit, Tel. (020) 810901 Ext. 444, E-mail:
philipowino@yahoo.com.

Physical address: Kenyatta University Aids control Unit, Nigeria 7 Avenue Box 43844 - 00100
Nairobi.

APPENDIX V

List of Senior Officers who filed Questionnaires. Over 150 students are not included.

1. Dr. Edward Olela
Dean of Students, Western University College of
Agriculture and Technology (WEUCO)
Po Box 190 Kakamega, Tel. 0721752538
2. Madrine Mburu
Senior Personnel ACU Coordinator, Higher Education
Loans Board (HELB)
Po Box 69489 Nairobi, TEL.0722834646
3. Dr. Patrick A .Kafu
Director HIV/AIDS Control Unit
Moi University Po Box 3900 Eldoret
Tel. 254-53-43333
- 4, Muchoki F Macharia
Duputy Vice Chancellor Administration
Catholic University
Po Box 62157 Nairobi, Tel. 891601
5. Gerald K . Atheru
Dean Faculty of Commerce
Catholic University of EA
Po Box 62157 Nairobi, Tel. 891601-6
6. Anthony Gathogo and Kariuki Thuo
The Catholic University of E.A
P.O Box 62157 Nairobi,
Tel., 891601/5
7. Grace M . Mwango
Student counselor, Western University College of
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P.O Box 190 Kakamega, Tel. 056-20724
8. Dr. Rosebella O. Onyango
Director School of public health & community development
Maseno University
Private Bag maseno, Tel. 057-351110
9. Dr. Vitalis Ouko Ogilo
Chairman Health Services, Secretary ACU
Maseno University Private Bag
Tel. 351622 ext 3021/0722234146
10. Prof. Mabel Imbuga
Chairperson AIDS Comitee,
Jomo Kenyatta University of Agriculture &Technology,
P.O Box 62000 Nairobi
Tel. 067 52366/06752181
11. Elvinah L.C Ongesa
Health Ministry Director
Po Box 42276 -00100 Nairobi
Tel. 2722718/0734 708965
12. Noa Sanganyi
Chief Children Officer
Department of Children Services
Po Box 46205 Nairobi, Tel. 228411/ 248827

13. Esther W Gatua
HIV AIDS Director, Policy Project
Po Box 23170 00100
Tel.2726121 /0721385748
14. Henry Akello
Provincial Evaluation Coordinator
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Tel. 020 2714752 / 0733 870309
15. Fredrick A. Okwaro
PHOI Lecturer,
Medical Training College,
P o Box 535 Kakamega
Tel. 056 30006.
16. Ongeto Kennedy
Student Counsellor, Kenyatta University
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Tel 810901 ext 57999
17. Joseph Mutua Kyallo
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18. Isaac Thuita
Deputy Coordinator, HIV/AIDS Project
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Tel 334411 ext 31425
Fax 215292
19. Asunta Wagura (HIV Positive Person)
Director, Kenya Network of Women with AIDS
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20. Nicholas M. Makau
Nyumbani Children's Home
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21. Langat A. K.
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