

**A REVIEW OF KEY THEMES AND ISSUES EMERGING FROM
LITERATURE ON HIV/AIDS AND HIGHER EDUCATION IN
AFRICA AND UGANDA IN PARTICULAR**

A Review

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Abbreviations and Acronyms

AAAS –American Association for the Advancement of Science
AAI-African American Institute
AAU- Association of African Universities
ACU – Association of Commonwealth Universities
ADEA - Association for the Development of Education in Africa
ART – Anti Retroviral Therapy
AWSE – African Women in Science and Engineering
BOMAID – Botswana Medical Aid Society
CDC- Centre for Disease Control
HIV/AIDS –Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
KIST- Kigali Institute for Technology
MEDUNSA- University of the Witwatersrand, Medical University of Southern Africa
MFMC – My Future is My Choice
MoES- Ministry of Education and Sports
MRC- Medical Research Council
MUCAP- Makerere University Community Awareness Project
MUPEC- Maseno University’s Peer Education Club
NORAD- Norwegian Agency for Development Cooperation
RAU- Rand Afrikaans University
SAUVCA – South African Universities Vice-Chancellors Association
TASO- The AIDS Support Organization
UAC – Uganda AIDS Commission
UNAIDS – The joint United Nations Programme on HIV/AIDS
UNESCO- United Nations Educational, Scientific and Cultural Organization
UNITRA- University of Transkei
UNISA- University of South Africa
UWC – University of Western Cape
WGHE- Working Group on Higher Education
VCT- Voluntary Counselling and Testing

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1. Background to the Review

In the late 1990s, concern began to be expressed about the impact that HIV/AIDS was likely to have on institutions of higher education in Africa. Projections at the time showed that HIV/AIDS was a growing problem in Sub-Saharan Africa more than elsewhere in the world. The magnitude of the problem in institutions of higher education, however, was not known nor was there any documented evidence as to the impact it was having in these institutions. However, there was some anecdotal evidence which suggested that it was a growing problem. The Vice Chancellor of the University of Natal, at a symposium organized jointly by the Association of Commonwealth Universities (ACU) and the University of Natal in 1999 observed that, at the time, 22.5 million of the 33 million adults infected with HIV/AIDS throughout the world lived in sub-Saharan Africa, with an estimated 1,500 new infections in South Africa every day. She urged delegates attending the symposium not to ignore the responsibilities universities have towards their staff, students and communities (ACU, 1999). A communiqué drafted at this same symposium noted that HIV/AIDS threatened to decimate the higher education sector, as well as every other sector of society in Sub-Saharan Africa, and to cripple socio-economic development if its spread was not controlled.

The World Bank reminds us that higher education is no just the capstone of the traditional education pyramid; it is a critical pillar of human development worldwide. It provides not only the high-level skills necessary for every labour market but also the training essential for teachers, doctors, nurses, civil servants engineers, humanists, entrepreneurs, scientists, social scientists and myriad personnel. It is these trained individuals who develop the capacity and analytical skills that drive local economies, support civil society, teach children, lead effective governments, and make important decisions which affect entire societies (World Bank, 2002). Higher education institutions, therefore, cannot afford to stand aside and watch as HIV/AIDS undermines their very existence. They need to be at the forefront in the fight against HIV/AIDS.

1.1 The Purpose of this review

The overall purpose of this literature review was to identify key themes and gaps in knowledge emerging from literature available on HIV/AIDS and higher education in Africa and in Uganda in particular. The key themes and gaps in knowledge identified will form the basis for the design of an in-depth study, which will explore the impact of HIV/AIDS in selected higher education institutions in Uganda and the responses of these institutions to the pandemic.

Identifying appropriate literature on the subject involved both a physical and an electronic search for published and unpublished documentation on HIV/AIDS in higher education institutions in Africa and Uganda in particular. The electronic search was for Internet-based literature, which was a major source of literature on HIV/AIDS in higher education in Africa. Several of the published research reports and papers, workshop reports and conference proceedings were accessed through the IIEP HIV/AIDS Impact on

Education Clearinghouse and other online resources. The Uganda AIDS Commission website proved useful in the search for literature on HIV/AIDS in Uganda.

Visits were made to different institutions around Kampala and Entebbe to try and access literature on HIV/AIDS in higher education institutions in Uganda. The institutions visited included: Uganda Council for Higher Education, Uganda AIDS Commission, the AIDS Control Project, Ministry of Health, Ministry of Education and Sports, Makerere, Nkumba and Kyambogo universities, UNESCO Offices in Uganda, UNDP, UNAIDS, and to other institutions engaged in AIDS-related research such as Centre for Disease Control, Medical Research Council, Makerere University Medical School and Child Health and Development Centre.

Searches were also conducted at Makerere University Library and at resource centres within the different faculties and institutes. The libraries visited included the Albert Cook Library, Faculty of Education Library, Makerere Institute for Social Research Library and the Faculty of Arts Library. This literature search, however, revealed very little documentation relating to HIV/AIDS in higher education institutions in Uganda. The only relevant documentation was reports on research carried out through collaborative studies between Makerere University Medical School and the Uganda Virus Research Institute, the Medical Research Council and other universities elsewhere. However, none of these studies discusses the situation of HIV/AIDS in institutions of higher education in Uganda.

Research reports, theses and dissertations in the faculties of Social Sciences and Arts and in the Institute of Statistics and Applied Economics at Makerere University reveal that the HIV/AIDS-related studies that have been carried out by students have not focused on the situation of HIV/AIDS in higher education institutions. The studies so far carried out have explored community responses to HIV/AIDS, community and individual coping mechanisms, knowledge, attitudes, beliefs and practices relating to HIV/AIDS and its consequences for different groups in society, such as women, children and the aged. A newspaper search over the past year revealed only a few news items and articles relating to HIV/AIDS in higher education institutions. Most were small reports on HIV/AIDS-related activities in higher education institutions, but without much detail.

1.2 The literature reviewed

Several reports and papers have been published on HIV/AIDS and higher education in Africa. Some of this documentation is the result of research carried out in selected higher education institutions in Africa; other parts of it are reports on workshop and conference proceedings where HIV/AIDS and higher education in Africa has been a central theme. The more comprehensive documents on HIV/AIDS and higher education in Africa have been the result of case studies commissioned by the Association for the Development of Education in Africa (ADEA), the Working Group on Higher Education (WGHE) in 2000, and the South African Universities Vice-Chancellors' Association (SAUVCA), also in 2000. More recently, there have been case studies commissioned by the African American Institute (AAI) in collaboration with the Association of African Universities

(AAU), the Association for the Development of Education in Africa (ADEA), and the Working Group on Higher Education in 2004.

The first case studies were carried out in seven selected universities in Africa: Ghana, Western Cape, Jomo Kenyatta, Zambia, Nairobi, Namibia and Benin. The purpose of the case studies was to generate understanding of how HIV/AIDS was affecting African universities and to identify responses and coping mechanisms that might profitably be shared with sister institutions in similar circumstances. Out of these case studies, Professor Kelly of the University of Zambia produced a synthesis report entitled "Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa to HIV/AIDS".

At around the same time as the case studies commissioned by ADEA were being conducted, a similar investigation was taking place in South Africa under the auspices of the South African Universities Vice-Chancellors' Association (SAUVCA). The SAUVCA study was concerned with assessing the impact of HIV/AIDS on teaching, research, management, planning, policy and practice in each of the 21 universities in South Africa, namely, University of Zululand, Rhodes University, University of the North West, University of Stellenbosch, University of Transkei (UNITRA), University of the Western Cape, Potchefstroom University for CHE, University of Fort Hare, University of the North, University of Durban-Westville, University of Cape Town, University of the Witwatersrand, Medical University of Southern Africa – MEDUNSA, University of the Free State, University of Natal, University of South Africa (UNISA), Rand Afrikaans University(RAU), VISTA University, University of Port Elizabeth, University of Pretoria and University of Venda. A report entitled "Institutionalizing the Response to HIV/AIDS in the South African University Sector: A SAUVCA Analysis" was produced by Chetty (2000).

Another comprehensive study was carried out at the University of Botswana and a report was produced by Chilisa, Bennell and Hyde (2001) entitled "The impact of HIV/AIDS on the University of Botswana: developing a comprehensive strategic response". NORAD's Centre for International Environment and Development Studies also carried out a study in selected higher education institutions offering agriculture in 2002. The institutions included in the study were Mekelle University College in Ethiopia, Botswana College of Agriculture, Bunda College of Agriculture in Malawi, University of Fort Hare in South Africa, Sokoine University of Agriculture in Tanzania and Makerere University in Uganda. Ennals and Rauan (2002) produced a synthesis report entitled "The Status and impacts of HIV/AIDS in agricultural universities and colleges in Africa".

Some literature on HIV/AIDS in higher education institutions in French-speaking West African countries such as Burkina Faso and Cote d'Ivoire was also reviewed. This included a report by Sidibé (2002) titled "Evaluation de l'impact des stratégies IEC/SIDA sur les comportements de la jeunesse estudiantine en Côte d'Ivoire" and another by Tavi-Ouattara and Djibré (2000) titled « Analyse de la situation des associations de l'Université de Ouagadougou en vue de la mise en place d'un centre d'information sur la santé dénommé Kiosque-santé ».

More recently, Abebe (2004) has produced a report titled “African Universities' Response to HIV/AIDS in the Global AIDS Initiative Countries: A Synthesis of Country Reports”. The report is a synthesis of case studies carried out in several African countries that assessed African universities’ capacity to contribute to solutions to the HIV/AIDS scourge. The case studies collected information about how universities are responding to the HIV/AIDS pandemic through their administrative policies, academic programmes, involvement with national policy and with community-level AIDS issues, NGOs and faith-based organizations among others. The study included universities in Botswana, Ivory Coast, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania and Zambia. Another recent report is one by Saint et al, titled *Crafting institutional responses to HIV/AIDS: guidelines and resources for tertiary institutions in sub-Saharan Africa* (2004), published by the World Bank.

Several meetings, conferences and workshops have been held focusing on the theme of HIV/AIDS in higher education institutions in Africa. The Association of Commonwealth Universities has organized several meetings in collaboration with its partner institutions in Africa to discuss the problem of HIV/AIDS. One of its first meetings on this theme was held in 1999 in collaboration with the University of Natal. The proceedings of the symposium were compiled in a report titled “The Social Demographic Impact of HIV/AIDS: Commonwealth Universities Response”. Two years later, there was a follow-up workshop attended by senior representatives from ten universities in Africa that included the universities of Botswana, Cape Town, Copperbelt, Eduardo Mondlane, Kenyatta, Malawi, Namibia, Natal, Zambia and Zimbabwe. The proceedings of this workshop were compiled in a report titled “HIV/AIDS: Towards a strategy for Commonwealth universities: Report of the Lusaka Workshop hosted by the University of Zambia” (2001). Since then, the Association of Commonwealth Universities has produced guidelines for institutional response (ACU, 2002).

Several East African institutions of higher education participated in a Regional Workshop in 2001 organized by African Women in Science and Engineering (AWSE) and the American Association for the Advancement of Science (AAAS). The workshop explored the impact and response of higher education institutions in Eastern Africa to HIV/AIDS. The institutions that participated in this workshop were Egerton University, Jomo Kenyatta University of Agriculture and Technology, Kawanda Agricultural Institute Uganda, Kenya Forestry Research Institute, Kenyatta University, Makerere University, Maseno University, Mikocheni Agricultural Institute, Moi University, Sokoine University of Agriculture Tanzania, and the University of Nairobi. The workshop proceedings were produced in a report titled “Women in higher education and science: African universities responding to HIV/AIDS”.

1.3 Literature reviewed in Uganda

The overall search in Uganda revealed no research reports, theses or dissertations on the situation of HIV/AIDS in higher education institutions in Uganda. The policy documents available that were reviewed include “The Strategic Plan for Higher Education 2003-

2005, the Education and Sports Sector Policy and Guidelines on HIV/AIDS” and the “Nkumba University HIV/AIDS Policy” document. A Workshop Report by the Ministry of Education and Sports titled “Implementation and Mainstreaming of the Education Sector Policy on HIV/AIDS for Universities and other Tertiary Institutions” was also reviewed. This report presents some case studies of responses by higher education institutions in Uganda to HIV/AIDS at institutional level. Other relevant documents reviewed include “The National Strategic Framework for HIV/ AIDS Activities in Uganda (1998-2002)”, “HIV/AIDS in Uganda: The Epidemic and the Response” (2002) and “The HIV/AIDS Epidemic: Prevalence and Impact” (2003). Some of these documents were accessed at the Uganda AIDS Commission website, www.aidsuganda.org.

Relevant research reports identified in the social sciences included a report by Babikwa and Kirumira (1993) entitled “Fact sheet on socio-economic indicators and implications of the AIDS epidemic”. Another was a report on a collaborative Action Research Project on HIV/AIDS entitled “The District Response Initiative” (2003) carried out by Makerere University Department of Social Work and Social Administration in collaboration with the Uganda AIDS Commission, UNESCO and other international institutions, and a study by Hyde et al (2001) on *The impact of HIV/AIDS on Formal Schooling in Uganda*. There were several other research reports relating to HIV/AIDS carried out by individual lecturers and professors, but the search did not yield any that addressed HIV/AIDS in higher education institutions in Uganda.

Relevant papers reviewed included papers presented at conferences and workshops focusing on HIV/AIDS. These included a paper by Buyla et al (1996) entitled “The effects of HIV/AIDS on tertiary education in Uganda”, Neema et al (2001) “Makerere University’s Response to HIV/AIDS”, a paper presented at the African Women in Science and Engineering Workshop on Women in Higher Education and Science: Africa Universities Responding to HIV/AIDS, Nairobi, Kenya 3-5 December 2001. A case study of Makerere University included in the Ennals and Rauan (2002) report, “Status and impacts of HIV/AIDS in agricultural universities and colleges in Africa” was also reviewed. In addition, three activity reports produced by the Makerere University Community Awareness Project (MUCAP) were also reviewed. Other documents reviewed were published articles in journals and newspapers. These included Kisaakye’s 1999 article, “Dealing with HIV/AIDS in the Work Place” published in *Nkumba University Business Journal* and Ssempijja’s 2004 article entitled “Sexual assault among university students” in *The Monitor*, 25 May 2004.

Reports on research work carried out by Medical School staff and students since the early 1980s were available. Makerere University Medical School has made significant contributions internationally to HIV/AIDS-related research. Recently it was selected as a Regional Centre of Excellence for HIV/AIDS care, training, research and prevention for East Africa and as a site for the Infectious Diseases Institute. None of the research that has been carried out, however, addressed the issue of HIV/AIDS in higher education institutions in Uganda.

1.4 Main issues arising from this review

The case studies carried out so far in African institutions of higher learning suggest that HIV/AIDS is already beginning to have an impact in these institutions mainly resulting from the increasing attrition among staff and students. Most higher education institutions, however, are not yet engaged in a systematic impact and risk assessment. This lack of impact and risk assessment within these institutions makes it difficult to establish the magnitude of the problem and to make projections of future losses of staff and students. It also makes it difficult to project what this increasing attrition means for these institutions in future (Kelly, 2001; Chetty, 2000; Abebe, 2004).

In countries like Uganda where in-depth cases studies are lacking, there is no understanding of the real impact that HIV/AIDS may be having on staff and student performance; on teaching, research and overall institutional management and planning. There are also cases elsewhere in Africa where studies have been conducted, but due to the lack of good information at institutional level, it has been equally difficult to assess the real impact that HIV/AIDS is having at institutional level. Nzioka (2000), Kelly (2001), Ennals and Rauan (2002) and Abebe (2004) note that HIV/AIDS is impacting on the productivity of staff and on the financial situation of higher education institutions. However, information relating to the extent to which institutions have to divert resources from programmes and other university activities to cope with the epidemic, and the actual amounts being diverted and with what consequences, is not available.

The information available from the various case studies that have been carried out, i.e. Kelly (2001), Chetty (2000), Ennals and Rauan (2002) and Abebe (2004) varies in detail and coverage. More detailed information is available on Southern African countries such as South Africa, Namibia, Botswana, Mozambique and Zambia, than on East, West and Central African countries. In East Africa there is now some more detailed literature on some higher education institutions in Kenya and Tanzania, but not on Uganda. In West Africa, literature is available on some higher education institutions in Cote d' Ivoire, Ghana, Benin and Nigeria. While in Central Africa there is some information, and more particularly in Rwanda, very little is known about other higher education institutions in countries in the Horn of Africa and the rest of East and Central Africa. This suggests the need for more in-depth studies to be carried out in those African countries where little is known.

A number of higher education institutions, especially in Southern Africa and to some extent in Eastern Africa, have responded to the HIV/AIDS problem by developing institutional HIV/AIDS policies and programmes (Chetty, 2000; Kelly, 2001; Otaala, 2003). This has provided these institutions with an institutional framework within which to organize their responses. However, currently, there is little known about how these institutional HIV/AIDS policies have been translated into practice: and the success that they are having in dealing with the HIV/AIDS problem within institutions. Case studies from various countries also reveal that females are two to four times more likely to contract HIV/AIDS than men. This suggests that institutional responses to AIDS need to incorporate policies and sanctions that safeguard women from the risks of assault,

intimidation, and exploitation (Chetty, 2000; Otaala, 2003; and Saint, 2004). Leadership within institutions has been highlighted as an important factor in determining the success in response to HIV/AIDS at institutional level (Chetty, 2000 and Saint, 2004). It is further noted that institutions that establish AIDS Coordination Units have better organized programmes. A visible focal point, with two or three competent staff, is necessary to provide day-to-day attention, encouragement to other units; strategic reflection, and a means of disseminating new knowledge and ideas in the AIDS arena (Chetty, 2000 and Saint, 2004).

An array of HIV/AIDS student-led, institution-led and staff-led activities and programmes have been introduced in higher education institutions in response to HIV/AIDS. Saint (2004) argues, however, that the weakness of most current tertiary institutions' responses to AIDS is that they tend to be one-dimensional. They often concentrate on awareness campaigns and do not do enough in terms of voluntary testing, counselling and support, care and treatment, curriculum integration, community outreach, research, and the creation of external partnerships. He suggests that an institutional response strategy to AIDS should be based on a continuum of prevention, treatment, care, and support.

AIDS activities planned and executed with student involvement are reportedly more effective because students generally have an understanding of their social milieu that older adults often lack (Kelly, 2001; Otaala, 2003 and Saint, 2004). Peer education programmes are cited as being particularly successful. The programmes currently in place need to be evaluated and their contribution to the mitigation of HIV/AIDS in their respective institutions documented, so that this information can be shared with other higher education institutions on the continent.

2. Key themes emerging from the literature on the situation and impact of HIV/AIDS in Higher Education institutions in Africa

Several interrelated themes emerge from the literature reviewed on the situation and impact of HIV/AIDS in higher education institutions in Africa. This review treats them as somewhat separate but they are interrelated. Among the key themes emerging are: the lack of good information on the situation and impact of HIV/AIDS on higher education institutions in Africa, a situation further compounded by the silence surrounding HIV/AIDS in these institutions; evidence of increasing attrition among staff and students and the impact this is having on both students and staff; the impact that HIV/AIDS is having on institutional resources and the increased risk of HIV transmission in higher education institutions.

2.1 Lack of good information on the situation of HIV/AIDS in higher education institutions

The lack of good information regarding the magnitude of the HIV/AIDS situation in higher education institutions pervades the literature on HIV/AIDS and higher education in Sub-Saharan Africa. Kelly observed that the overriding message emerging from the

case study institutions was that they lacked good information about the HIV/AIDS situation on their campuses. He noted that in reality many of the institutions were in the dark concerning the HIV/AIDS situation on their own campuses (Kelly, 2001). At the University of Zambia it was reported that the impact HIV/AIDS was having on the University was difficult to measure because of incomplete information (Mwape and Kathuria, 2000). At the University of Nairobi it was reported that it was not possible for the study to monitor with accuracy the levels of morbidity and mortality within the university community because of lack of accurate information (Nzioka, 2000). At the University of Western Cape, Barnes (2000) reported that the lack of substantial information and statistics about the HIV/AIDS situation on campus had led to the belief by some staff members that the impact of HIV/AIDS was not as serious as some would have it. At the University of Botswana, Chilisa et al (2001) reported that there was no comprehensive and accurate information on HIV prevalence among staff and students at the University. This situation seems not to have changed much over the last few years because Abebe (2004) reports that there continues to be a lack of systematic impact and risk assessments within institutions of higher education in Africa.

Kelly (2001) observed that available university records were inadequate for two principal reasons. One was that they made almost no mention of AIDS and secondly they were incomplete. He noted that the records that would throw light on the prevalence of HIV/AIDS on campus did not appear to be held by any of the central administration or university management departments. There was also no evidence that the governing university body or Senates /Academic Boards as the stewards of an institution's academic work, were being provided with information on the occurrence of AIDS-related illnesses, absenteeism or deaths among academic or non-academic staff, or among students. Nor were such records being maintained in academic departments, faculties or schools.

Data are a critical requirement for any form of intervention and are an ideal stimulus to act on the problem. This lack of hard data makes it difficult to make projections of what future losses of staff and students will mean for higher education institutions in future (Ennals and Rauan, 2002). Some of the reasons given as to why data on HIV/AIDS among staff and students are so difficult to collect in institutions of higher education have to do with stigma and lack of assurance of confidentiality on the one hand and the overall silence that surrounds HIV/AIDS in institutions on the other. Despite measures taken to provide voluntary counselling and testing with assurances of confidentiality, students and staff are reported in some cases to be reluctant to get tested on campus, preferring the greater anonymity of urban centres or national testing centres because of privacy concerns (Chetty, 2000; AWSE, 2001 and Otaala, 2003). Continuing reluctance on the part of many people to speak openly and address the issues relating to HIV/AIDS because of fear, shame and silence makes it more difficult for higher education institutions to provide counselling and treatment and to record accurate measures of the scope of the problem (AWSE 2001).

This lack of good information about the HIV/AIDS situation in higher education institutions in Sub-Saharan Africa suggests that to date many of these institutions are dealing with a problem whose magnitude is not known and whose full impact may be

difficult to establish, let alone quantify. This situation is further complicated by the fact that higher education institutions are not equipped with HIV/AIDS-sensitive management information systems that allow them to collect the kind of data that they would need to determine the magnitude of the HIV/AIDS situation in their institutions.

2.2 Silence surrounding the HIV/AIDS situation in higher education institutions

Several of the studies carried out in higher education institutions have documented the fact that secrecy, silence, denial, fear of stigmatization and discrimination continue to surround HIV/AIDS in higher education institutions in Africa (Chetty, 2000; Kelly, 2001 and Otaala, 2003). There is also evidence that AIDS deaths are sometimes concealed as tuberculosis, malaria or meningitis (Ennals and Rauan, 2002). At the University of Western Cape, Barnes observed that there was a deep and broad, official and unofficial, personal and institutional silence about HIV/AIDS on campus (Barnes, 2000). Other studies alluding to this same problem include Malaney (2000), Badcock-Walters and Whiteside (2000). Kelly concluded that a thick cloak of ignorance surrounds the presence of the disease in universities and that the cloak was lined with layers of secrecy, silence, denial and fear of stigmatization and discrimination (Kelly, 2001).

Chetty (2000) points to the fact that health and sexuality are private matters for some communities and this is reflected in institutional cultures and in their responses to HIV/AIDS. He raises an important question of how do we make an essentially private practice a matter of public debate and action whilst being sensitive to the cultures in which our institutions are rooted. Otaala notes, on the other hand, that there is need to tackle shame, discrimination and stigma, since they are such a powerful force that, people would rather suffer and die, and have their children suffer and die, rather than seek treatment that could improve their quality of life or save their lives (Otaala, 2003). Otaala further observed that people hide their medical conditions because they fear that they will lose friends, jobs, housing, educational or other opportunities, if their conditions are publicly known.

In some universities there is no official response to the HIV/AIDS problem even where HIV/AIDS is a growing problem (Ennals and Rauan, 2002). Tavi-Ouattara and Djibre (2000) reported that no formal assessment of HIV/AIDS has been made at the University of Ouagadougou in Burkina Faso, nor had there been any systematic efforts to develop awareness of the epidemic. However, the prevalence rate was thought to be high, according to students, administrators and campus associations. The campus health services had noted that incidence of STIs was on the increase, which suggested that students were engaged in high-risk behaviour.

2.3 Increasing attrition among staff and its impact on their performance

Increasing attrition among staff is one of the indications that HIV/AIDS is beginning to have an impact on higher education institutions. Calisto Madavo, the World Bank Vice-President for Africa, observed that because of HIV/AIDS the wellspring of African knowledge and wisdom is being drained before our very eyes (in Otaala, 2003).

Participants from eight higher education institutions in East Africa participating in a Workshop organized by African Women in Science and Engineering reported that their institutions had been hard hit by the HIV/AIDS epidemic. Estimates of the percentage of staff infected for the eight institutions ranged from 12 percent to over 50 per cent (AWSE, 2001).

Available literature suggests that staff mortality tends to be higher among the lower cadre staff than among the academic staff (Kelly, 2000; Chilisa et al, 2001; Chetty, 2000; Magambo, 2000). At Maseno University, it was reported that infection rates were higher among support staff (74%) than among academic (17%) and administrative staff (9%). Sigot (2001) reported that at Maseno University there had been 65 deaths, averaging about seven deaths per year, over a ten-year period. At the University of Botswana the Botswana Medical Aid Society (BOMAID) records showed that 17 (2%) of the 846 members of staff were HIV positive and had enrolled on the anti-retroviral drug scheme. However, the total number of infected staff was estimated to be much higher because most junior and industrial support staff did not belong to BOMAID (Chilisa et al, 2001).

A study carried out at the University of Nairobi reported that the university was losing about two of its faculty members every week, which translated into about 100 people per annum through HIV/AIDS and AIDS-related illnesses. Such deaths were either confirmed or suspected on the basis of the overt clinical symptoms that manifested on the infected prior to their deaths. The most affected were the low cadre support staff who lived in slum areas where illicit sex is rampant although the teaching staff was also affected. The study noted that these were highly trained and specialized persons who were difficult to replace. Most members of staff interviewed during the course of the study reported awareness of a colleague or a member of a university community who had been affected by HIV/AIDS. Staff welfare association officials also revealed that many members had experienced deaths in their families, some of which had been confirmed or suspected to be HIV/AIDS related (Nzioka, 2000). Bollag in *The Chronicle of Higher Education* (2001) reported that during a period of one week, the University of Nairobi's Vice Chancellor had sent out condolence messages to the families of three members of the college's teaching staff who had died of AIDS. He noted that the week was not that unusual and that the deaths caused by AIDS were leaving gaping holes in university faculties (Bollag, 2001).

At Jomo Kenyatta University of Agriculture and Technology it was estimated that between 1995 and August 2000, twenty-two staff members had died of AIDS-related diseases. Twelve of these were females, with an average age at death of thirty-one years, while ten were males with an average age of thirty-eight years. Eighteen were ancillary staff, three were middle-level and one was an academic staff member (Magambo, 2000).

At the University of Namibia, the records held in the Personnel Office between 1994 and September 2000 showed that a total of eleven staff had died. Of these deaths only three were reported to be from AIDS. This was recorded on the death certificate, which the university required before it could pay out any monies due to the deceased's family (Otaala, 2000). At the University of Benin it was reported that at least seven members of

the university staff had already died, and fifteen others were believed to be sick as a result of HIV/AIDS (Seclonde, 2000).

The crude death rate for staff at the University of Zambia was reportedly higher than the national death rate even when this took into account AIDS deaths in the national population; and more than half of those who had died at the University in the past decade had been in the age range of between twenty and thirty four (Kelly, 2001). In the period 1994 to 2000, 18 out of 146 academic and 72 out of 406 non-academic staff died at the Copperbelt University in Zambia, giving an annual death rate of approximately two per cent for academic and three per cent for non-academic staff (Lungu, et al, 2001). Sokoine University of Agriculture reported that they had lost fifty members of staff between 1994 and 2001 (AWSE, 2001).

Some of the impact of HIV/AIDS-related morbidity and mortality of staff is being felt through leave of absence, effect on teaching quality and loss of skilled labour (Ennals and Rauan, 2002). In some cases it was reported that some of the affected staff members were unable to discharge their duties and responsibilities as required. As a result, some teaching programmes had been entrusted to relatively junior lecturers and other lecturers had to take up more teaching to cover for their indisposed colleagues. This complicates matters for departments that have large numbers of registered students (Nzioka, 2000).

At the University of Botswana trends in staff absenteeism showed a rise in the number of people taking sick leave from 77 in 1995 to 146 in 1997. However, starting in 1998, there had been a noticeable decline in the number of staff taking sick leave. It was suggested this was probably due to the increased availability of antiretroviral drugs. Rates of staff absenteeism were reportedly much higher among junior staff and industrial support staff than among academic staff. Cases were reported where staff continued to report for work even when they were weak. This happened when doctors did not recommend sick leave or when the leave days elapsed before the person recovered fully or where the person exhausted all his or her days of sick leave and could only be granted leave without pay. Sick staff were also reported to sometimes experience unnecessary deployment, transfer and at times termination of service (Chilisa et al, 2001).

Kelly observed that although the evidence is patchy, HIV/AIDS also appears to be having some impact on staff morale by undermining the ability of academic or non-academic staff members to continue to work together as a team and to maintain routines (Kelly, 2001). At Jomo Kenyatta University and Moi University in Kenya HIV-positive staff members were reported to engage in heavy drinking and increased promiscuity, while withdrawing from their community of peers, they were moody, temperamental and exhibited poor health resulting from their lifestyles. This in turn resulted in decreased productivity and increased absenteeism. Other staff members then found that in addition to their normal responsibilities they had to cover for sick or deceased colleagues, sometimes in areas where they were less suitably qualified or experienced (Magambo, 2000 and AWSE, 2001).

2.4 Impact of HIV/AIDS-related morbidity and mortality on students

The literature highlights the fact that student deaths are more difficult to track than staff deaths, since student deaths sometimes occur during vacation or following the students' withdrawal from studies. Such withdrawals are sometimes due to personal sickness or to AIDS-related family difficulties in paying fees (Nzioka, 2000; Magambo, 2000; Kelly, 2001; AWSE, 2001 and Ennals and Rauan, 2002). At the University of Botswana, it was reported that student attrition rates due to illness were on the increase. Evidence based on trend analysis suggested that a total of fourteen students for every one thousand students died each year for the period between 1991/92 and 2001/2002. Chilisa et al further reported that between 1997 and 2000, of a total of one hundred and seventy nine students attending the university clinic with STD and HIV-related symptoms, fifty three (30%) tested HIV-positive (Chilisa et al, 2001).

An impact assessment by South Africa's Department of Education indicated that infection levels for university undergraduates in 2000 were estimated at around 22% and were expected to reach 33% by 2005. Infection levels amongst university post-graduate students were estimated at around 11% and expected to rise to 21% by 2005; the infection level for technician undergraduate students was close to 24.5%; and expected to increase to 36% by 2005 (Chetty, 2000). At Egerton University in Kenya, the medical department did a blood screening of students and found that one in three (33%) blood samples had HIV. Jones reported that at the University of Natal, 30 per cent of the nurses graduating from the University were dying within three years of completing their study programme (Jones, 2001).

Some of the literature also suggests that HIV/AIDS may be contributing to poor performance by students in higher education institutions where absenteeism, stigma and other related factors can lead to decline in performance and eventual discontinuation from studies. At the University of Botswana, the student withdrawal rates due to medical, personal or other reasons increased from 0.75% in 1995/96 to 1.2% in 1999/2000, and one hundred and thirty two students were discontinued because of poor performance. The total attrition rate was 2.52%. The repetition rate was 2% (Chilisa et al, 2001). At Asmara University in Eritrea, student output was reportedly affected by absenteeism. However, it was noted that the impact was still rather hard to gauge, due to the uncertainties as to whether the absenteeism was related to HIV/AIDS or not. At Makelle University in Ethiopia student dropout to take care of sick relatives was reportedly being felt to a certain degree within the university (Ennals and Rauan, 2002).

At the University of Nairobi it was reported that the Special Student Advisor had reported that at least three out of five problem cases that were brought forth by students to his attention were AIDS related. Most were cases of AIDS orphans who could no longer pay fees while affected students had difficulties in meeting their academic obligations (Nzioka, 2000). At Moi University in Kenya it was reported that when infected, some students resorted to reckless behavior such as heavy drinking and promiscuity. This resulted in poor academic performance, absenteeism and lifestyle-related health problems. This in turn impacted on their performance in university and contributed to the

dissemination of the virus and the deterioration of the educational environment (AWSE, 2001).

The literature further suggests that loss of parents and guardians has resulted in a substantial number of students who are unable to pay fees dropping out of higher education institutions (Chetty, 2000 and Kelly, 2001). At the University of Nairobi, for example, large numbers of students were reportedly unable to sustain themselves at the university following the deaths of their parents or guardians due to HIV/AIDS. Such students had to look for alternative means of financial support. For girls, this includes prostitution; and it was rumoured that some male students might also be involved in homosexuality for similar reasons. Such cases are reported to be on the increase (Nzioka, 2000).

Poverty has been identified as one of the factors driving students to engage in high-risk income-generating activities including involvement with drugs and prostitution (Nzioka, 2000; Ennals and Rauan, 2002; Bollag, 2001 and AWSE, 2001). Bollag reported that the AIDS problem is compounded by poverty and a sharp economic downturn experienced by many African countries. At the University of Nairobi, professors and administrators reported that some female students had turned to occasional prostitution to earn the money they needed to continue their studies, putting them at risk of infection. The Dean of Students at the university reported that some students went without food because they could not afford the equivalent of a dollar for a hot meal in the campus cafeterias. A psychiatry lecturer had proposed giving free meal vouchers as a reward to those students who learned how to counsel other students about AIDS (Bollag, 2001). Kelly (2001) noted that the University of the Western Cape in 1999 experienced a very large drop in enrolments on financial grounds (1,500 out of 9,000 students dropped out, 86.5 percent for financial reasons). He suggested that this may be indicative of the difficulties HIV/AIDS creates for families in paying fees.

2.6 Impact of HIV/AIDS on institutional resources

Some of the literature has pointed to the fact that HIV/AIDS increases operating costs, diverts resources and threatens sources of income. The direct costs include increased loads on employee benefits (medical and pension schemes), while the indirect costs range from absenteeism and sick leave to reduced capacity, loss of skills, and higher training costs. The implication of these costs is that institutions need to plan for changes in the level of their liabilities as this pandemic unfolds (Chetty, 2000 and Kelly, 2001).

Kelly (2001) observed that institutions in providing health care and funeral expenses were incurring significant costs. At the University of Nairobi, it was reported that funeral-related transport costs were on the increase. While they accounted for only 7% of the total transport requests in 1991, they had risen to about 22% in 1999, indicating a surge in the number of deaths. It was further reported that due to the increasing transport costs, there had been an increase in the annual financial allocation for the transport department from 12 million in 1997 to 20 million in 1999. This allocation was, however,

not adequate as funds had to be injected to the department from other sources. It was further noted that resources were being diverted from supporting academic programmes into the transportation of deceased and bereaved members of the university community to funerals and burials (Nzioka, 2000). At Jomo Kenyatta University of Agriculture and Technology, it was reported that from 1994/95 to 1997/98 the University Hospital budget increased from Kenya shillings 12 million to 19 million (Magambo, 2000). A similar problem was reported at the University of Nairobi where the increase in the level of morbidity within the university resulted in a considerable strain on the meager human and financial resources allocated to health care in the University (Nzioka, 2000).

Kelly (2001) noted that the death of trainee members of staff represents a threefold loss for higher education institutions. These are costs that may be difficult to quantify but which nevertheless have far-reaching implications for institutions of higher education. The costs have to do with the loss of well-qualified and carefully selected individuals, the loss of training investments and the costs sometimes of repatriating the remains of the deceased. Kelly further noted that provisions for sick leave tend to be generous, since HIV-positive member of staff normally continues to receive full benefits throughout their illnesses.

2.7 Increased risk of HIV transmission in higher education institutions

Higher education institution campuses are reported to constitute a potentially fertile breeding ground for HIV/AIDS. They bring together in close physical proximity devoid of systematic supervision a large number of young adults at their peak years of sexual activity and experimentation. Combined with the ready availability of alcohol and perhaps drugs, together with divergent levels of economic resources, these circumstances create a very high-risk environment from an AIDS perspective (Saint, 2004). Kelly noted that the culture of campus life appeared to be ambivalent about – or even open to – “sugar daddy” practices, sexual experimentation, prostitution on campus, unprotected casual sex, gender violence, multiple partners, and similar high-risk activities (Kelly, 2001).

While university students seem to be generally aware of the existence of HIV/AIDS and to know the basic facts about its transmission, they do not seem to generally regard themselves as being seriously at risk of HIV infection. At the same time, they tend to acknowledge that HIV/AIDS is a problem on their campuses and the majority of students report that they know of fellow students who are HIV-positive and of students and staff who have died of the disease. However, student attitudes and responses to HIV/AIDS vary between high levels of engagement on a professional or personal level and the converse—denial, fatalism and an air of invulnerability (Chetty, 2000; AWSE, 2001; Ennals and Rauan, 2002). Sedibe (2000) reported that a survey of 379 university students in Abidjan (Ivory Coast) revealed that the majority is aware of how HIV is spread and how to avoid infection. Nevertheless, only 44 per cent of the respondents claimed that they used condoms ‘on a regular basis’ and 44 per cent stated that they used condoms from time to time.

A related theme in the literature is the extreme vulnerability of female students in higher education institutions to HIV/AIDS (Chetty, 2000; Kelly, 2001; AWSE, 2001; Ennals and Rauan, 2002). Consensual rape, which involves female students and in some cases female staff consenting to intercourse under duress in order to preserve a relationship, avoids a beating, ensure financial support or repay favours is reported to be common within higher education institutions. Kelly noted that concern was expressed in the case studies about the subordinate status of female students and in particular their inability to negotiate for either no sex or safer sexual practices (Kelly, 2001). This extreme vulnerability of female students is partly due to the fact that HIV/AIDS plays into complex sexual, social and cultural behaviours, which define notions of femininity and masculinity (Chetty, 2000). Odirile (2000) reported that there are social pressures on women – even students - to marry, have unprotected sex and bear children as early as possible and that this puts them at a greater risk of HIV/AIDS transmission. Another factor cited in a study carried out at the University of Ouagadougou that made female students more vulnerable to HIV/AIDS transmission was the low number of students with scholarships (1500 out of 10,000 enrolled). This situation reportedly drives many female students to seek out men to support their needs. In such a situation they cannot demand that their partners use a condom, as they do not wish to be considered prostitutes (Tavi-Ouattara and Djibre, 2000).

At the University of Nairobi Bollag reported that both educators and students reported that there was pressure on female students by male students and faculty members to consent to sex. He noted that in societies in which women traditionally assumed a more submissive role many of them, especially those from rural areas, will give in to a faculty member or a more senior student who pushes for sex, or to a boyfriend who insists that if they really love them they should agree not to use a condom (Bollag, 2001). Chetty (2000) noted that South African campuses were reported to be spaces where the safety of women could not be guaranteed and university residences had earned a reputation - perhaps undeserved – as being 'hot spots' for rape, sexual violence, harassment and unprotected sex.

3. Institutional Responses to HIV/AIDS by higher education institutions in Africa

Case studies that have been carried out in African institutions show that higher education institutions have responded in diverse ways to the HIV/AIDS problem. These responses range from complete silence to systematically developed HIV/AIDS-related policies and programmes, research, integration of HIV/AIDS in the curriculum and service provision. The responses, however, vary widely among institutions in the same country and among different countries both in coverage and scope. Abebe (2004) observes that African universities are at different stages in terms of their response to the HIV pandemic. The dominant situation, however, is characterized by inadequate and/or inappropriate institutional behaviour and action and that this is demonstrated by lack of, appropriate policies to guide actions, formal units within the institutional structures, plans and budgets and low levels of involvement by the university community. Abebe further notes that the realization that universities should be at the forefront in the fight against HIV/AIDS is neither apparent nor pervasive among staff and leadership (Abebe, 2004).

3.1 Leadership Responses to HIV/AIDS

In drawing conclusions on what has been learnt after several years by tertiary institutions in their efforts to combat HIV/AIDS, Saint (2004) notes that leadership is the most important single factor. The Association of Commonwealth Universities also made similar observations when they noted that the most unequivocal lesson learned in this area is that leadership by senior management can make the difference between a positive impact and no impact. "Without leadership, there is no commitment to change, and little chance of shifting institutional culture, of creating a sense of urgency, or of mobilizing key stakeholders" (ACU, 2002). Chetty (2000) had earlier reported that where vice-chancellors, principals and other senior managers have made AIDS an institutional priority, the effect on their institutions has been immediate and visible. Decision-making and programme management structures have been established. Networks have been created, resources have been found, and the climate of silence and denial that surrounds AIDS has begun to be broken down. Chetty further observed that in large complex institutions like universities, when leadership comes from the Vice Chancellor or a designated senior manager, the signal it sends within the institution and to the wider community is critically important to those people working at an operational level. He concludes that success in overcoming HIV/AIDS within the university demands exceptional personal, moral, political and social commitment on the part of the top university executive (Chetty, 2000). At the University of Namibia the top management ensures that all members of staff are familiar with the HIV/AIDS policy and the legislation that governs HIV/AIDS in the workplace (Otaala 2003).

Institutions such as the University of Botswana; University of Cape Town; University of Natal; Kenyatta University and University of Namibia have established HIV/AIDS units to coordinate activities across the institutions and to prevent ad hoc approaches to programmes and to ensure institutional involvement in HIV/AIDS prevention. The University of Pretoria supports a Centre for the Study of AIDS in Africa whose primary purpose is to mainstream HIV/AIDS through all activities of the university to ensure that it is able to plan for and cope with the impact of HIV/AIDS on the whole tertiary education sector in South Africa (Otaala, 2003). At Sokoine University an AIDS Committee was formed at the university and was inaugurated in June 2001 (Ennals and Rauan 2002). Several higher education institutions in Eastern Africa participating in a workshop organized by African Women in Science and Engineering (AWSE) in 2001, reported that their institutions had AIDS Committees or Boards in place.

Saint argues that institutions that establish AIDS coordination units have better organized programmes. He argues that new initiatives do not happen by themselves and therefore sustainability and accountability for results cannot depend entirely on voluntary workers. A visible focal point – an office with two or three competent staff – is necessary to provide day-to-day attention, encouragement to other units, strategic reflection, and a means of disseminating new knowledge and ideas in the AIDS arena. Very few institutions, however, have taken the next step and actually establishing a budget for their AIDS programmes (Saint, 2004).

Chetty noted that in general, however, manifestations of such top-level commitment are rare. University-wide structures for coordinating and implementing the institution's response to the disease are the exception rather than the rule. Budgetary provision for the implementation of any AIDS-related plans also tended to be uncommon. In the current scenario few people at institutional level are designated with full-time responsibility for AIDS, but this is a growing trend. Many others are hesitant to adopt a similar approach, largely because of the cost factor (Chetty 2000). Abebe (2004) also noted that the commonest forms of units charged with HIV/AIDS intervention responsibilities appear to be committees and clubs rather than formal units within the institutional structure.

Kelly noted that no university appeared to be giving any thought to its responsibility to build up the professional skills and capacities that are being run down in society as a result of AIDS. Neither was there any evidence that universities were aware of their "intellectual leadership" responsibility to react to the new and special knowledge needs of a society living with AIDS (Kelly, 2001). Abebe notes nearly three years later that the realization that universities should be at the forefront in the fight against HIV/AIDS is neither really apparent nor pervasive among staff and leadership, if at all institutional responses to HIV/AIDS were found to be reactive rather than proactive and ad hoc rather than systematic (Abebe, 2004).

3.2 Involvement of students and staff in HIV/AIDS Response Initiatives

It is evident from the case studies that have been carried out in higher education institutions that students are more active in HIV/AIDS response initiatives than members of staff. Abebe (2004) recently observed that staff involvement particularly among the academic staff in HIV/AIDS response initiatives is invisible. Student-based activities are more dominant on the scene and staff involvement is the exception rather than the rule, hence undermining effectiveness and sustainability of intervention programmes. Academic staff involvement, however, is more common in consultancy activities that have little or no involvement within the university's HIV/AIDS intervention programmes.

While students in higher education institutions have generated a creative array of activities in response to the HIV crisis their response initiatives are widely divergent, with some institutions reporting a persistent difficulty in mobilizing students beyond one-off activities, and a low level of interest from student organizations while others have been able to engage students through their professional interests and volunteer projects (Chetty, 2000; AWSE, 2001; Ennals and Rauan, 2002).

University of Nairobi students have organized AIDS Awareness Campaigns, featuring events including a beauty contest to attract interest, and combining this feature with AIDS talks and dissemination of educational materials. The 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. Mekelle

University in Ethiopia is part of a national and regional initiative against HIV/AIDS. Both governmental and non-governmental sectors are participating in the effort towards awareness raising, prevention and information services. The initiative has two programmes: the student's anti-AIDS club and a special programme for female students. The student anti-AIDS club's main thrust is awareness raising and information service through seminars, dramas, group discussions and posters. The special programme for female students is organized by the academic programme office and includes support in academic, social and economic matters (Ennals and Rauan, 2002).

Students are also engaged in peer counselling and advisory services, employing a variety of outreach methods, including events involving plays and skits, songs and dances, and artwork, and educational materials using mixed media including videos, newsletters, magazines, and posters. Maseno University's Peer Education Club (MUPEC), for example, organizes activities such as AIDS Campaign Days; it 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 (AWSE, 2001).

At Kenyatta University, the students are organized not as a club, but specifically as a peer counselling service, originally established to deal with student pregnancy but now focusing largely on HIV. Prospective counsellors are screened in a multi-stage process and then trained extensively by professionals for eight hours a day for ten days before going into the field. Kenyatta now has 50 peer counsellors, half of them male and half female; and in addition to holding events and producing educational materials in various media, they perform group and door-to-door counselling (AWSE, 2001).

The Students Peer Education Project of the University of Cape Town (SHARP) started in 1994 to recruit and train 200 students per year to present interactive workshops for other students and pupils in the Cape Metropolitan region. Training modules cover a range of topics such as reproductive health and HIV/AIDS, decision-making skills, saying "NO"; relationships and values, and alcohol and drug use and abuse. There are also a number of other peer education programmes run by other institutions, which are well developed and well utilized, though they may not be in every instance part of a coherent tertiary institution response to HIV/AIDS (Otaala, 2003).

'My Future is My Choice' (MFMC) is a University of Namibia initiative that aims to empower learners by giving them information and skills that will enable them to make the personal choice to change their behaviour. The training provided covers ten sessions and covers topics such as reproductive health and HIV/AIDS, decision-making skills, saying "NO"; relationships and values, and alcohol and drug use and abuse. To date, over 100,000 school learners and out-of-school youth have been reached and over 200 University of Namibia students instructed. So impressive has the programme become that not only did it win the Commonwealth Award for Actions on HIV/AIDS in 2001, but the

Ministry of Basic Education, Sport and Culture in Namibia has declared it a compulsory extramural activity for all secondary schools (Otaala, 2003).

Saint (2004) argues that AIDS activities planned and executed with student involvement are more effective because students generally have a better understanding of their social milieu that older adults often lack. Peer counsellors are also likely to be present where they are needed most, and to be available nearly twenty-four hours a day. In addition, the action of peer counselling serves as an important role model and also impacts positively on those who do the counselling as well as on those who are counselled.

While student-led activities have enjoyed success in raising awareness of HIV issues, student bodies raise several challenges that they continue to face. These include denial - "it can't happen to me" - which remains prevalent among students, resistance to the use of condoms, abstinence being a "non-issue", and persistence of negative attitudes towards infected individuals. Students also note that there are some religious barriers to HIV prevention. Among these is the resistance to discussing sex at all on the grounds that it promotes immorality or should be restricted to married couples and a persistent anti-condom stance (AWSE, 2001 and Ennals and Rauan, 2002).

3.3 Institutional Policy Development on HIV/AIDS

Saint (2004) suggests that developing an institutional policy on HIV/AIDS is the first action that tertiary institutions should take. Several higher education institutions, especially in Southern Africa, have institutional policies on HIV/AIDS. Several others, with support from ADEA-WGHE, are in the process of developing such policies. These include the Mombasa Polytechnic and Highridge Teachers Training College in Kenya; Nkumba University in Uganda and the University of Botswana. Others, such as the Kigali Institute of Science and Technology (KIST) in Rwanda were preparing institutional policy development proposals for submission to ADEA-WGHE for a competitive award available for institutions in French-speaking countries (Otaala, 2003). Chetty (2000) observed, however, that although higher education institutions in South Africa were aware of the desirability of policies to guarantee non-discrimination, there seemed to be a reluctance to put these policies in place. He further observed that in South African universities because policies on HIV/AIDS had been left to institutions to define and implement some institutions had highly developed policies and programmes while others had neither in place.

Saint (2004) provides the following summary list of higher education institutions in Africa that now have HIV/AIDS related policies:

- *Botswana*: University of Botswana.
- *Kenya*: Highridge Teachers College, Jomo Kenyatta University, Mombasa Polytechnic and Kenyatta University.
- *Namibia*: University of Namibia.
- *South Africa*: University of Port Elizabeth, Potchefstroom University, University of Natal Rand Afrikaans, University Medical University of South Africa, University of Pretoria, University of Cape Town, University of South Africa,

University of the Free State, University of Witwatersrand, University of Stellenbosch, Rhodes University, and University of the Western Cape.

- *Uganda*: Nkumba University (Saint 2004).

It is evident from this list that the majority of higher institutions in Africa lack institutional HIV/AIDS policies. Chetty (2000) noted that the content of the policies had generated a debate about where the emphasis should be put. The University of Namibia's HIV/AIDS Policy has four principal constitutive components. These are: the Rights and responsibilities of Staff and Students, the integration of HIV/AIDS in teaching, research and community service, preventive care and support services, and policy implementation, monitoring and review (Otaala, 2003). It is noted, however, that ultimately, any institutional policy will only be as effective as the leadership that owns and supports it.

The need for gender-sensitive policies for staff and students is stressed in the literature (Chetty, 2000; Kelly, 2001; Ennals and Rauan, 2002; AWSE, 2001). The fact that women are more vulnerable to HIV/AIDS is well accepted but ways of radically reducing the level of threat to women are still not well developed. The knowledge that the HIV/AIDS epidemic will have a differential impact on women, particularly in the university age cohort, is adequate warning that any intervention must take account of the specific needs of young women and the points at which women are made vulnerable by institutional, sexual or social practices (Chetty, 2000).

The need to include anti-sexual harassment policies similar to those introduced by the University of Botswana and the University of Namibia in institutional HIV/AIDS policies has been stressed. Sexual harassment policy and procedures assist in cases where a member of the university community feels that he or she is being or has been sexually harassed and to designate penalties for those who are found guilty. Otaala suggests that higher education institutions can help by providing moral leadership as well as conducting research related to traditional African core values on sexuality (Otaala, 2003).

Institutional HIV/AIDS policies however may not be a sufficient precondition for good programmes or success. Chetty (2000) noted that some institutions had taken the view that programmes could be launched and delivered successfully without a fully developed policy framework. However, where the framework exists, it acts to strengthen the response. To support the development of institutional responses to HIV/AIDS within the African context, the Association of African Universities has produced an HIV/AIDS "toolkit" for tertiary institutions (Chetty, 2003). The toolkit is intended specifically for use by institutional managers within the campus community. It is a package of reference materials designed to support the development and management of comprehensive institutional responses to AIDS.

3.4 HIV/AIDS-related programmes and services in institutions

A variety of other measures in response to the HIV crisis have been put in place by higher education institutions. These include awareness-raising prevention programmes and care and treatment services. Most higher education institutions have health centres; some now have sponsored active and functional VCT Centres. These include the University of Botswana, the University of Durban-Westville, University of Cape Town,

the University of Pretoria, the University of the Witwatersrand, the University of Natal, and the University of Stellenbosch. Others provide voluntary counselling without necessarily maintaining centres on campus, as actual testing is done on a referral basis (Otaala, 2003). Other universities are also engaged in community outreach activities, such as offering home-based care, education and counselling services, research, medical treatment, and working with women and youth groups (AWSE, 2001).

Chetty (2000) noted that HIV/AIDS-related programmes in many instances take the form of ad hoc activities without the backing of an institutional framework or plan and are unevenly spread across the sector. Kelly (2001) also noted that services provided in institutions of higher education are not very comprehensive in either scope or coverage, and they tend to focus mostly on students and are essentially health-centred. They provide mainly public information on prevention, some health treatment, and some counselling and condom distribution. The main thrust of university information, education and communication efforts in relation to HIV/AIDS tends to occur in the brief period of student orientation at the beginning of the academic year where incoming students are given some factual information about the disease, STDs, and the avoidance of unwanted pregnancies. In almost all cases, however, these are one-off presentations with little or no follow-through (Kelly, 2001 and Ennals and Rauan, 2002). At Bunda College in Malawi, it was reported that the most important function of the health centre was to provide information on HIV/AIDS to both students and staff, through awareness campaign posters; providing counselling to staff and students and providing general medicines to students and free condoms (Ennals and Rauan, 2002).

A number of issues regarding the content, general approach and perspective of educators on current HIV/AIDS information and education initiatives have been raised. These include the criticism that information and education initiatives in higher education institutions make a lot of generalities and abstract presentation of themes and principles. Secondly, they try to make sex-education part of the curriculum, which misses the point because the real issue is how to ensure that young people are provided with the opportunity to act responsibly not just in their sexual lives. This means giving meaning to their lives, not just in an educational context (Ennals and Rauan, 2002). Ennals and Rauan further point out that what is missing is a supportive economic and social structure that addresses poverty and ensures that youth have access to employment and to sustainable livelihoods.

Some interesting initiatives have been introduced in some higher education institutions. For example, in 2004, as part of their orientation, university, technikon and college students throughout South Africa took part in an interactive computer game called *Your Moves - to be a player, or a life-stayer*. The game was launched in January 2004 by the Higher Education AIDS (HEAIDS) initiative's programme to curb HIV infection among students and staff in higher education. About 7000 copies of the game, that poses some of the complex life choices young people face, were distributed at all South African universities and technikons during orientation. The development of the CD-ROM involved input from experts and students in tertiary institutions. Using actors and situations students face, the game encouraged the user to make a choice, which in turn

displayed a screen showing the likely consequences of such a choice. At the end, a risk assessment was given, based on the choice the student or staff member had made. The South African University Vice-Chancellors' Association and the Committee of Technikon Principals back the project (Melanie Peters in the *Saturday Star* of 24th January 2004).

Saint (2004) argues that AIDS prevention is important, but insufficient by itself. An institutional response strategy to AIDS must be based on a continuum of prevention, treatment, care, and support. All campuses contain persons living with AIDS. These people deserve understanding, encouragement, respect and occasional accommodation. A large number of staff and students are required to deal with the psychological stress and trauma associated with the knowledge that a family member or close friend is battling AIDS. Students in particular require support, counselling, and timely intervention to help them to remain in school under these circumstances. He noted that the weakness of most current tertiary institutions' responses to AIDS is that they tend to be one-dimensional. They often concentrate on awareness campaigns and do not do enough in terms of voluntary testing, counselling and support, care and treatment, curriculum integration, community outreach, research and the creation of external partnerships.

3.5 Research on HIV/AIDS carried out in Institutions

Several universities in Africa are generating HIV/AIDS-related research that has added considerably to the international understanding of HIV/AIDS. The research covers all areas — scientific, medical, social and communication — and frequently extends to include community outreach and advisory/consultancy activities. The information on AIDS research and related services, however, is not well shared within or between universities (Chetty, 2000; Kelly, 2001). Kelly noted that most of the research done is commissioned and carried out by individuals and the findings have been more extensively disseminated internationally at HIV/AIDS conferences and in international journals than nationally (Kelly, 2001). Very little seems to have changed in this area during the last three years as Abebe (2004) notes that there are few innovative initiatives to institutionalize research on HIV/AIDS. The dominant state of affairs dictates research on HIV/AIDS to be accidental rather than systematic, individual rather than institutional and externally induced rather than internally initiated.

Chetty (2000) and Kelly (2001) suggest that the crosscutting and multidimensional nature of the HIV/AIDS epidemic calls for a broad and multi-disciplinary response. Elements of this approach must also characterize university HIV/AIDS research. While each discipline must respect its own research canons, the university must ensure that some element of multi-disciplinarity and cross-sector collaboration characterizes its HIV/AIDS research.

3.6 Integration of HIV/AIDS in the Education and Training Curriculum

The integration of HIV/AIDS into the curricula has taken on various forms; these include incorporating issues within existing courses and or designing stand-alone courses that are

either optional or compulsory (Abebe 2004). With few exceptions, however, higher education institutions' training and education programmes have not adequately integrated HIV/AIDS. There are examples where some institutions have made provision for attention to HIV/AIDS at some points of the curriculum. A number of courses, both voluntary and compulsive, have also been introduced in various institutions at different levels, even though these do not constitute "mainstreaming" HIV/AIDS throughout the curricula (Kelly, 2001; Ennals and Rauan, 2002).

At the University of Cape Town (UCT), the HIV/AIDS Unit is involved with incorporating HIV and AIDS material into formal curricula. Drawing on staff from various departments, courses are developed, taught and evaluated to ensure that UCT students graduate knowing how to respond to HIV personally, professionally and as responsible members of the community. The Unit offers training to UCT staff members through a series of three workshops run every term. Workshops cover topics such as basic information, communicating with children about AIDS, and living with HIV. UCT also focuses on work-place issues, looking at managerial responsibilities and the rights of employees with HIV, and understanding the UCT policy on HIV/AIDS. The Unit was planning to present a module on HIV/AIDS in the Psychology I course in 2003 as well as a Commerce Faculty foundation course entitled "Thinking about Business" (Otaala, 2003).

The University of Namibia has introduced a compulsory examinable module for all first year students. The module entitled "Social Issues" deals with gender, ethics, and HIV/AIDS. Various departments have also made efforts to incorporate aspects of HIV/AIDS. Kenyatta University offers a wide variety of HIV/AIDS-related courses at the certificate, diploma and post-graduate levels, as well as a compulsory core unit for all students. In addition to the various programmes cited above, a number of universities currently offer Master's degrees with a specialization in HIV/AIDS. At the University of Cape Town, for instance, an MPhil course in HIV/AIDS in the Faculty of Humanities is being offered. At the University of Botswana, the M.Ed degree in Counselling and Human Services, which has HIV/AIDS components, has been mounted. However, not many institutions have yet joined in this effort, and complete mainstreaming of HIV/AIDS into academic programmes has not been fully achieved (Otaala, 2003).

Kelly noted that HIV/AIDS policies do not insist on the inclusion of HIV/AIDS within teaching programmes, its inclusion depends greatly on initiatives arising from individuals or departments. He suggests that in the university setting, it would be more productive to integrate relevant HIV/AIDS concerns into all teaching programmes and courses, underlining their relevance to subsequent professional life, rather than focusing concern on information and sensitization programmes directed towards knowledge as a motivator for behavioral change (Kelly, 2001).

4. HIV/AIDS in higher education institutions in Uganda

Uganda is one of the countries in Sub-Saharan Africa worst hit by HIV/AIDS, at the same time it is also among the few nations that have successfully stemmed the escalation of the epidemic. HIV prevalence among the adult sexually active population is estimated to have dropped from 18% in 1992 to 5% in 2001. In an estimated total population of 23 million, 1,050,555 million people in Uganda are estimated to have HIV/AIDS. About 120,000 have developed AIDS. Nearly 80% of those infected with HIV are between the ages of 15-45 years, this is the most economically productive age group. Adolescent girls between 15-19 years are 4-6 times more vulnerable than their male age mates (UAC, 2003).

According to the Strategic Plan for Higher Education 2003-2015, the institutions that fall under the higher education sector are those that offer advanced training to students who have completed A-level or equivalent programmes. In Uganda registered higher education institutions include sixteen universities and approximately sixty others that include national teachers colleges, colleges of commerce, paramedical training institutions, cooperative colleges, agricultural colleges and hotel and catering institutes. Out of these approximately seventy-six institutions of higher education, this review accessed documented information on only fifteen of them.

4.1 Situation and Impact of HIV/AIDS in higher education institutions in Uganda

The literature searches both online and physical in Kampala and Entebbe revealed that no detailed studies exist on the impact of HIV/AIDS on higher education institutions in Uganda. Anecdotal evidence does exist, however, that suggests that attrition among staff and students is being experienced in higher education institutions in the country. A study carried out in 1993 in Uganda reported that by 1992 deaths resulting from HIV/AIDS were already beginning to be experienced at Makerere University. Babikwa and Kirumira (1993) suggested that deaths were probably also occurring in other tertiary level education institutions in the country but the data was not readily available. They reported that between 1986 and 1988 out of the 240 officials sent to study abroad 12 died, 10 of who were AIDS cases (Babikwa and Kirumira, 1993). At the 11th International Conference on AIDS held in Vancouver, Canada, in 1996, Buyla et al (1996) presented a paper entitled “The effects of HIV/AIDS on tertiary education in Uganda”. The presentation raised concerns regarding the increasing staff and student attrition in tertiary education institutions as a result of HIV/AIDS.

Makerere University in 2002 participated in a study on ‘The Status and impact of HIV/AIDS in agricultural universities and colleges in Africa’ carried out by NORAD’s Centre for International Environment and Development Studies. The purpose of the study was to report on the status, impact and preventive actions taken by partner universities and colleges of the Agricultural University of Norway against the spread of HIV/AIDS. The Report on Makerere University, however, is very scanty in terms of information on

the situation of HIV/AIDS in the institution. The report gives no figures on HIV/AIDS-related morbidity and mortality among staff and students within the university. The report observed that although the university health unit had some records on HIV/AIDS-related morbidity and mortality, this information was not made readily available. The report further noted that it was difficult to keep reliable records on student and staff morbidity and mortality because when students and staff become symptomatic, some opted not to make use of the university's health services and despite the wide publicity about the HIV/AIDS pandemic in the country, people still feel embarrassed to disclose that they are HIV-positive. The report notes that interviews with students revealed that HIV/AIDS-related mortality within the university was serious and students were dying before completing their studies. They also reported that HIV/AIDS-related morbidity and mortality was serious among staff within the university (Ennals and Rauan, 2002).

Nkumba University HIV/AIDS Policy document reports that the University is experiencing absenteeism and deaths among the students. The most common causes for absenteeism on the part of students is lack of fees owing to the sickness or death of a benefactor. Deaths related to HIV/AIDS have also been suspected among students who have died before and soon after leaving the University. The Policy document observes that AIDS is one of the major causes of morbidity, mortality and depression within the University community. The commitment staff and students have to family members and relatives who are sick and their participation in funerals, which are very frequent, affects their performance. It is further noted that in a developing society where extended family networks are the norm, such frequent commitments have far-reaching consequences. The policy document anticipated that the quality of teaching and learning outcomes at the University are likely to decline in 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 (Nkumba University HIV/AIDS Policy, 2002).

The policy document further notes that the university is beginning to experience a strain on its financial resources as a result of HIV/AIDS. It reports that: the university's income and expenditure budgets are being 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 dropouts of students from the University programmes due to sickness, deaths or inability to pay due to loss of a guardian or a sponsor, it is becoming increasingly hard to anticipate annual incomes from university fees, thereby making it difficult to budget meaningfully (Nkumba University HIV/AIDS Policy, 2002).

Bukalasa Agricultural College reported at a recent workshop organized by the Ministry of Education that since 1990 the college has lost a number of academic and support staff to AIDS and that this has resulted in staff shortages which have in turn resulted in increased workload, fatigue and demoralization amongst available staff. The report further notes that this loss of experienced staff has resulted in loss of skills and expertise. The report notes that AIDS has had its highest impact among support staff. The performance of

students who are infected and those from affected families is reported to be noticeably poor. Student withdrawal from studies was reported to be often due to an inability to pay fees or because of illness (MoES/UNESCO Report, 2004). The report, however, does not provide figures of how many staff members and students it has lost nor does it give concrete examples of how staff shortages have resulted in increased workload.

The media have from time to time provided a constant reminder of the fact that higher education institutions in Uganda are high-risk institutions for the transmission of HIV/AIDS as a result of sexual harassment, consensual rape and in some cases prostitution. A review of media reports during the first half of 2004 revealed two articles relating to this issue. In an article published in the newspaper, *The Monitor*, the Deputy Vice Chancellor Makerere University advised female students to report staff members who sexually harass them. His appeal followed complaints from female students during a workshop that sexual harassment by lecturers was common. He noted that he was aware that few students could report their lecturers for sexual abuse because they feared their academic future would be shattered but he encouraged them to report them so that the administration can take appropriate action. The students argued that most of the lecturers trapped them when they have academic problems, like missing a test or coursework. They also demanded sexual favours in exchange for good academic grades (*The Monitor*, 25th May 2004).

In another article also in *The Monitor*, extracts from a consultation report entitled “Sexual and Reproductive Health Situation at Makerere University” were reproduced. The report observed that many rape cases of mostly new female students have been reported in male halls of residence. This abuse was exacerbated by the sudden freedom and exposure that students are confronted with on entry into university. According to a counsellor at the university, some students come from rural areas, single sex schools and poor family backgrounds; this exposes them to sexual temptations. The report further indicated that female students also sexually harass their male counterparts especially those from single sex schools who are not used to studying with girls. The report observed that most female students at Makerere University are not aware of their sexual and reproductive health rights. This has put them at a high risk of sexual harassment, sexually transmitted infections including HIV/AIDS, rape, unwanted pregnancies and abortion. The Faculty of Law at Makerere University has developed a sexual harassment policy and guidelines, which were approved by the Faculty Board in May 2002. This policy, however, is probably only being implemented within the Law Faculty and not in the rest of the university (*The Monitor*, July 2nd 2004).

In a workshop organized by the Ministry of Education and Sports for universities and other tertiary institutions to discuss the Draft Education Sector Policy on HIV/AIDS, the Commissioner in Charge of HIV/AIDS in the Ministry observed that the situation and impact of HIV/AIDS in higher education institutions in Uganda remains unknown. This underscores the urgent need for an in-depth study to be conducted in Uganda on the situation and impact of HIV/AIDS in higher education institutions. A deeper understanding of the epidemic and its implications for higher education institutions is needed to form a basis for a strategic plan, which incorporates policy and curriculum

development, capacity building, identification of implementation mechanisms and resource assessments.

5. Responses by institutions of higher education in Uganda to the HIV/AIDS pandemic

5.1 Policy responses to the HIV/AIDS pandemic

“The Strategic Plan for Higher Education 2003-2015” notes that there has been no deliberate effort to manage the HIV/AIDS scourge in higher education institutions, yet the population in these institutions is exposed to the risks of HIV/AIDS transmission. It notes that the age group in these institutions is most active and is therefore more at risk than perhaps other age groups. The plan recognizes this threat and has laid out interventions to prevent and control HIV/AIDS in higher education institutions through the development of an HIV/AIDS prevention strategy. The plan proposes to fight the spread of HIV/AIDS in higher education institutions in Uganda by developing policies that ensure HIV/AIDS prevention. The specific activities proposed under the plan are:

1. The development of clear guidelines to be used by higher education institutions to combat HIV/AIDS in accordance with the government policy on HIV/AIDS
2. Requiring that every higher education institution includes a deliberate strategy to combat HIV/AIDS in its institutional strategic plan
3. Instituting an HIV/AIDS Sub Committee under the National Council for Higher Education (Council for Higher Education, 2003).

“The Education and Sports Sector Policy and Guidelines on HIV/AIDS” stipulates that sub sectors are being called on to use the framework of the policy to develop more detailed guidelines for their stakeholders. Higher education institutions are therefore encouraged to use their autonomous status to develop institution-specific policies (MoES, 2004).

At present, only one university (Nkumba University) has an HIV/AIDS institutional policy. Two other universities reported that their policies are nearly complete. Mbarara University of Science and Technology report that they have completed the development of their institutional policy on HIV/AIDS and that it will become operational in the 2004/2005 financial year; while Kyambogo University is in the process of completing its institutional policy. The rest of the higher education institutions, including Makerere University, lack well-developed action plans and policy frameworks for responding to the HIV/AIDS pandemic. This is an area, which needs urgent attention.

At a recent consultation on ‘Implementation and Mainstreaming of the Education Sector Policy on HIV/AIDS for universities and other higher education institutions in Uganda’ participating institutions were asked to provide the Ministry of Education and Sports with a short synopsis of the HIV/AIDS-related problems confronting them and key elements of their responses to HIV/AIDS. Only fourteen out of over seventy higher education institutions submitted a summary report of their activities. This very low response could be indicative of the fact that there is very little going on in the area of HIV/AIDS in

higher education institutions in Uganda. Symptomatic of this attitude is the admission by one of the colleges that it has not paid much attention to HIV/AIDS despite its impact on the local community. The college reported that it has no formal activities in the area of prevention and treatment, care and support and none has yet been planned.

It was not clear based on these institutional reports the extent to which HIV/AIDS was being experienced as a problem within the institutions. This could be indicative of the fact that in some of these institutions HIV/AIDS is not yet being experienced as a problem or it may be indicative of the silence surrounding HIV/AIDS in these institutions. Some institutions reported that stigma and discrimination continue to prevent many of those affected in their institutions from revealing their status. Uganda College of Commerce Kabale, reported that stigma and discrimination were a concern and that the college was aiming to create a network of people who will help to reduce the stigma and discrimination. Uganda Technical College, Masaka reported that students in the college had indicated a preference for VCT services, which were based outside the college because of fear of stigma and discrimination. At Uganda Technical College Masaka, it was reported that staff members who tested positive were referred to TASO Masaka for treatment, care and support. Information on the HIV status of staff was reportedly handled with care in order to protect those involved and to ensure privacy and confidentiality. Bukalasa Agricultural College also reported that though not always visible, stigma and discrimination remained a problem.

5.2 Inadequate institutional responses

Some higher education institutions in Uganda have responded to the HIV/AIDS pandemic with the introduction of prevention programmes and services, these initiatives, however, have not been well documented and are not shared widely between higher education institutions in the country. It was evident from the reports submitted that institutional responses are limited in both coverage and scope and mostly revolve around HIV/AIDS prevention education, and even then these are sometimes one-off activities rather than ongoing programmes. These institutional programmes are not very comprehensive and focus mostly on students. They mainly provide public information, together with some health treatment and some counselling and condom distribution. As in several other higher education institutions in Africa, the general response to HIV/AIDS by higher education institutions in Uganda can be described as being characterized by piecemeal responses, lack of coordination, absence of well-developed action plans, minimal policy framework and heavy reliance on the initiative of a few interested and committed members of staff (Kelly, 2001).

Higher education institutions reported involvement in HIV/AIDS prevention education programmes involving mostly students and in a few cases staff. Some institutions provide or services, which include counselling, referrals to testing centres for VCT and community outreach. A study, carried out in 2002 by NORAD's Centre for International Environment and Development Studies, reported that Makerere University's main thrust has been the provision of information in relation to HIV/AIDS to students, which occurs

during the brief period of student orientation at the beginning of the academic year. During this time, incoming students are given some factual information about the disease. Information is also provided about available university health services, counselling and condom availability. In almost all cases, however, these are one-off presentations with little no follow-through (Ennals and Rauan, 2002).

Ndejje University reported that their HIV/AIDS interventions began with a community outreach programme in 2003. It then became evident that some students within the university were dying of HIV/AIDS and others were living with HIV/AIDS. The university then shifted its focus to life within the institution and began organizing workshops and other activities as part of a community hour programme that runs twice a week. The programme targets both students and staff and involves guest lectures, promotion of VCT, psychosocial support and activities aimed at reducing stigma.

The National Teacher's College, Kabale carries out an orientation week every year, which includes activities related to life skills and sexuality. The college also started an anti-AIDS crusade in 2003. As part of this initiative, a workshop was organized, entitled Students Reproductive Health, which addressed HIV/AIDS and other Sexually Transmitted Diseases. The College library includes a guidance and counselling corner where up to date information on HIV/AIDS is available. The college has set aside some of its own resources for HIV/AIDS activities and a separate bank account has been opened to manage these funds. The five-year plan of the college makes provision for HIV/AIDS-related activities and has prioritized research for the near future.

The College of Commerce, Kabale reported that the Christian Union Fellowship was engaged in sensitization and outreach activities prior to the establishment of the AIDS Desk in the College. The role of the AIDS Desk is to mobilize students, coordinate activities and mobilize resources for anti-AIDS activities through an association called the UCC Kabale HIV/AIDS Association. Upon enrolment, Uganda Technical College, Masaka provides students with information relating to available HIV/AIDS and VCT services. Students are encouraged to abstain from sex; however, condom information is provided for those who request it. Uganda Teachers College, Unyama is involved in awareness-raising activities, including the celebration of the Worlds AIDS Day and condom promotion. Students are assigned to tutors who have the responsibility of providing information and support to other students on HIV/AIDS-related issues. Activities in the college, however, are reportedly constrained by insecurity linked to the ongoing conflict in the area.

Several higher education institutions reported that they worked in partnership with other agencies in providing HIV/AIDS-related programmes and services. The National Teachers College in Nkozi is working closely with TASO in training and in community-based HIV/AIDS activities. At Kigumba Cooperative College, HIV/AIDS education is carried out on campus in collaboration with the District Health Educators. The Uganda College of Commerce, Aduku, reports that it has been actively working on HIV/AIDS since 1999, mostly in the area of prevention. Its prevention activities include regular sensitization of students and staff usually through staff meetings and assemblies, public

lectures where invited guests address the college staff and students, observance of World AIDS Day, films and drama. Condoms are distributed in the college with support from the Red Cross.

Makerere University Business School in partnership with the Family Planning Association of Uganda is running a behaviour change communication programme. Three workshops are organized each semester for students and information bulletins distributed. Straight Talk Foundation IEC materials are also distributed to students through the peer counsellor network. In 2003, the counselling section began targeting first-year students in a campaign focused on HIV/AIDS and other STIs. Makerere University Business School has a health facility and a counselling section, which currently offers pre- and post-test counselling and a range of awareness-raising activities, which promote testing. Management of medical issues is carried out through referrals to hospitals. The in-house counsellor at the Business School supervises a network of 40 trained student peer counsellors who focus on information and prevention education. Kyambogo University has established a VCT centre for staff and students at the university and has sent some of its staff for training in HIV/AIDS counselling.

The National Teacher's College, Kabale reported that tutors provide counselling services to students. Bukalasa Agricultural College reported that it has a Counselling and Guidance section, staffed by two lecturers who handle students mainly and a resource centre, which has materials on HIV/AIDS. The Uganda College of Commerce, Aduku has a counselling and guidance section, which it would like to improve by putting in more materials on HIV/AIDS. The major constraint at present is funding. Under the supervision of TASO and the Uganda Cares Organization, students of the School of Comprehensive Nursing, Masaka carry out home visits, day care centre activities, counselling, treatment of opportunistic infections and ART management.

5.3 Student-led HIV/AIDS programmes

Student bodies in higher education institutions are reported to be actively involved in organizing HIV/AIDS-related activities in their various institutions. These activities, however, are most of the time one-off activities and are not well documented. For example, the Makerere University Community Awareness Project (MUCAP) is organized under the Students' Guild. The project focuses on sensitizing university students about HIV/AIDS and subsequently promotes behavioural change. The major activities of the project are, peer education, organization of HIV/AIDS talks, distribution of condoms and promotional items like T-shirts, brochures and posters. The project also organizes film shows, World AIDS Day and an HIV/AIDS awareness day for first year students during the orientation week (MUCAP Report 1992-2000). It is evident from the project reports the activities organized do not follow a well-developed work plan.

Mbarara University of Science and Technology currently has three student organizations active in work on HIV/AIDS and there is also a peer-training programme, run in collaboration with Lund University. The Students' Guild at the School of Comprehensive Nursing, Masaka is responsible for HIV control and prevention activities including the

distribution of condoms to students. At the Uganda Cooperative College in Kigumba, students have been involved in forming anti-HIV/AIDS clubs, which include peer education. Peer educators in the college use drama, debates and role-plays to stimulate discussions and deal with problems relating to HIV/AIDS. Students in the college have also been involved in care and support visits to ill people in the community. They also work with local schools and colleges to stimulate HIV/AIDS-related activities. 'Games of Life' is an outreach initiative, which provides health education and information to vulnerable children and youth aimed at reducing risky behaviour and promoting positive behaviour change. Condom use is encouraged, especially amongst sexually active students, and access is made easier through the residences. This initiative is meant to complement an existing focus on the promotion of abstinence.

The students at the National Teacher's College, Kabale in 2003 established the Student Peer Counselling and Guidance Committee. The Committee organized a week of activities that included drama performances, poetry reading and articles on HIV/AIDS. In 1998, the students at Bukalasa Agricultural College formed the Reproductive Health Club in collaboration with the Luwero and Wobulenzi youth clubs. The club's activities include counselling, treatment of STIs, information and education sessions and the distribution of condoms. The institution report notes, however, that despite the value of this initiative, it only reaches a small number of students.

5.4 Integration of HIV/AIDS into teaching curricula

A few institutions reported that they have integrated HIV/AIDS in the teaching curriculum. For example, Bugema University reported that it has introduced a compulsory core course on HIV/AIDS and reproductive health for all university undergraduate students. Bishop Barham College, of Uganda Christian University, Kabale reported that it has integrated HIV/AIDS within the curriculum particularly in the disciplines of theology and social work and administration. Attempts are being made to broaden the scope of curriculum integration. The School of Comprehensive Nursing, Masaka has also integrated HIV/AIDS into its training curriculum. Ndejje University reported that HIV/AIDS is being mainstreamed in the curriculum, specifically in the Bachelor of Arts in Community Development and the Bachelor of Development Studies degree programmes. The reports, however, do not give any details as to how these curriculum integrations have been achieved.

5.5 HIV/AIDS-related research

- The Uganda National Council for Science and Technology, functions as a clearing house for research in Uganda, registering and clearing research. In its report to the Ministry of Education regarding research work relating to HIV/AIDS, the Council indicated that to date it has registered a total of 112 research projects in the health sciences and 48 in the social sciences. The Council hosts an AIDS Research Committee, which meets every month to review research protocols in the field. The council includes the following participating institutions Makerere University:

- Institute of Public Health,
- Makerere- Case-Western Research Collaboration
- Mulago Hospital Dental Department
- Medical Biotechnology Laboratories
- Makerere-Johns Hopkins Research Collaboration
- The Uganda Virus Research Institute
- The Child Health and Development Centre
- The Joint Clinical Research Centre
- Ministry of Health
- The Mildmay Centre
- Nsambya Hospital
- The Centre for Disease Control and
- The Uganda AIDS Commission.

The composition of this committee serves to underscore the fact that most HIV/AIDS-related research in Uganda is carried out by Makerere University and mainly in the medical field. Since the early 1980s, Makerere has been engaged in medical research and to a less extent, social research that has been mostly collaborative. Unlike in the medical field, most of the social research studies on HIV/AIDS are more individual than institutional. The findings from these studies are more extensively disseminated internationally than nationally. In general, like elsewhere in Africa, information on AIDS research is not well shared within or between universities in Uganda.

6. Conclusions and Recommendations.

6.1 Conclusions

While the knowledge base on the situation and impact of HIV/AIDS in higher education institutions in Africa has grown considerably during the last couple of years, very little is known about what is happening in Uganda. There is hardly any systematic research or documentation on the situation and impact of HIV/AIDS in higher education institutions in Uganda unlike in some of the other African countries where detailed case studies have been conducted. Very little is known about the impact that HIV/AIDS is having on staff, students and on the overall functioning of higher education institutions in Uganda. At the same time, like other institutions elsewhere in Africa, higher education institutions in Uganda are not engaged in any systematic impact and risk assessment of HIV/AIDS at institutional level.

In terms of responding to the HIV/AIDS pandemic at institutional level, it is evident from the literature reviewed that higher education institutions in Uganda have been slow in responding to the HIV/AIDS problem at institutional level. There has been no urgency on the part of higher education institutions in Uganda to formulate and disseminate HIV/AIDS-related policies. To date only one higher education institution has an institutional HIV/AIDS policy in place while two others are in the pipeline out of a total of more than seventy higher education institutions. Literature from elsewhere in Africa indicates that several higher education institutions have had HIV/AIDS institutional

policies for a couple of years and that these policies have provided institutions with a framework for planning, implementing and coordinating HIV/AIDS-related responses.

The limited literature available on higher education institutions in Uganda suggests that, like elsewhere in Africa, institutional silence in relation to HIV/AIDS exists and that secrecy, denial and fear of stigmatization and discrimination may contribute to the difficulties of establishing the true magnitude of the HIV/AIDS problem within higher education institutions. They may also contribute to staff and student reluctance to utilize institutional health services. Most higher education institutions in Uganda have health units and a few have now introduced VCT centres on their campuses. Some report, however, that there is still reluctance on the part of HIV-positive students and staff to utilize these services due to the perceived lack of confidentiality.

Institutional approaches to HIV/AIDS prevention programmes in higher education institutions in Uganda have mainly focused on students and in most cases have taken the form of a one-off approach during orientation. Those that address staff are almost non-existent. Most of these programmes have not been integrated into the overall planning and budgeting process of institutions. Literature from elsewhere in Africa suggests that where there is the commitment of the top institutional leadership to addressing the HIV/AIDS problem, HIV/AIDS programmes and services have been integrated into the overall planning and budgeting process of institutions. Is this what is missing in Uganda or is HIV/AIDS not a problem in most higher education institutions in Uganda? These are issues that need further exploration. Elsewhere in Africa some institutions have created institutional structures with full-time staff to coordinate and oversee HIV/AIDS-related activities at institutional level. Most higher education institutions in Uganda, however, are not yet at this stage of institutionalizing HIV/AIDS programmes and services.

Students in higher education institutions in Uganda, as elsewhere in Africa, have been actively involved in organizing HIV/AIDS prevention and out reach programmes. Their involvement in these activities is more visible than that of staff. As elsewhere in Africa, some of the literature points to the fact that higher education institutions in Uganda are high-risk institutions for the transmission of HIV/AIDS and that female students are particularly vulnerable. Students reportedly come unprepared for campus life and the natural tendency of this age group is to experiment with sex, alcohol and in some cases drugs. There are also reports of sexual harassment by lecturers and other students. This situation is not helped by students' lack of skills to say no or the fear of failure.

6.2 Recommendations

There are gaps in knowledge in relation to the nature and magnitude of the HIV/AIDS problem within higher education institutions in Uganda. No actual figures or projections seem to exist on AIDS-related morbidity and mortality among students and staff in higher education institutions and it is most likely that the management information systems in these institutions are to date not collecting HIV/AIDS-related information. To rectify this situation, there is a need for more sensitization of senior managers in higher education institutions about their role in the fight against HIV/AIDS and the need for them to take

the surveillance of HIV/AIDS at institutional level more seriously. This could be done through the Council for Higher Education. There is also a need for research to shed more light on the situation of HIV/AIDS in higher education institutions in Uganda and the impact that it is having on the core functions of these institutions. At present, there is no systematic documentation of the impact that HIV/AIDS may be having on the teaching, learning, research and management of higher education institutions in Uganda.

Although the literature reviewed does indicate that higher education institutions in Uganda may be experiencing some of the negative impacts of the HIV/AIDS pandemic, very little has been documented on how the problem of HIV/AIDS is perceived within institutions of higher education, what the leadership's vision and direction are and what the priorities are in terms of prevention, care and mitigation. There is hardly any documented information regarding what resources are expended on HIV/AIDS within higher education institutions in Uganda, if at all, and very limited information exists on institutional policies on HIV/AIDS for staff and students in these institutions.

In terms of actual programmes that have been put in place by higher education institutions in response to HIV/AIDS, not much is known about their range, scope and coverage. At the same time, not much is known about the kind of impact the programmes might be having on the university communities, the kinds of challenges they may be facing or their sustainability and funding. There is need to explore the kinds of programmes that are in place in institutions of higher education in Uganda and the kinds of issues they address. For example, are they addressing prevention, workplace-related issues, problems of stigma and denial, care and treatment, and issues relating to vulnerable groups such as women?

There is a need to explore further issues relating to stigma and discrimination within institutions of higher education and whether these contribute to silence and denial at institutional and personal levels within higher education institutions, and how this might be impacting on institutional responses to HIV/AIDS. Several institutions report that they have introduced counselling programmes and are encouraging VCT. Therefore, staff and student responses to these services need to be explored. A few institutions have reported that HIV/AIDS has been integrated into some of the courses, but little is known about the form of integration that is being done.

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APPENDIX ONE

TABLE 1: KEY FINDINGS AND RESEARCH ISSUES TO BE EXPLORED FURTHER

KEY FINDINGS	RESEARCH ISSUES FOR THE NEXT PHASE
<p>Very little is know about the situation and impact of HIV/AIDS in higher education institutions in Uganda and there stills seems to be a culture of silence surrounding the disease at institutional level.</p>	<p>What impact is HIV/AIDS having on the core functions of higher education institutions in Uganda?</p> <p>What steps are needed to create data collection and analysis capacity?</p> <p>What are the factors supporting a culture of silence and stigma on campus?</p>
<p>Institutional response by higher education institutions in Uganda has been rather slow and to date only three institutions have developed institutional HIV/AIDS related policies</p>	<p>Why have higher education institutions been slow to develop policies and why have leadership and advocacy on HIV/AIDS been weak?</p> <p>How is the top management involved in the design, financing implementation, monitoring and evaluation of HIV/AIDS related responses?</p>
<p>Not much is known about HIV/AIDS prevention programmes at institutional level and about who is involved in them</p> <p>The scope and coverage of current HIV/AIDS prevention programmes at institutional level is very limited and very little is know about the impact that they are having at institutional level.</p> <p>Little is know about who is involved in the HIV/AIDS prevention programmes at institutional level</p>	<p>What kinds of HIV/AIDS prevention programmes currently exist in institutions are these programmes individual or institutional?</p> <p>What institutional structures have been put in place for coordinating, designing, implementing, monitoring and evaluating these programmes at institutional level?</p> <p>How is the information relating to these programmes collected, documented and shared if at all and with whom?</p> <p>What steps are needed to expand and enhance workplace responses to HIV/AIDS?</p> <p>What specific plans and strategies are in place or are needed to mainstream HIV/AIDS in institutions of higher education?</p>

