

THE IMPACT OF HIV/AIDS ON THE UNIVERSITY OF NAIROBI

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EXECUTIVE SUMMARY

The aim of this case study was to document the effects of HIV/AIDS on the University of Nairobi personnel, operations, resource use including its response in stemming down the rapid spread of HIV/AIDS within its community and in mitigating the adverse effects of the disease. The study was of a descriptive nature and relied mostly on qualitative methodologies such as personal interviews, group discussions and the analysis of documents. Those interviewed were such as administrators, faculty members, supportive staff and students of the University of Nairobi.

From this study, it is clear that the University of Nairobi is losing about two of its members every week which translates into about 100 people per annum through HIV/AIDS and AIDS related illnesses. The loss of manpower has particularly been more acute among senior academics and administrators, whose training takes huge financial resources and time. There has also been an increase in the level of morbidity within the university resulting in considerable strain on the meagre human and financial resources allocated to health care. Because the university health service does not offer long periods of hospitalisation, it has not been possible to monitor with accuracy the levels of morbidity and mortality within the university community, but there has nonetheless been an observed increase in the number of patients presenting with opportunistic infections such as TB within the university clinics. The central location of the university within the City of Nairobi also permits those diagnosed with HIV/AIDS to seek alternative medical care outside the university health service. The rapid increase in the applications to cover medical bills/funeral costs from CHUNA Savings and Credit Society is but a proximate indicator of increased HIV/AIDS mortality and morbidity within the university community. While absences are on the increase, their impact has largely been unfelt because the university is experiencing over-employment especially in the lower cadres. However, more resources are being diverted from supporting academic programmes into the transportation of deceased and bereaved members of the university community to funeral/burials away from the city.

Through its Vice-Chancellor, the University of Nairobi has recently recognised the devastating effects of HIV/AIDS on its personnel, finances and academic programmes. It has since intensified research activities and launched campaigns which seek *inter-alia* to intensify HIV/AIDS awareness within the university, to establish voluntary counselling and testing (VCT) services on campus and to intensify the distribution of condoms among both its students and members of staff. It is hoped that such efforts will in the long term help mitigate the potentially devastating consequences of the HIV/AIDS scourge on the university community.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	ii
1.0 HIV/AIDS IN KENYA: A SITUATIONAL ANALYSIS.....	1
1.1 Introduction.....	1
2.0 DESCRIPTION OF THE UNIVERSITY AND ITS PROGRAMS	3
2.1 Brief History of the University of Nairobi.....	3
3.0 THE HIV/AIDS SITUATION IN THE UNIVERSITY	5
3.1 Prevalence and Magnitude of HIV/AIDS within the University	5
4.0 IMPACT OF HIV/AIDS ON THE UNIVERSITY	7
4.1 Personnel.....	7
4.2 Impact on Core University Operations :	10
4.3 Financial Costs of HIV/AIDS :	11
5.0 UNIVERSITY COMMUNITY RESPONSE TO HIV/AIDS	13
5.1 University Medical Staff :	13
5.2 Medical and Dental Students :	13
5.3 Welfare Associations :	13
5.4 Awareness Creation :	13
5.5 Condom Distribution:	14
5.6 Counseling /Chaplaincy:.....	14
5.7 Staff Replacements :	14
5.8 Flexible Programmes and Bursary Allocation :	14
5.9 People Living With HIV/AIDS (PLWHA):.....	15
6.0 CORE UNIVERSITY OPERATIONS	16
6.1 Integration of HIV/AIDS into Teaching Programmes :	16
6.2 AIDS Research, Publication, Advisory/Consultancy Activities:.....	16
6.3 Provision of HIV/AIDS Documentation :	16
7.0 SOCIAL LIFE IN THE CONTEXT OF HIV/AIDS RISK	17
7.1 Male-Female Student Relationships:	17
7.2 Student-Outsider Relationships :	17
7.3 Homosexuality :	19
7.4 Drug Abuse :	19
7.5 Pornography :	19
8.0 UNIVERSITY IMAGE AND OUTREACH	20
9.0 SUMMARY AND CONCLUSIONS	21
9.1 Summary Reflections.....	21
9.2 Lessons Learned.....	21
10.0 REFERENCES	23

1.0 HIV/AIDS IN KENYA: A SITUATIONAL ANALYSIS

1.1 Introduction

The first case of AIDS in Kenya was diagnosed in 1984 but by August 1993, the number had risen to 39,000 (Republic of Kenya, 1994: 261), 65,647 by June 1996 (Okeyo *et al*, 1996:3) and 87,000 by 1998 (Baltazar *et al*, 1999: 2). These figures are, however, thought to be a tip of the iceberg as the full extent of the HIV/AIDS problem in Kenya is still unknown due to under-reporting which results *inter alia* from failure to seek medical attention, lack of diagnostic capacity in health institutions, concealment of the diagnosis due to the stigma associated with HIV/AIDS, and poor record keeping. In the year 2000, it is estimated that there are 1.9 million people who are HIV positive including 100,000 children in Kenya (Baltazar *et al*, 1999: 2).

The national HIV prevalence in 1998 was estimated at 14 percent, but data from different parts of Kenya show that regional variation in HIV prevalence rates range from 10 to 30 percent across the country (Baltazar *et al*, 1999: 2). The prevalence of HIV in urban areas is estimated at 17 - 18 per cent while in the rural areas, HIV prevalence is estimated at between 12 - 13 per cent. Despite higher HIV prevalence rates in the urban areas, in absolute numbers, there are about 430,000 HIV positive adults in urban areas as compared to 1.4 million in rural areas because over 80 percent of the Kenyan population is rural based (Baltazar *et al*, 1999: 8).

About 75 per cent of AIDS cases in Kenya occur to adults aged between 20 and 45 years, and the peak ages are 25 - 29 for females and 30 - 34 for males while the infection rates in both sexes are about equal (Baltazar *et al*, 1999: 14). HIV/AIDS is a major cause of morbidity in Kenya since there are about 1.9 million HIV positive people in a national population of 28 million persons (Republic of Kenya, 2000). This implies that about 7 percent of Kenyans are suffering from HIV/AIDS or AIDS related illnesses. About 10 percent of the reported cases of AIDS are in children under the age of five years (Baltazar *et al*, 1999: 14).

Available evidence suggests that HIV prevalence is still on the increase almost everywhere in the country. The national HIV prevalence is projected to rise to 15 percent by the year 2005 and stabilize at that level (Baltazar *et al*, 1999: 20 - 21). If HIV prevalence does increase 15 percent by 2005, then the population of HIV positive people in the country will increase to 2.2 million by the close of year 2000 and to 3.0 million by 2005. The cumulative number of AIDS deaths will also increase to from over 700,000 in 1999 to 2.7 million by 2005 (Baltazar *et al*, 1999: 21). Current estimates show that about 560 Kenyans are dying daily from HIV/AIDS and AIDS related illnesses and this number could rise to 740 deaths per day by 2005 (Baltazar *et al*, 1999: 22).

Box 1: The Impact of HIV/AIDS

Life expectancy at birth to be reduced from 65 to 42 years by 2010.

AIDS to increase deaths from 560 deaths daily by 2000 to 740 deaths per day by 2005.

AIDS deaths and reduced births due to a smaller reproductive age population to make Kenya's population smaller by 1.7 million by year 2000 and by 3.6 million people by the year 2005.

Bed occupancy by patients with HIV/AIDS and AIDS related illnesses to rise to 70% by 2010.

Total costs of AIDS to the country to rise from 2 - 4% of GDP to 15% by year 2000.

Source: Baltazar et al, 1999

2.0 DESCRIPTION OF THE UNIVERSITY AND ITS PROGRAMS

2.1 Brief History of the University of Nairobi

The University of Nairobi has its origins in a 1947 East African concept aimed at providing higher technical education for the region. This concept culminated into the setting up of the Royal Technical College of East Africa which was granted a Royal Charter in 1951. The College opened its doors for the first intake of students in 1956. In 1961, the Royal Technical College of East Africa was transformed and became the second University College in East Africa under the name “Royal College Nairobi”. In 1964, however, it was renamed the “University College of Nairobi”.

On attainment of University status, the institution prepared students for bachelors degrees awarded by the University of London while also continuing to offer college diploma programmes. It provided educational opportunities in this capacity until 1966 when it began preparing students exclusively for degrees of the University of East Africa. From July 1970, however the University of East Africa was dissolved when the three East African countries set up their national universities. This development saw the birth of ‘The University of Nairobi’ set up by an Act of Parliament.

2.2 Size and Administrative Structure of the University

Situated within the City of Nairobi, the University has developed into a major international teaching and research institution. It is currently the largest of the four public universities in the country with over 15 thousand undergraduate students and 1,500 postgraduate students. The University of Nairobi has about 1,500 academic staff and 4,500 administrative and supportive staff. It is made up of six campus colleges namely : the College of Agriculture and Veterinary Sciences, the College of Architecture and Engineering, the College of Biological and Physical Sciences, the College of Education and External Studies, the College of Health Sciences, and the College of Humanities and Social Sciences. These campus colleges are composed of faculties, institutes and schools responsible for providing a varied academic curriculum. The University offers certificates and diplomas, and awards Bachelors, Masters and PhD degrees. These courses are open to regular (government sponsored) students as well as self-sponsored students in the newly introduced ‘parallel programmes’.

Administratively, the University is headed by the Chancellor who is also the President of the Republic of Kenya. The Vice-Chancellor, appointed by the Chancellor, is the administrative head of the university. The University Council is the supreme policy making body while the senate is the internal managerial body of the university. The various colleges are headed by Principals and governed by college academic boards while the various institutes and schools within these colleges are headed by directors.

Several officers and staff have the role of looking into the welfare of students. Headed by the Dean of Students, they provide services on all campuses which include advocacy and liaison activities, chaplaincy, counseling services, services to disabled students, student organizations registration and advise services. The Student Welfare Authority (SWA) provides for residential services, accommodation and meals for the students which are available to enrolled students. Most facilities are reserved for undergraduates, however, there are facilities provided for some postgraduate

students. SWA is currently organized into two major departments, Halls and Catering, with five support departments: Finance, Maintenance, Personnel, Security and Supplies procurement.

Undergraduate and postgraduate students, both residential and non-residential, receive comprehensive medical care through the University Health Services which are provided by a team of physicians, nurses and staff under the direction of the Chief Medical Officer. However, students and their families are expected to meet expenses of any extra medical attention.

Student representation to various administrative and academic organs of the University is based on college students' organizations. Through this organizations students are expected to channel their input into the University Council, University Senate, Student Welfare Authority (SWA) and College Academic Boards. Representation to college students' organizations is through professional associations at the departmental level. These associations not only address the professional and personal welfare interests of students, but they also provide opportunities for performing community services and participation in intramural sports.

3.0 THE HIV/AIDS SITUATION IN THE UNIVERSITY

3.1 Prevalence and Magnitude of HIV/AIDS within the University

There has not been any systematic attempt to assemble data on HIV prevalence rates within the University of Nairobi. However, Dr. Sobbie Mulindi, a Senior Lecturer in the Department of Psychiatry and a Member of the National AIDS Council estimates that HIV infection rates among both students and staff of the University of Nairobi are in the region of 10 to 20 percent (Bollag, 2000). The Vice-Chancellor Professor Francis Gichaga says that the University of Nairobi loses on average two people in AIDS related deaths each week who include teaching, non-teaching and students (Siringi, 2000 : 19). According to the VC, the worst affected are the lower cadre staff who stay in slum areas where illicit sexual behaviour is rampant. This could be attributed to the stigma associated with HIV/AIDS which inhibits open discussion about the disease among both the infected and the affected. Surveillance on the disease at the university is inhibited by its central location in the city of Nairobi which allows its members access to medical services other than university health facilities. In those circumstances, accurate data on HIV/AIDS prevalence may be difficult to collect. This is complicated by the fact that there has been no meaningful attempt by the university authorities to collect HIV/AIDS related information from staff and students.

However, it is common knowledge that the University of Nairobi is affected by the epidemic. Within the last five years, the university has witnessed a rise in the occurrence of deaths among both its students and staff members. The University of Nairobi's phenomenal expansion in the 1990's through increased student intake and expansion of faculties must have also been accompanied by a rise in the number of deaths. While this is fully acknowledged, there is evidence of increased deaths due to HIV/AIDS and AIDS related illnesses. Such deaths are either confirmed or are suspected on the basis of the overt clinical symptoms that manifest on the infected prior to their deaths. Increased cases of physical emaciation, long periods of hospitalization with opportunistic diseases such as tuberculosis, herpes zoster, and other infections are most common. Given then that the university does not provide long term hospitalization, most its members who require such a facility have to use other health facilities within the city.

Box 2: Mourning the Dead in the University

The University of Nairobi has an open policy of mourning its dead especially for its staff members. A condolence book is always opened and placed at the university entrance at the main campus just below the Vice-Chancellor's office for members of the university community to sign. This is normally accompanied by a photograph of the deceased. Virtually every week there is such a condolence book these days which is clear testimony of increased death rates at the university.

Estimates show that the University of Nairobi is losing two people in AIDS related deaths each week from among its teaching, non-teaching and student population. This translates into 100 people every year.

The most affected are the low cadre staff who live in slum areas where illicit sex is rampant.

The teaching staff is always affected and these are highly trained and specialized persons who are difficult to replace.

Speculations and rumors are rife of who is speculated to be suffering from HIV and AIDS related illnesses just as soon as these clinical symptoms become manifest. It has become a common trend among both students and staff to speculate over the death of a colleague and the likelihood that such death may have been caused by AIDS. The diagnosis of who has AIDS or has died of HIV/AIDS is based on 'social' rather than 'clinical' diagnosis. People speculate on the basis either of the victim's sexual life or what they perceive to be the symptoms of AIDS exhibited by the victim. Some of the arguments are as presented in Box 3 below.

Whether confirmed or just speculated upon most students and members of staff we interviewed reported awareness of a colleague or a member of a university community who has been affected by HIV/AIDS. However, most were reluctant to disclose the names of these people except to very close friends. Equally, talking to staff as well as student welfare association officials revealed that many members had experienced deaths in their families some of which had been confirmed or suspected to be HIV/AIDS related. However, deaths caused by HIV/AIDS are often camouflaged by attributing them to a "long illness" (Nzioka, 2000). Asked about what he thinks of the HIV situation in the University, the Pensions Manager says:

Box 3 : What is said about those suspected to have HIV/AIDS

I knew with his kind of life he would not last long.

You could tell from the way he looked, he was so thin and he had rashes all over his body

You could just observe his physical appearance to know that he had got it.

She was such a loose woman, we knew it was a matter of time an it (AIDS) would catch her.

"More often than not we have no way of telling the exact cause of deaths. I can't however think of any other single cause of this surge in numbers of cases of deaths other than AIDS. I know there is a general silence about the disease here, but the situation is pathetic".

On average, about 8-12 deaths are reported amongst the University Community Members every month. Whereas most of these deaths have not been confirmed to be AIDS related, most are suspected to be. Compared to previous years, these deaths have been on the increase. For example, in 1991, the number of deaths in the university would average between 0 - 3 a month, but these rose to an average of between 4 to 6 a month.

4.0 IMPACT OF HIV/AIDS ON THE UNIVERSITY

4.1 Personnel : Cases of HIV/AIDS related illness and deaths have had a notable impact on both students and staff at the university. Some of the affected staff members have been unable to discharge their duties and responsibilities as required while affected students have had difficulties in meeting their academic obligations.

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

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

A large number of students are unable to sustain themselves at the university following the deaths of their parents or guardians due to HIV/AIDS. Such students have had to look for alternative means of financial support. For girls this includes prostitution and it is rumored that some male students could also be involved in homosexuality due to similar reasons.

HIV/AIDS has also increased level of morbidity within the university community with a corresponding strain on the university health services hence reducing the quality of health care. Cases of recurring disease episodes due to opportunistic infections are on the increase, leading to shortage of drugs in the University Health Services. Many students and staff members are to be found lining up for medical attention in the various university clinics and speculations are rife that most of the diseases are HIV/AIDS related. Between 1995 and 1999, the number of cases of patients handled at the University Health Services (UHS) has almost doubled. Whereas partly this is due to the increase in the number students enrolled in the university over the years, it also reflects an increase in morbidity in the university. This has increased work load at the UHS given that there has been no staff increases. Prolonged staff and student sicknesses which results in increased emaciation and possibly death is often speculated to be HIV/AIDS related. Further, it has been observed that some of the victims of this prolonged sickness rarely use university medical facilities. One of the reasons advanced for this has been that some of them have either suspected or confirmed themselves to be HIV positive and would wish that this status remains confidential. Few of such people would each be willing to give in to an HIV test at the university health services but would rather undergo such test (s) else-where and keep the results to themselves.

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

Absenteeism from lectures among students due to illnesses is becoming rampant. However, because the huge student population (some classes in some Departments such as Economics and Sociology have classes with as many as 300 students which make it impossible to monitor attendance closely) detection of absenteeism is not easy. Students may absent themselves due to personal or a relative or family members sickness, but this gets known to the staff and authorities only if the student misses an exam or a continuous assessment test (CAT). Equally, staff members experiencing prolonged sickness are unable to function effectively. However, the impact of staff absenteeism (where it occurs) is felt more acutely among the senior academic or administrative staff rather than among the lower cadre levels. The University of Nairobi, just like in other public institutions in Kenya, are characterized by over-employment especially at the lower levels which suggests that it will require a significant reduction of staff before absenteeism can have a felt impact on the institution.

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

The University of Nairobi has also experienced increased absenteeism due to funeral attendance. In cases of student death, some members of staff get involved in arranging for transport and have to accompany the body of the deceased to the rural areas for funerals. The members of staff, who would normally be from the community from which the student came from or from one of the departments where the student was learning would normally represent the Vice-Chancellor at the funeral. These lecturers are often given allowances averaging Kshs. 5,000 per day (US \$ 70) for the entire period spent out of town as such occasions are treated as official engagements. Most funerals and burials in Kenya occur during the weekends so they cause minimal disruptions of the normal operations of the University. In case of death of a staff member, the impact of such death on the operations of the university is higher because other staff members have to be involved in making arrangements for travel and burial of their fellow staff members. When there has been an involvement of the teaching staff, they have had to call upon some of their colleagues to take over their responsibilities for some time.

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

“When a student dies, his colleagues threaten to burn our offices demanding for transport. There was an incident where a mob of students threatened to lynch me and

even went a head to commandeer a faulty bus to take them to a colleagues funeral”.

However, the university is fortunate to have a mortuary of its own known as Chiromo mortuary. This facility which is operated commercially by the Department of Human Anatomy in the College of Health Sciences enables the University of Nairobi to help both students and staff members who are bereaved with storage services for their deceased for free. Increased deaths of its members do, however, mean that in the University could also be losing revenue because of reduced capacity to take the bodies of outsiders.

There is also an increase in the number of applications for financial assistance from the University staff Savings and Credit Society known as CHUNA SACCO. The society has had to create a special fund to accommodate the needs of bereaved families. This fund is known as Chuna Members Benevolent Fund (CHEMBEFU) is aimed at catering for funeral and burial needs. Apart from the normal society's subscriptions, CHUNA members make a subscription of fifty Kenya Shillings per month (about 1 US Dollar). Official of CHUNA however, argue that the rate at which the death of its members is rising and depleting this kitty may in time force the society to increase its subscription fee. Besides, because the amount of money given to each family through CHEMBEFU is limited, there is also a marked increase in applications for 'emergency' loans. These are loans secured on short notices in cases of emergency such as sudden death, illness or accident. Such applications are putting pressure on the Society's staff through naggings from applicants. The CHUNA officials suspect that some of the loan application could have something to do with HIV/AIDS particularly those that relate to payment of medical bills. The amount of money disbursed by CHUNA as emergency loans rose from Kshs. 13,427,000 in 1995 to Kshs. 34,191,200 in 1998. The proportion of these emergency loans that was reported to be related to medical and funeral bills rose from 42% in 1995 to 63% in 1998 as show in Table 1 below.

Table 1 : Chuna Medical/funeral Related Loans

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

Similarly, the amount of money spent in funeral expenses plus that lost as written off loans due to the death of members rose from Kshs. 531, 733 in 1995 to Kshs. 3,169,148 in 1998 as shown in Table 2.

Table 2 : CHUMBEFU Funeral Expenses and Written-off Loans

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

The University of Nairobi is a closely-unit community and so cases of illness and deaths are increasingly becoming a burden to many of them who have had to be called upon to support their affected colleagues through the spirit of *harambee* both morally and financially. It has been reported that the increased fund raising meetings to off-set both funeral expenses and/or medical bills are not only depleting university staff savings, but also leading to fatigue among staff members.

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

Due to illness, death or non - availability of some members of teaching staff, some teaching programmes have had to be entrusted to other relatively junior lecturers in the respective departments. Some lecturers have had to take up more teaching to cover for their indisposed

colleagues. This has always complicated matters for some departments which have a large number of registered students. Although there have been no reported cases of teaching programmes being abandoned due to illness or death of course instructors, cases of courses being taught by less experienced staff exist. There have been no reported instances where departments may have declined advisory/consultancy activities because of mortality/morbidity of relevant staff. However, just like the case of teaching programmes, less qualified staff have had to assume such responsibilities or the most qualified have had their workload increased.

The increasing cases of deaths among students and staff have also to an extent affected some academic activities such as academic tours and trips. The involvement of the transport department in this academic activities is becoming minimal. The Transport Officer who acknowledges this reality notes:

“I believe that with the increasing deaths we may be unable to do anything else other than go for funerals. There have been instances where academic trips have had to be canceled due to unavailable transport”.

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

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

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

“Just to say the least, the large number of deaths have crippled the transport section. I have worked in this university for a very long time and have never witnessed anything like this. It is just too expensive and at this rate we may not be able to offer transport [to the bereaved], unless of course at the expense of the university operations”.

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

Funeral and related expenses place a considerable strain on university resources. In 1999, the university incurred a cost of approximately 7.5 million shillings in funeral expenses. This year (2000), this figure is expected to rise to about 10 million shillings. This shows a huge rise in expenditure as compared to Kshs. 2.5 million in 1995.

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

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

5.0 UNIVERSITY COMMUNITY RESPONSE TO HIV/AIDS

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

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

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

5.4 Awareness Creation : The university medical services have also taken a leading role in promoting AIDS awareness amongst personnel through educative materials such as posters in their facilities. Some members of the medical staff have always received invitations from student associations to participate in their AIDS awareness activities. Student associations or welfare groups which were not initially meant to address HIV/AIDS issues are currently being encouraged to include some AIDS education activities on their agenda. Incoming students are educated on the seriousness of HIV infection in the context of their social life at the University. The Vice-Chancellor for instance addresses AIDS issues in his speeches to incoming students. There has also been an attempt to incorporate HIV/AIDS messages in some sporting activities such as rugby and soccer. This sporting activities are sometimes used to spread HIV/AIDS preventive messages and condom use. The Dean of students' office also organizes forums where speakers are invited to discuss AIDS issues with students.

5.5 Condom Distribution: The university has also tried to establish AIDS related services such as condom distribution and counselling. Condoms are readily available free of charge at the university health clinics. However the condoms have very few out-lets. At the university clinics there is information to encourage students to take advantage of the freely available condoms. One is

also likely to find AIDS education materials on condom use at the clinics. Information gathered reveals that it is mostly students who collect condoms but not other personnel. Kiosk owners within the halls of residence are allowed to stock condoms which they sell to students. Such kiosk owners, especially those of the male halls of residence have reported that they sell a lot of condoms to male students especially at night when they cannot access university clinics.

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

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

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

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

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

5.9 People Living With HIV/AIDS (PLWHA): As regards people living with HIV/AIDS

(PLWHA), there has been respect on the part of the university administration for such persons' wish that their status remains confidential. Information about members of the university community who may have been confirmed to be HIV positive is never made public. PLWHA have however never come out in the open to express their wish to be involved in the university management of the epidemic. This may not necessarily be done to victimization and discrimination on the part of the university administration but the anticipated response of the other members of the university community who may not have open acceptance of the disease.

6.0 CORE UNIVERSITY OPERATIONS

6.1 Integration of HIV/AIDS into Teaching Programmes : At the university of Nairobi, HIV/AIDS is not included as part of virtually all courses being offered. However it is integrated into seemingly relevant courses being offered by some departments of the university. In such courses, students may be required to address themselves to reproductive Health issues where HIV/AIDS is given special attention. During the first year of study at the university, students in most of the faculties may be expected to take what are commonly referred to as *common courses* where health issues are addressed. HIV/AIDS is given a lot of attention although this may not be adequate.

6.2 AIDS Research, Publication, Advisory/Consultancy Activities: Currently, there is a lot of AIDS related research that is being undertaken by both members of staff and students right across all the disciplines taught in the university. At the undergraduate level, students are encouraged to do research and write short term papers or dissertations on HIV/AIDS as part of their academic work. Postgraduate students especially those interested in reproductive health issues are also encouraged to carry out HIV/AIDS related research as part of the fulfilment for Masters and Doctoral awards. AIDS related researches are mainly, though not exclusively, to be found in the faculties of Arts, Science, Medicine, Dentistry, Pharmacy and Education.

There is currently a major project being undertaken jointly by scientists from the University of Nairobi and Oxford University. The team which is headed by Professor Andrew McMichael of Oxford University seeks to develop a vaccine which will boost the body's immune system. The research has centred on a group of Nairobi prostitutes who have remained negative despite repeated exposure to HIV. The vaccine is specifically designed to target HIV-1 which is said to be responsible for the death of millions of people across Africa (Redfern, 2000). The trials of this vaccine are being done on volunteers both in the UK and in Kenya.

The number University of Nairobi staff involved in HIV/AIDS research advisory and consultancy activities has been on the increase over the years. Such advisory and consultancies are given to government departments and specialised research institutions, Non-Governmental Organisations

6.3 Provision of HIV/AIDS Documentation : Whereas there has been an attempt to stock university libraries with HIV/AIDS related publications, this endeavour has not been very successful because students and staff members have had to rely on other sources of documentation for more critical and current literature on the subject. The university is in the process of developing internet services to enable students source materials easily on different areas of study including HIV/AIDS issues. It is possible that HIV/AIDS information may become available through this system.

7.0 SOCIAL LIFE IN THE CONTEXT OF HIV/AIDS RISK

Nairobi City is a cultural melting point in Kenya, and it is within this city that the University of Nairobi is located. This location combined with the liberal culture of university life makes social life at the university complex and dynamic.

7.1 Male-Female Student Relationships: First, because male and female residential hostels are located on the campuses and there are no administrative, social or cultural inhibitions to student interaction, such physical proximity within the hall of residence provides a forum for sexual activity among students. Most students acknowledge the fact that it is difficult for them to abstain from sex, and that they can only try to minimize the chances of HIV infection through safer sex practices. It has been learned that to most students, safer sex implies condom use.

Whereas both male and female students acknowledge the high risk of HIV infection, there is a tendency for male students to shift blame on their female counter parts and *vice-versa*. Male students for instance see their female counter parts as being carefree and thus making themselves easy targets for men within the city. Female students on the other hand accuse their male counterparts of being reckless and going for prostitutes who are more likely to be carriers of the HIV virus.

7.2 Student-Outsider Relationships : Our evidence reveals that cases of male students going for prostitutes (euphemistically known as *collections* within the university community) in the city have reduced. This has resulted partly from fear of HIV/AIDS infection and partly from diminished financial capacity as a result of paying college fee. Students who go for prostitutes would normally do so under the influence of alcohol. Without money to spare and use for alcohol consumption, chances of getting involved with prostitutes have continuously been on decline. Male Hall assistants believe that male students have reduced the tendency to collect *mainly* due to financial problems than fear of AIDS. One of the male Hall Assistant notes :

“One is more likely to see students sneaking in with collections at the start of the semester when they have money. When these chaps become broke this habit is reduced”.

Since the introduction of cost sharing within the university, there are allegations that female students have increasingly got involved in commercial sex work and there is some evidence that this could be a valid allegation. The degree however is not clear. There is also evidence of increased association of female students with older ‘men’ working in the city - perhaps for financial gains on the part of the female students. At times though, the alleged, “male clients” are more likely to be boyfriends who would occasionally visit the female hostels to pick them for outings. Female students believe that the issue of commercial sex work is merely a creation of jealous male students. Notwithstanding the accusations and counter-accusations, however, our information reveals that this practice cannot completely be ruled out amongst female students at the university. One female Hall Assistant observes that some female students are involved in commercial sex work. Asked about

this practice she noted :

When a girl leaves the hostel at night, almost naked, without a male partner, and goes out to town only to come back in the early hours of the morning, what should we think? She is likely to be a commercial sex worker”.

Whereas male-female sexual relationships are common, this study indicates that junior female students are more likely to have relationships with their senior male colleagues. Senior male students argue that it is easier and even “safer” for them to have relationships with the younger female students. They perceive their senior female counterparts as having lived long enough in the city and more likely to have other male partners out of the university community who put them at greater risk of HIV infection. On the other hand they see junior female students as less experienced and thus less likely to be involved with other men. The senior male students would always be on the look out to pounce on the incoming female students (freshers) whom they would dump as fast as the following years’ freshers set foot on campus.

Male students are also continuously advancing the view that senior female students are more likely to expect their commitment in a relationship than junior students. This is something male students would try to avoid as much as possible especially given their perceived uncertain future on graduating from university. Female students however see this differently. They argue that male students no-longer have enough money to spare on prostitutes and therefore divert their energies to less experienced and unsuspecting university junior female students whom they can easily lure.

Due to financial difficulties while at the university, and unsure of the possibility of employment upon graduation, some senior female students go for men who can be able to support them financially while at campus and upon graduation. Such people are likely to be older and better resourced, hence the talk of sugar daddy phenomena at the university. Such female students are unlikely to get such support from their male colleagues at the university. Whereas the sugar mummy phenomena at the university is not much pronounced, it has been learned that some male students have been targets of rich older women in the city who solicit sexual favours from them.

Female Hall Assistants reveal that the sugar-daddy phenomena is on the increase. One of them retorted :

“When we see 20 year old girls being picked from the hostel by men who could even be more than twice their age, driving expensive cars, and behaving in a manner to suggest that they cannot be their fathers, we can only pity them. Such cases have been on the increase”.

Both male and female students are free to visit each other in their halls of residence. However there are some restrictions on night visitations whereby male students are not allowed in female hostels after 10.00 p.m. Male students are known to visit female hostels very late in the night using mischievous means such as bribing Hall-Custodians.

7.3 Homosexuality : Although there are no officially reported cases of homosexuality, lesbianism and related behaviour amongst students, this study reveals that there could be few of such cases. Given the various backgrounds of university community members, and the fact that such practices exist in the surrounding environment within the city it is very unlikely that some members of the university community do not engage in such practices. It has been learned from both students and staff members that some of their members have been known to exhibit behaviours that have led to the suspicion that they could be homosexuals or lesbians. Such members are more likely to be those involved in alcohol and drug abuse.

7.4 Drug Abuse : The cases of alcohol and drug abuse at the University of Nairobi, are not on a pronounced magnitude. Most cases of drug use have mainly involved the smoking of marijuana (bhang) especially amongst male students. Although not confirmed, it has been alleged that few students may have developed the habit of using injectable drugs that would necessitate the use of needles rendering them susceptible to the risk of HIV/AIDS infection. Such cases are also only more likely to be associated with students from wealthy families who may have enough money to spare and some for such kind of drugs which are very expensive. The Chairman of Nairobi University Anti Drugs Society Supports the view that those few students who may using injectable drugs must be rich. He says:

“I personally know some guys who could be using this kind of drugs. Most of them are urbanites who are obviously doing well financially. We only fear that this practice could spread to the poor students who could start acquiring money illegally to obtain the drugs. With AIDS around, this could be a disaster”.

Apart from the various entertainment facilities on various university college campuses in the city, students also visit entertainment venues out of their campuses. These include bars, movie theatres and discos. With the financial difficulties currently facing most students, many of them are increasingly becoming unable to afford entertainment outside the university. This has necessitated the improvement of entertainment facilities on the campuses. In the past students have been known to prefer passing their leisure time in entertainment venues outside of their campuses only to come back to the hostels drunk and disorderly, and for male students, in company of females commonly referred to as “collections”. This trend has been reported to be changing.

7.5 Pornography : One is likely to come across pornographic video and print materials in the city of Nairobi. It has been established that some of these materials have gotten their way into the university campuses, to which some students have been exposed. The university authorities are aware of this and are doing everything possible to reduce student exposure to pornographic materials. However, this is very difficult because most students do not see anything wrong with pornographic materials. They argue that they are mature and intelligent enough not to be corrupted with the materials to the extent of engaging in promiscuous behaviour that would subject them to the risk of HIV/AIDS infection.

8.0 UNIVERSITY IMAGE AND OUTREACH

The University of Nairobi has been trying to take a leading role, and be seen to be concerned with the HIV crisis amongst its students and staff as well as the country as a whole.

First, this has been done by publicizing HIV/AIDS related activities to which is staff and students are engaged in. The institution boasts of a large number of experts involved in various aspects of HIV/AIDS management and control all over the country.

Second, the university has been actively involved in the production of HIV/AIDS awareness and prevention educational materials.

Third, the university has been called upon by government and private sector to inform, advise and investigate in areas of HIV/AIDS. Many HIV/AIDS related fora all over the country and the region are likely to have a high representation of the University of Nairobi. These include workshops, conferences, seminars and symposiums. In such fora teaching or research staff from the university have been called upon to be key speakers, present papers, trainers, coordinators or facilitators.

Students from the university, through their various professional and welfare associations led by the University of Nairobi AIDS Association, are involved in outreach activities. They, for example, visit AIDS orphans and offer support in terms of food, drugs and clothing. They organize AIDS awareness activities within the city of Nairobi and its environs. Among the most common activities is the organisation of sporting tournaments with an AIDS awareness component both within and outside the university. In most cases, youth in the slums of Nairobi are targeted. To achieve this, the students mobilise resources from private companies and other well wishers. During these sporting activities, AIDS awareness materials are made available, and the student also cease such opportunities to address the gathered youth on AIDS related issues. To make such tournaments appealing to the youth, monetary awards are given to the contestants. The students also try to create forums where youths from the city meet and discuss AIDS related issues. However such activities are mainly concentrated within the city and its environs mainly due to time and financial limitations.

Media houses have always invited University of Nairobi students and staff to participate in various programmes meant to discuss various HIV/AIDS related issues. Such programmes may be aired on the National radio and television. There is also increased participation of university staff and students in the privately owned radio and television stations. Local newspaper articles and features on HIV/AIDS related themes also have a lot of input from members of the university community. The University of Nairobi is also involved actively in research geared towards developing an AIDS vaccine.

9.0 SUMMARY AND CONCLUSIONS

9.1 Summary Reflections

Evidence from this study shows that the University of Nairobi is losing on average two of its members every week which translates to a loss of over 100 people per year. It is also the finding of the study that the impact of HIV/AIDS on the university has been felt much more at the higher levels especially among senior academics and administrative staff. This is largely because these are few and highly specialised persons who have taken considerable amount of resources and time to train and are difficult to replace easily. The impact of HIV/AIDS on the junior supportive staff, if any, has been minimal mainly because the university, just like other public institutions in Kenya, has over-employed at these levels in the past. However, there is no doubt that HIV/AIDS is putting considerable strain on the University of Nairobi in terms of increased morbidity and mortality. Huge amounts of resources are being diverted by the university from activities which would have otherwise enhanced the welfare of its member and in providing quality education into offering care, treatment and support for both staff and students affected or afflicted by HIV/AIDS.

The increased level of morbidity due to HIV/AIDS related illnesses has led to increased spending on health care by both the university and its members. Records from the university's CHUNA Credit and Savings Co-operative and CHUMBEFU accounts also show that university staff are using more of their loans on medical/burial/funeral related activities. The transport department is reeling under strain as more of its resources are expended on funerals/burials related activities instead of academic trips.

There can therefore be no doubt that there is an urgent need for drastic measures to combat the HIV/AIDS problem not only at the University of Nairobi, but all the other public and private universities in Kenya. The Vice-Chancellor of the University of Nairobi Professor Francis Gichaga realising that HIV/AIDS is increasingly taking a heavier toll on his staff and students has recently started a campaign to confront the epidemic in the university. This campaign seeks *inter-alia* to establish voluntary counselling and testing services on campus and to intensify the distribution of condoms (Bollag, 2000).

9.2 Lessons Learned

There are two major lessons learned from this study. First, if the findings of this case study are anything to go by, it is evident that universities in sub-Saharan Africa see their main pre-occupation as conducting research on HIV/AIDS rather than possible 'victims' of the same disease. Yet HIV/AIDS is increasingly taking a heavy toll of most of these universities most learned and experienced scholars and administrators. These are difficult people to replace because they take lots of time and resources to train. HIV/AIDS is also causing death of very young men and women in these universities depriving the country of future talents and skills. This implies there is an urgent need for universities in sub-Saharan Africa to seriously view themselves as vulnerable and to put in place serious efforts to combatting HIV/AIDS within themselves. Activities such as HIV/AIDS awareness campaigns and more informed public HIV/AIDS health education should be intensified in

these universities and similar efforts replicated in other educational institutions such as schools and colleges.

Second, the case of the University of Nairobi shows absence of systematically organised data on HIV/AIDS. Devoid of such data, it is extremely difficult to assess the impact of HIV/AIDS on these institutions or even to monitor HIV prevalence. There is, therefore need for detailed systematic studies to document and quantify the impact of HIV/AIDS on universities in sub-Saharan Africa. These would provide useful insights into critical target areas/sectors within the universities that need urgent attention and also provide data for interventions.

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List of People Interviewed

Professor Francis Gichaga - Vice-Chancellor, University of Nairobi

Ms. Emmy Subeiwo - Dean of Students, University of Nairobi

Dr. Ochiel, Chief Medical Officer, University of Nairobi

Mr. B.F Kebati, Pensions Manager

Mr. G H Ogeto , Deputy Finance Officer, Expenditure and Budgetary Division

Mr. Karue, Finance Officer, University of Nairobi

Professor Godfrey Muriuki, Special Student Advisor

Mr. B. M. Kiigeh, Transport Officer

Mr. M.L.G. Thaiya, Assistant Transport Officer

Mr. Hilary Morogo, Halls Assistant, Male Hostel H.4

Ms Jocylene Ingati, Halls Assistant, Female Hostel H.12

Mr. M. C. Kibera, Chairman, University of Nairobi Anti-Drugs Society

Mr. Kinyanjui, Out-going Chairman, Nairobi University Social Work Students Association

Mr. Obiro, Accountant, CHUNA Savings and Credit Society

Fr. Thomas MacDonald, University of Nairobi Catholic Chaplain

Mr. Odhiambo, Chairman, University of Nairobi, Main Campus Christian Union

Mr. J. Wangila, Resident Post-graduate Student, Population Studies and Research Institute

Mr. Boaz Saava, Member of the Legal Task Force of CHUNA Savings & Credit Society.

Miss Anne Wawire, Nursing Student, College of Health Sciences

Miss Jane Kabaa, Dental Student, College of Health Sciences