



NKUMBA UNIVERSITY



HIV/AIDS POLICY

World Aids Campaign

NKUMBA UNIVERSITY

Launching the HIV/AIDS Institutional Policy

on Dec. 07, 2002, at 9:00am, at the University Campus

YOU ARE ALL WELCOME





A publication of Nkumba University, Entebbe, Uganda

NKUMBA UNIVERSITY

HIV/AIDS POLICY

**Approved by the Thirty-Seventh Senate of
Nkumba University
on
*December 13, 2002***

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Rev. Canon Gideon Byamugisha deserves special mention for providing guidance and actively participating in developing the policy. Members of the Steering Committee provided on-going advice and support at all stages of the policy formulation process. My appreciation is also extended to the organisations we worked within the exercise. These include: The Mildmay Centre, Uganda, Uganda AIDS Commission, WorldVision International, The AIDS Support Organisation (TASO)-Entebbe and Entebbe Hospital.

The policy formulation process was highly participatory involving both the University community and the community in the neighbourhood of the University. We are grateful to the Local

Council Chairpersons who effectively mobilized the people to get their ideas and to participate in the workshops. We thank the members of the University community; academic and non-academic staff, Nkumba University Students' Guild Executive and students' body for their active participation and contributions.

Finally, I am extremely grateful for the trust and honour I was accorded to coordinate the policy development project. I thank everyone for supporting me in this challenging task.

Dr. Grace Muwanguzi Kyeyune

Acting Dean

School of Education, Humanities and Social Sciences/

Coordinator, Policy Formulation Project

Nkumba University

Foreword

Nkumba University's vision is to produce students who are competent, reflective, concerned and participating citizens, capable of thinking critically and morally. It is my belief that we emphasize intellectual as well as moral capability.

The mission of Nkumba University is to educate people who will serve the country in different capacities after they have completed their courses.

Besides the students, the University has academic, administrative staff, support staff and workers. Most of the people constituting the University community fall in the age bracket of 15-29 years and older people up to the age of 45 years. This is the age group that is vulnerable to HIV/AIDS infection. They are the very people who are vital to Uganda's economic future. It is important that they are empowered with information to enable them fight the HIV/AIDS pandemic. They should also appreciate the significance of the University policy in addressing the HIV/AIDS problem.

It is painful to observe that the HIV/AIDS scourge is continuing to rob Uganda of its vital human resource capital. HIV/AIDS is no longer a medical problem because it has wide implications for the individual, the family, the community, institutions and the country's socio-economic development. Despite the statistics showing the high toll of HIV/AIDS, institutions of higher education have remained silent about the pandemic. Nkumba University therefore, decided to *challenge the challenger* by developing its home-grown HIV/AIDS

institutional policy. The policy will guide the University in deciding on the necessary interventions and strategies to fight against the HIV/AIDS pandemic.

One of the objectives of the policy is to enhance Nkumba University's capacity to develop and communicate messages, information, knowledge and skills for scaling up the desired behaviour change. This is an enduring task that requires constant communication and dialogue. The policy therefore, rightly stresses that there will be an on-going crusade against HIV/AIDS and constant review of our strategies in order for us to remain focused and impactful.

The policy formulation process was participatory involving both the University community and the local community in the vicinity of the University. Such an approach was the right one indeed because it ensures that the final policy is owned by all the stakeholders. It also gives us a head-start to the fast implementation of the policy.

The next challenge is for the stakeholders to brace themselves to embark on the implementation process with full determination and commitment to succeed. Putting the policy into action is really the acid test of the stakeholders' resolve to combat the HIV/AIDS pandemic. Thus I call upon everybody to be ready to sacrifice without considering the cost it takes.

The motto of Nkumba University is I OWE YOU. We are interdependent as no human being is an island. The policy rightly stresses the responsibility of the individual to protect and safeguard himself/herself and others against the hazards of HIV/AIDS. It is necessary to share information, knowledge

and experiences both for HIV prevention and AIDS impact management.

Stigmatization and discrimination of people with HIV/AIDS are a serious threat to the war against the epidemic. The University community is challenged to create a learning and working environment that is supportive, sensitive and responsive to students, employees and their dependants living with HIV/AIDS.

Nkumba University took a bold pioneering decision to develop a policy to address the challenge of HIV/AIDS. We hope that this policy will guide other Universities to formulate their own policies. I call upon sister Universities and other institutions of higher learning to create mechanisms for collaboration and networking to benefit from the synergistic dividends of pooling our efforts/resources.

The catchword for our determination to win the war against HIV/AIDS is summed up in the 3Ws (WWW) which means that **We Will Win**.

Prof. W. Senteza Kajubi
Vice Chancellor/
Chairman, Policy Formulation Project
Nkumba University

List of Acronyms

| | |
|--------|---|
| AIC | - AIDS Information Centre |
| AIDS | - Acquired Immuno-Deficiency Syndrome |
| CHAI | - Community Led HIV/AIDS Initiatives |
| HIV | - Human Immuno-Deficiency Virus |
| IEC | - Information, Education and Communication |
| ILO | - International Labour Organisation |
| LC(s) | - Local Council(s) |
| MOH | - Ministry of Health |
| NGOs | - Non-Governmental Organisations |
| NUDIPU | - National Union of Disabled Persons in Uganda |
| PHAs | - People Living with HIV/AIDS |
| PDP | - Policy Formulation Project |
| RH | - Reproductive Health |
| SBA | - School of Business Administration |
| SCIAD | - School of Commercial, Industrial Art and Design |
| SEHSS | - School of Education, Humanities and Social Sciences |
| SHES | - School of Hospitality and Environmental Sciences |
| STDs | - Sexually Transmitted Diseases |
| TASO | - The AIDS Support Organisation |
| UAC | - Uganda AIDS Commission |
| UDHS | - Uganda Demographic and Health Survey |
| UNAIDS | - United Nations Programme on AIDS |
| UNAM | - University of Namibia |
| VCT | - Voluntary Counselling and Testing |

CHAPTER I

1.0 BACKGROUND

1.1 Global, Regional and National HIV/AIDS situation

The December 2002 report on the Global HIV/AIDS Epidemic by UNAIDS, gives the global figure for people living with HIV/AIDS as 42 million out of which 29.4 million live in Sub-Saharan Africa. This constitutes 71% of the total number of HIV/AIDS affected people. About half of the people who contract AIDS are under the age of 25. The AIDS epidemic has claimed more than 3 million lives worldwide in the year 2002 and an estimated 5 million people acquired HIV; the virus that causes AIDS. But these numbers can be avoided.

Africa accounts for 13% of the world's population. However, Europe which contributes to 12% of the world's population has less than 2% of its population living with HIV/AIDS. This shows the plight of the African continent in the face of the AIDS scourge. Approximately 3.5 million of the world's new HIV infections occurred in Sub Saharan Africa in the year 2002 and 2.4 million Africans lost their lives to HIV/AIDS. Ten million young people (15-24) and almost 3 million children under 15 are living with HIV/AIDS in this region of the world.

1.2 National HIV/AIDS Situation

Uganda has been one of the worst hit countries in Africa with a population of almost 2.0 million people living with

AIDS. However, Uganda now provides a very good example of having registered success in lowering the prevalence of the spread of AIDS from a rate as high as 30% in some urban areas to 6.2% by end of 2001 (The LANCET Vol. 360, July 6, 2002). This is a result of the country's leadership policy of openness, encouragement of community participation and support from organizations in Uganda and international agencies, which are fighting against AIDS. Nevertheless, despite this pleasant development, the battle is not yet won. Current findings reveal that 80,000 new infection cases are reported annually. Concerns have been expressed that there is a danger of complacency as a result of the modest achievements so far registered in reducing the prevalence rates. It is therefore important to enhance the efforts of the various partners to scale up the multi-sectoral fight against AIDS.

In the 3rd National Conference on HIV/AIDS and the First Partnership Forum under the theme, **“Learning From Communities for Greater Success,”** 28th to 30th October, 2002, at the International Conference Centre Kampala Uganda, the United Nations Country Representative urged the African leaders to come out and lead the war against HIV/AIDS. He stressed the fact that combating HIV/AIDS is a pre-requisite for wiping out poverty. A study carried out by UN and Columbia University AIDS Research Centre, USA, found that Uganda has lost 3 to 5 years of development to HIV/AIDS. The Country Representative further informed the conference that the UN will continue to work with Uganda and arrangements were underway to document the study on the

HIV/AIDS in Uganda for the year 2002.

In the same conference the Rt. Honourable Prime Minister of Uganda, Professor Apollo Nsubambi, hailed the efforts of all organizations and communities for the success they had scored in the fight against HIV/AIDS scourge in Uganda; culminating in bringing down the levels of infection. He urged all the stakeholders to put more efforts in the fight against HIV/AIDS to still lower that level to the point of wiping out HIV/AIDS.

In all the presentations, special concerns were expressed about children and youths aged between 15 to 29 years who have been found to be more vulnerable to HIV/AIDS in Uganda. This highly vulnerable group constitutes the bulk of University students.

Rt. Honourable Prime Minister informed the Conference, that the Government of Uganda has an HIV/AIDS component in the Integrated Plan for Poverty Alleviation. In addition, the government is reviewing the National Strategic Plan on AIDS (2002 – 2006) to incorporate new challenges brought by HIV/AIDS. It is hoped, that when the youths are given knowledge and support, they can take action that leads to lowering of the HIV/AIDS infection. Consequently, ensuring their access to information, care and support is a **must**.

It is in this context that Nkumba University feels compelled to come out with an institutional policy for handling HIV/AIDS among the student community, staff and the community around the University.

1.3 Nkumba University HIV/AIDS Situation

Although no scientific HIV/AIDS studies have been carried out at the University to determine the prevalence and incidence of HIV/AIDS in the University community, various effects of the AIDS epidemic are observable. These include:

(i) Reduction of demand for Education

As a consequence of the socio-economic dynamics resulting from HIV/AIDS in Uganda, children are being withdrawn from school both because of lack of finances to pay school expenses and because the children are needed to farm and care for the sick.

Under the Uganda-without AIDS Projection, the number of primary school age children (6-12 years) would increase to about 6,830,000 by 2010 thereby increasing the future potential enrolment at the University. However, under the Uganda-with AIDS Projection, the number will be 5,996,000. This difference of about 14% nationally affects the future potential enrolment in higher institutions of learning including Nkumba University.

(ii) Reduction in the supply of teachers and increased costs of replacement

HIV/AIDS related illness and death has also affected the supply of teachers and the quality of education in various institutions of learning including Nkumba University. This has had an impact on the activity of teaching, the student-lecturer relationships

and the loss of accumulated teaching experience (Ref. “Impact of HIV/AIDS in the Education Sector in Uganda by Dr. H. Tabifor 2000, Uganda).

(iii) Depression, stress and chronic anxiety among Staff and Students

Repeated bouts of teacher/student sicknesses, trauma related to either infection or loss of loved ones and repeated occasions of grief and mourning among our University community members cause a widespread sense of depression, stress and anxiety among both the staff and the students.

The inability on the part of both the lecturers and the students to concentrate because of the concern for those who are sick at home coupled with the uneasiness and uncertainty about personal HIV status combine to reduce morale and increase fear for the future.

(iv) Strain on the University Financial Resources

University Income and Expenditure budgets continue to be affected as a result of variables surrounding the HIV/AIDS epidemic through higher medical costs, staff replacement and training costs, loss of experienced personnel, repeated illnesses, absenteeism due to frequent funerals and low work level of infected and affected employees.

Because of sudden drop-outs of students from the University programme due to sickness, deaths or inability to pay due to loss of the guardian or the sponsor; it is becoming increasingly hard to anticipate annual incomes from University

fees, thereby making it difficult to budget meaningfully. This has critical implications on a private University.

(v) Absenteeism and Deaths among the University students

The most common causes for absenteeism for the University on the part of students is lack of school fees owing to the sickness or death of a benefactor. Deaths related to HIV/AIDS have also been suspected among the students who have died before and soon after leaving the University.

AIDS is one of the major causes of morbidity, mortality and depression within the University community. Also the students and teachers' performance is usually affected by the commitment they have to family members and relatives who are sick and their participation in funerals which are very frequent. In a developing society where extended family networks are the norm, such frequent commitments have far reaching consequences.

It is anticipated that the quality of teaching and learning outcomes at the University are likely to decline in the future unless urgent measures are put in place to plan, manage and implement policies and programmes aimed at controlling new HIV infections at the University and taking care of those who are infected/affected by HIV/AIDS.

1.4 The Policy Formulation Process

Details of the Policy formulation process can be found in Appendix III. In summary, the policy process covered six

distinct stages namely:

- (i) Conceptualization and conception
- (ii) Establishing the project steering committee
- (iii) Collection of ideas from various constituents
- (iii) Synthesizing of ideas through workshops
- (iv) Preparation draft policy
- (v) Launching the policy.

(i) Conception of Nkumba University HIV/AIDS Policy

The HIV/AIDS policy formulation was initiated by Prof. W. Senteza Kajubi, the Vice Chancellor, Nkumba University after reading an article entitled; **Sub-Saharan Africa: HIV/AIDS on University Campuses** which appeared in the August 2001 issue of a World Bank Newsletter, **FINDINGS**. It was reported that although AIDS was a serious problem even in the Universities, they had done nothing about it. Prof. Senteza Kajubi was disturbed by that observation and felt that Nkumba University should respond to the challenge of HIV/AIDS.

Nkumba University therefore, applied to the World Bank for assistance to prepare an institutional HIV/AIDS management policy. A proposal was therefore, submitted to the World Bank and was among the 21 short-listed from 52 applications. Out of the 21 short-listed proposals, Nkumba University's proposal emerged one of the best four that qualified for the grant.

(ii) The Project Steering Committee

A representative Steering Committee was established

whose membership is given in Appendix II. The Committee held several meetings and was instrumental in guiding the development of the policy to the final stage.

(iii) Collection of Ideas from various Constituents

Before the workshops, ideas were collected from the University Community by putting suggestion boxes at strategic places on the campus. Individuals could also bring their proposals to the office of the Project Coordinator. The Local Council Chairpersons of the villages in the neighbourhood of the University were contacted to seek the ideas of the people about HIV/AIDS matters. The next stage was to organize a series of workshops through which various issues were discussed and concretized in the final policy.

(iv) Workshops

The workshop participants represented a cross-section of people from the University community ranging from the top administrators, academic and non-academic staff and students. People from the vicinity of the University where some staff and students reside were also represented. The workshops were also facilitated by resource persons drawn from organizations/projects dealing the different aspects of HIV/AIDS.

Workshop I THE HIV/AIDS SENSITISATION WORKSHOP – 21st August, 2002

The main objective of the workshop was to initiate

issues of HIV/AIDS and policy development to the various policy development constituents.

Topic: Policy Formulation by Mr Hassan Sajjabi Nyonjo, Policy Advocacy Activist, NUDIPU
- He talked about the general aspects of a policy, the context in which it is prepared and the policy formulation process

Topic: HIV/AIDS by Mrs. Alice Bakunda, Counsellor Supervisor, Mildmay Centre, Uganda.

She informed the participants about the objectives and work of her centre, under the Mildmay International. She outlined the stages of HIV/AIDS from infection to appearance of clinical HIV/AIDS. She further talked about the reactions of people on learning that they are HIV/AIDS positive. The participants were given key statistics on the national status of HIV/AIDS in different categories of people. She briefed the audience about the efforts that have been made to combat the HIV/AIDS epidemic in Uganda. Finally, she highlighted the major challenges in the fight against HIV/AIDS which include stigmatisation, poverty and the absence of a cure as yet.

**Workshop II HIV/AIDS POLICY DEVELOPMENT
26th – 28th September, 2002**

It was in this workshop that the various ideas presented by individuals were compiled, brainstormed on and harmonized to levels where consensus between the various policy constituents (students, teaching staff, non-teaching staff, surrounding community members) became possible.

The main objective of the workshop was to discuss the areas/issues the policy should address.

**Keynote Address: Breaking the Silence by Rev. Canon
Gideon Byamugisha, WorldVision
International**

He elaborated on his own experience from the time he learnt that he was HIV/AIDS positive, the decision to accept it and openly break the silence by declaring himself HIV positive, the implications in his personal life including the lost opportunities for career advancements and how he has been able to live positively.

**Topic: Medical Aspects of HIV/AIDS and the
Intuitional Policy Implications: Experiences in
Uganda, by Dr. Moses Muwanga, Medical
Superintendent, Entebbe Hospital**

The presenter gave data to highlight the various aspects of HIV/AIDS in Uganda. He pointed out

the effects of peer groups, alcohol, drugs and pornography on people's behaviour, particularly the youths. Dr. Muwanga observed that despite the abundant knowledge available about the HIV/AIDS scourge, there had been no noticeable change in people's behaviour.

Topic: Social Economic Aspects of HIV/AIDS and the Institutional Policy Implications: Experiences in Uganda by Mrs. Mary Lukobo, HIV/AIDS Counsellor and Community Trainer/Monitoring and Evaluation Officer TASO Entebbe.

Mrs. Lukobo emphasized the following social economic effects of HIV/AIDS:

- The affected family suffers heavy financial demands and strains
- Considerable time is spent on caring for the sick
- Wastage of trained human resources at the prime age of productivity
- Stigmatization makes people fear to open up

A lot of time was devoted to group discussions where the participants elaborated the areas and issues the policy should address. These were collated in plenary sessions in which the areas the policy should cover were spelt out.

(v) **Preparing the First Draft of the Policy**

After the first two workshops, the first draft of the policy was prepared and presented for discussion in the third workshop

Workshop III - HIV/AIDS Institutional Policy Development

The workshop received the following presentations:

- **Voluntary Counselling and Testing by Hon Dr. David B. Matovu, MP**
- **Community Led HIV/AIDS Initiatives by Mr. Stephen Kirya, Uganda AIDS Commission**

The draft policy was presented and discussed by the participants in the plenary session. After the workshop the final draft was prepared to include the suggestions of the workshop participants.

(vi) **Launching the HIV/AIDS Policy**

A bound summary policy statement was prepared which was used to officially launch the Nkumba University HIV/AIDS Policy on the 7th December, 2002.

CHAPTER 2

2.0 POLICY COMPONENTS

2.1 NKUMBA UNIVERSITY POLICY FOR MANAGING HIV/AIDS

Nkumba University, recognizing that the world is experiencing a devastating HIV/AIDS epidemic;

Aware that Higher Institutions of Learning have a unique role to play in complementing global, national and local community level efforts to combat the epidemic;

Acknowledging that Nkumba University as a community has not been spared the pains of living with and being affected by HIV/AIDS;

Accepting that it is our responsibility as an Institution to do everything in our power to:

(a) prevent new HIV infections within and around the University community and;

(b) to look after those that have been affected with a view of helping them to live more positively and productively;

We, the University community in Nkumba, pledge ourselves to implementing this policy statement under five principle components:

- I Rights and responsibilities of staff and students living with/affected by HIV/ AIDS;
- II Provision of preventive, care and support services and education on campus;

- III Integration of HIV/AIDS issues into teaching, research and other university activities;
- IV Implementing structures, procedures, monitoring and research;
- V Advocacy, networking and collaboration with other organizations and the community.

2.2 OBJECTIVES OF THE POLICY

2.2.1 To enhance the University's capacity to develop and communicate messages for scaling-up the desired behaviour change.

2.2.2 To put in place HIV/AIDS sensitive procedures and practices in regard to:

- (a) admissions;
- (b) recruitment in the university service;
- (c) health care for HIV/AIDS affected members of the University;
- (d) collaboration with the neighbouring community;
- (e) sensitization of the University community;
- (f) voluntary counselling and sero status testing and;
- (g) promotion of safer sexual life.

2.2.3 To develop a working relationship between the University and the neighbouring community utilizing the existing frameworks of government and non-governmental organizations.

2.2.4 To support the national efforts to develop and communicate HIV Prevention, AIDS Care and Advocacy messages among the youth in the formal education system and in the neighbouring community.

2.3 POLICY STATEMENT

2.3.1 RIGHTS AND RESPONSIBILITIES OF STAFF AND STUDENTS LIVING WITH/AFFECTED BY HIV/AIDS

Because of their personal experience, importance and responsibility in breaking the HIV transmission chain, our people in the country and in the University community who are living with HIV/AIDS are potentially one of our most valuable assets in coping with the effects of the epidemic and preventing further spread of HIV. However, in order for them to play their rightful roles in the struggle against the HIV/AIDS epidemic; these people need to feel accepted and valued by the University community and by all others at the place of work, worship, study or residence. They need to know that their disclosing their HIV positive status or being known to be HIV positive will not lead to either the loss of their human dignity or their place at the University. They need an assurance that the University will not discriminate against them, shun them or ridicule them. In light of that therefore; the University will pursue the following policies regarding Recruitment, Admission and Participation in the University activities:

2.3.1.1 Admission and Recruitment

The University will not require HIV/AIDS tests to be carried out on students and staff as a condition for admission and recruitment in the university service. The university will not discriminate against any student being admitted or person recruited on grounds of their sero-status.

2.3.1.2 Participation in University activities

The university shall not discriminate against students or staff participation in university activities or staff career advancement on the basis of their having been diagnosed as HIV/AIDS positive. However, special considerations shall be made in a transparent and consultative manner with the affected persons, if the nature of their work is such that the person's health would be adversely affected or where the job performance is significantly jeopardized or where the health of the members of the University community is exposed to risk.

2.3.1.3 Examinations for Academic Progress

Students who, for health reasons, may not be able to sit during the examination time will be allowed to do the examinations at the next sitting at no extra cost to them.

2.3.1.4 Confidentiality

HIV/AIDS test reports and other information concerning the affected person will be kept confidential.



Group photograph after the Policy Development Workshop on November 20, 2002.



Students in the Anti-AIDS Campaign March.



Entebbe TASO Drama Group, at the launching of the Nkumba University HIV/AIDS Policy.



Entebbe TASO Drama Group at the Nkumba University HIV/AIDS sensitisation workshop.

“Nkumba University: You have done it!” Hon. Florence Nayiga Ssekabira, Minister of State for Elderly and People with Disabilities who officiated at the Launching of the Policy on December 07, 2002.



“We Will Win!” The Vice-Chancellor, Professor Senteza-Kajubi, opening one of the Workshops. Seated next to him is the Head of the Department of Education, Mr. E. S. Kiwanuka who chaired the session.



“Live Positively.” Nalongo Lugonvu, a PHA and Community Leader/ Mobiliser, sharing her personal testimony with the workshop participants on living positively with HIV/AIDS.



Student making a point in one of the workshops.





Participants in a plenary session of the Policy Session.



Participants in group discussions.



Participants in group discussions.



A member presenting a report of his group after the group discussions.

“We own it.” Project Coordinator / Consultant, Dr. Grace Muwanguzi Kyeyune presenting the draft policy in the workshop. Seated in the background is Mr. D. Ssentamu, Head of Social Science Department & Assistant Project Coordinator / Consultant.



The Vice-Chancellor with the Members of Parliament who attended the launching of the Policy on December 07, 2002.



Group photograph showing the Vice-Chancellor, Guest of Honour, Members of Parliament and other dignitaries after the Launch of the Policy on December 07, 2002.



It will be unacceptable to disclose someone's health status unless authorized by the person concerned. Supervisors and other responsible people should at all times avoid the use of language that might be interpreted as derogatory, demeaning or stigmatizing to the affected students and staff. The University will not have an obligation to accommodate employees and students who refuse to work with, study with or be housed with employees or students living with HIV/AIDS.

2.3.1.5 Responsibility of Staff and Students

Every member of our community has the unavoidable obligation to protect himself/herself against infection. Students and staff living with HIV/AIDS have to ensure that they behave in ways which do not pose a threat of infection to any other person.

2.4 PROVISION OF PREVENTIVE, CARE AND SUPPORT SERVICES AND EDUCATION AT CAMPUS

The majority of the University community falls within the most sexually active group of ages 15-49. This, coupled with the fact that the University is near Kampala City, Entebbe Town and other neighbouring suburbs where there is a lot of movements of people, goods and money – makes the University community particularly vulnerable to HIV. It is vitally important therefore that increased Institutional and public

awareness of HIV/AIDS in the University and the surrounding environs focus not only on HIV prevention but also on providing counselling, care, treatment and other support services for the members of the University community who may be living with HIV/AIDS already.

Aware that our community members will increase their confidence in programmes which combine HIV prevention and practical care; mindful of the fact that trusted Care and support counsellors can be good influences on changing the University community attitudes and behaviours and; believing that our combined prevention, care and counselling strategies will help to reduce STDs and the spread of HIV; Nkumba University will pursue a multi-pronged policy of providing preventive, care and supportive services and education detailed here under:

2.4.1 Campus Health Services

Staff of the University Health Service Clinic shall be trained in the comprehensive management of HIV/AIDS. The facilities available at the campus clinic shall be up-graded to cope with this demanding service.

2.4.2 Sensitisation

The University shall provide HIV/AIDS information and education for students, staff and the rest of the neighbourhood. This will be done through conducting workshops to create awareness of HIV/AIDS as a killer disease and a barrier to economic, social and national development; and the relationship of sexually transmitted

diseases and HIV/AIDS. The articles on HIV/AIDS will be prepared for the University newsletters, and relevant materials and other information will be posted at the various places on the campus.

2.4.3 HIV/AIDS Prevention

The University is committed to playing an active role of HIV/AIDS prevention and mitigating the impact of HIV/AIDS among its community. Condom education, prevention and counselling will be part of the University's health care service. Skills on abstinence and general moral education will be given.

2.5 INTEGRATION OF HIV/AIDS INTO TEACHING, RESEARCH AND OTHER UNIVERSITY ACTIVITIES

HIV/AIDS is not about to go away. We are indeed in for a long haul. Thus, to ensure continuity, cost-effectiveness and sustainability of our efforts; the University will pursue the following policies:

2.5.1 Information, Education and Communication

A particular section in the University library will be established where information on HIV/AIDS will be kept and members of the community will be encouraged to use it. All students and staff will be offered education that examines the relevance of HIV/

AIDS to their own lives. Peer education programmes on the campus will be strengthened and supported. The University will encourage students to continue with the Guild HIV/AIDS initiative to combat the spread of HIV/AIDS on the campus and in the community.

2.5.2 Teaching and Research

The University shall incorporate the HIV/AIDS studies in the academic programmes provided all across the curriculum. Statistics on HIV/AIDS situation in the University and the neighbouring community shall be collected regularly and made known to the stake-holders. A multi-disciplinary course on HIV/AIDS will be developed and be made one of the required subjects for all students.

2.6 ADVOCACY, NETWORKING AND COLLABORATION WITH OTHER ORGANISATIONS AND THE COMMUNITY

Because HIV and AIDS are issues bigger than the University community can handle alone; and, because some of the causal factors impinging on the University are beyond the confines of the University as an Institution; Advocacy, Networking and collaboration have been deemed as vital elements in our University HIV/AIDS policy and will be actively be actively pursued in the following manner:

2.6.1 Advocacy

The University shall continue to recognize all those members of the community who promote the prevention of the spread of HIV/AIDS. The University will link with national and international organizations to advocate against those socio-economic reasons which put people at risk.

2.6.2 Networking and Collaboration with the Community around the University

The University and its neighbourhood interact closely. Students and members of staff shall be encouraged to exchange information with the members of community around to promote the desired behavioral change. The people in the surrounding area will also be called upon to work together with the University to fight against the HIV/AIDS scourge. Nkumba University shall have an on-going crusade against HIV/AIDS.

2.7 IMPLEMENTATION STRUCTURES, PROCEDURES, MONITORING AND REVIEW

Worldwide, effective implementation of formulated policies depends largely on whether or not there are well thought out structures, mechanisms and procedures to help in the implementation, monitoring and evaluation process.

The University community is keen on ensuring that the HIV/AIDS policy document is not safely stacked and forgotten on the shelves and in the archives. It has therefore, laid down

implementations, monitoring and evaluation procedures that will be followed. The following mechanisms for implementation, periodic monitoring and reviews have been put in place:

2.7.1 Implementation, Monitoring and Evaluation

The Senior Executive of the University shall support and champion this policy. This shall include the Vice-Chancellor, Trustees, Council Members, Friends of the University, Deans of Schools, Heads of Department, the Students Guild and all other sectors of the University Leadership.

The University Doctor shall be required to submit quarterly reports about the counselling, testing and health care HIV/AIDS activities within the University and the surrounding community. The Deans will be required to submit periodic reports to the University Senate on the HIV/AIDS multidisciplinary programmes, teaching and research. The University shall appoint a Coordinator who shall oversee the implementation, monitoring and evaluation of the policy.

2.7.2 Policy Review

HIV/AIDS is dynamic and policies addressing aspects of the scourge must be revised from time to time. The University will therefore periodically review this policy with contributions from all stake-holders.

2.8 CALL

We are very much aware that the HIV/AIDS problem is bigger than anyone particular community can handle alone;

We therefore, call upon our friends, well-wishers and stake-holders to support us with resources to fund the implementation of this policy.

APPENDICES

Appendix I: Summary Description of Nkumba University

Nkumba University is a private University established in 1994. As an institution of higher learning in a developing region, it seeks to realize the following objectives:

1. To widen choices and opportunities for university education by providing high quality practical career oriented education to a wide range of students including adult continuing, re-entering and distance learners as well as well as fresh post-secondary school leavers.

2. To raise the participation levels of women in higher education and hence in the business and public affairs country-wide and beyond.

3. To create a learning environment that nurtures confidence, promotes competence, creativity and character in the students so as to produce informed graduates who can think critically, communicate effectively and act responsibly and morally in an increasingly complex national and global environment.

The University motto “**I Owe You**” embodies a commitment to a sense of community interdependence, mutual obligation, trust and service.

The University has a total student population of 2400 students in the Day, Evening and Weekend programs which are operated on a quarterly basis. The evening and weekend students, 90% of whom are working students, have a majority

(75%) falling within the age group of 30-39 years. Altogether 60% of the student population are women. The University has 94 teaching staff and 162 non-teaching staff. Over 90% of the University community (students and staff) fall within the most vulnerable age bracket to HIV/AIDS (19-49 years).

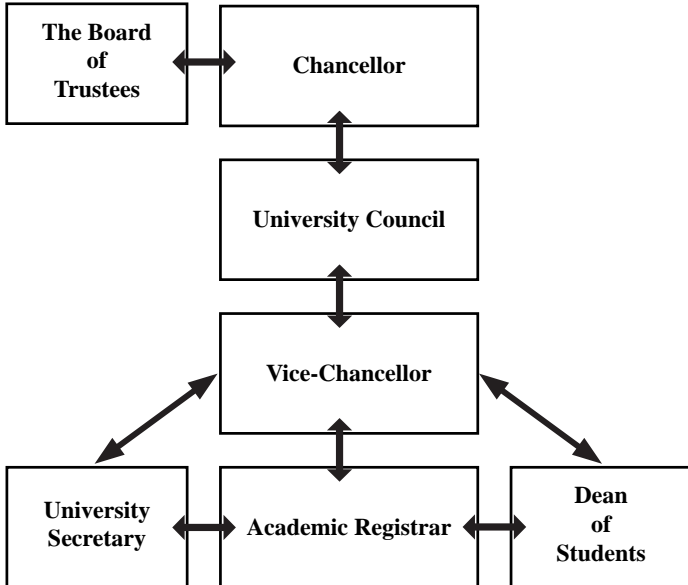
Nkumba University offers academic programmes leading to the award of certificates, undergraduate and postgraduate diplomas and degrees (Bachelor's and Master's) through the four schools, namely:

- (i) School of Business Administration (SBA)
- (ii) School of Education, Humanities (Including Secretarial courses) and Social Sciences (SEHSS)
- (iii) School of Commercial, Industrial, Art and Design (SCIAD)
- (iv) School of Hospitality and Environmental Sciences (SHES – originally School of Hotel Management, Catering and Tourism)

The University has had four graduation functions since 1998 with the following graduate output:

| YEAR | FEMALE | MALE | TOTAL NUMBER OF GRADUANDS |
|-------------|---------------|-------------|--|
| 1998 | 198 | 107 | 305 |
| 1999 | 143 | 96 | 239 |
| 2000 | 202 | 106 | 308 |
| 2001 | 255 | 175 | 431 |

Nkumba University’s governance structure comprises:



Appendix II: Policy Formulation Steering Committee

| | |
|------------------------------|--|
| Prof. W. Senteza Kajubi | - Vice Chancellor, Nkumba University/ Chairman DPD |
| Mr. Samuel Busulwa | - Academic Registrar |
| Mr. David Christopher Kasasa | - Dean of Students |
| Mr. Simon Peter Ongodia | - University Council Representative |
| Dr. Wilson Muyinda Mande | - Head of Department, School of Business Administration |
| Dr. Peter Kyazze | - University Doctor |
| Ms. Dorothy Namale Nsereko | - Warden, Female Halls of Residence |
| Ms. Alice Bakunda | - Counsellor Supervisor, MILDMAY Centre, Uganda |
| Ms. Damalie Kuteesa | - Personnel Manager, MILDMAY Centre, Uganda |
| Rev. Canon Gideon Byamugisha | - World Vision International |
| Ms. Meenu Vadera | - Country Director, ACTIONAID |
| Robby Muhumuza | - Country Director, World Vision |
| Dr. Emmanuel Hitimana | - Director, Aids Information Centre |
| Alise Ayers | - HIV/AIDS Adviser USAID, Uganda |
| Mrs. Ruth Antvelink | - Director, TASO Entebbe |
| Ms. Juliet Mukinda | - Community Mobiliser – Katabi, Entebbe |
| Prince Godfrey Mawanda Kibi | - TASO Entebbe |
| Mr. Kalungi Peter | - Guild President, Nkumba University |
| Ms. Frances Consolate Iyango | - Nkumba University Guild |
| Mr. Katende Alex Biriggwa | - Nkumba University Guild |

- Dr. Grace Muwanguzi Kyeyune - Dean, School of Education,
Humanities and Social Sciences/
Project Coordinator/Consultant PFP
- Mr. Dan Sentamu - Assistant Project Coordinator/
Consultant PFP
- Mr. John Baptist Mubiru - Secretary

Appendix III: Nkumba University HIV/AIDS Policy Development Process

A. Methodology:

Two Consultant facilitators were recruited to take the University community through five important steps that led us into having a well developed and fully owned HIV/AIDS policies by both students and staff. These steps were as follows:

Step (i) A situational Analysis

- This was the first part of our policy development cycle. It helped us answer the following questions:
- Where are we now in terms of prevention, AIDS Care, Advocacy and Impact Mitigation?
- What is happening in the country and in the University regarding HIV/AIDS?
- What are the priority problems and gaps in our HIV/AIDS response as a University?

Brain storming sessions on these exercises helped us to determine what our priority needs were, what HIV/AIDS related services or facilities we had access to – or did not have access to – as a university and what some of the gaps were (in terms of services, resources, skills, guidelines)

Step (ii) Identifying Issues, Solutions and Options

The facilitators helped the University community to unpack all the issues facing them as a specific community.

After understanding the inter-relations between these issues, we were able to identify solutions around which to build our policy plans and make strategic choices as to how we could best go about fulfilling our objectives as a community living with/affected by HIV/AIDS.

Step (iii) Making Strategic Policy choices

The University community and her community neighbours considered the different policy options that were available and chose the most feasible strategies that would help to effectively manage the HIV/AIDS problem at the University in view of the available resources.

Step (iv) Developing Objectives, Policy components, Activities and Workplan

After developing goals, objectives and specific components of the University HIV/AIDS policy, we developed and implementation plan and budget and assigned responsibilities for or each of the activities to ensure that the work is done. We are now in the process of identifying individuals, organization and agencies that will assist us in the implementation of the policy.

B. *Financial Management and Oversight Responsibilities*

A PFP Coordinator was recruited and assigned the following responsibilities:

- Selection and recruitment of the right Consultants and facilitators

- Formulating terms of reference for the facilitators
- Liaising between facilitators and University community
- Reporting to the University Project Steering Committee on work progress
- Producing quarterly activity and financial reports regarding the PFP
- Ensuring that the University has a policy document on HIV/AIDS by 31st December, 2002
- Ensuring that the planning process is participatory

The PFP Steering Committee

A 23 member Project Steering Committee was put in place composed of the University Vice Chancellor as Chairperson, administrators, teaching staff, organizations dealing with HIV/AIDS, leadership from the community in the neighbourhood of the University and the University Guild.

The terms of reference of the Steering Committee were to:

- Assist the University Management in the selection exercise for qualified people to lead the DPD
- To sit monthly or more frequently for purposes of monitoring and planning further action
- To monitor the performance of the project and advise those concerned accordingly
- To guide and supervise the project coordinator/director
- To receive the project reports and advise the coordinator/director as necessary
- To ensure accountability for the utilization of the project's resources

- To see to it that the project's objectives are achieved and to make adjustments as necessary
- To ensure effective participation of the project beneficiaries

A PFP Consultant was put in place and was charged with the following:

- Responsible for the technical accomplishment of the project
- To initiate and spearhead the policy development process ensuring that the process is task focused, result oriented, participatory and all intensive
- Producing the final report about the policy development project

The PFP Accountant was identified and charged with the following duties:

- To maintain records of the DPD expenses and grants
- To receive and make payments
- To prepare the DPD budgets for income and expenditure
- To prepare financial reports regarding the DPD
- To carry out any other duties as the need arises

Report Writing

Progress reports were written and presented to the steering committee by the PDP Coordinator.

Financial and activity reports were sent to the funding partners and other stakeholders.

Appendix IV Bibliography

BYAMUGISHA, G. (Rev. Canon) (2000) *Barriers Faced by People Living with HIV/AIDS in Accessing Care in Developing Countries*. June 19-20, Foundation du Present/WIPO/Ford Foundation, Geneva

EMPLOYMENT DEPARTMENT, UK (Not dated) *AIDS and the Work Place: A Guide for Employers*, London

GOVERNMENT OF UGANDA, UAC (1997) *The National Strategic Framework for HIV/ AIDS Activities in Uganda (1998-2002)*. December

ILLINOIS STATE UNIVERSITY (1998) *University Policies, Procedures and Guidelines*

ILO (2001) *An ILO Code of Practice on HIV/AIDS and the World of Work*. International Labour Office, Geneva

MOH, UGANDA (2001) *HIV/AIDS Surveillance Report*. June, STD/AIDS Control Programme, Ministry of Health, Kampala

MBULAITEYE, S.M. Et al (2002) : Declining HIV-1 Incidence and Associated Prevalence over 10 Years in a Rural Population in south-West Uganda. A Cohort Study.” *In LANCET, Vol. 360*. Medical Research Council

programme on AIDS in Uganda Virus Institute, July, Entebbe, pages 4-46

NEW VISION The (2002) “STDs up in Adolescents” In the New Vision Newspaper Monday, August 19, Kampala

NKUMBA UNIVERSITY (1999) “Dealing with HIV/AIDS in the Work Place” by Gideon Byamugisha Kisaakye. In *Nkumba University Business Journal, Vol. 1, No. 1, January*, Nkumba University Press, pages 106-114

UAC (2002) *2002/3 World AIDS Campaign/World AIDS Day. Theme; Stigma and Discrimination.* Information Booklet. Uganda AIDS Commissions Secretariat, Kampala

UDHS (2000/01) USAID MEASURE. *World Bank, Profiles Estimations for World Bank, 1999*

UNAIDS (2000) *Summary Booklet of Best Practices.* The International Partnership Against AIDS in Africa. Joint United Nations Programme on HIV/AIDS, Issue 2, Geneva

UNAIDS (2002) *Report on the Global HIV/AIDS Epidemic.* July, Geneva

UNAIDS, WHO (1998) *Report on the Global HIV/AIDS Epidemic*. June, Joint United Nations Programme on HIV/AIDS

UNFPA (2002) *The State of Uganda and World Population Report*. December

UNIVERSITY OF MANITOBA, (1992) *Policies and Procedures: HIV/AIDS Policy*, Winnipeg

USAID, UGANDA (2002) *Uganda/US Mission FSN HIV/AIDS Policy at the Workplace*. February, Kampala

WORLD BANK (2001) “Sub-Saharan Africa: HIV/AIDS On University Campuses.” In *Findings*; A World Bank Publications, Issue 188 August.

WORLD VISION, UGANDA (2001) *Terminal Illnesses Policy*. May.

Appendix V

IMPLEMENTATION PLAN OF NKUMBA UNIVERSITY INSTITUTIONAL POLICY FOR MANAGING HIV/AIDS- 2002/2003

INTRODUCTION

The HIV/AIDS policy has been developed in a period of about 6-7 months through a highly participatory process that involved all stakeholders from every sector and level of the University leadership, students, academic and non-academic staff and people from the community around the University. The ultimate aim was to ensure that the resultant policy is owned by all the stakeholders.

In the same way, the implementation process will require every sector and individual to play their rightful roles. Furthermore, the implementation of the policy will necessitate reviewing the existing policies and practices to make them compliant to the HIV/AIDS policy. This plan outlines what will be done by whom, when and the additional requirements to implement the policy. The Project Coordinator will coordinate the overall implementation programme and harmonise the activities of the various stakeholders.

| AREA OF POLICY | RESPONSIBLE PERSON(S) | STARTING PERIOD | ACTIVITY | COST | | |
|--|---|---|--|-------------------------|---------------------|----------------|
| | | | | UNIVERSITY CONTRIBUTION | ASSISTANCE REQUIRED | TOTAL |
| <p>1. Recruitment and Admission The existing policies and practices will be re-examined to make them compliant to the HIV/AIDS policy.</p> | University Secretary & Academic Registrar. | January Quarter 2003. | Review of policies & practices in the four Schools. Promotion of HIV/AIDS related courses. | US\$3,750,000 | - | US\$3,750,000 |
| <p>2. Teaching and Research The Academic Registrar to initiate and coordinate the development of a multi-disciplinary course on HIV/AIDS.</p> | University Senate, Academic Registrar, Deans of Schools & Heads of Departments. | Develop the course in January 2003 Quarter to be offered in September 2003. | Develop curriculum - Research HIV/AIDS prevalence social economic efforts, | US\$2,500,000 | US\$7,500,000 | US\$10,000,000 |

| AREA OF POLICY | RESPONSIBLE | STARTING PERIOD | ACTIVITY | COST | | |
|--|---|-----------------------|--|--|---------------------|-------|
| | | | | UNIVERSITY CONTRIBUTION | ASSISTANCE REQUIRED | TOTAL |
| | | | interventions and impact (initial studies). Researchers = 18 months. | | | |
| <p>3. Health Services</p> <p>The present services and facilities of the campus clinic are meant to provide basic curative care to the University community. It is necessary to expand the services and facilities to encompass new mandates and areas of responsibility. These include the local community, focus on reproductive health with particular emphasis on Sexually Transmitted Diseases (STDs) and HIV/AIDS. The facilities have to be expanded to provide more rooms and equipment beds initially; to cater for cases that may require special observations by the University Doctor.</p> | University Secretary, University Council & University Doctor. | May Quarter 2003. | <ul style="list-style-type: none"> - Expanding Health Unit - Purchase of equipment, drugs - Van to transport staff to community centres and medical unit. | <p>Annual Salary of 3 people @ US\$2,000,000 totalling US\$6,000,000</p> <p>Equipment and drugs US\$70,000,000</p> | US\$76,000,000 | |
| <p>4. Peer Counselling</p> <p>More peer counsellors will be trained to strengthen and expand the existing services to reach more students on the campus and the nearby primary and secondary schools, and people especially the youth, in the community around the University.</p> | Dean of Students, Wardens and Students' Guild. | January Quarter 2003. | <ul style="list-style-type: none"> - Training Workshops - Accommodation - Transport allowances | US\$5,000,000 | US\$8,350,000 | |

| AREA OF POLICY | RESPONSIBLE | STARTING PERIOD | ACTIVITY | COST | | |
|--|---|-----------------|---|--------------------------------|--|---------------|
| | | | | UNIVERSITY CONTRIBUTION | ASSISTANCE REQUIRED | TOTAL |
| | | | - Meals, - Training students | | | |
| 5. Section on HIV/AIDS Reference in the Library A special section where all references on HIV/AIDS will be kept and continually updated shall be established | Librarian | January 2003 | Reading materials, books, periodicals, reports, externally published - (purchases & annual subscriptions) | US\$1,000,000 | US\$3,000,000 | US\$4,000,000 |
| 6. Newsletters and Posters The Student Guild shall organise to provide for expanded coverage of HIV/AIDS information preparing or getting posters to be put in strategic locations, in lecture rooms, halls of residence, dining hall and noticeboards. | Dean of Students. | January 2003 | - Posters on HIV/AIDS - Newsletters | US\$500,000 | | US\$500,000 |
| 7. Crusade Against AIDS The Quarterly Orientation Programme, Student Assemblies, General Staff Meetings and Academic Staff Meetings shall include briefings on STDs and HIV/AIDS information. Periodic sensitization, education workshops shall be organised in the nearby schools and community. | Vice Chancellor, Project Coordinator and Dean of Students. | January 2003 | - Public addresses - Drama - Film shows (1 week each university) | Activity cost US\$3,000,000 | Activity cost & total US\$6,000,000 | US\$9,000,000 |

| AREA OF POLICY | RESPONSIBLE | STARTING PERIOD | ACTIVITY | COST | | |
|--|-------------|-----------------|---|-------------------------|---------------------|-----------------------|
| | | | | UNIVERSITY CONTRIBUTION | ASSISTANCE REQUIRED | TOTAL |
| | | | academic study) x 3 quarters -Transport costs and materials @ US\$3,000.00 x 6 | | | |
| 8. Administration and Coordination a. Coordinator - US\$3,350.00 b. Administrative Assistant- US\$1,667.00 c. Driver - US\$833.00 d. Committee - US\$1,560.00 e. Computer and printer - US\$1,667.00 f. Stationery - US\$200.00 g. Office expenses - US\$350.00 Total - US\$9,627.00 | | | | US\$4,963.00 | US\$4,644.00 | US\$9,607.00 |
| TOTAL | | | | US\$25,063.00 | US\$83,144.00 | US\$112,207.00 |

Cover Photo: *Hon Florence Nayiga Ssekabira, Minister of State for Elderly and Disabled; flanked by the Vice-Chancellor, the Academic Registrar, and Project Coordinator.*

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